

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
001	Denied. Care beyond first 20 visits or 60 days requires authorization.	NULL	CO	A1, 45	N54, M62
002	Denied. Report of Accident (ROA) payable once per claim. Previous payment has been made.	NULL	CO	B13, A1, 23	N117
003	Initial office visit payable 1 time only for same injured worker/provider/diagnosis.	NULL	CO	B13	M13
004	Denied. Physical therapy by the attending doctor is limited to 6 treatments.	NULL	CO	35, A1, 45	N362
005	Denied. Physical therapy beyond the first 12 treatments requires authorization.	NULL	CO	A1, 45	M62, N54
006	Rental has extended over 30 days. Only short term rental is allowed.	NULL	CO	108, 119, 45	NULL
007	Denied. Facet joint injections are limited to 4 per injured worker.	NULL	CO	35, A1, 45	N362
008	Denied. Chemonucleolysis is allowed once in a lifetime only.	NULL	CO	35, A1, 45	N117
009	Maximum 2 service units allowed.	NULL	CO	45, P12	NULL
010	Maximum 40 hours payable per vocational referral.	NULL	NULL	NULL	NULL
011	Maximum 50 hours payable per vocational referral.	NULL	NULL	NULL	NULL
012	Maximum 2 hours allowed per vocational referral.	NULL	NULL	NULL	NULL
013	Quality or level of service does not meet L&I standards.	NULL	CO	A1	N35
014	Maximum 1 service unit allowed for same day/diagnosis.	NULL	CO	P12, 45	NULL
015	Maximum of 2 hours travel wait time allowed.	NULL	NULL	NULL	NULL
016	Thank you. Your effort to complete this bill correctly has been appreciated.	NULL	NULL	NULL	NULL
017	Denied. Meal receipts must include business name or be accompanied by cash registered receipt.	NULL	NULL	NULL	NULL
018	Additional views/units are not payable on MRI's.	NULL	CO	45	NULL
019	Amount paid is according to hours lost from work per the daily compensation rate.	NULL	NULL	NULL	NULL
020	This service is payable only once and must be billed as 1 line item and 1 unit of service.	NULL	CO	16	M53

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021	Denied. Free parking available at this facility.	NULL	NULL	NULL	NULL
022	Consultations not payable to attending physician.	NULL	CO	A1	N637
023	Denied. Submit bill to party who requested testimony (e.g. attorney general office, BIIA, etc.)	NULL	PI	109	NULL
024	Maximum of 1 hour allowable only.	NULL	CO	P12, 45	NULL
025	Accumulated services have exceeded L&I limit.	NULL	CO	NULL	NULL
026	This is an individual interim payment.	NULL	CO	NULL	NULL
027	Denied. Not authorized to provide work hardening services. Contact work hardening reviewer at (360)902-4480.	NULL	CO	A1	M62, N612
028	A maximum of 1 service unit is allowed.	NULL	CO	P12, 45	NULL
029	Denied. Home nursing travel, holidays, overtime & weekends are considered the providers overhead.	NULL	CO	A1	N643
030	A maximum of 300 miles is allowed.	NULL	CO	P12, 45	NULL
031	This was paid at the highest allowable fee for breakfast, lunch or dinner.	NULL	NULL	NULL	NULL
032	Denied. The tooth number billed has not been authorized.	NULL	CO	A1, 197	N473
033	Lack of correct amount of units on bill can reduce or delay payment.	NULL	CO	226	M53
034	Number of hours paid per agreement with L&I Occupational Nurse Consultant.	NULL	CO	P12	N10
035	Paid professional component only. Technical component billed by and paid to another provider.	NULL	CO	NULL	NULL
036	Adjustment/deduction taken to credit base anesthesia units that were billed by you in error.	NULL	CR	P13	N692
037	L&I responsible for payment of this bill. Reimburse payments made by other sources.	NULL	CO	19	MA17
038	Use modifier -7N with X-ray, lab services, and other allowed diagnostic services performed in conjunction with an IME.	NULL	CO	4	M78
039	Denied. The legal maximum of \$4000 for retraining has been expended.	NULL	NULL	NULL	NULL

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040	Denied. Place of service is invalid/invalid for date of service. Resubmit with valid code.	NULL	CO	NULL	M77
041	Adjustment made to this bill per contractual agreement with utilization review (UR) vendor.	NULL	CR	NULL	N10
042	Payment of this service has been made per Board of Industrial Insurance Appeals (BIIA).	NULL	CO	NULL	N10
043	Denied. Procedure code missing from bill.	NULL	CO	16, A1	MA66
044	Denied. Out of state travel expenses incurred prior to 7-1-91 are not payable.	NULL	NULL	NULL	NULL
045	Denied. Type service/procedure code is invalid. Refer to current fee schedule for valid code.	NULL	CO	8	NULL
046	Payment made to correct your account for the refund which you made to L&I.	NULL	CR	P12	NULL
047	Denied. Treatment is available within ten miles, one way. Travel expense is not payable.	NULL	NULL	NULL	NULL
048	Adjudicated per instructions from Claim Manager.	NULL	CO	P12	N10
049	Denied. No Report of Accident (ROA) has been received for this claim number by L&I.	NULL	CO	NULL	NULL
050	Only 1 new patient visit allowed within 3 years.	NULL	CO	B16	NULL
051	Payment made to EBP for review of service for which claim was not received/initiated by L&I.	NULL	NULL	NULL	NULL
052	Denied. The maximum allowable number of units was paid on another line or bill.	NULL	CO	45	N362
053	Services 9/98 through 6/99, 40 maximum units allowed. Services 7/99 on, 32 maximum units allowed.	NULL	CO	P12	N362
054	Denied. Clinic provider number may not be used in provider field, only payee field.	NULL	CO	NULL	N290
055	Payment adjusted or denied. Only one unit of service payable per claim.	NULL	CO	A1, 45	N362
056	Denied. Chart notes are required for services billed. No additional amount is payable.	NULL	CO	16, A1	N29

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057	Submit charges for rehab DRG 462 under your facilities separate rehab unit provider number.	NULL	CO	8	NULL
058	Denied. E/M code not payable with MPE or impairment rating by same provider/claim/date of service.	NULL	CO	A1	M86
059	Payment adjusted to number of service units authorized by the Claim Manager.	NULL	CO	P12	N10
060	Denied. Please rebill using the correct provider number for these services.	NULL	CO	8, A1	N77
061	Allowed at combined procedure code rate per L&I published fee schedule.	NULL	CO	P12, 45	NULL
062	Fee for visit includes care of the day.	NULL	CO	NULL	M15
063	Denied. Reopening application is payable only on claims closed over 60 days.	NULL	CO	P13	NULL
064	Denied. Fee for service includes office call.	NULL	CO	P13	NULL
065	Only one adjustment form should be submitted listing all changes requested to an ICN bill.	NULL	CR	16	N232
066	Denied. The admit and discharge dates are the same. Rebill this service as outpatient service.	NULL	CO	A1	N64, N173, MA31
067	Adjusted. Examination completed within 6 weeks of a "no show" exam billed to L&I.	NULL	CR	NULL	NULL
069	Denied. The provider is not an approved chiropractic consultant with L&I.	NULL	CO	B7	NULL
070	Allowable fee set by L&I Chiropractic Consultant based upon review of report.	NULL	CO	P12	N10
071	Denied. Injury occurred while in course of employment subject to Longshore & Harbor Workers Act	NULL	CO	109, A1	N104
072	Denied. Rebill services under the performing provider's name and provider number and/or NPI.	NULL	CO	NULL	N290
073	Payment adjusted per review by Department Occupational Nurse Consultant.	NULL	CO	P12	N10

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074	Denied. Replacement and repair of this item is not covered by L&I.	NULL	CO	96, A1	N171
075	Denied. Requested records not rec'd by August(AHS). Injured worker is not to be billed.	NULL	CO	226, A1	N463
076	Denied. Claim reopened for provisional time-loss only. If/when reopened for medical, rebill.	NULL	CO	27, A1	N578
077	Procedure billed needs a referral ID on the bill. Contact the referring vocational provider for this number.	NULL	NULL	NULL	NULL
078	Services paid. Claim now closed and no additional benefits are payable.	NULL	CO	35	NULL
079	Denied. This is a rebill of an original that is currently under review by utilization review (UR) vendor.	NULL	CO	18	NULL
080	Anesthesia services reimbursed under RBRVS are not paid by base and time units.	NULL	CO	59	NULL
081	Units adjusted to 24. This procedure's unit value is calculated on a per hour basis.	NULL	CO	P12	NULL
082	The modifier used requires a report. No report has been received for these services.	NULL	CO	16, A1	N29
083	When using a group number you must also indicate by provider number which doctor performed services.	NULL	CO	NULL	N290
084	Units or payment adjusted to pay maximum allowable amount per day.	NULL	CO	P12	N362
085	Units per injury per time period exceeded. Denied/Adjusted per current fee schedule maximum.	NULL	CO	P12	N362
086	Payment adjusted. Payment of guest convenience items are the injured worker's responsibility.	NULL	NULL	NULL	NULL
087	Units adjusted to correct amount. Only 2 additional visits allowed per day.	NULL	CO	P12, 45	NULL
088	Referring provider number is missing/not valid for this claim. Contact referring vocational provider for this number.	NULL	NULL	NULL	NULL

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089	Denied. Service dates not within authorized dates for billed referral ID.	NULL	NULL	NULL	NULL
090	Denied. Travel only reimbursed for scheduled treatment, exams and vocational services.	NULL	NULL	NULL	NULL
091	Bill's referral ID does not match claim number on bill, is missing or invalid. Correct and rebill.	NULL	NULL	NULL	NULL
092	Denied. Performing provider number not valid for this date of service.	NULL	CO	B7	NULL
093	This bill was adjusted in error in 12-90 when the Dept processed accommodation code adjustments.	NULL	NULL	NULL	NULL
094	Adjustment made to this bill per contractual agreement with utilization review (UR) vendor.	NULL	CR	NULL	N10
095	Payment made to utilization review (UR) vendor for review of service for which claim was not received/initiated by L&I.	NULL	CO	100	NULL
096	Denied. Requested records not received by utilization review (UR) vendor. Injured worker is not to be billed.	NULL	CO	226, A1	N463
097	Denied. This is a rebill of an original that is currently under review by utilization review (UR) vendor.	NULL	CO	18	NULL
098	Denied. Incorrect procedure code for referral ID/type billed.	NULL	NULL	NULL	NULL
099	Charge/fee converted to rate of exchange in effect for date of service.	NULL	CO	P12	NULL
100	Effective 9/1/93 L&I will not pay for Stadol Nasal Solution.	NULL	CO	NULL	NULL
101	Denied as duplicate. If not a duplicate, submit an adjustment request with documentation.	NULL	CO	18, B13	NULL
102	Deny. No vocational rehabilitation counselor (VRC) is assigned to this referral.	NULL	NULL	NULL	NULL
103	Deny. Payee provider is not assigned to this referral ID.	NULL	NULL	NULL	NULL
104	Denied. Service is included in flat fee or follow up care period for major surgery performed.	NULL	CO	B1	M144
105	Denied. Procedure code is incompatible with diagnosis code on the bill.	NULL	CO	11	NULL

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106	Denied. The therapeutic class and the diagnosis on the bill are incompatible.	80	NULL	NULL	NULL
107	Board charges are allowed for payment of food items only. Other items are not authorized.	NULL	NULL	NULL	NULL
108	Payment of this service has been authorized as a retraining expense.	NULL	NULL	NULL	NULL
109	Deduction taken to reimburse L&I for unauthorized or excess payment of this service.	NULL	CR	P12, 197	NULL
110	Paid technical component only. Professional component billed by and paid to another provider.	NULL	CO	P12, 89	NULL
111	The procedure modifier(s) required for the surgery(s) on this bill is either invalid or missing	NULL	CO	4	NULL
112	Units of service adjusted to comply with the maximum 40 hours payable for this service.	NULL	CO	P12	NULL
113	When billing an unlisted procedure code a specific description of service must be on the bill.	NULL	CO	16	M51, MA69
114	Paid. Condition not accepted but retarding recovery from accepted condition.	NULL	CO	20	NULL
115	Units of service for accommodations conflict with the covered dates listed on your bill.	NULL	CO	16	N345
116	No payment made for this surgical service. It is included in flat fee for major surgery billed.	NULL	CO	97	M144
117	The 1st procedure code modifier is either completely invalid or invalid for the service dates billed.	NULL	CO	4	NULL
118	This service has already been billed by and paid to another provider.	NULL	CO	B20	NULL
119	Paid on adjunctive treatment basis only. Condition not accepted.	NULL	CO	20	NULL
120	Denied. The date of service is required. Submit bill only when service has been completed.	NULL	CO	16	MA31
121	Not paid. Provider name and/or number is missing or invalid.	NULL	CO	16	N290

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122	History adjustment due to consolidation of claim numbers.	NULL	OA	P12	NULL
123	Denied. This service is not payable in advance.	15	CO	110	NULL
124	Denied. The beginning/ending service date is missing or invalid.	15	CO	16	MA31
125	Denied. Bill was received in L&I after 90 days from date of service.	NULL	CO	29	NULL
126	Payment processed. Future vouchers for travel over 90 days old will be denied.	NULL	NULL	NULL	NULL
127	Denied. The prescription was not written by the recognized attending physician of record.	NULL	CO	A1,184	N31
128	Denied. The prescription was written for a condition unrelated to the industrial injury.	NULL	CO	96, A1	N576
129	Missing or invalid modifier code was billed. Please note corrected code used in this instance.	NULL	CO	4	M78
130	Injured worker name was missing from the billing received by L&I.	CD	CO	16	MA36
131	Denied. The prescribing provider number is missing or invalid.	25	CO	16	N31
132	Please list all applicable modifiers in the description field when billing modifier 99.	NULL	CO	4	M78
133	Denied. Gasoline and/or automotive costs are included in the mileage reimbursement rate.	NULL	NULL	NULL	NULL
134	Allowed at rate established by Washington Administrative Code effective this service date.	NULL	CO	P12	NULL
135	Denied. Parking receipts were not attached to your billing. Attach receipts to bill and resubmit for further consideration.	NULL	NULL	NULL	NULL
136	Extra views must be billed under -22 modifier per Fee Schedule/WAC 296-23-01005.	NULL	CO	4	NULL
137	Procedure code states "minimum of ___ views." Additional amount not payable for extra views.	NULL	CO	P12, 45	NULL

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138	Payment for report not allowed when procedure code billed requires submission of report.	NULL	CO	97	NULL
139	Adjustment processed as result of provider audit.	NULL	CR	P12	N10
140	Refund made as result of provider audit.	NULL	CR	P12	N10
141	Base units paid only. Actual anesthesia time must be on bill. Submit adjustment to this bill.	NULL	CO	16	M49, N203
142	Allowable fee set by L&I Medical Consultant based upon review of report.	NULL	CO	P12	N10
143	Provider number or NPI corrected to match name. Bill with correct number for provider name in future.	NULL	CO	226	N290
144	The prescription written date is missing or is invalid.	NULL	NULL	NULL	NULL
145	Type of service code is missing or is invalid.	NULL	CO	226	N34
146	Denied. The injured worker's sex code on this bill is missing or invalid.	NULL	CO	16, A1	MA39
147	The daily room rate was missing from the billing you submitted to L&I.	NULL	CO	16	M51
148	The revenue code for this service was missing from the billing you submitted to L&I.	NULL	CO	16	M50
149	Use of this procedure code for this date of service is invalid.	NULL	CO	A1	M67
150	Denied. Injured worker date of birth is missing or invalid.	NULL	CO	16	N329
151	The side of body code is invalid. It must be L (left), R (right) B (both) or remain blank.	NULL	CO	4	NULL
152	NDC code and/or the prescription number is missing or invalid.	NULL	CO	16, A1	M119
153	Denied. Principal diagnosis code is invalid for the first date of service.	NULL	CO	A1	MA63
154	Denied. Second ICD diagnosis code is invalid for the first date of service.	NULL	CO	A1	M64
155	Drug quantity missing/invalid. If equipment rebill on Statement for Miscellaneous Services.	E7	CO	16	NULL

