

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
001	DENIED. CARE BEYOND FIRST 20 VISITS OR 60 DAYS REQUIRES AUTHORIZATION.		CO	45	N54, M62
002	DENIED. REPORT OF ACCIDENT (ROA) PAYABLE ONCE PER CLAIM. PREVIOUS PAYMENT		CO	B13, 23	N117
003	INITIAL OFFICE VISIT PAYABLE ONE TIME ONLY FOR SAME INJURED WORKER/PROVIDER/DIAGNOSIS.		CO	B13	M13
004	DENIED. PHYSICAL THERAPY BY THE ATTENDING DOCTOR IS LIMITED TO 6 TREATMENTS.		CO	35, 45	N362
005	DENIED. PHYSICAL THERAPY BEYOND THE FIRST 12 TREATMENTS REQUIRES AUTHORIZATION.		CO	45	M62, N54
006	RENTAL HAS EXTENDED OVER 30 DAYS. ONLY SHORT TERM RENTAL IS ALLOWED.		CO	108, 119, 45	
007	DENIED. FACET JOINT INJECTIONS ARE LIMITED TO 4 PER INJURED WORKER.		CO	35, 45	N362
008	DENIED. CHEMONUCLEOLYSIS IS ALLOWED ONCE IN A LIFETIME ONLY.		CO	35, 45	N117
009	MAXIMUM 2 SERVICE UNITS ALLOWED.		CO	P12	45
010	MAXIMUM 40 HOURS PAYABLE PER VOCATIONAL REFERRAL.				
011	MAXIMUM 50 HOURS PAYABLE PER VOCATIONAL REFERRAL.				
012	MAXIMUM 2 HOURS ALLOWED PER VOCATIONAL REFERRAL.				
013	QUALITY OR LEVEL OF SERVICE DOES NOT MEET L&I STANDARDS.		CO	A1	N35
014	MAXIMUM 1 SERVICE UNIT ALLOWED FOR SAME DAY/DIAGNOSIS.		CO	P12	45
015	MAXIMUM OF 2 HOURS TRAVEL WAIT TIME ALLOWED.				
016	THANK YOU. YOUR EFFORT TO COMPLETE THIS BILL CORRECTLY HAS BEEN				
017	DENIED. MEAL RECEIPTS MUST INCLUDE BUSINESS NAME OR BE ACCOMPANIED BY CASH REGISTER RECEIPT, WITH DESCRIPTION OF ITEMS PURCHASED				
018	ADDITIONAL VIEWS/UNITS ARE NOT PAYABLE ON MRI'S.		CO	45	
019	AMOUNT PAID IS ACCORDING TO HOURS LOST FROM WORK PER THE DAILY				
020	THIS SERVICE IS PAYABLE ONLY ONCE AND MUST BE BILLED AS 1 LINE ITEM AND 1 UNIT OF SERVICE.		CO	16	M53
021	DENIED. FREE PARKING AVAILABLE AT THIS FACILITY.				
022	CONSULTATIONS NOT PAYABLE TO ATTENDING PHYSICIAN.		CO	A1	N637
023	DENIED. SUBMIT BILL TO PARTY WHO REQUESTED TESTIMONY (E.G. ATTORNEY		PI	109	
024	MAXIMUM OF 1 HOUR ALLOWABLE ONLY.		CO	P12, 45	
025	ACCUMULATED SERVICES HAVE EXCEEDED L&I LIMIT.		CO	35	
026	THIS IS AN INDIVIDUAL INTERIM PAYMENT.		CO	101	
027	DENIED. NOT AUTHORIZED TO PROVIDE WORK HARDENING SERVICES. CONTACT WORK		CO	A1	M62, N612
028	A MAXIMUM OF 1 SERVICE UNIT IS ALLOWED.		CO	P12, 45	
029	DENIED.HOME NURSING TRAVEL, HOLIDAYS, OVERTIME & WEEKENDS ARE CONSIDERED		CO	A1	N643
030	A MAXIMUM OF 300 MILES IS ALLOWED.		CO	P12, 45	
031	THIS WAS PAID AT THE HIGHEST ALLOWABLE FEE FOR BREAKFAST, LUNCH OR DINNER.				
032	DENIED. THE TOOTH NUMBER BILLED HAS NOT BEEN AUTHORIZED.		CO	197	N473
033	LACK OF CORRECT AMOUNT OF UNITS ON BILL CAN REDUCE OR DELAY PAYMENT.		CO	226	M53
034	NUMBER OF HOURS PAID PER AGREEMENT WITH L&I OCCUPATIONAL NURSE		CO	P12	N10
035	PAID PROFESSIONAL COMPONENT ONLY. TECHNICAL COMPONENT BILLED BY AND PAID TO ANOTHER PROVIDER.		CO	134	
036	ADJUSTMENT/DEDUCTION TAKEN TO CREDIT BASE ANESTHESIA UNITS THAT WERE BILLED BY YOU IN ERROR.		CR	P13	N692
037	L & I RESPONSIBLE FOR PAYMENT OF THIS BILL. REIMBURSE PAYMENTS MADE BY OTHER SOURCES.		CO	19	MA17
038	USE MODIFIER -7N WITH X-RAYS, LAB SERVICES, AND OTHER ALLOWED DIAGNOSTIC SERVICES PERFORMED IN CONJUNCTION WITH AN IME.		CO	4	M20
039	DENIED. THE LEGAL MAXIMUM OF \$4000 FOR RETRAINING HAS BEEN EXPENDED.				
040	DENIED. PLACE OF SERVICE IS INVALID/INVALID FOR DATE OF SERVICE. RESUBMIT		CO	5	M77
041	ADJUSTMENT MADE TO THIS BILL PER CONTRACTUAL AGREEMENT WITH UTILIZATION REVIEW (UR) VENDOR.		CR	45	N10
042	PAYMENT OF THIS SERVICE HAS BEEN MADE PER BOARD OF INDUSTRIAL INSURANCE APPEALS (BIIA).		CO	45	N10
043	DENIED. PROCEDURE CODE MISSING FROM BILL.		CO	16	MA66
044	DENIED. OUT OF STATE TRAVEL EXPENSES INCURRED PRIOR TO 7-1-91 ARE NOT				

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
045	DENIED. TYPE SERVICE/PROCEDURE CODE IS INVALID. REFER TO CURRENT FEE SCHEDULE FOR VALID CODE.		CO	8	
046	PAYMENT MADE TO CORRECT YOUR ACCOUNT FOR THE REFUND WHICH YOU MADE TO L&I.		CR	P12	
047	DENIED. TREATMENT IS AVAILABLE WITHIN TEN MILES, ONE WAY. TRAVEL EXPENSE IS NOT PAYABLE.				
048	ADJUDICATED PER INSTRUCTIONS FROM CLAIM MANAGER.		CO	P12	N10
049	DENIED. NO REPORT OF ACCIDENT (ROA) HAS BEEN RECEIVED FOR THIS CLAIM		CO	16	N493, N714
050	ONLY 1 NEW PATIENT VISIT ALLOWED WITHIN 3 YEARS.		CO	B16	
051	PAYMENT MADE TO EBP FOR REVIEW OF SERVICE FOR WHICH CLAIM WAS NOT				
052	DENIED. THE MAXIMUM ALLOWABLE NUMBER OF UNITS WAS PAID ON ANOTHER LINE OR BILL.		CO	45	N362
053	SERVICES 9/98 THROUGH 6/99, 40 MAXIMUM UNITS ALLOWED. SERVICES 7/99 ON, 32 MAXIMUM UNITS ALLOWED.		CO	P12	N362
054	DENIED. CLINIC PROVIDER NUMBER MAY NOT BE USED IN PROVIDER FIELD, ONLY PAYEE FIELD.		CO	16	N290
055	PAYMENT ADJUSTED OR DENIED. ONLY ONE UNIT OF SERVICE PAYABLE PER CLAIM.		CO	A1, 45	N362
056	DENIED. CHART NOTES ARE REQUIRED FOR SERVICE BILLED. NO ADDITIONAL AMOUNT IS PAYABLE.		CO	16, A1	N710, N716
057	SUBMIT CHARGES FOR REHAB DRG 462 UNDER YOUR FACILITY'S SEPARATE REHAB UNIT PROVIDER NUMBER.		CO	8	
058	DENIED. E/M CODE NOT PAYABLE WITH MPE OR IMPAIRMENT RATING BY SAME PROVIDER/CLAIM/DATE OF SERVICE.		CO	A1	M86
059	PAYMENT ADJUSTED TO NUMBER OF SERVICE UNITS AUTHORIZED BY THE CLAIM MANAGER.		CO	P12	N10
060	DENIED. PLEASE REBILL USING THE CORRECT PROVIDER NUMBER FOR THESE SERVICES.		CO	8, A1	N77
061	ALLOWED AT COMBINED PROCEDURE CODE RATE PER L&I PUBLISHED FEE SCHEDULE.		CO	P12, 45	
062	FEE FOR VISIT INCLUDES CARE OF THE DAY.		CO	97	M15
063	DENIED. REOPENING APPLICATION IS PAYABLE ONLY ON CLAIMS CLOSED OVER 60		CO	P13	
064	DENIED. FEE FOR SERVICE INCLUDES OFFICE CALL		CO	P13	
065	ONLY ONE ADJUSTMENT FORM SHOULD BE SUBMITTED LISTING ALL CHANGES		CR	16	N232
066	DENIED. THE ADMIT AND DISCHARGE DATES ARE THE SAME. REBILL THIS SERVICE AS OUTPATIENT SERVICE.		CO	A1	N64, N173, MA31