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156	Days supply missing/invalid. If equipment send bill on Statement for Miscellaneous Services.	19	CO	16	NULL
157	Not responsible for repair or replacement of contacts or glasses not worn at time of injury.	NULL	PR	96	NULL
158	Bill paid. You must reimburse the employer the total amount he/she paid for this service.	NULL	OA	P12	NULL
159	Prescribing provider number on your bill was terminated or associated to a terminated number when the prescription was written.	71	CO	184	NULL
160	Reduced to office call fee for 90030 or ER visit 90350 per our Medical Aid Rules.	NULL	CO	P12, 45	NULL
161	Denied. Third ICD diagnosis code is invalid for first date of service.	NULL	CO	16	M64
162	Denied. Fourth ICD diagnosis code is invalid for first date of service.	NULL	CO	16	M64
163	Not paid. Diagnosis code missing.	NULL	CO	16	M64
164	Denied. Fifth ICD diagnosis code is invalid for first date of service.	NULL	CO	16	M64
165	Unable to determine referring physician's name and/or provider number.	NULL	CO	16	N285, N286
166	Section of the bill indicating if the old glasses prescription was available was not completed.	NULL	CO	16	NULL
167	Denied. Patient status code is missing or invalid for state fund injured workers.	NULL	CO	16	MA43
168	Denied. Refraction is not paid when the old prescription is available.	NULL	CO	96	NULL
169	Denied. Admitting/Principal ICD diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
170	Denied. Second ICD diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
171	Denied. Third ICD diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81

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172	Type service/procedure code is missing or is an invalid L&I procedure code.	NULL	CO	16	MA66
173	Denied. The admission date and the service dates are incompatible.	NULL	OA	16, A1	MA40, MA31
174	Denied. L&I did not authorize these services by this provider for this claim.	NULL	CO	A1, 197	N473
175	Service prior to April 1, 1986 must be billed as a separate line item.	NULL	NULL	NULL	NULL
176	Denied. Fourth ICD diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
177	Denied. Fifth ICD diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
178	Denied. First diagnosis code denotes a non-industrial condition or is not sufficiently specific	NULL	CO	16, A1	M81
179	Admit type is invalid. Valid admit types are 1,2,3, and 4.	NULL	CO	16	MA41
180	Denied. Principal procedure date is more than 2 days prior to the bill's first covered date.	NULL	CO	26, A1	MA66
181	Denied. Principal diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	MA63
182	Incorrect revenue code billed for this service.	NULL	CO	16, A1	M50
183	The units of service are missing or invalid.	NULL	CO	16, A1	M53
184	Charge is missing or \$0.00; invalid (rate X days not equal to charge); or CPT category 2 code.	DU	CO	16, A1	M79
185	The admission date is missing.	NULL	CO	16, A1	MA40
186	Denied. The provider has already been paid for this service under his individual L&I provider number.	NULL	CO	18	M86
187	Denied. The clinic has already been paid for this service under the clinic's L&I provider number.	NULL	CO	18	M86
188	Denied. Second diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
189	Denied. Third diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81

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190	Denied. fourth diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
191	Denied. Fifth diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
192	Denied. Resubmit with list of ingredients, their cost and compounding time on Statement for Compound Prescription form 245-010-000.	NULL	CO	16, A1	N668
193	Denied. The principal ICD diagnosis code is missing.	NULL	CO	16, A1	MA63
194	Denied. Authorization of this service has been denied in this claim.	NULL	CO	A1	N216
195	Denied. Principal diagnosis has not been accepted as related to this injury.	NULL	CO	A1, P12, 167	MA63
196	Denied. Second diagnosis has not been accepted as related to this injury.	NULL	CO	A1, P12, 167	M76, M64
197	More specific revenue code needed. Use revenue code 291 for purchase or 292 for rental.	NULL	CO	16	M50
198	Denied. The date of surgery and/or surgical procedure code is missing. Send adjustment request.	NULL	CO	16	N341, MA66
199	Denied. One or more diagnosis codes in the 2nd through 9th fields are invalid.	NULL	CO	16	M64
200	Denied. Principal and 2nd diagnosis codes not accepted as related to this injury.	NULL	CO	A1, P12, 167	M64, MA63
201	L&I is processing these services under a new ICN.	NULL	CO	16	M47
202	Charges must be submitted on a CMS-1500 for processing.	NULL	CO	16	MA30, N34
203	Charges adjusted according to your state's fee schedule.	NULL	CO	P12	NULL
204	Denied. Primary and/or secondary diagnoses not accepted as related to this injury.	NULL	CO	A1, P12, 167	M64, MA63
205	Denied. Bills for crime victim claims must be submitted to the Crime Victim Compensation Program.	NULL	CO	109, A1	N648, N578
206	Denied. We have no record of a claim having been filed with L&I with this claim number.	NULL	CO	31	NULL

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207	Denied. Each provider must bill charges separately.	NULL	CO	16	N232
208	Please note the prescribing physician's new provider number and use it on future bills.	NULL	CO	16	NULL
209	This provider is not authorized to provide this service.	M5	CO	A1	N612
210	This transaction is a transfer of the credit portion of the interim payment.	NULL	CR	P12	NULL
211	Injured worker paid at L&I rate. Please reimburse the provider for this service.	NULL	NULL	NULL	NULL
212	Denied. This is a self-insured claim number.	NULL	CO	109, A1	N625, N578
213	Inpatient bill adjusted to augment DRG database.	NULL	CO	P12	NULL
214	Denied. The CPT procedure code submitted is not a valid code from the outpatient fee schedule.	NULL	CO	16, A1	M67
215	Submit w/valid revenue code or if service is for lab, radiology, or PT use CPT procedure code.	NULL	CO	16, A1	M50, M20
216	NDC invalid for service date billed.	NULL	CO	16, A1	M119
217	The revenue code was missing from the bill.	NULL	CO	16, A1	M50, M20
218	Interest penalty as a result of overpayment.	NULL	CO	85	NULL
219	Denied. This procedure is considered nonstandard and is not payable by L&I.	NULL	CO	56	N35
220	Denied. Bill not submitted in a timely manner patient is not responsible for this charge.	NULL	CO	29	NULL
221	Denied. Only 1office call per day is permitted after the first 3 days of treatment.	NULL	CO	96, B1	M86
222	Denied. Effective January 1, 1987, \$.36 tape billing fee is no longer payable by L&I.	NULL	NULL	NULL	NULL
223	This credit is taken due to a warrant cancellation.	NULL	CR	P12	NULL
224	The 1st procedure code modifier is not a valid payment modifier in conjunction with the procedure billed.	NULL	CO	4	M78
225	Denied. The noncovered line item charge exceeds the line item billed charge.	NULL	CO	96, A1	M79

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226	Denied. Bill type invalid for this provider type. Correct bill type/provider number & resubmit.	NULL	CO	16	N34, MA30
227	Paid as one hour. Supply time span for psychiatric exam in remarks on future bills.	NULL	CO	P12, 122	N443
228	Adjusted. On future bills indicate in remarks if psychiatrist was panel member and number of hours.	NULL	CR	P12, 122	N443
229	When billing unlisted procedure code, specific description of service must be in remarks.	NULL	CO	16	MA69
230	This item must be billed by NDC on the Statement for Pharmacy Services bill form.	NULL	CO	16	M119, N34
231	When billing -22 modifier, you must explain the nature of the additional services in remarks.	NULL	CO	16	MA69, M69
232	You must list all applicable modifiers in remarks when billing modifier -99.	NULL	CO	16	MA69
233	The diagnosis supplied on your bill has been denied under this claim number.	NULL	CO	A1, 167	N569, M76
234	Paid at non-Washington percent of allowed charge (POAC) per WAC 296-23A-0230.	NULL	CO	P12	NULL
235	Denied. Primary and/or secondary diagnosis has been denied under this claim number.	NULL	CO	A1, 167	MA63, M64
236	Bill remarks do not pertain to bill payment and have delayed processing.	NULL	CO	133	MA69
237	Remarks do not justify -22 modifier. Submit paper adjustment with justification.	NULL	CO	A1	N380
238	Inpatient admission not medically necessary per L&I Medical Consultant. Paid at 50%.	NULL	CO	P12, 197	N10
239	Prior authorization not obtained for inpatient admission. Paid at half of allowable fee.	NULL	CO	197	NULL
240	Time lost from work is payable only when an examination is requested by L&I.	NULL	NULL	NULL	NULL

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241	Not payable when injured worker is receiving time-loss compensation or has been kept on salary.	NULL	CO	A1, P12	N734
242	Bill contains multiple charges for dates when claim was not open. Delete services and rebill.	NULL	CO	A1, 27	MA33
243	Denied. Please submit a paper bill to James L. Groves Company, Seattle.	NULL	NULL	NULL	NULL
244	Denied. injured worker is not eligible under this claim for this date(s) of service.	M5	CO	26, 27, A1	N30
245	Denied. Please rebill these services on an outpatient bill.	NULL	CO	5	N34
246	Denied. Procedure and/or modifier code is incorrect for service described on bill.	NULL	CO	4	N56
247	When multiple modifiers apply, use 99 & list all applicable modifiers in the description field.	NULL	CO	4	M78
248	Allowed charges reduced to office call. Report billed and paid under 99080.	NULL	CO	P12, 45	NULL
249	Reimbursed at rate of exchange in effect at the time of service.	NULL	CO	P12	NULL
250	Denied by L&I due to lack of identifying information as to provider of services.	5	CO	A1	N920
251	Procedure code 72140 is invalid, use codes 72141 through 72144 to bill for spinal MRI's.	NULL	CO	96, A1	N56
252	Claim closed. Only services requested by L&I are payable.	69	CO	27	NULL
253	Use revenue codes 430 through 439 to bill occupational therapy. Do not bill with CPT codes.	NULL	CO	16	M50
254	Patient status code 30 invalid for DRG bill; correct and resubmit or submit final bill only.	NULL	CO	A8	MA43
255	Denied, condition code invalid. L&I accepts 00 or 61 for inpatient, all national-valid outpatient.	NULL	CO	A1	M44
256	Claim now closed.	NULL	CO	27	NULL
257	Principal diagnosis code unacceptable according to Medicare Code Editor. Correct and resubmit.	NULL	CO	A1	MA63

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
258	Credit taken to offset previous payment made by gross adjustment.	NULL	CR	P12	NULL
259	Denied. Claim number/injured worker name mismatch. Call 1-800-831-5227 to confirm claim number before rebilling.	62	CO	31	MA61, MA36
260	Service was for concurrent treatment which has not been authorized for this injury.	NULL	CO	197	M80, N20
261	Generically priced. Prescribing doctor hasn't submitted justification to issue brand name drug.	NULL	CO	P12	N447
262	ICD procedure code(s) invalid for first date of service. Correct and resubmit.	NULL	CO	16	MA66
263	Denied. Duplicate claim number. Contact L&I local office for the correct number.	7	CO	18	NULL
264	Claim not yet allowed. Bill on hold for claim decision. Do not send rebill, adjustment or appeal until you receive notice of payment decision.	67	CO	133	NULL
265	Denied. Service rendered after date of pension and no treatment order has been authorized.	NULL	CO	27, A1	N578, N650
266	Per contract- "Free" trial of transcutaneous nerve stimulator.	NULL	CO	108	NULL
267	Denied. This is a medical contract claim. Submit your bill to the employer contract carrier.	NULL	PI	109	NULL
268	Denied. Travel expense must be billed to L&I within 12 months of the date of travel.	NULL	NULL	NULL	NULL
269	All ICD operating room procedure codes are non-specific. Correct and resubmit.	NULL	CO	16, A1	M51
270	Injured worker's age invalid for diagnosis. Correct and resubmit.	NULL	CO	9	NULL
271	Denied. Sum of line item charges does not equal total billed charge. Correct and resubmit.	NULL	CO	16	M54
272	Please note when billing this procedure code enter 001 in bill's units of service field.	NULL	CO	P12	M53

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
273	Please note the provider number. Use this number to bill for psychiatric unit services.	NULL	CO	16	N290
274	Please note the provider number. Use this number to bill for alcohol unit service.	NULL	CO	16	N290
275	Denied as duplicate. The service(s) were paid under your previous provider number.	NULL	CO	18, A1	N111
276	Denied. The diagnosis listed on your billing has not been accepted as related to this injury.	M1	CO	96, A1	M76, M64
277	Denied. Authorization of this procedure, drug or service has been denied under this claim number	70	CO	39	NULL
278	Denied. L&I notification of cancellation was provided within 3 days of examination.	NULL	CO	96, B1	NULL
279	Deduction taken for bills previously paid on a claim which has subsequently been rejected.	NULL	CR	P12	NULL
280	Denied. Claim number billed is not active. Call 1-800-831-5227 to confirm the claim number before rebilling.	52	CO	31	NULL
281	Denied. The date of service is prior to the date of injury.	65	CO	26	NULL
282	Your bill must be held pending adjudication of this claim.	NULL	CO	133	NULL
283	Bill did not exceed L&I high cost outlier thresholds.	NULL	CO	P12, 45	NULL
284	DRG cannot be assigned. Check age, sex, patient status, procedure & diagnosis codes & resubmit.	NULL	CO	A8	NULL
285	Not referred by the attending physician of record and L&I authorization not obtained.	NULL	CO	A1, 197	N253
286	Denied. The CPT code for the surgical procedure performed must be listed on the billing.	NULL	CO	16, A1	M20
287	Denied. This is an electronic bill. The clearinghouse is not authorized to submit bills for this provider. Call 360-902-6511.	NULL	CO	A1	N51
288	Bill returned to provider with new provider application form. Previous application was not returned.	NULL	CO	16	N202

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
289	Please note the provider number. Use this number to bill for rehabilitation unit services.	NULL	CO	16	N77
290	Denied. Include outpatient charges on the inpatient bill to be resubmitted to L&I.	NULL	CO	A1	M2
291	Denied. Explanation of -52 modifier not supplied as per contract requirements. Rebill.	NULL	CO	16, A1	N29
292	Denied. Our records do not show the provider and group number on bill as related. Call360-902-5140	NULL	CO	16	N290, N280
293	Denied. These services were not billed in accordance with contract. Rebill per contract terms.	NULL	CO	A1	N381
294	Denied. Dates of service must be itemized. Correct and resubmit.	NULL	CO	16, A1	N63
295	Injured worker reimbursement bill returned to injured worker due to invalid claim number.	NULL	NULL	NULL	NULL
296	Injured worker reimbursement denied by L&I due to invalid claim number and no injured worker address on bill.	NULL	NULL	NULL	NULL
297	Denied. Dental procedure code is missing or is not a valid 1987 American Dental Assoc code.	NULL	CO	A1	M67
298	This payment is due to the hospital discount applied to your audit refund.	NULL	CR	P12	N10
299	Denied. As of July 1990, this revenue code is not a valid Washington State code.	NULL	CO	16, A1	M50
300	Services deleted were rendered after or during period of claim closure.	M5	CO	239	NULL
301	Denied. The bill/report submitted was illegible. Information must be clearly printed and accurate.	NULL	CO	16	N232
302	Unable to process. Submit bill directly to L&I on the appropriate bill form.	NULL	CO	16	N34
303	Denied. This claim has been suspended and no benefits are payable during suspended time period.	NULL	CO	133	NULL
304	Denied. This service is not authorized.	NULL	CO	A1, 197	N578