067	ADJUSTED. EXAMINATION COMPLETED WITHIN 6 WEEKS OF A "NO SHOW" EXAM BILLED TO L&I.		CR	115	
068	Denied. This was an IME patient no-show. Need to bill under procedure code 9996M		CO	115	N441, N56, M51, M67
069	DENIED. THE PROVIDER IS NOT AN APPROVED CHIROPRACTIC CONSULTANT WITH L&I.		CO	B7	
070	ALLOWABLE FEE SET BY L&I CHIROPRACTIC CONSULTANT BASED UPON REVIEW OF REPORT.		CO	P12	N10
071	DENIED. INJURY OCCURRED WHILE IN COURSE OF EMPLOYMENT SUBJECT TO LONGSHORE & HARBOR WORKERS ACT		CO	109, A1	N104
072	DENIED. REBILL SERVICES UNDER THE PERFORMING PROVIDER'S NAME AND PROVIDER NUMBER AND/OR NPI.		CO	16	N290
073	PAYMENT ADJUSTED PER REVIEW BY L&I OCCUPATIONAL NURSE CONSULTANT.		CO	P12	N10
074	DENIED. REPLACEMENT AND REPAIR OF THIS ITEM IS NOT COVERED BY L&I.		CO	96, A1	N171
075	DENIED. REQUESTED RECORDS NOT REC'D BY AUGUST(AHS). INJURED WORKER IS NOT		CO	226, A1	N463
076	DENIED. CLAIM REOPENED FOR PROVISIONAL TIME-LOSS ONLY. IF/WHEN REOPENED FOR MEDICAL, REBILL.		CO	27, A1	N578
077	PROCEDURE BILLED NEEDS A REFERRAL ID ON THE BILL. CONTACT THE REFERRING VOCATIONAL PROVIDER FOR THIS NUMBER.				
078	SERVICES PAID. CLAIM NOW CLOSED AND NO ADDITIONAL BENEFITS ARE PAYABLE.		CO	35	
079	DENIED. THIS IS A REBILL OF AN ORIGINAL THAT IS CURRENTLY UNDER REVIEW BY UTILIZATION REVIEW (UR) VENDOR.		CO	18	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
080	ANESTHESIA SERVICES REIMBURSED UNDER RBRVS ARE NOT PAID BY BASE AND TIME UNITS.		CO	59	
081	UNITS ADJUSTED TO 24. THIS PROCEDURE'S UNIT VALUE IS CALCULATED ON A PER HOUR BASIS.		CO	P12	
082	THE MODIFIER USED REQUIRES A REPORT. NO REPORT HAS BEEN RECEIVED FOR THESE SERVICES.		CO	16, A1	
083	WHEN USING A GROUP NUMBER YOU MUST ALSO INDICATE BY PROVIDER NUMBER WHICH DOCTOR PERFORMED SERVICES.		CO	16	N290
084	UNITS OR PAYMENT ADJUSTED TO PAY MAXIMUM ALLOWABLE AMOUNT PER DAY.		CO	P12	N362
085	UNITS PER INJURY PER TIME PERIOD EXCEEDED. DENIED/ADJUSTED PER CURRENT FEE		CO	P12	N362
086	PAYMENT ADJUSTED. PAYMENT OF GUEST CONVENIENCE ITEMS ARE THE INJURED WORKER'S RESPONSIBILITY.		CO	P12, 45	
087	UNITS ADJUSTED TO CORRECT AMOUNT. ONLY 2 ADDITIONAL VISITS ALLOWED PER DAY.				
088	REFERRING PROVIDER NUMBER IS MISSING/NOT VALID FOR THIS CLAIM. CONTACT REFERRING VOCATIONAL PROVIDER FOR THIS NUMBER.				
089	DENIED. SERVICE DATES NOT WITHIN AUTHORIZED DATES FOR BILLED REFERRAL ID.				
090	DENIED. TRAVEL ONLY REIMBURSED FOR SCHEDULED TREATMENT, EXAMS AND VOCATIONAL SERVICES.				
091	BILL'S REFERRAL ID DOES NOT MATCH CLAIM NUMBER ON BILL, IS MISSING OR INVALID. CORRECT AND REBILL.		CO	15	
092	DENIED. PERFORMING PROVIDER NUMBER NOT VALID FOR THIS DATE OF SERVICE.		CO	B7	
093	THIS BILL WAS ADJUSTED IN ERROR IN 12-90 WHEN THE DEPT PROCESSED				
094	ADJUSTMENT MADE TO THIS BILL PER CONTRACTUAL AGREEMENT WITH UTILIZATION REVIEW (UR) VENDOR.		CR	45	N10
095	PAYMENT MADE TO UTILIZATION REVIEW (UR) VENDOR FOR REVIEW OF SERVICE FOR WHICH CLAIM WAS NOT RECEIVED/INITIATED BY L&I.		CO	100	
096	DENIED. REQUESTED RECORDS NOT RECEIVED BY UTILIZATION REVIEW (UR) VENDOR. INJURED WORKER IS NOT TO BE BILLED.		CO	226, A1	N463
097	DENIED. THIS IS A REBILL OF AN ORIGINAL THAT IS CURRENTLY UNDER REVIEW BY UTILIZATION REVIEW (UR) VENDOR.		CO	18	
098	DENIED. INCORRECT PROCEDURE CODE FOR REFERRAL ID/TYPE BILLED.				
099	CHARGE/FEE CONVERTED TO RATE OF EXCHANGE IN EFFECT FOR DATE OF SERVICE.		CO	P12	
100	EFFECTIVE 9/1/93 L&I WILL NOT PAY FOR STADOL NASAL SOLUTION.		CO	96	
101	DENIED AS DUPLICATE. IF NOT A DUPLICATE, SUBMIT AN ADJUSTMENT REQUEST WITH		CO	18, B13	
102	DENIED. NO VOCATIONAL REHABILITATION COUNSELOR (VRC) IS ASSIGNED TO THIS REFERRAL.				
103	DENIED. PAYEE PROVIDER IS NOT ASSIGNED TO THIS REFERRAL ID.				
104	DENIED. SERVICE IS INCLUDED IN FLAT FEE OR FOLLOW UP CARE PERIOD FOR MAJOR		CO	B1	M144
105	DENIED. PROCEDURE CODE IS INCOMPATIBLE WITH DIAGNOSIS CODE ON THE BILL.		CO	11	
106	DENIED. THE THERAPEUTIC CLASS AND THE DIAGNOSIS ON THE BILL ARE INCOMPATIBLE.				
107	BOARD CHARGES ARE ALLOWED FOR PAYMENT OF FOOD ITEMS ONLY. OTHER ITEMS ARE NOT AUTHORIZED.				
108	PAYMENT OF THIS SERVICE HAS BEEN AUTHORIZED AS A RETRAINING EXPENSE.				
109	DEDUCTION TAKEN TO REIMBURSE L&I FOR UNAUTHORIZED OR EXCESS PAYMENT OF		CR	P12, 197	
110	PAID TECHNICAL COMPONENT ONLY. PROFESSIONAL COMPONENT BILLED BY AND PAID TO ANOTHER PROVIDER.		CO	P12, 89	
111	THE PROCEDURE MODIFIER(S) REQUIRED FOR THE SURGERY(S) ON THIS BILL IS EITHER INVALID OR MISSING		CO	4	
112	UNITS OF SERVICE ADJUSTED TO COMPLY WITH THE MAXIMUM 40 HOURS PAYABLE FOR THIS SERVICE.		CO	P12	
113	WHEN BILLING AN UNLISTED PROCEDURE CODE A SPECIFIC DESCRIPTION OF SERVICE MUST BE ON THE BILL.		CO	16	M51, MA69
114	PAID. CONDITION NOT ACCEPTED BUT RETARDING RECOVERY FROM ACCEPTED CONDITION.		CO	20	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
115	UNITS OF SERVICE FOR ACCOMODATIONS CONFLICT WITH THE COVERED DATES LISTED ON YOUR BILL.		CO	16	N345
116	NO PAYMENT MADE FOR THIS SURGICAL SERVICE. IT IS INCLUDED IN FLAT FEE FOR MAJOR SURGERY BILLED.		CO	97	M144
117	THE 1ST PROCEDURE CODE MODIFIER IS EITHER COMPLETELY INVALID OR INVALID FOR THE SERVICE DATES BILLED.		CO	4	
118	THIS SERVICE HAS ALREADY BEEN BILLED BY AND PAID TO ANOTHER PROVIDER.		CO	B20	
119	PAID ON ADJUNCTIVE TREATMENT BASIS ONLY. CONDITION NOT ACCEPTED.		CO	20	
120	DENIED. THE DATE OF SERVICE IS REQUIRED. SUBMIT BILL ONLY WHEN SERVICE HAS		CO	16	MA31
121	NOT PAID. PROVIDER NAME AND/OR NUMBER IS MISSING OR INVALID.		CO	16	N290
122	HISTORY ADJUSTMENT DUE TO CONSOLIDATION OF CLAIM NUMBERS.		CO	P12	
123	DENIED. THIS SERVICE IS NOT PAYABLE IN ADVANCE.		CO	110	
124	DENIED. THE BEGINNING/ENDING SERVICE DATE IS MISSING OR INVALID.		CO	16	MA31
125	DENIED. BILL WAS RECEIVED BY L&I AFTER 90 DAYS FROM DATE OF SERVICE.		CO	29	
126	PAYMENT PROCESSED. FUTURE VOUCHERS FOR TRAVEL OVER 90 DAYS OLD WILL BE				
127	DENIED. THE PRESCRIPTION WAS NOT WRITTEN BY THE RECOGNIZED ATTENDING PHYSICIAN OF RECORD.		CO	A1, 184	N31
128	DENIED. THE PRESCRIPTION WAS WRITTEN FOR A CONDITION UNRELATED TO THE INDUSTRIAL INJURY.		CO	96, A1	N576
129	MISSING OR INVALID MODIFIER CODE WAS BILLED. PLEASE NOTE CORRECTED CODE USED IN THIS INSTANCE.		CO	4	
130	INJURED WORKER NAME WAS MISSING FROM THE BILLING RECEIVED BY L&I.		CO	16	MA36
131	DENIED. THE PRESCRIBING PROVIDER NUMBER IS MISSING OR INVALID.		CO	16	N31
132	PLEASE LIST ALL APPLICABLE MODIFIERS IN THE DESCRIPTION FIELD WHEN BILLING		CO	4	
133	DENIED. GASOLINE AND/OR AUTOMOTIVE COSTS ARE INCLUDED IN THE MILEAGE REIMBURSEMENT RATE.				
134	ALLOWED AT RATE ESTABLISHED BY WASHINGTON ADMINISTRATIVE CODE EFFECTIVE THIS SERVICE DATE.		CO	P12	
135	DENIED. PARKING RECEIPTS WERE NOT ATTACHED TO YOUR BILLING. ATTACH RECEIPTS TO BILL AND RESUBMIT FOR FURTHER CONSIDERATION.				