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
305	This transaction has been taken to correct the file per a special request.	NULL	CO	P12, 137	NULL
306	Current charges are being processed. Submit an itemized billing for the balance forward amounts	NULL	CO	16	N232
307	Corrections to this bill (ICN) have been made per your request.	NULL	CO	129	MA67
308	Denied. This service is not an authorized vocational expense.	NULL	NULL	NULL	NULL
309	Charges previously paid for this date. If this is not a duplicate submit adjustment to paid bill.	NULL	CO	18, B13	NULL
310	Denied. Service was before or after the dates authorized for the pain clinic program.	NULL	CO	A1	N54
311	Denied. A pain program has not been authorized for this injured worker.	NULL	CO	A1, 197	N683, N578
312	This transaction cancels interim payment credit balance for this provider number.	NULL	CR	P12	NULL
313	This transaction reflects interim payment credit balance refund and corrects year to date info.	NULL	CR	P12	NULL
314	This transaction reduces the interim payment credit balance for this provider number.	NULL	CR	P12	NULL
315	This travel related expense is denied in accordance with L&I policy.	NULL	NULL	NULL	NULL
316	This is a history adjustment to correct an error in firm number and class.	NULL	OA	P12	NULL
317	Denied. The principal, admitting or patient's reason for visit diagnosis code denotes a non-industrial condition or is not sufficiently specific.	70	CO	A1	M64
318	Denied. Office visit includes manipulation.	NULL	CO	97, B15	NULL
319	Revenue code, cover dates or prior authorization (PA) number are incompatible with the type of bill. Rebill.	NULL	CO	16	M50
320	Note claim number and your provider number. These are required on all bills sent to the L&I.	NULL	CO	16	N290, MA92

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
321	Revenue code(s) invalid for date(s) of service billed. Rebill with correct codes.	NULL	CO	16	M50
322	Denied. Service is in violation of specific restrictions imposed by the Department of Licensing.	NULL	CO	A1	N665
323	This procedure code wasn't valid at time of service. Refer to the latest fee schedule revision.	NULL	CO	181	M67
324	Denied. Bill and reports indicate services were provided for a new injury/incident.	NULL	CO	A1	N576
325	An adjusted bill paid without deducting the original bill. This is a corrective action.	NULL	CR	129	MA67
326	Denied. This service or drug is not allowed for treatment of industrial injuries.	70	CO	96, A1	N643
327	Denied. No report received from the attending doctor to justify authorization of this service.	NULL	CO	226, A1	N463
328	Denied. Injured worker age and/or sex invalid for this procedure or diagnosis.	NULL	CO	6, 7, 9, 10	NULL
329	This adjustment is the result of an independent audit of charges for the service(s).	NULL	CR	216	NULL
330	Denied. This procedure was not included as a part of the approved program for this provider.	NULL	CO	B5	NULL
331	Please refer to the billing instructions provided by L&I.	NULL	NULL	NULL	NULL
332	Denied. The type of service and/or procedure is not authorized for this provider type.	NULL	CO	171	N95
333	Do not bill several procedures/diagnoses/dates in one line. These will be denied in the future.	NULL	CO	16	N21
334	These services were not medically necessary.	NULL	CO	50	NULL
335	Please note the payee number. You must use this number when billing for pain clinic services.	NULL	CO	16	N77
336	Provider number, NPI and/or name used were incorrect. Note correction(s) and use on future billings.	NULL	CO	16	N77

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
337	This is a repayment. You submitted a refund for services which we are unable to identify.	NULL	CR	P12	NULL
338	This is a repayment. You submitted a refund in excess of what was required.	NULL	CR	P12	NULL
339	Bill returned to provider with application required to establish provider number.	NULL	CO	16	N202
340	Denied. Submit bill on original L&I approved form. Photocopies cannot be processed.	NULL	CO	16	N34
341	Side of body code is required for this diagnosis.	NULL	CO	16	M76
342	This diagnosis is not acceptable. L&I requires use of a more specific ICD.	NULL	CO	167	M81
343	Denied. Interpreters must have prior authorization and bill L&I directly.	NULL	CO	A1, 197	N683, N54
344	Denied. The ICD diagnosis code is missing, invalid for first date of service or an E-code.	NULL	CO	A1	M64
345	Denied. Special exam and/or L&I investigation relating this condition to the injury is pending.	NULL	CO	133, A1	N581
346	Full DRG payment for inpatient stay made on this ICN.	NULL	CO	45	NULL
347	Denied. Rebill therapy on outpatient bill. Submit other charges as adjustment to inpatient bill	NULL	CO	16, A1	N34
348	Please note the provider number and use it on current bill forms you submit for hospital services.	NULL	CO	16	N77
349	Denied. This service is not payable in addition to code 90670, 90676 or 90677.	NULL	CO	A1	N20
350	Report is required when this procedure and/or modifier code is billed. No report was received.	NULL	CO	252	N706, N714
351	Denied. Incorrect revenue code used for the described service billed.	NULL	CO	A1	M50
352	This ICN paid at \$0.00. Full DRG payment for this inpatient stay made on separate ICN.	NULL	CO	B13	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
353	Denied. Code must be authorized before payment can be made. Call 800-848-0811 for authorization.	NULL	CO	A1, 197	N683
354	Denied. Bill/documentation detail is incomplete, invalid or missing.	NULL	CO	16, A1	N730, N34
355	The tooth number on your billing is invalid. It must be in the range 01 through 32.	NULL	CO	16, A1	N37
356	The tooth number is required for this procedure and was not on your submitted billing.	NULL	CO	16, A1	N37
357	Payment processed. Future medical travel requires prior approval. Contact your Claim Manager.	NULL	NULL	NULL	NULL
358	Services provided are not greater than those usually required for the listed procedure.	NULL	CO	P12, 45	NULL
359	These services are generally provided as an adjunct to common medical services.	NULL	CO	97	N20
360	Circumstances do not clearly warrant additional charge beyond usual charge for basic service.	NULL	CO	P12, 45	NULL
361	Calls and/or conferences with injured worker's attorney are not necessary medical services.	NULL	CO	50	NULL
362	Denied. The distance traveled does not justify payment of this meal.	NULL	NULL	NULL	NULL
363	Payment of service(s) made at L&I maximum allowable rate(s).	NULL	CO	P12, 45	NULL
364	Payment made for the actual cost of service indicated on the receipt(s) attached to your bill.	NULL	NULL	NULL	NULL
365	Denied. This place of service is not authorized for this procedure.	NULL	CO	5, A1	N428, M77
366	Denied. The provider specialty on the L&I record does not include this service.	NULL	CO	8, A1	N95
367	The revenue code billed is invalid.	NULL	CO	A1	M50
368	The charges for pain program services have been allowed as billed.	NULL	CO	20	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
369	Transport/professional services rebill on CMS-1500. Others invalid or not authorized for workers.	NULL	NULL	NULL	NULL
370	Adjudicated per agreement/contract.	NULL	CO	45	N381
371	Denied. Service must be billed as office call, which includes treatment of the day.	NULL	CO	A1, 97	N20
372	We have received information verifying that the service billed was not performed.	NULL	CO	115, B12	N10
373	Denied. This drug requires prior authorization. For authorization call 1-888-443-6798.	NULL	CO	A1, 197	N683
374	Full flat fee paid for major condition/procedure; lesser condition/procedure paid at percentage.	NULL	CO	P12, 45	NULL
375	Allowed as office call which includes care of the day per the Maximum Fee Schedule.	NULL	CO	97, 45	NULL
376	Paid previously to the injured worker. It is his/her responsibility to reimburse you for this service.	NULL	PR	100	NULL
377	Interest not allowed. Criteria for submission and/or bill data has not been met.	NULL	CO	85, 96	NULL
378	This bill does not meet the criteria established by L&I for interest payment.	NULL	CO	85, 96	NULL
379	This line item is for payment of interest.	NULL	CO	85	NULL
380	Payment recouped/denied. Include non-therapy outpatient services on resubmitted inpatient bill.	NULL	CR	16	N34
381	This bill is not payable at this time. The claim is in abeyance pending further determination.	NULL	CO	133	NULL
382	Denied. Incremental nursing charge rates must be billed with revenue code 23X.	NULL	CO	16, A1	M50
383	This line item deducted. Include charge on inpatient bill to be resubmitted L&I.	NULL	CO	A1	N34
384	Denied. The revenue code billed does not match the description of the services rendered.	NULL	CO	A1	M50

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
385	Denied. Maximum allowed payment has already been made per contract or agreement.	NULL	CO	45	NULL
386	Payment not made on this bill. This service(s) is duplicated on another bill in process.	NULL	CO	18, B13	NULL
387	The original bill was correctly adjudicated/processed; an adjustment to it is not allowable.	NULL	CO	193	NULL
388	Additional payment for treatment to contiguous area is not allowed.	NULL	CO	A1	N20
389	Procedure code changed to more closely reflect service indicated. Please note for future billing	NULL	CO	65	NULL
390	Denied. A report is required when billing for this service or procedure.	NULL	CO	A1, 252	N463
391	This is an adjustment to correct a previously adjudicated/processed bill.	NULL	CR	129	MA67
392	Payment for this service has been made to the provider. Contact them for reimbursement.	NULL	OA	B20	NULL
393	Services in this date span were previously paid. No substantiation for added charges received.	NULL	CO	B13	N443
394	Denied. This service is not covered by L&I. Injured worker is responsible.	NULL	PR	96	NULL
395	Time span for psychiatric exam not supplied on bill. Paid as one hour.	NULL	CO	16, 122	N443
396	Payment delay caused by the use of the same procedure code for overlapping dates of service.	NULL	CO	16	MA31
397	These charges have been included for payment and processed on another bill.	NULL	CO	B13	NULL
398	Denied. Invalid data entered in claim number field.	NULL	CO	16, A1	MA61
399	New incident unrelated to industrial injury. Bill injured worker on private non-industrial basis.	NULL	PR	109, A1	N576, N578
400	There was no notification of this admit. The bill is referred to utilization review (UR) vendor for possible audit.	NULL	CO	133	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
401	The provider master records indicate this provider number was terminated due to invalid/address	40	CO	B7	N290
402	Denied. When billing this code, a description must be in remarks or on the bill.	NULL	CO	16	MA69
403	Denied. Resubmit bill using your pain clinic provider number.	NULL	CO	8, A1	N290
404	Provider number is not active for dos billed. For information to update go to http://www.lni.wa.gov/ClaimsIns/Providers/Becoming/Network/Default.asp	40	CO	B7, A1	N612
405	Rebill: Performing provider name/number and group name must be in box 31 or 33 on new bill form.	NULL	CO	16	N290, N289
406	Denied. Provider does not have a valid, active license for service dates billed.	40	CO	B7, A1	N665, N143
407	Bill not payable at this time/reopening is in provisional status pending further determination.	NULL	CO	133	NULL
408	Payment made for treatment of allowed condition(s) only. Bill injured worker for noncovered treatment.	NULL	PR	35	NULL
409	Compounded prescription only paid. Rebill non-NDC items on Statement for Miscellaneous Services bill form.	NULL	CO	16	N34
410	Total mileage charge calculated at the current L&I rate.	NULL	CO	P12	NULL
411	Rejection of this claim has been overturned. Claim has now been allowed by L&I.	NULL	CO	19	ma23
412	Claim is in appeal process before the Board of Industrial Insurance Appeals (BIIA). Please rebill services after change in claim status.	NULL	CO	133	NULL
413	Denied. Professional interpret of this service payable only if test done in inpatient setting.	NULL	CO	96	NULL
414	Repayment due to audit decision that has been reversed by L&I.	NULL	CR	137	N11
415	Bill has been paid by A-19. Questions concerning this transaction should contact deduct desk.	NULL	CO	P12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
416	Denied. This reopening application has been billed by and paid to the attending physician of record.	NULL	CO	18, A1	NULL
417	Denied. These services need to be rebilled under the appropriate claim number.	NULL	CO	31, A1	MA61
418	Payment made to correct your account for the duplicate refund submitted to L&I.	NULL	CR	129	MA67
419	There were no duplicate payments. You were posting from a credit balance remittance advice.	NULL	CR	P12	NULL
420	Deduction taken. Treatment rendered after 30 visit maximum.	NULL	CR	P12, 45	N362
421	Please refer to the notification of potential DRG sent in regard to this bill.	NULL	NULL	NULL	NULL
422	Denied. Only procedures 99080, 99083 and 99084 are payable under this provider number.	NULL	CO	8, A1	M51
423	Lack of the provider number will result in delayed payment and/or return of your bills.	NULL	CO	16	N290
424	Denied. Compensation not payable when the time lost from work was less than 4 hours.	NULL	NULL	NULL	NULL
425	Note the correction to this ICD diagnosis code. The code was incorrectly billed.	NULL	CO	16	M64
426	Denied. This code is not payable in combination with codes 97530 or 97531.	NULL	CO	96, A1	N20
427	Bill suspended. Submitter not authorized to submit bills for this provider. Call 360-902-6511.	NULL	CO	16	N51
428	Outpatient service within 24 hrs of an admit paid by DRG method is considered already paid.	NULL	CO	60	NULL
429	Denied. Services requested by the injured worker's attorney must be billed to the attorney.	NULL	CO	109, B1, A1	N643, N578
430	Denied. Consultation code not payable to a practitioner providing ongoing care.	NULL	CO	96, A1	N637
431	Autopsy bill with no claim number. Refer to service date and first 2 letters of last name to identify.	NULL	CO	16	MA86

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
432	50% of allowable charges paid. Bill balance to employer under self insured claim number.	NULL	OA	35,20	NULL
433	Denied. If service rendered was a rating exam, rebill with procedure code 1106M.	NULL	CO	A1	M67
434	Denied. Tax not payable when related charges are denied.	NULL	CO	96, A1	N356
435	Maximum allowable fee for this service has been paid. Payment for this line item is reduced.	NULL	CO	P12, 45	NULL
436	Prior authorization (PA) number on bill invalid for this claim number and/or admit.	NULL	CO	15	N54
437	Denied per WAC 296-20-03001, no more than 6 injections will be authorized per injured worker.	NULL	CO	35	NULL
438	Bill paid. Please remove injured worker from collections.	NULL	NULL	NULL	NULL
439	Denied. Massage services that are part of a treatment plan ordered by a doctor are exempt from tax.	NULL	CO	96, A1	N578
440	Denied. Provider's application to treat injured workers has been denied.	40	CO	B7, A1	N612
441	Denied. Bills for copies of records must be submitted by the provider performing the service.	NULL	CO	A1	N55
442	Denied. Provider was suspended or was not enrolled on date of service.	40	CO	B7	NULL
443	Missing/Invalid patient paid amount. Clmt paid amount is greater than total charge or clmt reimbursement submitted by third party is not allowed.	DX	NULL	NULL	NULL
444	Refund made as a result of audit penalty imposed on the provider.	NULL	CR	P12	NULL
445	Denied. Claim ID field has blanks and/or invalid data. Call 1-800-831-5227 to confirm claim ID.	7	CO	140	MA61
446	Denied. This bill was in the bill suspense file for over 2 years and has become outdated.	NULL	CO	A1	N246
447	Denied. This supply/service is bundled into another procedure.	NULL	CO	NULL	M15

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
448	Base code paid within endoscopic arthroscopic family code.	NULL	CO	B13, 97	M15
449	Denied. No retraining bills are payable during a plan interrupt.	NULL	NULL	NULL	NULL
450	Denied. The admittance date is not within the date span for the billed notification (PA) number	NULL	CO	15	MA40, N54
451	Denied. The 10 digit prior authorization (PA) number is for an admission denied by L&I Claim Manager.	NULL	CO	A1	M62
452	Denied. The prior authorization (PA) number on the bill is not a valid number for this claim.	NULL	CO	15, A1	N54
453	Denied. L&I has not received the required documentation for this admission.	NULL	CO	16, A1	N29
454	For admit dates of July 18, 1988 and after include the prior authorization number in field 91.	NULL	NULL	NULL	NULL
455	Outpatient service within 24 hrs of an admit must be billed as inpatient on the inpatient bill.	NULL	CO	60	M2
456	This readmission/transfer has been denied as a result of a medical review.	NULL	CO	A1	N35
457	Denied. CPT coding was on the bill. Pain clinic service must be billed by revenue code.	NULL	CO	A1, 16	M50
458	We have changed the units billed to 1 and paid the procedure at the rate for 1 unit of service.	NULL	CO	226	M53
459	Excessive units of service were billed. Enter 1 unit for each time the procedure was performed.	NULL	CO	P12	M53
460	Denied. A telephone call to your office verified that errors were made in the charges billed.	NULL	CO	A1, 16	MA62
461	Denied. Immunization procedures include the cost of materials.	NULL	CO	97	M14
462	Denied. Procedure 97261 is payable only when an additional area of the body is manipulated.	NULL	CO	A1, 96	NULL
463	Denied. Payment for room accommodation charge for the date of discharge is not payable.	NULL	CO	96, A1	N153

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
464	Per medical review the billed discharge status was corrected and payment made accordingly.	NULL	CO	P12	N10
465	Please rebill ambulance service on a CMS-1500 form using your professional service provider number.	NULL	CO	16	N34, N77
466	Denied. Please submit request for interest including justification, to MIPS at mail ident.4203	NULL	CO	85, A1	N517
467	Denied. Use code 97201 to bill for added service or time. Submit an adjustment to this bill.	NULL	CO	A1	N517
468	Denied. This service is not payable when billed with codes 97124/97125 or 97200/97201.	NULL	CO	A1, 96	N20
469	This request for interest payment has been forwarded to our fiscal unit for payment.	NULL	OA	85, B11	NULL
470	Denied. Please resubmit this inpatient bill with the required attachments.	NULL	CO	A1	N29
471	Denied. Revenue code needs CPT/HCPCS procedure code for APG assignment - procedure code missing.	NULL	CO	16, A1	M20
472	Denied per your affidavit stating that you were not entitled to payment for this service.	NULL	CO	A1	MA46
473	Denied. Procedure 99025 payable only in conjunction with starred (*) CPT surgical codes.	NULL	CO	A1, 16	M51
474	There was no notification of this admit. The bill is referred to AUGMED for possible audit.	NO LONGER IN EFFECT	NULL	NULL	NULL
475	Returned. The provider number and the name on the bill do not match.	NULL	CO	A1	N77
476	Thank you. Your effort to provide information needed to process this transaction is appreciated	NULL	NULL	NULL	NULL
477	Denied. Units of service are invalid. Please rebill with correct unit/hours.	NULL	CO	16, A1	M53
478	Denied. Missed appointment was cancelled 3 or more days prior to the appointment date.	NULL	CO	B1, A1	N441

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
479	POAC retroactively adjusted to conform with July 1, 1993 effective date. Refer to 6/1/93 memo.	NULL	NULL	NULL	NULL
480	As of last cut-off date, this bill was on the provider's direct entry suspense file.	NULL	CO	133	NULL
481	Denied. Sixth diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
482	Denied. Seventh diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
483	Denied. Eighth diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
484	Denied. Ninth diagnosis code is not sufficiently specific.	NULL	CO	16, A1	M81
485	Denied. Sixth diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
486	Denied. Seventh diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
487	Denied. Eighth diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
488	Denied. Ninth diagnosis denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	16, A1	M81
489	Denied. Sixth ICD diagnosis code is invalid for first date of service.	NULL	CO	16, A1	M64
490	Denied. Seventh ICD diagnosis code is invalid for first date of service..	NULL	CO	16, A1	M64
491	Denied. Eighth ICD diagnosis code is invalid for first date of service.	NULL	CO	16, A1	M64
492	Denied. Ninth ICD diagnosis code is invalid for first date of service.	NULL	CO	16, A1	M64
493	Denied. Revenue code needs CPT/HCPCS procedure code for APG assignment - procedure code invalid.	NULL	CO	16, A1	M20
495	Denied. Services not requested.	NULL	CO	A1	N629
497	Employer reimbursed by hand warrant for payment of this bill.	NULL	OA	100	NULL
498	An adjustment to this bill is in process and will appear on a future remittance advice.	87	CR	P12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
499	Denied. Procedure previously paid for date(s) of service. Submit adjustment to paid bill.	NULL	CO	B13	NULL
500	Date(s) of service on this bill have been changed to correspond with the retraining approval.	NULL	NULL	NULL	NULL
501	Denied. Service was rendered outside of the authorized time period.	NULL	CO	A1, 198	N54
502	Payment made at amount authorized for this retraining procedure code.	NULL	NULL	NULL	NULL
503	Denied. The legal maximum of \$4000 for retraining has been expended.	NULL	NULL	NULL	NULL
504	Approval of additional funds allows payment of previously denied or reduced bill.	NULL	CR	P12	NULL
505	Denied. This revenue code is invalid for outpatient service.	NULL	CO	A1	M50
506	Paid at a reduced rate. Procedure not authorized on an inpatient basis.	NULL	CO	P13	N54
507	Denied. Retraining plan not approved on this claim.	NULL	NULL	NULL	NULL
508	Please bill modifier -27 with any dates of service prior to 9-1-93.	NULL	NULL	NULL	NULL
509	Pharmacy submitted injured worker reimbursement. Injured worker will be reimbursed for payment.	84	NULL	NULL	NULL
510	Denied. No balance remains in approved funds for this procedure. Contact vocational counselor.	NULL	NULL	NULL	NULL
511	Denied. L&I records do not contain approval of retraining services for this claim.	NULL	NULL	NULL	NULL
512	Prescription bill reversal submitted by pharmacy.	NULL	CO	P12	N694
513	Prescribing provider not authorized for this claim. Bill not paid.	71	CO	A1, 15	N31
514	Denied. Drug refill too soon	79	CO	A1, B5	N668
515	Accident claim not yet allowed. Point of Sale bill denied pending claim allowance.	67	CO	A1	N30
516	Denied. Services not requested.	NULL	CO	A1	N629

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
550	Please read your remittance advice newsletter dated 6-08-93 re: name & number do not match.	NULL	NULL	NULL	NULL
555	Tax computation adjusted and paid to reflect payment of 14.1 percent multiplied by CHG billed.	NULL	CO	P12	NULL
556	Denied. L&I does not accept minus charges.	NULL	CO	96	NULL
559	Action is being taken. Do not send rebill, adjustment or appeal until you receive notice of payment decision. After 60 days call L&I 800-848-0811.	NULL	CO	133	NULL
560	Injured worker's accident rejected by L&I State Fund and service not authorized. Contact the injured worker.	65	PR	109, A1	N643, N584
561	Denied. Surgical tray is not payable with the procedure billed.	NULL	CO	96	N20
562	Avoid possible bill rejection. Please contact your nearest service location for current bill forms.	NULL	NULL	NULL	NULL
566	Manually priced due to other surgery bills with same date. Modifiers are ranked within bill only.	NULL	CO	59, 45	N10
580	Denied. Service payable at intervals of no less than 6 months. See WA RBRVS payment policies.	NULL	CO	A1, P12	N640
582		NULL	NULL	NULL	NULL
583	Denied. This is not a managed care pilot claim. Rebill using your non-managed care provider #.	NULL	CO	16	N290
589	Codes not payable in combination. Rebill exam with codes in range of 90671-90695 or Z0001-Z0045	NULL	CO	A1	N20
598	Action is being taken. Do not send rebill, adjustment or appeal until you receive notice of payment decision. After 60 days call L&I 800-848-0811.	NULL	CO	133	NULL
599	Action is being taken. Do not send rebill, adjustment or appeal until you receive notice of payment decision. After 60 days call L&I 800-848-0811.	NULL	CO	133	NULL
600	Return letter for inpatient hospital bills containing multiple charges for unrelated conditions.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
601	Return letter for inpatient hospital bills containing multiple charges during a period of claim closure.	NULL	NULL	NULL	NULL
602	Return letter for inpatient bills where CPT procedure codes have been used instead of ICD.	NULL	NULL	NULL	NULL
603	Return letter for returning non-payable bills to unlicensed providers.	NULL	NULL	NULL	NULL
604	Return letter for ungrouped CPT codes on hospital bills.	NULL	NULL	NULL	NULL
605	Letter to return adjustment requests for hospital bills previously adjusted as a result of an independent audit.	NULL	NULL	NULL	NULL
606	Return letter (for providers) explaining that L&I is not "co-pay".	NULL	NULL	NULL	NULL
607	Return letter for inpatient DRG interim bill.	NULL	NULL	NULL	NULL
608	Return letter (for workers) explaining that L&I is not "co-pay".	NULL	NULL	NULL	NULL
609	Return letter for invalid inpatient hospital ICD codes.	NULL	NULL	NULL	NULL
610	Return letter for problem with principal (first) diagnosis on hospital bill.	NULL	NULL	NULL	NULL
611	Return letter for hospital bill with invalid data.	NULL	NULL	NULL	NULL
612	Return letter for inpatient hospital bill with invalid age or sex-code data.	NULL	NULL	NULL	NULL
613	Return letter for skilled nursing facility charge submitted on a UB92.	NULL	NULL	NULL	NULL
614	Return letter for inpatient hospital bills that have invalid data and DRG cannot be assigned.	NULL	NULL	NULL	NULL
617	Return letter for possible duplicate bill.	NULL	NULL	NULL	NULL
621	Return letter for late charges that must be requested by adjustment to previously paid bill.	NULL	NULL	NULL	NULL
622	Return letter for inpatient bill with invalid units of service for room charges.	NULL	NULL	NULL	NULL
623	Return letter for IP bill submitted without prior notification and selected for audit.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
624	Return letter for IP bill regarding admit & discharge dates being equal.	NULL	NULL	NULL	NULL
625	Letter to return adjustment requests for hospital bills previously adjusted as a result of an	NULL	NULL	NULL	NULL
626	Return letter for inpatient bill with invalid units of service for room charges.	NULL	NULL	NULL	NULL
628	Return Letter for denied services on Managed Care Claims.	NULL	NULL	NULL	NULL
629	Rtn ltr for bills submitted on wrong bill form. Provider instructed to resubmit charges using the Department's "Statement for Miscellaneous Svcs" form.	NULL	NULL	NULL	NULL
630	Return letter for negative charges billed. Provider instructed to resubmit bill listing only charges for treatment rendered.	NULL	NULL	NULL	NULL
631	Return letter for bill that is not related to a Washington State Worker's Compensation claim.	NULL	NULL	NULL	NULL
632	Return letter for compounded prescriptions billed on wrong bill form.	NULL	NULL	NULL	NULL
633	Return letter for IP bill with incorrect information.	NULL	NULL	NULL	NULL
634	Return letter for IP bill for services submitted within 24 hours.	NULL	NULL	NULL	NULL
635	Return letter for bill using "old" and "new" IME codes. Provider instructed to resubmit bill using only one type of procedure code.	NULL	NULL	NULL	NULL
636	Return letter for IP bill regarding admit & discharge dates being equal.	NULL	NULL	NULL	NULL
637	Return letter for IP bill for incorrect information on bill.	NULL	NULL	NULL	NULL
640	Return letter for IME bill. Another bill for this date of service was previously paid under different procedure codes.	NULL	NULL	NULL	NULL
641	Return letter for bill using out-of-date procedure code for a disability rating or an IME. Provider instructed to refer to current IME handbook.	NULL	NULL	NULL	NULL
645	Return letter for compound drugs billed incorrectly.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
650	Return letter for vocational travel expense billings with incomplete or missing information.	NULL	NULL	NULL	NULL
651	Return letter for hospital bills that don't have itemized detail.	NULL	NULL	NULL	NULL
653	Return letter for bills submitted for which no claim exists in the Department for claimant name listed on the bill and/or date of injury.	NULL	NULL	NULL	NULL
654	Rtn ltr for Misc & HCFA billing which have multiple missing/invalid detail including billing which is for more than 1 claim # and svcs submitted on single bill.	NULL	NULL	NULL	NULL
655	Rtn ltr for IH hospital bills which have multiple missing detail including billing which is for more than 1 claim # and svcs submitted on a single bill.	NULL	NULL	NULL	NULL
656	Rtn ltr for pharmacy bills which have multiple missing/invalid detail including billing which is for more than 1 claim # & svcs submitted on a single bill.	NULL	NULL	NULL	NULL
657	Rtn ltr for claimant travel bills which have multiple missing detail including billing which is for more than 1 claim # & services submitted on a single bill.	NULL	NULL	NULL	NULL
658	Rtn ltr for bills received on wrong bill form including billing which is for more than 1 claim # and services submitted on a single bill.	NULL	NULL	NULL	NULL
659	Rtn ltr for hospital bills which did not have a summary charge sheet of revenue codes with corresponding total chge for each code or do not have rpt.	NULL	NULL	NULL	NULL
660	Return letter for vocational bills on which too many line items have been included in a bill space.	NULL	NULL	NULL	NULL
661	Return letter for bill on claims in abeyance.	NULL	NULL	NULL	NULL
662	Rtn ltr for possible dup bills when the previously paid bill was paid for a date range, by summary detail. The current bill possibly includes some of the same svc dts and we are unable to determine.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
663	Return letter for travel vouchers.	NULL	NULL	NULL	NULL
664	Return letter for lines that are illegible/unreadable.	NULL	NULL	NULL	NULL
665	Return letter to claimant who has requested reimbursement for services which he paid.	NULL	NULL	NULL	NULL
666	Return letter for bills with dates of service greater than 12 months old.	NULL	NULL	NULL	NULL
667	Return letter to claimant or provider who has requested reimbursement or billed for services on a self-insured claim.	NULL	NULL	NULL	NULL
668	Return letter for claims before the appeals board.	NULL	NULL	NULL	NULL
669	Return letter for claims where reopening action is pending.	NULL	NULL	NULL	NULL
670	Blank return letter.	NULL	NULL	NULL	NULL
671	Return letter for hospital bills whose charges need separation for unrelated conditions.	NULL	NULL	NULL	NULL
672	Letter for returning bills for unitemized CPT codes.	NULL	NULL	NULL	NULL
673	Return letter for prescription reimbursement to claimant for drug which requires authorization by the claim manager.	NULL	NULL	NULL	NULL
674	Return letter for claimant reimbursement with charges for services over 12 months old.	NULL	NULL	NULL	NULL
675	Return letter for pharmacy bill with charges for services over 12 months old.	NULL	NULL	NULL	NULL
680	Return letter for bill submitted for an injured worker who was employed by Mayr Brothers at the time they were a self-insured employer.	NULL	NULL	NULL	NULL
698	Return letter for bill which includes charges for services rendered during period claim closure.	NULL	NULL	NULL	NULL
699	Return letter for bill which includes charges for services rendered over 12 months ago.	NULL	NULL	NULL	NULL
700	Interest is the result of an audit.	NULL	CR	225	N10, N199
701	Denied. The amount of hours missed from work are not clear. Please correct and resubmit.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
702	Procedure billed not allowed in combination with other code billed for this dos. Refer to current fee schedule.	NULL	CO	A1	N20
703	Adjusted. Only 1 unit of service allowed per day. Refer to current fee schedule.	NULL	CR	P12, 45	N362
704	Denied. Only 1 unit of service allowed per day. Refer to current fee schedule.	NULL	CO	P12, A1, 45	N362
740	Denied. Supplies should be billed using the appropriate revenue code(s).	NULL	CO	16, A1	M50
742	Transferred credit balance from provider number to payee number.	NULL	CR	P12	NULL
743	Transferred credit balance to payee number from provider number.	NULL	CR	P12	NULL
744	History only. Paid under correct claim number for this date/nature of injury.	NULL	CR	P12	NULL
745	Paid under correct provider number for date(s) of service.	NULL	CO	P12	N77
746	Injured worker's accident rejected by L&I State Fund and service not authorized. Contact the injured worker.	NULL	PR	109, A1	N622, N643, N578
747	Balance of job mod costs must be billed to and paid by injured worker's employer.	NULL	NULL	NULL	NULL
748	Bill paid, but might be adjusted after receipt of utilization review (UR) post discharge report.	NULL	CO	P12	NULL
800	Only the technical portion of the x-ray is payable during the follow-up by the surgeon.	NULL	CO	A1	M144
801	Denied. 908__ not allowed with E/M visit procedure codes. You must use psychotherapy codes instead of E/M codes.	NULL	CO	A1	N56
802	Denied. Procedure code 76140 not payable in conjunction with these services.	NULL	CO	96, A1	N20
803	Denied. These services are not payable in conjunction with modalities and/or treatment for the same day.	NULL	CO	96, A1	N20
804	Denied. Time and/or co-signature missing from bill.	NULL	CO	16, A1	N443, MA81