136	EXTRA VIEWS MUST BE BILLED UNDER -22 MODIFER PER FEE SCHEDULE/WAC 296-23-01005.		CO	4	
137	PROCEDURE CODE STATES "MINIMUM OF __ VIEWS." ADDITIONAL AMOUNT NOT PAYABLE FOR EXTRA VIEWS.		CO	P12, 45	
138	PAYMENT FOR REPORT NOT ALLOWED WHEN PROCEDURE CODE BILLED REQUIRES SUBMISSION OF REPORT.		CO	97	
139	ADJUSTMENT PROCESSED AS RESULT OF PROVIDER AUDIT.		CO	P12	N10
140	REFUND MADE AS RESULT OF PROVIDER AUDIT.		CO	P12	N10
141	BASE UNITS PAID ONLY. ACTUAL ANESTHESIA TIME MUST BE ON BILL. SUBMIT		CO	16	M49, N203
142	ALLOWABLE FEE SET BY L&I MEDICAL CONSULTANT BASED UPON REVIEW OF REPORT.			P12	N10
143	PROVIDER NUMBER OR NPI CORRECTED TO MATCH NAME. BILL WITH CORRECT NUMBER FOR PROVIDER NAME IN FUTURE.			226	N290
144	THE PRESCRIPTION WRITTEN DATE IS MISSING OR IS INVALID.		CO	16	N668
145	TYPE OF SERVICE CODE IS MISSING OR IS INVALID.		CO	226	N34
146	DENIED. THE INJURED WORKER'S SEX CODE ON THIS BILL IS MISSING OR INVALID.		CO	16, A1	MA39
147	THE DAILY ROOM RATE WAS MISSING FROM THE BILLING YOU SUBMITTED TO L&I.		CO	16	M51, MA69
148	THE REVENUE CODE FOR THIS SERVICE WAS MISSING FROM THE BILLING YOU		CO	16	M50
149	USE OF THIS PROCEDURE CODE FOR THIS DATE OF SERVICE IS INVALID.		CO	A1	M67
150	DENIED. INJURED WORKER DATE OF BIRTH IS MISSING OR INVALID.		CO	16	N329
151	THE SIDE OF BODY CODE IS INVALID. IT MUST BE L (LEFT), R (RIGHT) B (BOTH) OR		CO	4	
152	NDC CODE AND/OR THE PRESCRIPTION NUMBER IS MISSING OR INVALID.		CO	16, A1	N388
153	DENIED. PRINCIPAL DIAGNOSIS CODE IS INVALID FOR THE FIRST DATE OF SERVICE.		CO	A1	MA63
154	DENIED. SECOND ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	A1	M64
155	DRUG QUANTITY MISSING/INVALID. IF EQUIPMENT REBILL ON STATEMENT FOR		CO	16	N378
156	DAYS SUPPLY MISSING/INVALID. IF EQUIPMENT SEND BILL ON STATEMENT FOR MISCELLANEOUS SERVICES.		CO	16	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
157	NOT RESPONSIBLE FOR REPAIR OR REPLACEMENT OF CONTACTS OR GLASSES NOT WORN AT TIME OF INJURY.		PR	96	
158	BILL PAID. YOU MUST REIMBURSE THE EMPLOYER THE TOTAL AMOUNT HE/SHE PAID FOR THIS SERVICE.		OA	P12	
159	PRESCRIBING PROVIDER NUMBER ON YOUR BILL WAS TERMINATED OR ASSOCIATED TO A TERMINATED NUMBER WHEN THE PRESCRIPTION WAS WRITTEN.		CO	184	
160	REDUCED TO OFFICE CALL FEE FOR 90030 OR ER VISIT 90350 PER OUR MEDICAL AID RULES.		CO	P12, 45	
161	DENIED. THIRD ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
162	DENIED. FOURTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
163	NOT PAID: DIAGNOSIS CODE MISSING.		CO	16	M64
164	DENIED. FIFTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
165	UNABLE TO DETERMINE REFERRING PHYSICIAN'S NAME AND/OR PROVIDER NUMBER.		CO	16	N285, N286
166	SECTION OF THE BILL INDICATING IF THE OLD GLASSES PRESCRIPTION WAS AVAILABLE WAS NOT COMPLETED.		CO	16	
167	DENIED. PATIENT STATUS CODE IS MISSING OR INVALID FOR STATE FUND INJURED WORKERS.		CO	16	MA43
168	DENIED. REFRACTION IS NOT PAID WHEN THE OLD PRESCRIPTION IS AVAILABLE.		CO	96	
169	DENIED. ADMITTING/PRINCIPAL ICD DIAGNOSIS CODE IS NOT SUFFICIENTLY		CO	16, A1	M81
170	DENIED. SECOND ICD DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
171	DENIED. THIRD ICD DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
172	TYPE SERVICE/PROCEDURE CODE IS MISSING OR IS AN INVALID L&I PROCEDURE CODE		CO	16	MA66
173	DENIED. THE ADMISSION DATE AND THE SERVICE DATES ARE INCOMPATIBLE.		OA	16, A1	MA40, MA31
174	DENIED. L&I DID NOT AUTHORIZE THESE SERVICES BY THIS PROVIDER FOR THIS		CO	A1, 197	N473
175	SERVICE PRIOR TO APRIL 1 1986 MUST BE BILLED AS A SEPARATE LINE ITEM.				
176	DENIED. FOURTH ICD DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.				
177	DENIED. FIFTH ICD DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
178	DENIED.FIRST DIAGNOSIS CODE DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT		CO	16, A1	M81
179	ADMIT TYPE IS INVALID. VALID ADMIT TYPES ARE 1,2,3, AND 4.		CO	16	MA41
180	DENIED. PRINCIPAL PROCEDURE DATE IS MORE THAN 2 DAYS PRIOR TO THE BILL'S		CO	26, A1	MA66
181	DENIED. PRINCIPAL DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	MA63
182	INCORRECT REVENUE CODE BILLED FOR THIS SERVICE.		CO	16, A1	M50
183	THE UNITS OF SERVICE ARE MISSING OR INVALID.		CO	16, A1	M53
184	CHARGE IS MISSING OR \$0.00; INVALID (RATE X DAYS NOT EQUAL TO CHARGE); OR CPT		CO	16, A1	M79
185	THE ADMISSION DATE IS MISSING.		CO	16, A1	MA40
186	DENIED. THE PROVIDER HAS ALREADY BEEN PAID FOR THIS SERVICE UNDER HIS		CO	18	M86
187	DENIED. THE CLINIC HAS ALREADY BEEN PAID FOR THIS SERVICE UNDER THE CLINIC'S L&I PROVIDER NUMBER.		CO	18	M86
188	DENIED. SECOND DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
189	DENIED. THIRD DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
190	DENIED. FOURTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
191	DENIED. FIFTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16, A1	M81
192	DENIED. RESUBMIT WITH LIST OF INGREDIENTS, THEIR COST AND COMPOUNDING TIMEON STATEMENT FOR COMPOUND PRESCRIPTION FORM 245-010-000.		CO	16, A1	N668
193	DENIED. THE PRINCIPAL ICD DIAGNOSIS CODE IS MISSING.		CO	16, A1	MA63
194	DENIED. AUTHORIZATION OF THIS SERVICE HAS BEEN DENIED IN THIS CLAIM.			A1	N216
195	DENIED. PRINCIPAL DIAGNOSIS HAS NOT BEEN ACCEPTED AS RELATED TO THIS			167, A1, P12	MA63
196	DENIED. SECOND DIAGNOSIS HAS NOT BEEN ACCEPTED AS RELATED TO THIS INJURY.			167, A1, P12	M76, M64

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
197	MORE SPECIFIC REVENUE CODE NEEDED. USE REVENUE CODE 291 FOR PURCHASE OR 292 FOR RENTAL.			16	M50
198	DENIED. THE DATE OF SURGERY AND/OR SURGICAL PROCEDURE CODE IS MISSING. SEND ADJUSTMENT REQUEST.			16	N341, MA66
199	DENIED. ONE OR MORE DIAGNOSES IN THE 2ND THROUGH 9TH FIELDS ARE INVALID FOR THE SERVICE DATES.			16	M64
200	DENIED. PRINCIPAL AND 2ND DIAGNOSIS CODES NOT ACCEPTED AS RELATED TO THIS INJURY.		CO	167, A1, P12	M64, MA63
201	L&I IS PROCESSING THESE SERVICES UNDER A NEW ICN.		CO	16	M47
202	CHARGES MUST BE SUBMITTED ON A CMS-1500 FOR PROCESSING.		CO	16	MA30, N34
203	CHARGES ADJUSTED ACCORDING TO YOUR STATE'S FEE SCHEDULE.		CO	P12	
204	DENIED. PRIMARY AND/OR SECONDARY DIAGNOSES NOT ACCEPTED AS RELATED TO		CO	167, A1, P12	M64, MA63
205	DENIED. BILLS FOR CRIME VICTIM CLAIMS MUST BE SUBMITTED TO THE CRIME VICTIM COMPENSATION PROGRAM.		CO	109	N578, N643, N625
206	DENIED. WE HAVE NO RECORD OF A CLAIM HAVING BEEN FILED WITH L&I WITH THIS CLAIM NUMBER.		CO	31	N625, MA130
207	DENIED. EACH PROVIDER MUST BILL CHARGES SEPARATELY.		CO	16	N232
208	PLEASE NOTE THE PRESCRIBING PHYSICIAN'S NEW PROVIDER NUMBER AND USE IT ON		CO	16	
209	THIS PROVIDER IS NOT AUTHORIZED TO PROVIDE THIS SERVICE.				
210	THIS TRANSACTION IS A TRANSFER OF THE CREDIT PORTION OF THE INTERIM		CR	P12	
211	INJURED WORKER PAID AT L&I RATE. PLEASE REIMBURSE THE PROVIDER FOR THIS SERVICE.				
212	DENIED. THIS IS A SELF-INSURED CLAIM NUMBER.		CO	109	N578, N643, N625
213	INPATIENT BILL ADJUSTED TO AUGMENT DRG DATABASE.		CO	P12	
214	DENIED. THE CPT PROCEDURE CODE SUBMITTED IS NOT A VALID CODE FROM THE		CO	16, A1	M67
215	SUBMIT W/VALID REVENUE CODE OR IF SERVICE IS FOR LAB, RADIOLOGY, OR PT USE CPT PROCEDURE CODE		CO	16, A1	M50, M20
216	NDC INVALID FOR SERVICE DATE BILLED.		CO	16, A1	M119
217	THE REVENUE CODE WAS MISSING FROM THE BILL.		CO	16, A1	M50, M20
218	INTEREST PENALTY AS A RESULT OF OVERPAYMENT.		CO	85	
219	DENIED. THIS PROCEDURE IS CONSIDERED NONSTANDARD AND IS NOT PAYABLE BY L&I		CO	56	N35
220	DENIED. BILL NOT SUBMITTED IN TIMELY MANNER. PATIENT IS NOT RESPONSIBLE FOR THIS CHARGE.	81	CO	29	
221	DENIED. ONLY 1 OFFICE CALL PER DAY IS PERMITTED AFTER THE FIRST 3 DAYS OF TREATMENT.		CO	96, B1	M86
222	DENIED. EFFECTIVE JANUARY 1, 1987, \$.36 TAPE BILLING FEE IS NO LONGER PAYABLE BY L&I.				
223	THIS HISTORY CREDIT REFLECTS A WARRANT CANCELLATION.		CR	P12	
224	THE 1ST PROCEDURE CODE MODIFIER IS NOT A VALID PAYMENT MODIFIER IN		CO	4	
225	DENIED. THE NONCOVERED LINE ITEM CHARGE EXCEEDS THE LINE ITEM BILLED CHARGE.		CO	96, A1	M79
226	DENIED. BILL TYPE INVALID FOR THIS PROVIDER TYPE. CORRECT BILL TYPE/PROVIDER NUMBER & RESUBMIT.		CO	16	N34, MA30
227	PAID AS ONE HOUR. SUPPLY TIME SPAN FOR PSYCHIATRIC EXAM IN REMARKS ON FUTURE BILLS.		CO	P12, 122	N443
228	ADJUSTED. ON FUTURE BILLS INDICATE IN REMARKS IF PSYCHIATRIST WAS PANEL MEMBER AND NUMBER OF HOURS.		CR	P12, 122	N443
229	WHEN BILLING UNLISTED PROCEDURE CODE, SPECIFIC DESCRIPTION OF SERVICE MUST BE IN REMARKS.		CO	16	MA69
230	THIS ITEM MUST BE BILLED BY NDC ON THE STATEMENT FOR PHARMACY SERVICES BILL FORM.		CO	16	M119, N34
231	WHEN BILLING -22 MODIFIER, YOU MUST EXPLAIN THE NATURE OF THE ADDITIONAL SERVICES IN REMARKS.		CO	16	MA69, M69
232	YOU MUST LIST ALL APPLICABLE MODIFIERS IN REMARKS WHEN BILLING MODIFIER 99.		CO	16	MA69
233	THE DIAGNOSIS SUPPLIED ON YOUR BILL HAS BEEN DENIED UNDER THIS CLAIM NUMBER.		CO	A1, 167	N569, M76