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
805	Denied. Please refer to the HCPCS section of our current fee schedule for correct procedure code.	NULL	CO	A1, P12	M67, M20
806	Denied. This service is not payable in addition to single examiner exams.	NULL	CO	96, A1	N20
807	Denied. The provider specialty on the L&I record does not include radiology consultations.	NULL	CO	A1, 15	N95
808	Denied. Revenue code for Medicaid only.	NULL	CO	96, A1	M50
809	Paid at fee schedule maximum. Modifier 22 requires unusual circumstances and supporting documentation.	NULL	CO	P12, 45	M69
810	This patient is a participant in the managed care pilot program.	NULL	NULL	NULL	NULL
811	Portable/mobile x-rays not payable to hospital based providers.	NULL	CO	5, A1, 171	N95, M97
812	Bill physician assistant with PA name, supervising physician name and physician provider number.	NULL	CO	16	N296, N297
813	Denied. Rental fees cannot exceed purchase price.	NULL	CO	A1, 108	M7
814	Denied. Lab work is not payable when billed with complex assessment.	NULL	CO	A1	N20
815	Denied. Provider is not a L&I approved Independent Medical Examiner.	NULL	CO	A1, 185	N31
816	Denied. Please bill Kaiser / Attn: Kathleen Sharp / 2701 NW Vaughn #700 / Portland, OR 97210	NULL	OA	109	NULL
817	Free Standing surgical center not payable for this surgical procedure.	NULL	CO	5, A1, 171	N95
818	Denied. Bill the primary occupational medicine managed care provider.	NULL	OA	109	NULL
819	Denied. Worker's MCPP participation period has ended. Rebill using fee for svc provider #.	NULL	NULL	NULL	NULL
820	Denied. Service included in Pain Clinic fees and not payable separately.	NULL	CO	B13, A1	N390

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
821	Denied. Contact the primary occup. medicine managed care provider at 1-800-443-0996, ext. 0845.	NULL	OA	109	NULL
822	Mangd care pilot claim. Only rpt of accdnt, initial ov and dx studies are payable by the dept.	NULL	NULL	NULL	NULL
823	Denied. Pharmacological evaluation is not payable with an E/M procedure code.	NULL	CO	A1	N20
824	Denied. Managed Care claim, please refer to PB 95-02. Per WAC 296-20-010 do not bill worker.	NULL	NULL	NULL	NULL
825	Revenue code 452 not allowed. Use 450 to bill 451/452 combined charges.	NULL	CO	16, A1	M50
826	Procedure not authorized. Call 1st Health/EBP for review: 1-800-541-2894. Rebill when auth'd.	NULL	CO	15, A1	M62
827	Denied. A supplemental medical report (code 1056M) was not requested and/or received.	NULL	CO	A1	N29
828	Denied. Maximum of 11 sympathetic blocks have been billed and paid for this claim.	NULL	CO	35, A1, 45	N362, N640, M139
829	Denied. Two procedures w/the same descriptions have been billed, the higher value was paid.	NULL	CO	A1, W2	M86
830	Paid per Board of Industrial Insurance Appeals (BIIA) order or agreement of parties.	NULL	CO	216	N10
831	Denied. Service is payable under a different procedure code. Refer to fee schedule & rebill.	NULL	CO	A1	M67
832	Denied. These services are not payable during hearing aid warranty period.	NULL	CO	A1	M7
833	Denied. Bill returned with provider application. Provider address on file does not match address on bill.	NULL	CO	A1, 16	N294
834	Please note the provider number. You must use this number when billing for work hardening services.	NULL	CO	16	N77
835	Denied. Additional views, slices or levels of CT scans are not payable.	NULL	CO	P13	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
836	Denied. Outpatient dates of service cannot overlap inpatient stay.	NULL	CO	60, A1	MA133
837	Denied. The date of service does not correspond to the supporting documents date of service.	NULL	CO	A1	M59
838	Procedure not authorized. Call UR vendor 800-541-2894. Once authorized, Rebill for total denied bill or send adjustment for partial paid bill.	NULL	PI	A1, 197	N517, N142
839	Denied for audit. Utilization review (UR) vendor will be contacting you regarding this bill. Do not rebill.	NULL	PI	137, A1	N35
840	System resource error. Bill not processed. Resubmit.	85	NULL	NULL	NULL
841	System resource error (claimant eligibility). Bill not processed. Resubmit.	85	NULL	NULL	NULL
842	Denied for audit. EBP Health Plans will be contacting you regarding this bill. Do not rebill.	NULL	PI	137, A1	N35
843	System resource error (provider eligibility). Bill not processed. Resubmit.	85	NULL	NULL	NULL
844	Denied. This must be rebilled on miscellaneous or CMS-1500 bill form.	70	NULL	NULL	NULL
845	Denied. NDC obsolete or expired for date RX filled. Verify correct NDC used. Rebill if necessary.	77	CO	A1	M119
846	Denied. Prescribing provider number required when generic substitution not allowed.	25	CO	A1	N31
847	Automated multi-channel test(s) paid at maximum allowed for unduplicated tests performed.	NULL	CO	45	M75
848	Denied. Lab tests for service date must all be billed on one ICN. Send adjustment for paid ICN.	NULL	CO	16, A1	M126
849	System cannot determine pricing method. Submit manual bill.	M5	NULL	NULL	NULL
850	In the future, please list the individual provider number as well as the clinic provider number	NULL	CO	16	N290
851	Denied. Payable only if lab test performed on inpatient basis.	NULL	CO	A1, 5	M2

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
852	Denied. Complex fees not payable in conjunction with single examiner examinations.	NULL	CO	A1	N20
853	Microfiche handling payable only once per exam assignment.	NULL	CO	45, P13	NULL
854	Bill not processed. System error. Submit manual bill.	M5	NULL	NULL	NULL
855	Bill not processed. Provider on review. Submit manual bill.	M5	NULL	NULL	NULL
856	Denied. Surgery CPT for same DOS must be on one bill. Send adjustment to ICN (Internal Control Number) that has paid.	NULL	CO	A1	M51
857	Denied. This Bill was in direct entry suspense file for over 180 days and has become outdated.	NULL	CO	29	NULL
858	System resource error (drug file). Bill not processed. Resubmit.	NULL	NULL	NULL	NULL
859	Denied. Rebill with a copy of manufacturer's warranty/invoice showing cost, warranty information and serial numbers.	NULL	CO	A1	M23, N354
860	Invalid data removed from prior authorization (PA) field. Leave blank if not required. Invalid data causes delay.	NULL	CO	16	M62
861	Denied. There is no employer/employee relationship.	NULL	PR	A1, 31	MA89
862	Denied. Travel not authorized on pension claims with or without a treatment order.	NULL	NULL	NULL	NULL
863	Denied. Bill submitted without prior authorization. Call utilization review (UR) vendor 800-541-2894. Rebill when authorized.	NULL	PI	15, A1	M62
864	Allowed amt. Is \$0.00. Immunobiologic is distributed at no cost by Centers for Disease Control.	NULL	CO	P13	NULL
865	Denied. Chart notes required for service billed. No chart notes received.	NULL	CO	A1	N29
866	Denied. Call utilization review (UR) vendor 800-541-2894 to be reviewed. Rebill when authorized.	NULL	PI	15, A1	M62
867	Decision made by L&I Office of the Medical Director to pay for noncovered services.	NULL	PI	137	N11

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
868	Denied. 10 digit prior authorization number required, but missing from your bill.	NULL	CO	16, 15, A1	M62
869	Item paid. Your -99 modifier was for payment and information modifiers. Changed to payment modifier only.	NULL	NULL	NULL	NULL
870	Denied. Date of service on bill does not match the review date or report date.	NULL	CO	16, A1	M59
871	Denied. Submit your bill to Department of Energy (509-376-1416).	41	OA	109	NULL
872	Effective DOS 7/1/00 providers must use 00100-01999 to bill for services paid with base and time units.	NULL	CO	59	M67
873	Procedure 99080 for narrative report only payable every 60 days unless specifically requested by L&I.	NULL	CO	P13	NULL
874	Denied. Prior authorization was not obtained. Claim manager has denied.	NULL	CO	A1, 197	NULL
875	You cannot use your clinic provider number to bill. Please rebill using the correct provider number.	NULL	CO	16	N290
876	Mileage has been reduced. Mileage over 50 miles one way needs prior approval.	NULL	NULL	NULL	NULL
877	Claim closed during part of date span. Call 1-800-831-5227 for claim closure information before rebilling.	NULL	CO	A1, 27	N650, N578
878	Fluoroscopy must be used when performing this procedure.	NULL	CO	P12	NULL
879	Denied. Diagnosis/procedure not authorized on treatment order.	NULL	CO	39	NULL
880	Denied. Only 1 unit of service allowed per claim.	NULL	CO	B5, 45	N640
881	Denied. Rebill to Dept. of L & I, Self Ins. Attn: Bankrupt Desk, P.O. Box 44892, Oly, WA 985044892.	NULL	OA	A1, 109	N643
882	Denied. Type service/procedure code is invalid. Refer to our current fee schedule for valid code.	NULL	CO	8, P12	NULL
883	Repayment made to provider. L&I has already done an adjustment to cover your account.	NULL	CR	P12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
884	Refund is being returned. Generally accident report, initial visit & necessary tests are payable.	NULL	CR	P12	NULL
885	Ambulatory Surgery Center (ASC) service paid at the lesser; 100% fee schedule or billed charge.	NULL	CO	P12, 45	NULL
886	Ambulatory Surgery Center (ASC) service paid at the lesser; 50% fee schedule or billed charge.	NULL	CO	P12, 45	NULL
887	Ambulatory Surgery Center (ASC) paid at the lesser; 25% fee schedule or billed charge.	NULL	CO	P12, 45	NULL
888	Denied. Resubmit bill with required copy of approved pre-job/job modification application form.	NULL	NULL	NULL	NULL
889	Denied. Ambulatory Surgery Center (ASC) procedures for service date must all be billed on 1 ICN. Send adjustment to paid ICN.	NULL	CO	A1, 16	M51
891	Denied. Fluoroscopy not billed and place of service indicates non-accredited facility.	NULL	CO	5	NULL
893	Denied. The requested medical records have not been received.	NULL	CO	16	M127
894	Authorized as one-time only, per claim manager.	NULL	CO	P12	N10
895	Per WAC 296-20-1103 travel only allowed from injured worker's home to nearest point of adequate treatment.	NULL	NULL	NULL	NULL
896	Denied. Reimbursement to pickup prescriptions/refills is not an allowed travel expense.	NULL	NULL	NULL	NULL
897	Denied per provider request.	NULL	OA	A1	NULL
898	Too many exceptions for your bill to process. Break this billing down to 7 line items each bill	NULL	NULL	NULL	NULL
899	Too many errors for bill payment. Refer to Fee Schedule/Bill Instruction packet and resubmit.	MZ	CO	16	MA130
900	Payment has been made to a payee holding a lien.	NULL	OA	100	NULL
901	Payment is received as the result of a lien.	NULL	OA	P12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
902	Service(s) covered, but patient has received funds from third party and is responsible for payment. Bill him/her this amount.	NULL	PR	201	M86
903	Action is being taken. Do not send rebill, adjustment or appeal until you receive notice of payment decision. After 60 days call L&I 800-848-0811.	87	CO	133	NULL
904	Repayment of adjustment/deduction on bill(s) which refund/returned L&I warrant was received.	NULL	CR	P12	NULL
905	Denied. Submit adjustment with copy of invoice showing your cost for drugs/supplies attached.	NULL	CO	A1, 16	N29
906	This adjustment is the result of an independent audit of charges for this hospitalization.	NULL	CR	137	N10
907	Flat fee adjusted. After care charges paid to transfer physician.	NULL	CR	P12, 100	NULL
908	Denied. Service is included in flat fee.	NULL	CO	A1, B13	M15
909	Service balance was previously paid in this claim or a related claim for this injured worker.	NULL	CO	B13	NULL
910	Bill adjusted. There was an error in your computation.	NULL	CR	129	MA67
911	This service was paid on a diagnostic basis only.	NULL	CO	P12	M17
912	Adjusted charge. Unlisted fee set by L&I allowed.	NULL	CR	P12	NULL
913	Consultation fee paid; treatment fees paid only to the attending physician.	NULL	CO	B10, P12	NULL
914	Reopening exam and application paid; claim remains closed.	M5	CO	P12	NULL
915	Rebill physician professional fees on CMS-1500 with CPT-4 service codes.	NULL	CO	16	N34, M51
916	Denied. Multiple procedures/diagnoses/dates in a line item cannot be processed. Rebill services	NULL	CO	A1	N63
917	Denied. Wrong diagnosis or procedure code used for the described condition or service billed.	NULL	CO	11, A1	N56
918	Report/documentation submitted does not justify the code and/or fee billed.	NULL	CO	A1	M69

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
919	Denied. Multiple claim numbers on one bill cannot be processed. Rebill separately.	NULL	CO	A1, 16	N61
920	Denied. The procedure code and/or report indicate the service was for an unrelated condition.	NULL	CO	A1, 96	N578, N643
921	Denied. Crime victim claim. Your bill has been forwarded to the Crime Victim Compensation Program.	NULL	OA	B11, A1	NULL
922	Denied. Reopening application not received.	NULL	CO	A1	N29
923	Denied. This is a self-insured claims. Submit bill to the employer.	41	OA	109, A1	N534
924	Bill paid. You must reimburse the injured worker the total amount he/she paid for this service.	NULL	CO	A0	NULL
925	Adjusted in accordance with L&I's published fee schedule.	NULL	CR	P12, 45	NULL
926	Professional fee adjusted to current L&I rate.	NULL	CR	P12, 45	NULL
927	Balance paid separately under different claim number or different fund.	NULL	CO	B13	NULL
928	Denied. Attach copy of your receipt to copy of this statement and send to L&I.	NULL	NULL	NULL	NULL
929	Denied. Only payable when you must travel more than 10 miles one way.	NULL	NULL	NULL	NULL
930	Denied. Only authorized travel over 10 miles 1 way to nearest available treatment is payable.	NULL	NULL	NULL	NULL
931	Medical travel expense not payable when residence is over 50 miles from the Washington State border.	NULL	NULL	NULL	NULL
932	Denied. The authorized distance traveled does not justify payment for lodging.	NULL	NULL	NULL	NULL
933	Denied. Emergency room report required.	NULL	CO	A1	N29
934	As many items as possible have been processed on your bill. Rebill unprocessed services.	NULL	NULL	NULL	NULL
935	Denied. This is a duplicate charge.	NULL	CO	18	NULL
936	Processed using the injured worker's name that L&I has listed for this claim number.	NULL	CO	16	MA36

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
937	You have used the wrong bill form for this service. Bill on proper bill form in the future.	NULL	CO	16	N34
938	Denied. Justification required for more than one round trip travel on same day.	NULL	NULL	NULL	NULL
939	Denied. Rebill or submit copy of remittance advice (circle ICN number). Attach required reports	NULL	CO	A1	N29
940	Adjusted. Travel expense allowed to the nearest point of available treatment.	NULL	NULL	NULL	NULL
941	Denied. These services were paid by a private insurance carrier whom we have reimbursed directly	NULL	CO	100	NULL
942	Denied. Provider is not the attending physician of record. This service is not authorized.	NULL	CO	243	N450
943	Denied. This injection is paid only in hospital setting for treatment of burns or fractures.	NULL	CO	5, A1	M77
944	This service paid on a diagnostic basis only. Treatment of the condition is denied.	NULL	CO	P12	NULL
945	Denied. This service is not payable in addition to an extensive or comprehensive office visit.	NULL	CO	A1	N20
946	Denied. Emergency room calls for scheduled drugs for treatment of chronic pain are not covered.	NULL	CO	A1, 40, 96	N180
947	Bill paid in summary detail. All future bills must show only one date of service per line space	NULL	CO	16	MA31
948	Remainder of bill processed separately due to computer system limitations.	NULL	NULL	NULL	NULL
949	Payment for pharmacy made this time. Future bills must be submitted with code 99070 for pharmacy	NULL	CO	16	M20
950	Denied. When an injured worker is placed on pension L&I cannot pay schedule I,II,III,IV drugs	NULL	PR	A1, 27, 96	NULL
951	Time units must be billed as whole units. Please check your Fee Schedule and bill accordingly.	NULL	CO	P12	M53
952	Processing 80 per cent of the interim payment requested.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
953	Denied. Service was prior to approved training plan start date.	NULL	NULL	NULL	NULL
954	Denied. There are no funds approved for this procedure code. Contact vocational counselor.	NULL	NULL	NULL	NULL
955	These services were paid by a hand warrant.	NULL	CO	B13	NULL
956	Reopening examination and application paid. Claim reopening is under consideration.	NULL	CO	133	NULL
957	This is a deduction from the interim payment.	NULL	CR	P12	NULL
958	Adjusted. Mileage allowed based on number of miles by shortest direct route only.	NULL	NULL	NULL	NULL
959	Denied or adjusted. The per diem rate allowed includes lodging and meals for the day.	NULL	NULL	NULL	NULL
960	Denied. Side of body treated disagrees with the side of body accepted as injured in this claim.	NULL	CO	96, A1	N578
961	Denied. This is not a Washington state industrial injury.	NULL	CO	A1, 109	N643
962	Adjusted. Remaining balance from this procedure fund paid. Notify the vocational counselor.	NULL	NULL	NULL	NULL
963	This deduction is taken for payment(s) made in error.	NULL	CR	P12	NULL
964	This payment is made for a deduction which was taken in error.	NULL	CR	P12	NULL
965	Denied. Injured worker expired prior to date of this service.	M5	CO	13	NULL
966	This is a rebill, check for prior payment. If none received, resubmit.	NULL	CO	B13	NULL
967	No payment made because there were no charges listed on your billing.	DU	CO	16	M79
968	Denied. The listed value for this service includes the professional component.	NULL	CO	A1, 45	M15
969	Denied. Provider tape billing fee is limited to one charge per claim in any 30 day period.	NULL	NULL	NULL	NULL
970	Reopening denied.	NULL	CO	A1	N578

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
971	Processed under correct claim number for this date/nature of injury. Please note for future bills.	NULL	CO	16	MA86
972	Waiting for signature certifying the delivery of services.	NULL	CO	16	MA81
973	Denied. Excess invalid/missing detail on this bill. See billing instructions. Revise and rebill	NULL	CO	16, A1	MA130
974	Rebill dental professional fees on L&I Statement for Miscellaneous Service bill form.	NULL	CO	16	N34
975	Denied. L&I is not responsible for 'no show' appointments.	NULL	CO	A1, 115	N441
976	This fee is payment for medical records.	NULL	CO	P12	NULL
977	Please note the provider number. This is the number you must use when billing physician services	NULL	CO	16	N77
978	Please note the provider number. This is the number you must use when billing pharmacy services	NULL	CO	16	N77
979	Please note the provider number. You must use this number when billing for pain clinic services	NULL	CO	16	N77
980	Please note the claim number. It must be used when billing for this injury for this injured worker.	NULL	CO	16	MA92
981	Note provider number and name. They must be on all billing sent to L&I.	NULL	CO	16	N77
982	L&I has no provision for payment of provider administrative costs.	NULL	CO	96	NULL
983	Denied. Refill of this drug in less than 30 days must be justified by the attending physician.	NULL	CO	A1, B5	N584
984	Payment made to correct your account for the refund which you made to L&I in error.	NULL	CR	P12	NULL
985	Denied. This is a Social & Health Services bill sent to us in error.	NULL	OA	109	NULL
986	NDC number invalid or missing. If equipment, resubmit on Statement for Miscellaneous Services.	NULL	CO	16	M119
987	Denied. Service was not substantiated by attending physician and requires prior authorization.	NULL	CO	A1	N29

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
988	The date of service is before the reopen date.	NULL	CO	26	NULL
989	Denied. Claim number missing. Resubmit new bill with claim number.	7	CO	31, 16, A1	MA61
990	Not paid. The provider must bill L&I and return your full payment directly to you.	NULL	NULL	NULL	NULL
991	Denied. Drug quantity is invalid. Resubmit using metric measuring only.	NULL	CO	A1	M49
992	Bill paid. You must reimburse the insurance company the total amount they paid for this service.	NULL	NULL	NULL	NULL
993	Travel expense has been authorized only for the injured worker.	NULL	NULL	NULL	NULL
994	Do not include line items for services which you are crediting and no payment is due.	NULL	NULL	NULL	NULL
995	L&I is not responsible for payment while injured worker is in DNR Forest Camp.	NULL	PR	109	NULL
996	Payment to cancel balance of interim credit in this provider account. Credit transferred.	NULL	CR	P12	NULL
997	Refer to the accompanying explanation of benefits code listed for this service.	NULL	NULL	NULL	NULL
998	This transaction is a refund from this provider.	NULL	CR	P12	NULL
999	This adjustment is made per your request on a previously processed bill.	NULL	CR	P12	NULL
A01	APC discounting applied.	NULL	CO	P12, 45	NULL
A02	APC packaged service.	NULL	CO	97	M15
A03	Qualifies for APC outlier.	NULL	CO	97	NULL
A04	Qualifies for outlier with discounting.	NULL	CO	97	NULL
A05	APC packaged, considered in outlier amount.	NULL	CO	97	NULL
A06	APC pass-through, considered in outlier amount.	NULL	CO	97	NULL
A07	Denied. Seventh diagnosis invalid per code editor.	NULL	CO	A1	M76, M64
A08	Denied. Eighth diagnosis invalid per code editor.	NULL	CO	A1	M76, M64
A09	Denied. Ninth diagnosis invalid per code editor.	NULL	CO	A1	M76, M64

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
A10	Denied. Diagnosis and patient age are in conflict per the code editor.	NULL	CO	9	NULL
A11	Denied. Diagnosis and patient gender are in conflict per code editor.	NULL	CO	10	NULL
A12	THIS EOB IS INTENTIONALLY LEFT UNUSED	NULL	NULL	NULL	NULL
A13	Denied. Procedure is invalid per code editor.	NULL	CO	A1	M67
A14	Denied. Procedure and patient age conflict per code editor.	NULL	CO	6	NULL
A15	Denied. Procedure and patient gender conflict per code editor.	NULL	CO	7	NULL
A16	Denied. Noncovered service per code editor.	NULL	CO	96, A1	N578
A17	Denied. Condition code 21 (verification of denial) billed.	NULL	CO	A1	M44
A18	Denied. Condition code 20 (submitted for review) billed.	NULL	CO	A1	M44
A19	Denied. Defined as "questionable covered service" by code editor.	NULL	CO	50	NULL
A20	Denied. Per code editor. Code indicates site of service not in Outpatient Prospective Payment System (OPPS).	NULL	CO	5	NULL
A21	Denied. Service units outside of range allowed for procedure. For units consideration, submit adjustment with justification for additional units.	NULL	CO	A1	M53
A22	Denied. Per code editor, multiple bilateral procedures were billed without modifier -50.	NULL	CO	4	NULL
A23	Denied. Per code editor, specification of bilateral procedure is inappropriate.	NULL	CO	4	NULL
A24	Denied. Even with modifier, code editor won't allow this mutually exclusive or component procedure.	NULL	CO	A1	NULL
A25	Denied. Per code editor, medical visit without modifier -25 not allowed with type "T" or "S" procedure.	NULL	CO	4	NULL
A27	Denied. Per code editor, terminated bilateral procedure can't have more than 1 unit.	NULL	CO	A1	M53

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
A28	Denied. Per code editor, the implementation or associated procedure is not consistent with the implanted device or administered substance.	NULL	CO	A1	M67
A29	Denied. CCI edit would allow this w/ proper modifier. Refer to < http://www.ntis.gov for CCI subscription.	NULL	CO	A1, 4	NULL
A30	Denied. Per code editor, multiple medical visits billed for same day without condition code G0.	NULL	CO	A1	M44, M86
A31	Denied. Per code editor, blood product for transfusion or blood product exchange not specific.	NULL	CO	A1	M45
A32	Denied. Per code editor, observation revenue code billed with non-observation HCPCS code.	NULL	CO	A1	M50, M67
A33	Denied. Per code editor, service is not separately payable.	NULL	CO	A1, 97	M15
A34	Denied. Per code editor one or more, modifier(s) is invalid.	NULL	CO	4	NULL
A35	Denied. Per code editor, revenue center requires HCPCS code.	NULL	CO	A1	M20
A36	Denied. Per code editor, revenue code is invalid.	NULL	CO	A1	M50
A37	Denied. Inpatient bill submitted without patient prior authorization (PA#) number. Correct/obtain prior authorization number and resubmit.	NULL	CO	129	N473
A38	Denied. Per code editor partial hospitalization requirements are not met.	NULL	CO	A1	N719
A41	Denied. Per code editor, service has not met the criteria for separate observation payment.	NULL	CO	A1	N180
A42	Denied. Per code editor, observation service cannot be billed unless type of bill is 13X.	NULL	CO	A1	M50
A43	Proc code not authd. For assistance contact L&I Medical Director's Office at 360-902-5036 or contact 360-902-6818 for IME related procedure codes.	NULL	CO	15, P13	NULL
A44	Bill denied. Per code editor, CA modifier requires patient status code 20.	NULL	CO	A1	N34

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
A45	Bill denied. Per code editor, bill lacks required device code for one of the procedures billed or lacks the required procedure for device code billed.	NULL	CO	A1	N34
A46	Line denied. Per code editor, incorrect billing of blood and blood products.	NULL	CO	A1	N34
A49	Denied. Per code editor, trauma response critical care code billed without revenue code 068X and/or CPT 99291.	NULL	CO	A1	N34
A52	Payment made at maximum units for submitting service. For consideration, submit adjustment with justification for additional units.	NULL	CO	P12	M53
A82	Denied. Non-case rate APC not allowed for treatment of industrial injury or invalid HCPCS/revenue code billed.	NULL	CO	A1	M20, M50
A86	Denied. This APC ID is not allowed for treatment of industrial injuries.	NULL	CO	P13	NULL
A91	Denied. Principal diagnosis code invalid per code editor.	NULL	CO	A1	M76
A92	Denied. Second diagnosis code invalid per code editor.	NULL	CO	A1	M64
A93	Denied. Third diagnosis code invalid per code editor.	NULL	CO	A1	M64
A94	Denied. Fourth diagnosis code invalid per code editor.	NULL	CO	A1	M64
A95	Denied. Fifth diagnosis code invalid per code editor.	NULL	CO	A1	M64
A96	Denied. Sixth diagnosis code invalid per code editor.	NULL	CO	A1	M64
A97	Denied. L&I accepts only hospital outpatient types of bill 131 through 134 on CMS-1450 (UB04).	NULL	CO	A1	N34
A98	Denied. Per Outpatient Code Editor (OCE), procedure lacks required radio labeled product.	NULL	CO	P13	NULL
B01	Denied. Procedure code specific to your State. Refer to Washington State fee schedule for appropriate code.	NULL	CO	A1	M51
B02	Denied. ICN on adjustment form does not match the bill ICN you are trying to adjust. Correct and resubmit.	NULL	CO	A1, P13	N152, MA130, N704
B03	Denied. Only one bill ICN can be adjusted per provider's request for adjustment form.	NULL	CO	A1, P12	N34, N704

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
B04	Modifier -99 should only be used when 2 or more modifiers affect payment. Doing so may delay payment.	NULL	NULL	NULL	NULL
B05	Denied. Injured worker's lost time is not sufficient to justify this procedure.	NULL	NULL	NULL	NULL
B06	Denied. Prescribing provider's number and name on bill does not match.	25	CO	A1, 16	N31
B07	Adjustment due to NSF check.	NULL	CR	P12	NULL
B08	This line was manually priced due to a partial refund.	NULL	CR	129	MA67
B09	Denied. Service billed is unrelated to this claim number/injured worker.	NULL	CO	A1	N576
B10	No bills are payable due to the rejection reason on this claim.	NULL	CO	P13	N643
B11	Denied. Procedure code 76005 not payable in conjunction with these services.	NULL	CO	96, A1	N20
B12	Paid per L&I Claims Consultant.	NULL	CO	45	N10
B13	Paid. Procedure now allowed.	NULL	CO	45	NULL
B14	Denied. Procedure code 72275 not payable with 64470-64476.	NULL	CO	96, A1	N20
B15	Place of service was changed to reflect actual site of service.	NULL	CO	16	M77
B16	Facility fees are not payable for procedures performed in physician's office.	NULL	CO	P12	NULL
B20	Endoscopy 100%	NULL	CO	59	NULL
B21	Endoscopy Minus Base	NULL	CO	59	NULL
B22	Endoscopy 100% then multiple surgery rule 100%	NULL	CO	59	NULL
B23	Endoscopy minus base then multiple surgery rule 100%	NULL	CO	59	NULL
B24	Endoscopy 100% then multiple surgery rule 50%	NULL	CO	59	NULL
B25	Endoscopy minus base then multiple surgery rule 50%	NULL	CO	59	NULL
B26	Endoscopy 100% then multiple surgery rule 25%	NULL	CO	59	NULL
B27	Endoscopy minus base then multiple surgery rule 25%	NULL	CO	59	NULL
B30	Multiple surgery rule 100%	NULL	CO	59	NULL
B31	Multiple surgery rule 50%	NULL	CO	59	NULL
B32	Multiple surgery rule 25%	NULL	CO	59	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
B33	Denied. The required request for additional reimbursement form not received.	NULL	CO	16	NULL
B34	A narrative report of work history is required when billing 1055M.	NULL	CO	150	N29
B40	The 2nd procedure code modifier is either completely invalid or invalid for the service dates billed.	NULL	CO	4	NULL
B41	The 3rd procedure code modifier is either completely invalid or invalid for the service dates billed.	NULL	CO	4	NULL
B42	The 4th procedure code modifier is either completely invalid or invalid for the service dates billed.	NULL	CO	4	NULL
B43	The 2nd proc code modifier is not a valid pymt modifier in conjunction with the procedure billed.	NULL	CO	4	NULL
B44	The 3rd procedure code modifier is not a valid payment modifier in conjunction with the procedure billed.	NULL	CO	4	NULL
B45	The 4th procedure code modifier is not a valid payment modifier in conjunction with the procedure billed.	NULL	CO	4	NULL
B46	The 2nd procedure code modifier is invalid for this provider type.	NULL	CO	4	NULL
B47	The 3rd procedure code modifier is invalid for this provider type.	NULL	CO	4	NULL
B48	The 4th procedure code modifier is invalid for this provider type.	NULL	CO	4	NULL
B62	L&I cannot pay for retraining services 3 or more months in advance. Rebill closer to service dates.	15	CO	110	NULL
B63	Denied. No record that an IME was requested/scheduled for the service date billed.	NULL	CO	A1	N629
B64	Multiple MRI's for the same part of body are not payable for the same date of service.	NULL	CO	A1	M86
D01	High dose alert. Drug dispensed exceeds maximum daily dosage.	88	CO	16, B5	N435