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
234	PAID AT NON-WASHINGTON PERCENT OF ALLOWED CHARGE (POAC) PER WAC 296-23A-0230.		CO	P12	
235	DENIED. PRIMARY AND/OR SECONDARY DIAGNOSIS HAS BEEN DENIED UNDER THIS CLAIM NUMBER.		CO	167, A1	MA63, M64
236	BILL REMARKS DO NOT PERTAIN TO BILL PAYMENT AND HAVE DELAYED PROCESSING.		OA	133	MA69
237	REMARKS DO NOT JUSTIFY -22 MODIFIER. SUBMIT PAPER ADJUSTMENT WITH JUSTIFICATION.		CO	A1	N380
238	INPATIENT ADMISSION NOT MEDICALLY NECESSARY PER L&I MEDICAL CONSULTANT. PAID AT 50%.		CO	P12, 197	N10
239	PRIOR AUTHORIZATION NOT OBTAINED FOR INPATIENT ADMISSION. PAID AT HALF OF ALLOWABLE FEE.		CO	197	
240	TIME LOST FROM WORK IS PAYABLE ONLY WHEN AN EXAMINATION IS REQUESTED BY L&I.				
241	NOT PAYABLE WHEN INJURED WORKER IS RECEIVING TIME-LOSS COMPENSATION OR HAS BEEN KEPT ON SALARY.		CO	A1, P12	N734
242	BILL CONTAINS MULTIPLE CHARGES FOR DATES WHEN CLAIM WAS NOT OPEN. DELETE SERVICES AND REBILL.		CO	141	
243	DENIED. PLEASE SUBMIT A PAPER BILL TO JAMES L. GROVES COMPANY, SEATTLE.				
244	DENIED: INJURED WORKER IS NOT ELIGIBLE UNDER THIS CLAIM FOR THIS DATE(S)		CO	26, 27	N30
245	DENIED. PLEASE REBILL THESE SERVICES ON AN OUTPATIENT BILL.		CO	5	N34
246	DENIED. PROCEDURE AND OR MODIFIER CODE IS INCORRECT FOR SERVICE DESCRIBED		CO	4	N56
247	WHEN MULTIPLE MODIFIERS APPLY, USE 99 & LIST ALL APPLICABLE MODIFIERS IN THE DESCRIPTION FIELD.		CO	4	
248	ALLOWED CHARGES REDUCED TO OFFICE CALL. REPORT BILLED AND PAID UNDER 99080.		CO	P12, 45	
249	REIMBURSED AT RATE OF EXCHANGE IN EFFECT AT THE TIME OF SERVICE.		CO	P12	
250	DENIED BY L&I DUE TO TOTAL LACK OF IDENTIFYING INFORMATION AS TO PROVIDER		CO	A1	N290
251	PROCEDURE CODE 72140 IS INVALID. USE CODES 72141 THROUGH 72144 TO BILL FOR SPINAL MRI'S.		CO	96, A1	N56
252	CLAIM CLOSED. ONLY SERVICES REQUESTED BY L&I ARE PAYABLE.		CO	27	
253	USE REVENUE CODES 430 THROUGH 439 TO BILL OCCUPATIONAL THERAPY. DO NOT		CO	16	M50
254	PATIENT STATUS CODE 30 INVALID FOR DRG BILL; CORRECT AND RESUBMIT OR SUBMIT FINAL BILL ONLY.		CO	A8	MA43
255	DENIED. INVALID CONDITION CODE. L&I ACCEPTS 00 OR 61 FOR INPATIENT, ALL NATIONAL-VALID OUTPATIENT.		CO	A1	M44
256	CLAIM NOW CLOSED.		CO	16	M50
257	PRINCIPAL DIAGNOSIS CODE UNACCEPTABLE ACCORDING TO MEDICARE CODE EDITOR.		CO	A8	
258	CREDIT TAKEN TO OFFSET PREVIOUS PAYMENT MADE BY GROSS ADJUSTMENT.		CR	P12	
259	DENIED. CLAIM NUMBER/INJURED WORKER NAME MISMATCH. CALL 1-800-831-5227		CO	140	MA36, N625
260	SERVICE WAS FOR CONCURRENT TREATMENT WHICH HAS NOT BEEN AUTHORIZED FOR THIS INJURY.		CO	197	M80, N20
261	GENERALLY PRICED. PRESCRIBING DOCTOR HASN'T SUBMITTED JUSTIFICATION TO ISSUE BRAND NAME DRUG.		CO	P12	N447
262	ICD PROCEDURE CODE(S) INVALID FOR FIRST DATE OF SERVICE. CORRECT AND RESUBMIT.		CO	16	MA66
263	DENIED. DUPLICATE CLAIM NUMBER. CONTACT L&I LOCAL OFFICE FOR THE CORRECT NUMBER.		CO	18	
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.		OA	133	
265	DENIED. SERVICE RENDERED AFTER DATE OF PENSION AND NO TREATMENT ORDER HAS BEEN AUTHORIZED.		CO	27	N578, N650
266	PER CONTRACT-"FREE" TRIAL OF TRANSCUTANEOUS NERVE STIMULATOR.		CO	108	
267	DENIED. THIS IS A MEDICAL CONTRACT CLAIM. SUBMIT YOUR BILL TO THE		CO	109	N578, N463,
268	DENIED. TRAVEL EXPENSE MUST BE BILLED TO L&I WITHIN 12 MONTHS OF THE DATE OF TRAVEL.		CO	16	M51

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
269	ALL ICD OPERATING ROOM PROCEDURE CODES ARE NON-SPECIFIC. CORRECT AND RESUBMIT.		CO	9	
270	INJURED WORKER'S AGE INVALID FOR DIAGNOSIS. CORRECT AND RESUBMIT.		CO	16	M54
271	DENIED. SUM OF LINE ITEM CHARGES DOES NOT EQUAL TOTAL BILLED CHARGE.		CO	P12	M53
272	PLEASE NOTE WHEN BILLING THIS PROCEDURE CODE ENTER 1 IN BILL'S UNITS OF SERVICE FIELD.		CO	16	N290
273	PLEASE NOTE THE PROVIDER NUMBER. USE THIS NUMBER TO BILL FOR PSYCHIATRIC UNIT SERVICES.		CO	16	M290
274	PLEASE NOTE THE PROVIDER NUMBER. USE THIS NUMBER TO BILL FOR ALCOHOL UNIT SERVICE.		CO	16	N290
275	DENIED AS DUPLICATE. THE SERVICE(S) WERE PAID UNDER YOUR PREVIOUS PROVIDERNUMBER.		CO	18	N111
276	DENIED. THE DIAGNOSIS LISTED ON YOUR BILLING HAS NOT BEEN ACCEPTED AS RELATED TO THIS INJURY.	M1	CO	96	M76, M64
277	DENIED. AUTHORIZATION OF THIS PROCEDURE, DRUG OR SERVICE HAS BEEN DENIED UNDER THIS CLAIM NUMBER.	70	39		
278	DENIED. L&I NOTIFICATION OF CANCELLATION WAS PROVIDED WITHIN 3 DAYS OF EXAMINATION.		CO	96	B1
279	DEDUCTION TAKEN FOR BILLS PREVIOUSLY PAID ON A CLAIM WHICH HAS SUBSEQUENTLY BEEN REJECTED.		CR	P12	
280	DENIED. CLAIM NUMBER BILLED IS NOT ACTIVE. CALL 1-800-831-5227 TO CONFIRM CLAIM NUMBER BEFORE REBILLING.		CO	31	N625, MA130
281	DENIED. THE DATE OF SERVICE IS PRIOR TO THE DATE OF INJURY.		CO	26	
282	YOUR BILL MUST BE HELD PENDING ADJUDICATION OF THIS CLAIM		OA	133	
283	BILL DID NOT EXCEED L&I HIGH COST OUTLIER THRESHOLDS.		CO	P12, 45	
284	DRG CANNOT BE ASSIGNED. CHECK AGE, SEX, PATIENT STATUS, PROCEDURE &		CO	A8	
285	NOT REFERRED BY THE ATTENDING PHYSICIAN OF RECORD AND L&I AUTHORIZATION NOT OBTAINED.		CO	197	N253, M62
286	DENIED. THE CPT CODE FOR THE SURGICAL PROCEDURE PERFORMED MUST BE LISTED ON THE BILLING.		CO	16	M20
287	DENIED. THIS IS AN ELECTRONIC BILL. THE CLEARINGHOUSE IS NOT AUTHORIZED TO SUBMIT BILLS FOR THIS PROVIDER. CALL 360-902-6511.		CO	A1	N51
288	BILL RETURNED TO PROVIDER WITH NEW PROVIDER APPLICATION FORM. PREVIOUS APPLICATION WAS NOT RETURNED.		CO	16	N202
289	PLEASE NOTE THE PROVIDER NUMBER. USE THIS NUMBER TO BILL FOR REHABILITATION UNIT SERVICES.		CO	16	N77
290	DENIED. INCLUDE OUPATIENT CHARGES ON THE INPATIENT BILL TO BE RESUBMITTED TO L&I.		CO	A1	M2
291	DENIED. EXPLANATION OF -52 MODIFIER NOT SUPPLIED AS PER CONTRACT REQUIREMENTS. REBILL.		CO	16	N706
292	DENIED. OUR RECORDS DO NOT SHOW THE PROVIDER AND GROUP NUMBER AS RELATED. CALL 360-902-5140		CO	16	N290, N280
293	DENIED. THESE SERVICES WERE NOT BILLED IN ACCORDANCE WITH CONTRACT. REBILL PER CONTRACT TERMS.		CO	A1	N381
294	DENIED. DATES OF SERVICE MUST BE ITEMIZED. CORRECT AND RESUBMIT.		CO	16	N63
295	INJURED WORKER REIMBURSEMENT BILL RETURNED TO INJURED WORKER DUE TO				
296	INJURED WORKER REIMBURSEMENT DENIED BY L&I DUE TO INVALID CLAIM NUMBER ANDNO INJURED WORKER ADDRESS ON BILL.				
297	DENIED. DENTAL PROCEDURE CODE IS MISSING OR IS NOT A VALID 1987 AMERICANDENTAL ASSOC CODE.		CO	A1	M67
298	THIS PAYMENT IS DUE TO THE HOSPITAL DISCOUNT APPLIED TO YOUR AUDIT REFUND.		CR	P12	N10
299	DENIED. AS OF JULY 1990, THIS REVENUE CODE IS NOT A VALID WASHINGTON STATE CODE.		CO	16	M50
300	SERVICES DELETED WERE RENDERED AFTER OR DURING PERIOD OF CLAIM CLOSURE.		CO	239	
301	DENIED. THE BILL/REPORT SUBMITTED WAS ILLEGIBLE. INFORMATION MUST BE CLEARLY PRINTED AND ACCURATE.		CO	16	N232
302	UNABLE TO PROCESS. SUBMIT BILL DIRECTLY TO L&I ON THE APPROPRIATE BILL FORM.		CO	16	N34



EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
303	DENIED. THIS CLAIM HAS BEEN SUSPENDED AND NO BENEFITS ARE PAYABLE DURING SUSPENDED TIME PERIOD.		OA	133	
304	DENIED. THIS SERVICE IS NOT AUTHORIZED.		CO	197	N578
305	THIS TRANSACTION HAS BEEN TAKEN TO CORRECT THE FILE PER A SPECIAL REQUEST.		CR	P12, 137	
306	CURRENT CHARGES ARE BEING PROCESSED. SUBMIT AN ITEMIZED BILLING FOR THE BALANCE FORWARD AMOUNTS		CO	16	N232
307	CORRECTIONS TO THIS BILL (ICN) HAVE BEEN MADE PER YOUR REQUEST.		CO	129	MA67
308	DENIED. THIS SERVICE IS NOT AN AUTHORIZED VOCATIONAL EXPENSE.				
309	CHARGES PREVIOUSLY PAID FOR THIS DATE. IF THIS IS NOT A DUPLICATE SUBMIT		CO	18, B13	
310	DENIED. SERVICE WAS BEFORE OR AFTER THE DATES AUTHORIZED FOR THE PAIN CLINIC PROGRAM.		CO	A1	N54
311	DENIED. A PAIN PROGRAM HAS NOT BEEN AUTHORIZED FOR THIS INJURED WORKER.		CO	197	N683, N578
312	THIS TRANSACTION CANCELS INTERIM PAYMENT CREDIT BALANCE FOR THIS PROVIDER NUMBER.		CR	P12	
313	THIS TRANSACTION REFLECTS INTERIM PAYMENT CREDIT BALANCE REFUND AND CORRECTS YEAR TO DATE INFO.		CR	P12	
314	THIS TRANSACTION REDUCES THE INTERIM PAYMENT CREDIT BALANCE FOR THIS PROVIDER NUMBER.		CR	P12	
315	THIS TRAVEL RELATED EXPENSE IS DENIED IN ACCORDANCE WITH L&I POLICY.		OA	P12	
316	THIS IS A HISTORY ADJUSTMENT TO CORRECT AN ERROR IN FIRM NUMBER AND CLASS.		CO	A1	M64
317	DENIED. THE PRINCIPAL, ADMITTING OR PATIENT'S REASON FOR VISIT DIAGNOSIS CODE DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	97, B15	
318	DENIED. OFFICE VISIT INCLUDES MANIPULATION.		CO	16	M50
319	REVENUE CODE, COVER DATES OR PRIOR AUTHORIZATION (PA) NUMBER ARE		CO	16	N625, N290
320	NOTE CLAIM NUMBER AND YOUR PROVIDER NUMBER. THESE ARE REQUIRED ON ALL BILLS SENT TO L&I.		CO	16	M50
321	REVENUE CODE(S) INVALID FOR DATE(S) OF SERVICE BILLED. REBILL WITH CORRECT CODES.		CO	16	M50
322	DENIED. SERVICE IS IN VIOLATION OF SPECIFIC RESTRICTIONS IMPOSED BY THE DEPARTMENT OF LICENSING.		CO	181	M67
323	THIS PROCEDURE CODE WASN'T VALID AT TIME OF SERVICE. REFER TO THE LATEST FEE SCHEDULE REVISION.		CO	181	M67
324	DENIED. BILL AND REPORTS INDICATE SERVICES WERE PROVIDED FOR A NEW INJURY/INCIDENT.		CO	A1	N576
325	AN ADJUSTED BILL PAID WITHOUT DEDUCTING THE ORIGINAL BILL. THIS IS A CORRECTIVE ACTION.		CR	129	MA67
326	DENIED. THIS SERVICE OR DRUG IS NOT ALLOWED FOR TREATMENT OF INDUSTRIAL INJURIES.		CO	96	N643, N607
327	DENIED. NO REPORT RECEIVED FROM THE ATTENDING DOCTOR TO JUSTIFY AUTHORIZATION OF THIS SERVICE.		CO	226	N463
328	DENIED. INJURED WORKER AGE AND/OR SEX INVALID FOR THIS PROCEDURE OR DIAGNOSIS.		CO	6, 7, 9, 10	
329	THIS ADJUSTMENT IS THE RESULT OF AN INDEPENDENT AUDIT OF CHARGES FOR THE SERVICE(S).		CR	216	
330	DENIED. THIS PROCEDURE WAS NOT INCLUDED AS A PART OF THE APPROVED PROGRAM FOR THIS PROVIDER.		CO	272, 273	
331	PLEASE REFER TO THE BILLING INSTRUCTIONS PROVIDED BY L&I.				
332	DENIED. THE TYPE OF SERVICE AND/OR PROCEDURE IS NOT AUTHORIZED FOR THIS		CO	171	N95
333	DO NOT BILL SEVERAL PROCEDURES/DIAGNOSES/DATES IN ONE LINE. THESE WILL BE DENIED IN THE FUTURE.		CO	16	N21
334	THESE SERVICES WERE NOT MEDICALLY NECESSARY.		CO	50	
335	PLEASE NOTE THE PAYEE NUMBER. YOU MUST USE THIS NUMBER WHEN BILLING FOR		CO	16	N77
336	PROVIDER NUMBER, NPI AND/OR NAME USED WERE INCORRECT. NOTE CORRECTION(S) AND USE ON FUTURE BILLINGS.		CO	16	N77
337	THIS IS A REPAYMENT. YOU SUBMITTED A REFUND FOR SERVICES WHICH WE ARE UNABLE TO IDENTIFY.		CR	P12	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