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
D02	Drug to drug interaction; severity level 1. Drug interacts with another drug dispensed.	88	CO	16, B5	N410
D03	Two or more drugs have been prescribed/dispensed which may represent a duplicate therapy.	88	CO	16, B5	N410
D04	Denied. Multiple DUR and/or refill-too-soon edits prevent payment. For information call 1-800-848-0811.	88	CO	16, B5	N410
D05	Non-preferred drug prescribed and therapeutic class has not been authorized for this claim.	70	CO	96, 197	NULL
D06	Non-preferred drug prescribed by endorser without dispensed as written (DAW) indicator.	70	CO	96	NULL
D07	Submitted dispensed as written (DAW) is invalid.	22	CO	16	M49
D08	The prescribing provider number entered does not have prescriptive authority.	71	CO	A1, 184	N31, M143
D09	Drug enforcement agency (DEA) number is not valid, it does not meet DEA number validation.	25	CO	16	N31
D10	Reimbursement includes the incentive fee for the acceptance of risk (prior authorization #00074276229).	NULL	CO	91	NULL
D11	Missing/Invalid prior authorization type.	EU	CO	16	NULL
D12	Missing/Invalid prior authorization number.	EV	CO	16	NULL
D13	Prior authorization denied. Claim is on file, does not meet requirement allowing prior authorization for acceptance of risk and incentive fee.	3Y	CO	P13	NULL
D14	Prior authorization for incentive fee was submitted but not allowed. The incentive fee was not included in reimbursement.	NULL	CO	P13	NULL
D15	Denied. Third Party supplemental agreement not on file.	5	CO	16	N290
D16	Denied. Third Party billers must submit all bills through L&I point-of-sale (POS) system, excluding adjustments.	5	CO	16	N290
D17	Denied. This drug class requires prior authorization for use beyond 30 days. For authorization call 1-888-443-6798	75	CO	197, B5	NULL
D18	Initial prescription qualifies for first fill payment.	NULL	NULL	NULL	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
D19	Prior authorization denied. Does not meet first fill requirements for payment of initial prescription.	3Y	CO	16	N592
D20	Denied. Day supply exceeds L&I's 30 day supply limit.	AG	CO	A1	N378
D21	Denied. Procedure is for unclassified injectable drugs. Not payable for oral drugs.	NULL	CO	A1	M51
D22	Denied. Prescription filled after date of pension and treatment order does not include scheduled drugs.	70	CO	A1	N578
D23	Denied. L&I does not pay for brand drugs when a generic is available and substitution is allowed.	AJ	CO	A1	N578
D80	Denied. Tooth number is denied under this claim.	NULL	CO	A1	N37
E00	Denied. Procedure code requires RR or NU modifier. See HCPCS section of Medical Aid Rules & Fee Schedules for appropriate modifier.	NULL	CO	A1, 16	N519
E01	Further rental is denied. Purchase of new DME is required. Retrieve rental DME and replace with new DME. Bill for new DME item with NU modifier.	NULL	CO	A1	M7, N370
E02	Further rental is denied. There is no medical certification on file for continued use.	NULL	CO	A1, B12	N370
E03	Twelve (12) months of rental payments have been made. Equipment is now owned by the injured worker. No additional payments will be made.	NULL	CO	P12	N370
E04	Further rental is denied. There is no medical certification on file for continued use of E0935.	NULL	CO	A1, B12	N370
E05	Denied. These services are not payable during the DME warranty period.	NULL	CO	A1, 16	N578
E06	Denied. A warranty is required for all DME repair. Please send warranty and rebill.	NULL	CO	A1, 16	N29, N705
E07	Maximum units were reviewed by L&I and no additional units will be paid.	NULL	CO	45	N362
E08	Bill Denied with 6 DE due to possible EDI edit functionality issues.	NULL	CO	P13	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
E09	This payment is a reimbursement for WA Stay-At-Work Program.	NULL	CO	100	NULL
E10	This claim denied as a duplicate. COHE Admin Fee processed under the workers accepted claim number.	NULL	CO	18, B13	NULL
H00	EDI formatting error: This billing is denied/rejected - The second EOB details the error.	NULL	CO	A1	MA130
H01	Invalid workers' compensation pay-to provider number.	NULL	CO	A1	N77
H02	Missing workers' compensation billing provider number.	NULL	CO	A1	N77
H03	Invalid workers' compensation billing provider number.	NULL	CO	A1	N77
H04	Submitting transaction is not identified as a workers' compensation billing.	NULL	CO	31, 109	NULL
H05	Invalid/missing workers' compensation claim number (subscriber identification).	NULL	CO	31, 140	MA130
H06	Invalid transaction type code (must be chargeable).	NULL	CO	A1	MA130
H07	Invalid transaction type identification (identified as draft/pilot).	NULL	CO	A1	MA130
H08	Invalid claim frequency type code (adjustment/replacement/void not allowed).	NULL	CO	A1	MA130
H09	Line item maximum exceeded (see EDI companion guide).	NULL	CO	A1	M139
H10	Missing workers' compensation pay-to provider number.	NULL	CO	A1	N77
H11	Missing workers' compensation rendering provider number.	NULL	CO	A1	N77
H12	Invalid workers' compensation rendering provider number.	NULL	CO	A1	N77
H13	Denied. The procedure code is incorrect for the report requested and/or received. Refer to current fee schedule and rebill the correct code.	NULL	CO	A1	N56
H14	Denied. This report was not requested by L&I. Please bill the party who requested this report.	NULL	CO	A1	N629
H15	Report of Accident (ROA) not payable to a physician assistant because this claim does not meet the definition of a simple industrial injury.	NULL	CO	B7, P13	N180

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
H16	Suspended. Claim number is missing or invalid on bill. Call 1-800-831-5227 to confirm claim number before rebilling.	NULL	CO	16	NULL
H17	Denied. No audiogram was received.	NULL	CO	16, A1	N706, N146, N102, N29
Q07	Paid. Diagnostic(s)and/or Service(s)requested by the IME Examiner/Panel or Department.	NULL	CO	P12, W1	NULL
H18	Denied. ICD-10 diagnosis submitted prior to ICD-10 effective date.	NULL	CO	A1	755
H19	Denied. ICD-10 procedure code submitted prior to ICD-10 effective date.	NULL	CO	A1	N755
H21	The payee provider's NPI is either invalid or is not registered. Call Provider Credentialing at 360-902-5140.	NULL	CO	A1	N77
H22	Invalid NPI billing provider number. The submitted NPI is not on file or is not associated to an L&I provider number.	NULL	CO	A1	N77
H23	The service provider's NPI is invalid or is not registered. Call Provider Credentialing at 360-902-5140.	NULL	CO	A1	N77
H24	We are unable to determine the payee. Call Provider Credentialing at 360-902-5140.	NULL	CO	16	N280
H25	We are unable to determine the provider of service with the NPI provided. Call Provider Credentialing at 360-902-5140.	NULL	CO	16	N290
H26	The payee's NPI is invalid (format error). Please correct and resubmit your bill.	NULL	CO	16	N280
H27	The prescribing provider's NPI is either invalid or is not registered. Call Provider Credentialing at 360-902-5140.	NULL	CO	16	NULL
H28	The prescribing provider's NPI is invalid (format error). Please correct and resubmit your bill.	NULL	CO	16	NULL
H29	In the future please bill using the NPI of the individual not the organization.	NULL	NULL	NULL	NULL
H30	We are unable to determine the prescribing provider with the NPI provided. Call Provider Credentialing at 360-902-5140.	NULL	CO	16	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
H31	ICN (Internal Control Number) submitted on request for electronic adjustment is not finalized (paid) or not found in payer's system or is invalid.	NULL	CO	A1	M47
H32	Claim number submitted on request for electronic adjustment does not match the claim number found on the ICN of the bill to be adjusted.	NULL	CO	A1	MA61
H33	Rendering provider submitted on request for electronic adjustment does not match the rendering provider found on the ICN of the bill to be adjusted.	NULL	CO	A1	N290, N291
H34	ICN (Internal Control Number) submitted on request for electronic adjustment is already in process and will appear on a future remittance advice.	NULL	CO	A1, 18	N522
H35	ICN (Internal Control Number) submitted for electronic adjustment has already been adjusted/credited. Original ICN adjustment/credit allowed once.	NULL	CO	A1, 18	N522
H36	ICN (Internal Control Number) submitted for electronic adjustment previously processed as a credit (void). Resubmit new bill if credit was in error.	NULL	CO	A1	N522
H37	ICN (Internal Control Number) submitted on request for electronic adjustment allowed for original ICN received in HIPAA 837 format (ICN 7).	NULL	CO	A1	M47
H38	Electronic adjustment transaction submitted is missing required payer claim control number (ICN) segment - 2300 REF*F8.	NULL	CO	A1	M47
H39	ICN (Internal Control Number) submitted for electronic adjustment void is for denial bill. Void not allowed on denied bill.	NULL	CO	A1	N142
I01	Denied. Required form not received. Direct interpreter services must be documented as specified in L&I's interpretive services payment policies.	NULL	CO	A1	N29

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
I02	Denied. Per the signed "interpreter attestation sheet", interpreter is an employee of the clinic of service, therefore services are not payable.	NULL	CO	P13	NULL
I03	Denied. Mileage documentation not received. Printout from software mileage program & name of program is required to document actual mileage.	NULL	CO	A1	N29
I04	Denied. Interpreter services appointment record (ISAR) not received and/or signed by the health care or vocational provider or their staff.	NULL	CO	A1	N29
I05	Denied. Mileage billed was not substantiated by appointment record.	NULL	CO	A1	N29
I10	This bill was paid a hospital specific POAC for critical access hospital, sub-acute swing bed services.	NULL	CO	P12	NULL
M01	Mod 22 was removed to permit auto pricing of daily maximum therapy fee. Refer to fee schedule.	NULL	CO	P12	M78
M02	Denied. Hearing aid repair/modify visit (V5014) must be billed same date w/ repair fee (5093V). Note: These codes also require prior authorization.	NULL	CO	A1	N161, M62
M03	Denied. Restocking fee (5091V) is not payable until refund received from hearing aid & dispensing fee.	NULL	CO	A1	N397
M04	Denied. T1017 must be billed with E/M.	NULL	CO	A1	N56
M05	Denied. Procedure 97546 must be billed with 97545.	NULL	CO	A1	N182
M06	Denied. Serial number on repair invoice does not match serial number on warranty.	NULL	CO	A1	N354, M99
M07	Denied. Date of service is after injured worker's date of death.	69	CO	A1	N56
M08	Denied. Claim not allowed. Please rebill this service if claim is allowed.	NULL	NULL	NULL	NULL
P01	Go to < http://www.lni.wa.gov/forms/pdf/248011a0.pdf > to print & complete a provider application.	NULL	NULL	NULL	NULL
P02	Paid. One-time only provider number authorized.	NULL	CO	45	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P03	Provider name corrected to match number. Bill with correct name for provider number/NPI in future.	NULL	CO	16	N289
P04	Payee number is missing. For information contact Electronic Billing Unit at 360-902-6511.	NULL	CO	16	N280
P05	Payee name/number missing or invalid. For more information contact the Electronic Billing Unit at 360-902-6511.	NULL	CO	16	N290, N280
P06	Denied. Records do not show the provider/group account numbers as related. Call 1-800-848-0811.	NULL	CO	A1	N198
P07	Payment made as result of provider audit.	NULL	CO	P12	N10
P08	Adjustment done to correct invalid provider/payee connection.	NULL	CO	P12	MA67
P09	Line adjusted due to refund. Other lines may adjust due to payment policies.	NULL	CO	P12	NULL
P10	Refund applies to related bill adjustment(s) which may affect multiple claim numbers.	NULL	CO	P12	NULL
P11	This transaction reflects a refund that clears a credit balance and corrects year to date info.	NULL	CO	P12	NULL
P12	Processed per direction of the Provider Review and Education Section.	NULL	CO	12	N10
P13	The performing and/or payee provider account number was terminated at your request. For assistance call 360-902-5140.	NULL	CO	16	N77
P14	Denied. Use of this procedure code is invalid for this provider type on this date of service	NULL	CO	A1	N56
P15	Denied. 1101M cannot be billed without 1100M. Please correct and rebill using appropriate procedure code.	NULL	CO	A1	N182, N380
P16	Denied. Our records indicate the injured worker did not take the flight.	NULL	CO	A1	N675, N441
P17	Service was paid on a more recent invoice sent to L&I.	NULL	CO	B13	NULL
P18	Our records indicate your internship dates have ended. Contact Provider Credentialing at 360-902-5140.	NULL	CO	P13	NULL
P20	This transaction transfers your debt to L&I Collections.	NULL	OA	12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P21	Payment is applied to the payee's debt recorded with L&I Collections.	NULL	OA	P12	N10
P22	Denied. This service has already been billed by and paid to the provider of service.	NULL	CO	B20	NULL
P23	Processed per L&I Pharmacy Consultant.	NULL	CO	P12	N10
P24	ICN adjusted due to payee/provider number relationship error.	NULL	CO	P12	NULL
P25	This procedure code is not payable on the same day as the IME.	NULL	CO	A1	N20
P26	Add on procedures must be billed with primary code.	NULL	CO	P12	NULL
P27	PT (97001-97799) not payable to chiropractors. Refer to WA State Fee Schedule to determine if service meets requirements to be billed under 1040M.	NULL	CO	P13	NULL
P28	Denied. Rental is monthly. One month or less = 1 unit of service. # of units = # of rental months calculated from 1st to last date of service.	NULL	CO	A1	MA32, M53
P29	Denied. 1 day is = to 1 unit of svc. The # of units must equal the # of rental days calculated from the 1st date of svc to the last date of svc.	NULL	CO	A1	M53, MA32
P30	Denied. Modifier -7N may only be used with X-ray, lab services, and other allowed diagnostic tests performed in conjunction with an IME.	NULL	CO	P13	M78
P31	Denied. Provider does not have valid credentials for date of service billed.	NULL	CO	B7, A1	N612
P32	Denied. Procedure undergoing review.	NULL	CO	133	NULL
P33	Denied. This procedure is only payable when billed with an IME exam code.	NULL	CO	P13	NULL
q06	Per review by L&I therapy consultant.	NULL	CO	W1	N10
P34	Payment processed per Operations/MIPS Manager's authorization.	NULL	CO	P12	N10

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P35	Not valid for version of OCE software currently installed by L&I. Adjustments will be done after the next software update to correct payment errors.	NULL	CO	A1	N34
P36	Do not send adjustment, submit new bill.	NULL	CO	A1	N142
P37	Denial processed per Operations/MIPS Manager's authorization.	NULL	CO	A1	N35
P38	L&I is returning your refund. Your refund is in excess of the amount required per your request. Please correct amount and resubmit.	NULL	CO	P12, 94	NULL
P39	Denied. 1071M cannot be billed without an activity prescription form code. Please correct and rebill using appropriate procedure code.	NULL	CO	W1	N380
P40	Payment made per special arrangement.	NULL	NULL	NULL	NULL
P41	Denied. Q1003 must be billed with 66982 - 66986.	NULL	CO	P13	NULL
P42	Payment of this service has been made per Superior Court.	NULL	CO	45	N10
P43	Denied. 2 monaural hearing aids dispensed on the same day. Rebill with binaural dispensing code.	NULL	CO	P13	NULL
P44	Denied. 2 monaural hearing aids dispensed on the same day. Rebill with binaural hearing aid codes.	NULL	CO	P13	NULL
P46	NPI is not registered with L&I. Call Provider Credentialing at 360-902-5140 or bill using your L&I provider number.	NULL	NULL	NULL	NULL
P47	Denied. Report of Accident (ROA) is limited to 1 per provider per claim.	NULL	CO	A1	N362
P48	Modifiers billed are not payable in combination.	NULL	CO	A1	N519
P49	12 visits paid. Over 12 visits require auth; over 24 visits require UR. See WWW.LNI.WA.GOV/CLAIMSINS/PROVIDERS/MANAGE/RTW/THERAPY for details.	NULL	NULL	NULL	NULL
P50	Denied. Treatment not authorized or has exceeded authorized visits. Contact Qualis Health for Utilization Review at 800-541-2894.	NULL	CO	A1, 197	M62, N27