338	THIS IS A REPAYMENT. YOU SUBMITTED A REFUND IN EXCESS OF WHAT WAS REQUIRED.		CR	P12	
339	BILL RETURNED TO PROVIDER WITH APPLICATION REQUIRED TO ESTABLISH PROVIDER NUMBER.		CO	16	N202
340	DENIED. SUBMIT BILL ON ORIGINAL L&I APPROVED FORM. PHOTOCOPIES CANNOT BE PROCESSED.		CO	16	N34
341	SIDE OF BODY CODE IS REQUIRED FOR THIS DIAGNOSIS.		CO	16	M76
342	THIS DIAGNOSIS IS NOT ACCEPTABLE. L&I REQUIRES USE OF A MORE SPECIFIC ICD.		CO	167	M81
343	DENIED. INTERPRETERS MUST HAVE PRIOR AUTHORIZATION AND BILL L&I DIRECTLY.		CO	197	N683, N54
344	DENIED. THE ICD DIAGNOSIS CODE IS MISSING, INVALID FOR FIRST DATE OF SERVICE OR AN E-CODE.		CO	A1	M64
345	DENIED.SPECIAL EXAM AND/OR L&I INVESTIGATION RELATING THIS CONDITION TO THE INJURY IS PENDING.		OA	133	N581
346	FULL DRG PAYMENT FOR INPATIENT STAY MADE ON THIS ICN.		CO	45	
347	DENIED. REBILL THERAPY ON OUTPATIENT BILL. SUBMIT OTHER CHARGES AS		CO	16	N34
348	PLEASE NOTE PROVIDER NUMBER AND USE IT ON CURRENT BILL FORMS YOU SUBMIT FOR HOSPITAL SERVICES.		CO	16	N77
349	DENIED. THIS SERVICE IS NOT PAYABLE IN ADDITION TO CODE 90670, 90675, 90676 OR 90677.		CO	A1	N20
350	REPORT IS REQUIRED WHEN THIS PROCEDURE AND/OR MODIFIER CODE IS BILLED. NO REPORT WAS RECEIVED.		CO	252	N706, N714
351	DENIED. INCORRECT REVENUE CODE USED FOR THE DESCRIBED SERVICE BILLED.		CO	A1	M50
352	THIS ICN PAID AT \$0.00. FULL DRG PAYMENT FOR THIS INPATIENT STAY MADE ON		CO	B13	
353	DENIED. CODE MUST BE AUTHORIZED BEFORE PAYMENT CAN BE MADE. CALL 800-848-0811 FOR AUTHORIZATION		CO	197	N683
354	DENIED. The bill or Medical Documentation submitted is invalid or missing required information		CO	16	N730, N34
355	THE TOOTH NUMBER ON YOUR BILLING IS INVALID. IT MUST BE IN THE RANGE 01 THROUGH 32.		CO	16	N37
356	THE TOOTH NUMBER IS REQUIRED FOR THIS PROCEDURE AND WAS NOT ON YOUR SUBMITTED BILLING.		CO	16	N37
357	PAYMENT PROCESSED. FUTURE MEDICAL TRAVEL REQUIRES PRIOR APPROVAL. CONTACT YOUR CLAIM MANAGER.				
358	SERVICES PROVIDED ARE NOT GREATER THAN THOSE USUALLY REQUIRED FOR THE LISTED PROCEDURE.		CO	P12, 45	
359	THESE SERVICES ARE GENERALLY PROVIDED AS AN ADJUNCT TO COMMON MEDICAL SERVICES.		CO	97	N20
360	CIRCUMSTANCES DO NOT CLEARLY WARRANT ADDITIONAL CHARGE BEYOND USUAL CHARGE FOR BASIC SERVICES.		CO	P12, 45	
361	CALLS AND/OR CONFERENCES WITH INJURED WORKER'S ATTORNEY ARE NOT NECESSARY MEDICAL SERVICES.		CO	50	
362	DENIED. THE AUTHORIZED DISTANCE TRAVELED DOES NOT JUSTIFY PAYMENT OF THIS MEAL.				
363	PAYMENT OF SERVICE(S) MADE AT L&I MAXIMUM ALLOWABLE RATE(S)		CO	P12, 45	
364	PAYMENT MADE FOR THE ACTUAL COST OF SERVICE INDICATED ON THE RECEIPT(S) ATTACHED TO YOUR BILL.				
365	DENIED. THIS PLACE OF SERVICE IS NOT AUTHORIZED FOR THIS PROCEDURE.		CO	5	N428, M77
366	DENIED. THE PROVIDER SPECIALITY ON THE L&I RECORD DOES NOT INCLUDE THIS SERVICE.		CO	8	N95
367	THE REVENUE CODE BILLED IS INVALID.		CO	A1	M50
368	THE CHARGES FOR PAIN PROGRAM SERVICES HAVE BEEN ALLOWED AS BILLED.		CO	20	
369	TRANSPORT/PROFESSIONAL SERVICES REBILL ON CMS-1500. OTHERS INVALID OR NOT AUTHORIZED FOR WORKERS.				
370	ADJUDICATED PER AGREEMENT/CONTRACT.		CO	45	N381
371	DENIED. SERVICE MUST BE BILLED AS OFFICE CALL, WHICH INCLUDES TREATMENT OF THE DAY.		CO	97	N20
372	WE HAVE RECEIVED INFORMATION VERIFYING THAT THE SERVICE BILLED WAS NOT PERFORMED.		CO	115, B12	N10
373	DENIED. THIS DRUG REQUIRES PRIOR AUTHORIZATION. FOR AUTHORIZATION CALL 1-888-443-6798.		CO	197	N683

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
374	FULL FLAT FEE ALLOWED FOR PRIMARY CONDITION/PROCEDURE, ADD'L COND/PROC PAID AT PERCENTAGE.		CO	P12, 45	
375	ALLOWED AS OFFICE CALL WHICH INCLUDES CARE OF THE DAY PER THE MAXIMUM FEE SCHEDULE.		CO	97, 45	
376	PAID PREVIOUSLY TO THE INJURED WORKER. IT IS HIS/HER RESPONSIBILITY TO REIMBURSE YOU FOR THIS SERVICE.		PR	100	
377	INTEREST NOT ALLOWED. CRITERIA FOR SUBMISSION AND/OR BILL DATA HAS NOT BEEN MET.		CO	85, 96	
378	THIS BILL DOES NOT MEET THE CRITERIA ESTABLISHED BY L&I FOR INTEREST PAYMENT.		CO	85, 96	
379	THIS LINE ITEM IS FOR PAYMENT OF INTEREST.		CO	85	
380	PAYMENT RECOUPED/DENIED. INCLUDE NON-THERAPY OUTPATIENT SERVICES ON RESUBMITTED INPATIENT BILL.		CR	16	N34
381	THIS BILL IS NOT PAYABLE AT THIS TIME. THE CLAIM IS IN ABEYANCE PENDING FURTHER DETERMINATION.		OA	133	
382	DENIED. INCREMENTAL NURSING CHARGE RATES MUST BE BILLED WITH REVENUE CODE 23X.		CO	16	M50
383	THIS LINE ITEM DEDUCTED. INCLUDE CHARGE ON INPATIENT BILL TO BE RESUBMITTED TO L&I.		CO	A1	N34
384	DENIED. THE REVENUE CODE BILLED DOES NOT MATCH THE DESCRIPTION OF THE SERVICES RENDERED.		CO	A1	M50
385	DENIED. MAXIMUM ALLOWED PAYMENT HAS ALREADY BEEN MADE PER CONTRACT OR AGREEMENT.		CO	45	
386	PAYMENT NOT MADE ON THIS BILL. THIS SERVICE(S) IS DUPLICATED ON ANOTHER BILL IN PROCESS.		CO	18, B13	
387	THE ORIGINAL BILL WAS CORRECTLY ADJUDICATED/PROCESSED; AN ADJUSTMENT TO IT IS NOT ALLOWABLE.		CO	193	
388	ADDITIONAL PAYMENT FOR TREATMENT TO CONTIGUOUS AREA IS NOT ALLOWED.		CO	A1	N20
389	PROCEDURE CODE CHANGED TO MORE CLOSELY REFLECT SERVICE INDICATED.PLEASE NOTE FOR FUTURE BILLING		CO	65	
390	DENIED. A REPORT IS REQUIRED WHEN BILLING FOR THIS SERVICE OR PROCEDURE.		CO	252	N463
391	THIS IS AN ADJUSTMENT TO CORRECT A PREVIOUSLY ADJUDICATED/PROCESSED BILL.		CR	129	MA67
392	PAYMENT FOR THIS SERVICE HAS BEEN MADE TO THE PROVIDER. CONTACT THEM FOR REIMBURSEMENT.		OA	B20	
393	SERVICES IN THIS DATE SPAN WERE PREVIOUSLY PAID. NO SUBSTANTIATION FOR ADDED CHARGES RECEIVED.		CO	B13	
394	DENIED. THIS SERVICE IS NOT COVERED BY L&I. INJURED WORKER IS RESPONSIBLE.		PR	96	
395	TIME SPAN FOR PSYCHIATRIC EXAM NOT SUPPLIED ON BILL. PAID AS ONE HOUR.		CO	16, 122	N443
396	PAYMENT DELAY CAUSED BY THE USE OF THE SAME PROCEDURE CODE FOR OVERLAPPING DATES OF SERVICE.		CO	16	MA31
397	THESE CHARGES HAVE BEEN INCLUDED FOR PAYMENT AND PROCESSED ON ANOTHER BILL.		CO	B13	
398	DENIED. INVALID DATA ENTERED IN CLAIM NUMBER FIELD.		CO	31	N625, MA130
399	NEW INCIDENT UNRELATED TO INDUSTRIAL INJURY. BILL INJURED WORKER ON PRIVATE NON-INDUSTRIAL BASIS.		PR	109	N576, N578
400	THERE WAS NO NOTIFICATION OF THIS ADMIT. THE BILL IS REFERRED TO UTILIZATION REVIEW (UR) VENDOR FOR POSSIBLE AUDIT.		OA	133	
401	THE PROVIDER MASTER RECORD INDICATES PROV # WAS TERMINATED DUE TO INVALID/ADDRESS. PLEASE CONTACT PROV ACCTS @ 360-902-5140 REGARDING YOUR ACCOUNT.		CO	B7	N258, N281, N294
402	DENIED. WHEN BILLING THIS CODE, A SPECIFIC DESCRIPTION OF THE ITEM MUST BE IN REMARKS OR ON THE BILL		CO	16	MA69
403	DENIED. RESUBMIT BILL USING YOUR PAIN CLINIC PROVIDER NUMBER.		CO	8	N290
404	PROVIDER NUMBER IS NOT ACTIVE FOR DOS BILLED. FOR INFORMATION TO UPDATE GOTO <a href="https://www.lni.wa.gov/patient-care/provider-accounts/become-a-provider/">https://www.lni.wa.gov/patient-care/provider-accounts/become-a-provider/</a>		CO	B7	N612
405	REBILL: PERFORMING PROVIDER NAME/NUMBER AND GROUP NAME MUST BE IN BOX 31 OR 33 ON NEW BILL FORM.		CO	16	N290, N289
406	DENIED. PROVIDER DOES NOT HAVE A VALID, ACTIVE LICENSE FOR SERVICE DATES BILLED.		CO	B7	N665, N143

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
407	BILL NOT PAYABLE AT THIS TIME/REOPENING IS IN PROVISIONAL STATUS PENDING FURTHER DETERMINATION.		OA	133	
408	PAYMENT MADE FOR TREATMENT OF ALLOWED CONDITION(S) ONLY. BILL INJURED WORKER FOR NONCOVERED TREATMENT.		PR	35	
409	COMPOUNDED PRESCRIPTION ONLY PAID. REBILL NON-NDC ITEMS ON STATEMENT FOR MISCELLANEOUS SERVICES BILL FORM.		CO	16	N34
410	TOTAL MILEAGE CHARGE CALCULATED AT THE CURRENT L&I RATE.		CO	P12	
411	REJECTION OF THIS CLAIM HAS BEEN OVERTURNED. CLAIM HAS NOW BEEN ALLOWED BYL&I.		CO	119	MA23
412	CLAIM IS IN APPEAL PROCESS BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS (BIIA). PLEASE REBILL SERVICES AFTER CHANGE IN CLAIM STATUS.		OA	133	
413	DENIED. PROFESSIONAL INTERPRET OF THIS SERVICE PAYABLE ONLY IF TEST DONE IN INPATIENT SETTING.		CO	96	
414	REPAYMENT DUE TO AUDIT DECISION THAT HAS BEEN REVERSED BY L&I.		CR	137	N11
415	BILL HAS BEEN PAID BY A-19. QUESTIONS CONCERNING THIS TRANSACTION SHOULD CONTACT DEDUCT DESK.		CO	P12	
416	DENIED. THIS REOPENING APPLICATION HAS BEEN BILLED BY AND PAID TO THE PHYSICIAN OF RECORD.		CO	18	N347
417	DENIED. THESE SERVICES NEED TO BE REBILLED UNDER THE APPROPRIATE CLAIM NUMBER.		CO	31	MA61
418	PAYMENT MADE TO CORRECT YOUR ACCOUNT FOR THE DUPLICATE REFUND SUBMITTED TOL&I.		CR	129	MA67
419	THERE WERE NO DUPLICATE PAYMENTS. YOU WERE POSTING FROM A CREDIT BALANCE REMITTANCE ADVISE.		CR	P12	
420	DEDUCTION TAKEN. TREATMENT RENDERED AFTER 30 VISIT MAXIMUM.		CR	P12, 45	N362
421	PLEASE REFER TO THE NOTIFICATION OF POTENTIAL DRG SENT IN REGARD TO THIS BILL.				
422	DENIED. ONLY PROCEDURES 99080, 99083 AND 99084 ARE PAYABLE UNDER THIS PROVIDER NUMBER.		CO	8	M51
423	LACK OF THE PROVIDER NUMBER WILL RESULT IN DELAYED PAYMENT AND/OR RETURN OF YOUR BILLS.		CO	16	N290
424	DENIED. COMPENSATION NOT PAYABLE WHEN THE TIME LOST FROM WORK WAS LESS THAN 4 HOURS.				
425	NOTE THE CORRECTION TO THIS ICD DIAGNOSIS CODE. THE CODE WAS INCORRECTLY BILLED.		CO	16	M64
426	DENIED. THIS CODE IS NOT PAYABLE IN COMBINATION WITH CODES 97530 OR 97531.		CO	96	N20
427	BILL SUSPENDED. SUBMITTER NOT AUTHORIZED TO SUBMIT BILLS FOR THIS PROVIDER. CALL 360-902-6511		CO	16	N51
428	OUTPATIENT SERVICE WITHIN 24 HRS OF AN ADMIT PAID BY DRG METHOD IS CONSIDERED ALREADY PAID.		CO	60	
429	DENIED. SERVICES REQUESTED BY THE INJURED WORKER'S ATTORNEY MUST BE BILLED THE ATTORNEY.		CO	109, B1	N643, N578
430	DENIED. CONSULTATION CODE NOT PAYABLE TO A PRACTITIONER PROVIDING ONGOINGCARE.		CO	96	N637
431	AUTOPSY BILL WITH NO CLAIM NUMBER. REFER TO SERVICE DATE AND FIRST 2 LETTERS LAST NAME TO IDENTIFY.		CO	31	N625, MA130
432	50% OF ALLOWABLE CHARGES PAID. BILL BALANCE TO EMPLOYER UNDER SELF INSURED CLAIM NUMBER.		OA	35. 20	
433	DENIED. IF SERVICE RENDERED WAS A RATING EXAM, REBILL WITH PROCEDURE CODE 1106M.		CO	A1	M67
434	DENIED. TAX NOT PAYABLE WHEN RELATED CHARGES ARE DENIED.		CO	96	N356
435	MAXIMUM ALLOWABLE FEE FOR THIS SERVICE HAS BEEN PAID. PAYMENT FOR THIS LINE ITEM IS REDUCED.		CO	119, P12, 45	
436	PRIOR AUTHORIZATION (PA) NUMBER ON BILL INVALID FOR THIS CLAIM NUMBER AND/OR ADMIT.		CO	15	N54
437	DENIED PER WAC 296-20-03001, NO MORE THAN 6 INJECTIONS WILL BE AUTHORIZED PER INJURED WORKER.		CO	35	
438	BILL PAID. PLEASE REMOVE INJURED WORKER FROM COLLECTIONS.				
439	DENIED. MASSAGE SERVICES THAT ARE PART OF A TREATMENT PLAN ORDERED BY A DOCTOR ARE EXEMPT FROM TAX.		CO	96	N578
440	DENIED. PROVIDER'S APPLICATION TO TREAT INJURED WORKERS HAS BEEN DENIED.		CO	B7	N612

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
441	DENIED. BILLS FOR COPIES OF RECORDS MUST BE SUBMITTED BY THE PROVIDER PERFORMING THE SERVICE.		CO	A1	N55
442	DENIED. PROVIDER WAS SUSPENDED OR WAS NOT ENROLLED ON DATE OF SERVICE.		CO	B7	
443	MISSING/INVALID PATIENT PAID AMOUNT. CLMT PAID AMOUNT IS GREATER THAN TOTAL CHARGE OR CLMT REIMBURSEMENT SUBMITTED BY THIRD PARTY IS NOT ALLOWED.				
444	REFUND MADE AS A RESULT OF AUDIT PENALTY IMPOSED ON THE PROVIDER.		CR	P12	
445	DENIED. CLAIM ID FIELD HAS BLANKS AND/OR INVALID DATA. CALL 1-800-831-5227 TO CONFIRM CLAIM ID		CO	31	N628, MA130
446	DENIED. THIS BILL WAS IN THE BILL SUSPENSE FILE FOR OVER 2 YEARS AND HAS BECOME OUTDATED.		CO	A1	N246
447	DENIED. THIS SUPPLY/SERVICE IS BUNDLED INTO ANOTHER PROCEDURE.		CO	97	M15
448	BASE CODE PAID WITHIN ENDOSCOPIC/ARTHROSCOPIC FAMILY CODE.		CO	B13, 97	M15
449	DENIED. NO RETRAINING BILLS ARE PAYABLE DURING A PLAN INTERRUPT.				
450	DENIED. THE ADMIT DATE IS NOT WITHIN THE DATE SPAN FOR THE BILLED PRIOR AUTHORIZATION (PA#) NUMBER.		CO	15	MA40, N54
451	DENIED. THE 10 DIGIT PRIOR AUTHORIZATION (PA) NUMBER IS FOR AN ADMISSION DENIED BY L&I CLAIM MANAGER.		CO	A1	M62
452	DENIED. THE PRIOR AUTHORIZATION (PA) NUMBER ON THE BILL IS NOT A VALID NUMBER FOR THIS CLAIM NUMBER.		CO	15	N54
453	DENIED. L&I HAS NOT RECEIVED THE REQUIRED DOCUMENTATION FOR THIS ADMISSION.		CO	16	N706
454	FOR ADMIT DATES OF JULY 18, 1988 AND AFTER INCLUDE THE PRIOR AUTHORIZATION NUMBER IN FIELD 91.				
455	OUTPATIENT SERVICE WITHIN 24 HRS OF AN ADMIT MUST BE BILLED AS INPATIENT ON THE INPATIENT BILL.		CO	60	M2
456	THIS READMISSION/TRANSFER HAS BEEN DENIED AS A RESULT OF A MEDICAL REVIEW.		CO	A1	N35
457	DENIED. CPT CODING WAS ON THE BILL. PAIN CLINIC SERVICE MUST BE BILLED BY REVENUE CODE.		CO	16	M50
458	WE HAVE CHANGED THE UNITS BILLED TO 1 AND PAID THE PROCEDURE AT THE RATE FOR 1 UNIT OF SERVICE.		CO	226	M53
459	EXCESSIVE UNITS OF SERVICE WERE BILLED. ENTER 1 UNIT FOR EACH TIME THE PROCEDURE WAS PERFORMED.		CO	P12	M53
460	DENIED. A TELEPHONE CALL TO YOUR OFFICE VERIFIED THAT ERRORS WERE MADE IN THE CHARGES BILLED.		CO	16	MA62
461	DENIED. IMMUNIZATION PROCEDURES INCLUDE THE COST OF MATERIALS.		CO	97	M14
462	DENIED. PROCEDURE 97261 IS PAYABLE ONLY WHEN AN ADDITIONAL AREA OF THE BODY IS MANIPULATED.		CO	96	
463	DENIED. PAYMENT FOR ROOM ACCOMODATION CHARGE FOR THE DATE OF DISCHARGE IS NOT PAYABLE.		CO	96	N153
464	PER MEDICAL REVIEW THE BILLED DISCHARGE STATUS WAS CORRECTED AND PAYMENT MADE ACCORDINGLY.		CO	P12	N10
465	PLEASE REBILL AMBULANCE SERVICE ON A CMS-1500 FORM USING YOUR PROFESSIONALSERVICE PROVIDER NUMBER.		CO	16	N34, N77
466	DENIED.PLEASE SUBMIT REQUEST FOR INTEREST INCLUDING JUSTIFICATION, TO MIPS AT MAIL IDENT. 4203		CO	85	N517
467	DENIED. USE CODE 97201 TO BILL FOR ADDED SERVICE OR TIME. SUBMIT AN ADJUSTMENT TO THIS BILL.		CO	A1	N517
468	DENIED. THIS SERVICE IS NOT PAYABLE WHEN BILLED WITH CODES 97124/97125 OR 97200/97201.		CO	96	N20
469	THIS REQUEST FOR INTEREST PAYMENT HAS BEEN FORWARDED TO OUR FISCAL UNIT FOR PAYMENT.		OA	85, B11	
470	DENIED. PLEASE RESUBMIT THIS INPATIENT BILL WITH THE REQUIRED ATTACHMENTS.		CO	A1	N706, N709
471	DENIED. REVENUE CODE NEEDS CPT/HCPCS PROCEDURE CODE FOR APG ASSIGNMENT - PROCEDURE CODE MISSING		CO	16	M20
472	DENIED PER YOUR AFFIDAVIT STATING THAT YOU WERE NOT ENTITLED TO PAYMENT FOR THIS SERVICE.		CO	A1	MA46
473	DENIED. PROCEDURE 99025 PAYABLE ONLY IN CONJUNCTION WITH STARRED (*) CPT SURGICAL CODES.		CO	16	M51
474	THERE WAS NO NOTIFICATION OF THIS ADMIT. THE BILL IS REFERRED TO AUGMED FOR POSSIBLE AUDIT.				

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
475	RETURNED. THE PROVIDER NUMBER AND THE NAME ON THE BILL DO NOT MATCH.		CO	A1	N77
476	THANK YOU. YOUR EFFORT TO PROVIDE INFORMATION NEEDED TO PROCESS THIS TRANSACTION IS APPRECIATED				
477	DENIED. UNITS OF SERVICE ARE INVALID. PLEASE REBILL WITH CORRECT UNIT/HOURS.		CO	16	M53
478	DENIED. MISSED APPOINTMENT WAS CANCELLED 3 OR MORE BUSINESS DAYS PRIOR TO THE APPOINTMENT DATE.		CO	B1	N441
479	POAC RETROACTIVELY ADJUSTED TO CONFORM WITH JULY 1, 1993 EFFECTIVE DATE.REFER TO 6/1/93 MEMO.				
480	AS OF LAST CUT-OFF DATE, THIS BILL WAS ON THE PROVIDER'S DIRECT ENTRY SUSPENSE FILE.		OA	133	
481	DENIED. SIXTH DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
482	DENIED. SEVENTH DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
483	DENIED. EIGHTH DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
484	DENIED. NINTH DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
485	DENIED. SIXTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
486	DENIED. SEVENTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
487	DENIED. EIGHTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
488	DENIED. NINTH DIAGNOSIS DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	16	M81
489	DENIED. SIXTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
490	DENIED. SEVENTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
491	DENIED. EIGHTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
492	DENIED. NINTH ICD DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	16	M64
493	DENIED. REVENUE CODE NEEDS CPT/HCPSC PROCEDURE CODE FOR APG ASSIGNMENT - PROCEDURE CODE INVALID		CO	16	M20
494	Denied. Missed appointment was cancelled 5 or more business days prior to the appointment date		CO	B1	N441
495	DENIED. SERVICES NOT REQUESTED.		CO	A1	N629
496	Denied due to overlapping dates of service.		CO	A1	MA31
497	EMPLOYER REIMBURSED BY HAND WARRANT FOR PAYMENT OF THIS BILL.		OA	100	
498	AN ADJUSTMENT TO THIS BILL IS IN PROCESS AND WILL APPEAR ON A FUTURE REMITTANCE ADVICE.		CR	P12	
499	DENIED. PROCEDURE PREVIOUSLY PAID FOR DATE(S) OF SERVICE. SUBMIT ADJUSTMENT TO PAID BILL.		CO	B13	
500	DATE(S) OF SERVICE ON THIS BILL HAVE BEEN CHANGED TO CORRESPOND WITH THE RETRAINING APPROVAL.		CO	198	N54
501	DENIED. SERVICE WAS RENDERED OUTSIDE OF THE AUTHORIZED TIME PERIOD.				
502	PAYMENT MADE AT AMOUNT AUTHORIZED FOR THIS RETRAINING PROCEDURE CODE.				
503	DENIED. THE LEGAL MAXIMUM OF \$4000 FOR RETRAINING HAS BEEN EXPENDED.				
504	APPROVAL OF ADDITIONAL FUNDS ALLOWS PAYMENT OF PREVIOUSLY DENIED OR REDUCED BILL.		CR	P12	
505	DENIED. THIS REVENUE CODE IS INVALID FOR OUTPATIENT SERVICE.		CO	A1	M50
506	PAID AT A REDUCED RATE. PROCEDURE NOT AUTHORIZED ON AN INPATIENT BASIS.		CO	P13	N54
507	DENIED. RETRAINING PLAN NOT APPROVED ON THIS CLAIM.				
508	PLEASE BILL MODIFIER -27 WITH ANY DATES OF SERVICE PRIOR TO 9-1-93.				
509	PHARMACY SUBMITTED INJURED WORKER REIMBURSEMENT. INJURED WORKER WILL BE REIMBURSED FOR PAYMENT.				
510	DENIED. NO BALANCE REMAINS IN APPROVED FUNDS FOR THIS PROCEDURE. CONTACT VOCATIONAL COUNSELOR.				
511	DENIED. L&I RECORDS DO NOT CONTAIN APPROVAL OF RETRAINING SERVICES FOR THIS CLAIM.				
512	PRESCRIPTION BILL REVERSAL SUBMITTED BY PHARMACY.		CO	P12	N694
513	PRESCRIBING PROVIDER ID NOT AUTHORIZED FOR THIS CLAIM. BILL NOT PAID.	71	CO	A1	N31
514	DENIED. DRUG REFILL TOO SOON.	79	CO	272, 273	N668
515	ACCIDENT CLAIM NOT YET ALLOWED. POINT OF SALE BILL DENIED PENDING CLAIM ALLOWANCE.	67	CO	A1	N30

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
516	DENIED. SERVICES NOT REQUESTED.		CO	A1	N629
550	PLEASE READ YOUR REMITTANCE ADVICE NEWSLETTER DATED 6-08-93 RE: NAME & NUMBER DO NOT MATCH.				
555	TAX COMPUTATION ADJUSTED AND PAID TO REFLECT PAYMENT OF 14.1 PERCENT MULTIPLIED BY CHG BILLED.		CO	P12	
556	DENIED. L&I DOES NOT ACCEPT MINUS CHARGES.		CO	96	
559	BILL IS IN PROCESS. DO NOT SEND REBILL, ADJUSTMENT OR APPEAL UNTIL YOU RECEIVE NOTICE OF PAYMENT DECISION. AFTER 60 DAYS CALL L&I 800-848-0811.		OA	133	
560	INJURED WORKER'S ACCIDENT REJECTED BY L&I STATE FUND AND SERVICE NOT AUTHORIZED. CONTACT THE INJURED WORKER.	65	PR	109	N643, N584
561	DENIED. SURGICAL TRAY IS NOT PAYABLE WITH THE PROCEDURE BILLED.		CO	96	N20
562	AVOID POSSIBLE BILL REJECTION. PLEASE CONTACT YOUR NEAREST SERVICE LOCATION FOR CURRENT BILL FORMS.				
566	MANUALLY PRICED DUE TO OTHER SURGERY BILLS WITH SAME DATE. MODIFIERS ARE RANKED WITHIN BILL ONLY.		CO	59, 45	N10
580	DENIED. SERVICE PAYABLE AT INTERVALS OF NO LESS THAN 6 MONTHS. SEE WA RBRVS PAYMENT POLICIES.		CO	P12	N640
583	DENIED. THIS IS NOT A MANAGED CARE PILOT CLAIM. REBILL USING YOUR FEE FOR SERVICE PROVIDER #.		CO	16	N290
589	CODES NOT PAYABLE IN COMBINATION. REBILL EXAM WITH CODES IN RANGE OF 90671-90695 OR Z0001-Z0045		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.		OA	133	