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P51	Denied. Please submit one bill using one office visit level and list all claims in Box 11. Electronic Billers use remarks. Dept. will split charges.	NULL	CO	A1	N149
P52	Denied. Payment denied as result of provider audit.	NULL	CO	A1	N10
P53	Bill adjusted due to L&I policy change.	NULL	CO	P13	NULL
P54	ASC bundled service.	NULL	CO	NULL	M15
P55	Denied. Please rebill with an unaltered invoice/packing slip from the buying company or manufacturer showing warranty information.	NULL	CO	A1	N354
P56	This charge has been processed per L&I Occupational Nurse Consultant.	NULL	CO	P12	N10
P57	When billing for procedure 99080 with E/M service, a separate chart note and report are required. Please send chart note.	NULL	CO	P13	NULL
P58	When billing for procedure 99080 with E/M, a separate chart note and report are required. Please send report.	NULL	CO	P13	NULL
P59	Denied. Activity Prescription Form was not requested by L&I.	NULL	CO	A1	N629
P60	Denied. Date of service is after provider's date of death.	NULL	CO	P13	NULL
P61	Denied. Radiology consultation service can only be performed by a provider with a specialty for radiology diagnostic. Provider specialty type 30.	NULL	CO	A1	N95
P62	Denied. Individual name of provider must be listed under appointment information on Interpreter Services Appointment Record (ISAR).	NULL	CO	A1	N225
P63	Denied. Same day charges for same claim number must be on the same bill. Please submit adjustment to the paid bill.	NULL	CO	P13	NULL
P64	Denied. Signed Interpreter Services Appointment Record (ISAR) has not been received for date of service.	NULL	CO	A1	N225
P65	Lines were added to your bill to split your charges to match multiple referral dates.	NULL	CO	P12	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P66	Denied. Injection of anesthetic agent is bundled with the surgery procedure.	NULL	CO	A1	M15
P67	Adjudicated per instructions from provider review auditor.	NULL	CO	P12	N10
P68	Denied. Documentation to justify payment has either no time or not enough time noted for this procedure.	NULL	CO	P13	NULL
P69	Payment for this line item reduced. Time documented in note does not support units billed.	NULL	CO	P12	NULL
P70	Denied. No handwritten chart note/report received to support services billed.	NULL	CO	P13	NULL
P71	Denied. Chart notes modified. Unable to determine what services were rendered and/or by whom.	NULL	CO	A1	N225
P72	The tax identification number and name on your provider account does not match IRS records. Please contact Provider Credentialing at 360-902-5140.	NULL	CO	A1	MA113
P73	A request for payment outside of policy has been received and processed.	NULL	CO	P12	N10
P74	Denied. Tax ID number on your provider account does not match the tax ID number on your bill. Please contact Provider Credentialing at 360-902-5140.	NULL	CO	A1	MA113
P75	Denied. Supporting documentation or provider signature is illegible.	NULL	CO	A1	N205
P76	Denied. Paid under wrong provider/payee number.	NULL	CO	P13	NULL
P77	Denied. Report/documentation submitted does not justify payment for a surgical assistant.	NULL	CO	A1	N646
P78	Denied per L&I Claims Consultant.	NULL	CO	A1	N10
P79	Denied. L&I does not issue provider numbers to this type of provider. See WAC 296-20-015 or contact Provider Credentialing 360-902-5140 for information.	NULL	CO	170	N95
P80	Denied. Only one claim was requested on IME assignment.	NULL	CO	P13	NULL
P81	Denied. Dispensing fee not payable when hearing aids have been denied. Please resubmit when rebilling for hearing aids.	NULL	CO	P13	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P82	Denied. Tax ID number is missing. Resubmit new bill with tax ID number.	NULL	CO	A1, P13	NULL
P83	Bill with your current tax ID number on future billings.	NULL	CO	A1, P12	N209
P84	All or part of service(s) performed was non-covered per L&I policy.	NULL	CO	P12	NULL
P85	Payment for this line item is reduced. All or part of service is payable under a different code. Refer to fee schedule.	NULL	CO	P12	NULL
P86	Payment denied as per the provider fraud program's pre-payment review.	NULL	CO	A1, P12	N432
P87	Payment reduced as per the provider fraud program's pre-payment review.	NULL	CO	A1, P12	N432
P88	Denied. A specific description of the item that was repaired must be in remarks or on the bill.	NULL	CO	A1	N350
P89	Procedure 99080 paid as a 60 day report.	NULL	CO	P12	NULL
P90	Procedure 99080 paid as a response to insurer request.	NULL	CO	P12	NULL
P91	These payments have been adjusted due to a change in the offset amount.	NULL	CO	P12	NULL
P92	PT (97001-97799) not payable to naturopaths. Refer to WA State Fee Schedule to determine if service meets requirements to be billed under 1040M.	NULL	CO	A1, P13	N612
P98	Payment made for Report of Accident (ROA) submitted via paper/fax	NULL	CO	P12	NULL
P99	Payment made for Report of Accident (ROA) submitted via web.	NULL	CO	P12	NULL
Q01	Prior authorization (PA#) number has been cancelled.	NULL	CO	P13	NULL
Q02	Denied. Only 1 PT/OT visit allowed per day; PT/OT visit billed by and paid to another PT/OT provider.	NULL	CO	A1	N362
Q03	PT or OT services provided by more than one provider at same visit; PT or OT daily cap met; payment for this line item reduced.	NULL	CO	A1	N362
Q04	PT or OT daily cap met; payment for this line item reduced.	NULL	CO	W1	N362

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
Q05	Denied. Performing provider signature missing from supporting documentation. Unable to validate who performed the service.	NULL	CO	A1	MA70
R01	Denied. Provider letter mailed separately to explain this denial.	NULL	CO	A1	N202
R02	Denied. Injured worker letter mailed separately to explain this denial.	NULL	PR	A1	N202
R03	Denied. Prescription co-pay letter mailed separately to explain this denial.	NULL	PR	A1	N202
R04	Denied. Health care co-pay letter mailed separately to explain this denial.	NULL	PR	A1	N202
R05	Denied. Pharmacy letter mailed separately to explain this denial.	NULL	PR	A1	N202
R06	Denied. Provider compliance letter mailed separately to explain this denial.	NULL	CO	A1	N202
R07	Denied. Travel Reimbursement Request return letter mailed separately to explain this denial.	NULL	PR	A1	N202
R08	Denied. Drug reimbursement letter mailed separately to explain this denial.	NULL	CO	A1	M16
R09	Denied. Provider letter mailed separately to explain this denial.	NULL	CO	A1	M16
R10	Injured worker letter mailed separately to explain how your bill was processed.	NULL	CO	A1	M16
R11	Legal representation letter mailed separately to explain how your bill was processed.	NULL	CO	A1	M16
R12	Denied. The legal maximum of \$12,000 for retraining has been expended.	NULL	CO	P13	NULL
R13	Denied. Date of service does not match first treatment date on Report of Accident (ROA). Correct and resubmit.	NULL	CO	A1, P13	N521, N299
S00	Denied. Procedure code 1207M must be billed and paid before 1215M can be considered for payment.	NULL	CO	A1, P12	N266

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
S01	Denied. The structured settlement agreement does not include a provision for medical services.	69	CO	27	NULL
S02	Paid per the structured settlement agreement.	NULL	NULL	NULL	NULL
S03	Denied. The structured settlement agreement unit has denied this service(s).	70	CO	P13	N161
T18	Processed per WAC 296-20-1103. This line item has been reduced by 30 miles roundtrip.	NULL	NULL	NULL	NULL
T19	Denied. Treatment is available within 15 miles one way. Travel expense is not payable.	NULL	NULL	NULL	NULL
T20	Denied. Only payable when you must travel more than 15 miles one way.	NULL	NULL	NULL	NULL
T21	Denied. Only authorized travel over 15 miles one way to nearest available treatment is payable.	NULL	NULL	NULL	NULL
T22	Processed per WAC 296-20-1103. This one way trip has been reduced by 15 miles.	NULL	NULL	NULL	NULL
Z01	Payment expended from 1st year retraining plan.	NULL	NULL	NULL	NULL
Z02	Payment expended from 2nd year retraining plan.	NULL	NULL	NULL	NULL
Z03	Processed due to tools/equipment returned to L&I.	NULL	CO	A1	M3
Z04	Returned tools/equipment reissued.	NULL	CO	A1	M3
Z05	Payment expended from Option 1 Retraining Plan.	NULL	NULL	NULL	NULL
Z06	Payment expended from Option 2 Retraining Plan.	NULL	NULL	NULL	NULL
Z20	Denied. All or part of your service is beyond the 14-day grace period allowed for these vocational services.	NULL	CO	P13	NULL
E11	Further rental denied, purchase required. Retrieve rental and replace with new pump. Bill for new pump with -NU modifier.	NULL	CO	W1	M7, N370
E12	L&I allows 4 months rental and requires purchase on the 5th month.	NULL	CO	W1	M7
D24	Name Submitted on prescription bill does not match injured worker name on file for this claim. Pharmacy verified bill was submitted in error.	NULL	CO	16	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
P45	Denied. Locum Tenens providers must use their own provider account numbers without the Q6 modifier.	NULL	CO	A1, 4	N277
M09	Bill processed to pay as timely. Originally paid by Medicare but has been determined to be L&I responsibility.	NULL	CO	19	NULL
S04	Denied application pending. Contact Provider Credentialing & Compliance at 360-902-5140 if you have questions regarding your network status.	NULL	CO	242, B7	N530
S09	Denied. 'This exam date' from the report of accident (which is the initial visit date) is missing. Contact Claim Manager.	NULL	CO	16	N307, N299
S08	Denied. Network status is non-participating, only initial visit (IV) is payable.	NULL	CO	242, B7	N530
S14	Denied. Prescribing provider is not eligible to prescribe for date of service billed.	71	CO	242, B7	N530
S10	Denied. Provider is not eligible for payment for date of service billed.	NULL	CO	242, B7	N530
B49	Bill returned to provider with information to establish a L&I provider number.	NULL	CO	242, 185	N77
B50	Denied, chart note amended incorrectly. Please refer to the Medical Aid Rules and Fee Schedules for policies on amended medical records.	NULL	CO	B12	N225
S13	Denied. Date span overlaps multiple network statuses. Rebill one date of service per line.	NULL	CO	239	N63, N300
M10	Denied. Bill includes both ICD-9 and ICD-10 codes. Please correct and rebill.	NULL	CO	A1	M64
D25	Denied. L&I does not pay for repackaged drugs.	70	CO	96, A1	N448
M11	Denied. 10th-25th diagnosis code is invalid for first date of service.	NULL	CO	A1	M64
M12	Denied. 10th-25th diagnosis code is not sufficiently specific.	NULL	CO	A1	M64
D26	Denied. Day supply for opioids exceeds L&I's 28 day supply limit.	NULL	CO	A1	N362

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
D27	Denied. Day supply exceeds L&I's 90 day supply limit for mail order prescriptions.	NULL	CO	A1	N363
D28	Denied. Claim not authorized for mail order prescription. Prescription filled by mail order pharmacy and claim not authorized for mail order rx.	70	CO	39	NULL
B66	Denied. this is a Federal claim. Please contact the Department of Labor.	NULL	CO	109	NULL
B67	Denied. Service not billed in accordance with L&I policies and/or CPT guidelines.	NULL	CO	P13	NULL
B68	This is an adjustment to correct diagnosis code mapping errors on inpatient bills that were adjudicated between 10/01/12 and 10/18/13.	NULL	CO	P12	MA67
I26	Travel expense denied. Provider was not in the L&I network on the service date.	NULL	NULL	NULL	NULL
I27	Travel expense denied. Provider did not have an active L&I account on the service date.	NULL	NULL	NULL	NULL
M14	Assistant surgeon (modifier -80, -81, -82) not payable when co-surgeon (modifier -62) is paid for the same procedure.	NULL	CO	236	N519
M15	Denied. Radiological guidance must be used when performing this procedure.	NULL	CO	P13	NULL
H40	DENIED. REBILL WITH THE DATE OF SERVICE AIDS WERE DISPENSED BACK TO THE INJURED WORKER.	NULL	CO	A1	N304
	NULL	NULL	NULL	NULL	NULL
B69	Activity Prescription Form (APF) not received.	N/A	CO	A1	N29
M16	Adjudicated per instructions from the Pension Adjudicator	NULL	CO	27	N10
890	Denied. The 1st procedure code modifier in M1 is invalid for this provider type.	NULL	CO	4	NULL
I06	Payment reduced to the maximum allowable minutes per day. Per L&I Payment Policy, limited to 480 units (8 hours per day).	NULL	CO	119, 45	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
M17	Denied. Prior authorization required. Please fax an authorization request form WWW.LNI.WA.GOV/PRIORAUTH to the Provider Hotline 360-902-6490.	NULL	CO	A1, 197	M62
B70	Denied. Provider portion of the Report of Accident (ROA) has not been received.	NULL	CO	A1	N29
B71	Denied. Procedure/Diagnosis has been suspended. Please contact the Claim Manager.	NULL	CO	P12	NULL
I07	Denied. Limited to 480 units (8 hours per day), per Interpreter, covers all claims. Services have exceeded limits.	NULL	CO	119, 45	NULL
B72	Paid. Authorized per Pension Adjudicator/Treatment Order.	NULL	CO	45	N10
B73	Denied. Signature and/or date are missing from submitted document.	NULL	CO	A1	MA70
M18	Denied. Please submit the appropriate ICD Code set (ICD-9 or ICD-10) based on the date of service provided.	NULL	CO	16	M64
M19	Corrected to adjust the original bill submitted.	NULL	CR	129	MA67
I30	Denied. No ISAR received or ISAR received does not match billing.	NULL	CO	252, A1	N463
I31	Denied. The Interpreter Services Appointment Record (ISAR) received for services is missing required Interpreter or Provider verification signature.	NULL	252, A1	N463	NULL
B74	Reduced. Some charges are included in the dispensing fee or are a non-covered item.	NULL	CO	P12	NULL
I35	Denied. Group services indicator on Interpreter Service Appointment Record (ISAR) does not match procedure code billed for interpreter service.	NULL	CO	252, A1	N463
S07	Denied. No network status for date of service billed. Contact Provider Credentialing & Compliance at 360-902-5140.	NULL	CO	242, B7	N530
I32	Denied. Total billable mileage submitted or Interpreter Service Appointment record (ISAR) does not match units billed for services 9986M.	NULL	252, A1	N463	NULL

EOB Code	Description	Rejection Code	Group Code	Reason Code	Remark Code
Z21	Adjudicated per instructions from the Vocational Services Specailists.	NULL	CO	27	N10
b75	Denied. Please send your itemized list of charges as required by WAC-296-23A-150 and rebill.	NULL	co	16, A1	N63
B76	Service Qualifies for interest payment per RCW 51.36.080	NULL	CO	85	NULL
B77	Interest paid per RCW 51.36.080	NULL	CO	85	NULL
A51	Line item denied. Bill lacks required cornea/procedure code.	NULL	CO	A1	N683
A53	Biosimilar HCPCS reported without biosimilar modifier.	NULL	CO	4	NULL
I33	Denied. Interpreter Provider number submitted on Interpreter Service Appointment record (ISAR) missing/does not match provider of service on bill.	NULL	CO	252, A1	N463
I34	Denied. Total Billable minutes submitted on Interpreter Service Appointment record (ISAR) does not match units billed for interpreter service.	NULL	CO	252, A1	N463
I37	Denied. Interpreter Appointment Date of Service on or after 09/01/2015 requires L&I ISAR form F245-056-000 06-2015. ISAR submitted on old form.	NULL	CO	252, A1	N463
I36	Denied. Claim number submitted on Interpreter Service Appointment Records for Process. Submit ISAR with correct claim number & rebill.	NULL	CO	252, A1	N463
M13	Denied. 10th-25th diagnosis code denotes a non-industrial condition or is not sufficiently specific.	NULL	CO	A1	M81
S15	Denied. Date of service is before 'This Exam Date' (which is they intital visit date) from the Report of Accident.	N/A	CO	16, P13	MA122, N652