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.		CO	133	
600	RETURN LETTER FOR INPATIENT HOSPITAL BILLS CONTAINING MULTIPLE CHARGES FOR UNRELATED CONDITIONS				
601	RETURN LETTER FOR INPATIENT HOSPITAL BILLS CONTAINING MULTIPLE CHARGES DURING A PERIOD OF CLAIM				
602	RETURN LETTER FOR INPATIENT BILLS WHERE CTP PROCEDURE CODES HAVE BEEN USED INSTEAD OF ICD-9.				
603	RETURN LETTER FOR RETURNING NON-PAYABLE BILLS TO UNLICENSED PROVIDERS.				
604	RETURN LETTER FOR UNGROUPED CPT CODES ON HOSPITAL BILLS.				
605	RETURN LETTER FOR ADJUSTMENT REQUESTS FOR HOSPITAL BILLS PREVIOUSLY ADJUSTED AS A RESULT OF AN				
606	RETURN LETTER FOR PROVIDERS EXPLAINING THAT L&I IS NOT "CO-PAY".				
607	RETURN LETTER FOR INPATIENT DRG INTERIM BILL.				
608	RETURN LETTER FOR WORKERS EXPLAINING THAT L&I IS NOT "CO-PAY".				
609	RETURN LETTER FOR INVALID INPATIENT HOSPITAL ICD-9 CODES.				
610	RETURN LETTER FOR PROBLEM WITH PRINCIPAL(FIRST) DIAGNOSIS ON HOSPITAL BILL.				
611	RETURN LETTER FOR HOSPITAL BILL WITH INVALID DATA.				
612	RETURN LETTER FOR INPATIENT HOSPITAL BILL WITH INVALID AGE OR SEX-CODE DATA.				
614	RETURN LETTER FOR INPATIENT HOSPITAL BILLS THAT HAVE INVALID DATA AND DRG CANNOT BE ASSIGNED.				
617	RETURN LETTER FOR POSSIBLE DUPLICATE BILL.				
620	NULL				
621	RETURN LETTER FOR LATE CHARGES THAT MUST BE REQUESTED BY ADJUSTMENT TO PREVIOUSLY PAID BILL.				
622	RETURN LETTER FOR INPATIENT BILL WITH INVALID UNITS OF SERVICE FOR ROOM CHARGES.				
624	NULL				
628	RETURN LETTER FOR DENIED SERVICES ON MANAGED CARE CLAIMS.				
629	RETURN LETTER FOR BILLS SUBMITTED ON WRONG BILL FORM.				
630	RETURN LETTER FOR NEGATIVE CHARGES BILLED. PROVIDER INSTRUCTED TO RESUBMIT CHARGES.				
631	RETURN LETTER FOR BILL THAT'S NOT RELATED TO A WASHINGTON STATE WORKER'S COMPENSATION CLAIM.				
632	RETURN LETTER FOR COMPOUNDED PRESCRIPTIONS BILLED ON WRONG BILL FORM.				
633	RETURN LETTER FOR IP BILL WITH INCORRECT INFORMATION.				

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
634	RETURN LETTER FOR IP BILL FOR SERVICES SUBMITTED WITHIN 24 HOURS.				
635	RETURN LETTER FOR BILL USING "OLD" AND "NEW" IME CODES. PROVIDER INSTRUCTED TO RESUBMIT BILL.				
636	RETURN LETTER FOR IP BILL REGARDING ADMIT & DISCHARGE DATES BEING EQUAL.				
637	RETURN LETTER FOR IP BILL SUBMITTED WITHOUT PRIOR NOTIFICATION AND SELECTED FOR AUDIT.				
640	RETURN LETTER FOR IME BILL. ANOTHER BILL FOR THIS DATE OF SERVICE WAS PREVIOUSLY PAID.				
641	RETURN LETTER FOR BILL USING OUT-OF-DATE PROCEDURE CODE FOR A DISABILITY RATING OR AN IME.				
645	RETURN LETTER FOR COMPOUND DRUGS BILLED INCORRECTLY.				
650	RETURN LETTER FOR VOCATIONAL TRAVEL EXPENSE BILLINGS WITH INCOMPLETE OR MISSING INFORMATION.				
651	RETURN LETTER FOR HOSPITAL BILLS THAT DON'T HAVE ITEMIZED DETAIL.				
653	RETURN LETTER FOR BILLS SUBMITTED FOR WHICH NO CLAIM EXISTS IN THE DEPARTMENT FOR CLAIMANT NAME				
654	RETURN LETTER FOR MISC & HCFA BILLING WHICH HAVE MULTIPLE MISSING/INVALID DETAIL.				
655	RETURN LETTER FOR IH HOSPITAL BILLS WHICH HAVE MULTIPLE MISSING DETAIL.				
656	RETURN LETTER FOR PHARMACY BILLS WHICH HAVE MULTIPLE MISSING/INVALID DETAIL.				
657	RETURN LETTER FOR CLAIMANT TRAVEL BILLS WHICH HAVE MULTIPLE MISSING DETAIL.				
658	RETURN LETTER FOR BILLS RECEIVED ON WRONG BILL FORM INCLUDING BILLING WHICH IS FOR MORE THAN 1				
659	RETURN LETTER FOR HOSPITAL BILLS WHICH DID NOT HAVE A SUMMARY CHARGE SHEET OF REVENUE CODES				
660	RETURN LETTER FOR VOCATIONAL BILLS WHICH TOO MANY LINE ITEMS HAVE BEEN INCLUDED IN A BILL.				
661	RETURN LETTER FOR BILL ON CLAIMS IN ABEYANCE.				
662	RETURN LETTER FOR POSSIBLE DUP BILLS WHEN THE PREVIOUSLY PAID BILL WAS PAID FOR A DATE RANGE				
663	RETURN LETTER FOR TRAVEL VOUCHERS.				
664	RETURN LETTER FOR LINES THAT ARE ILLEGIBLE/UNREADABLE.				
665	RETURN LETTER TO CLAIMANT WHO HAS REQUESTED REIMBURSEMENT FOR SERVICES WHICH HE PAID.				
666	RETURN LETTER FOR BILLS WITH DATES OF SERVICE GREATER THAN 12 MONTHS OLD.				
667	RETURN LETTER TO CLAIMANT OR PROVIDER WHO HAS REQUESTED REIMBURSEMENT OR BILLED FOR SERVICES ON Claim				
668	RETURN LETTER FOR CLAIMS BEFORE THE APPEALS BOARD.				
669	RETURN LETTER FOR CLAIMS WHERE REOPENING ACTION IS PENDING.				
670	BLANK RETURN LETTER.				
671	RETURN LETTER FOR HOSPITAL BILLS WHOSE CHARGES NEED SEPARATION FOR UNRELATED CONDITIONS.				
672	RETURN LETTER FOR RETURNING BILLS FOR UNITEMIZED CPT CODES.				
673	RETURN LETTER FOR PRESCRIPTION REIMBURSEMENT TO CLAIMANT FOR DRUG WHICH REQUIRES AUTHORIZATION.				
674	RETURN LETTER FOR CLAIMANT REIMBURSEMENT WITH CHARGES FOR SERVICES OVER 12 MONTHS OLD.				
675	RETURN LETTER FOR PHARMACY BILL WITH CHARGES FOR SERVICES OVER 12 MONTHS OLD.				
680	RETURN LETTER FOR BILL SUBMITTED FOR AN INJURED WORKER WHO WAS EMPLOYED BY MAYR BROTHERS AT THE				
698	RETURN LETTER FOR BILL WHICH INCLUDES CHARGES FOR SERVICES RENDERED DURING PERIOD CLAIM CLOSURE				
699	RETURN LETTER FOR BILL WHICH INCLUDES CHARGES FOR SERVICES RENDERED OVER 12 MONTHS AGO.				
700	INTEREST IS THE RESULT OF AN AUDIT.		CR	225	N10, N199
701	DENIED. THE AMOUNT OF HOURS MISSED FROM WORK ARE NOT CLEAR. PLEASE CORRECT AND RESUBMIT.				
702	PROCEDURE BILLED NOT ALLOWED IN COMBINATION WITH OTHER CODE BILLED FOR THIS DOS. REFER TO CURRENT FEE SCHEDULE.		CO	A1	N20



EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
703	ADJUSTED. ONLY 1 UNIT OF SERVICE ALLOWED PER DAY. REFER TO CURRENT FEE SCHEDULE.		CR	P12, 45	N362
704	DENIED. ONLY 1 UNIT OF SERVICE ALLOWED PER DAY. REFER TO CURRENT FEE SCHEDULE.		CO	P12, 45	N362
740	DENIED. SUPPLIES SHOULD BE BILLED USING THE APPROPRIATE REVENUE CODE(S).		CO	16	M50
742	TRANSFERRED CREDIT BALANCE FROM PROVIDER NUMBER TO PAYEE NUMBER.		CR	P12	
743	TRANSFERRED CREDIT BALANCE TO PAYEE NUMBER FROM PROVIDER NUMBER.		CR	P12	
744	HISTORY ONLY. PAID UNDER CORRECT CLAIM NUMBER FOR THIS DATE/NATURE OF INJURY.		CR	P12	
745	PAID UNDER CORRECT PROVIDER NUMBER FOR DATE(S) OF SERVICE.		CR	P12	N77
746	INJURED WORKER'S ACCIDENT REJECTED BY L&I STATE FUND AND SERVICE NOT AUTHORIZED. CONTACT THE INJURED WORKER.		PR	109	N622, N643, N578
747	BALANCE OF JOB MODIFICATION COST MUST BE BILLED TO AND PAID BY INJURED WORKER'S EMPLOYER.				
748	BILL PAID, BUT MIGHT BE ADJUSTED AFTER RECEIPT OF UTILIZATION REVIEW (UR) POST DISCHARGE REPORT.		CO	P12	
800	ONLY THE TECHNICAL PORTION OF THE X-RAY IS PAYABLE DURING THE FOLLOW-UP BY THE SURGEON.		CO	A1	M144
801	DENIED. 908__ NOT ALLOWED WITH E/M VISIT PROCEDURE CODES. YOU MUST USE PSYCHOTHERAPY CODES INSTEAD OF E/M CODES.		CO	A1	N56
802	DENIED. PROCEDURE CODE 76140 NOT PAYABLE IN CONJUNCTION WITH THESE SERVICES.		CO	96	N20
803	DENIED. THESE SERVICES ARE NOT PAYABLE IN CONJUNCTION WITH MODALITIES AND/OR TREATMENT FOR THE SAME DAY.		CO	96	N20
804	DENIED. TIME AND/OR CO-SIGNATURE MISSING FROM BILL.		CO	16	N443, MA81
805	DENIED. PLEASE REFER TO THE HCPCS SECTION OF OUR CURRENT FEE SCHEDULE FOR CORRECT PROCEDURE CODE.		CO	P12	M67, M20
806	DENIED. THIS SERVICE IS NOT PAYABLE IN ADDITION TO SINGLE EXAMINER EXAMS.		CO	96	N20
807	DENIED. THE PROVIDER SPECIALITY ON THE L&I RECORD DOES NOT INCLUDE RADIOLOGY CONSULTATIONS.		CO	15	N95
808	DENIED. REVENUE CODE FOR MEDICAID ONLY		CO	96	M50
809	PAID AT FEE SCHEDULE MAXIMUM. MODIFIER 22 REQUIRES UNUSUAL CIRCUMSTANCES AND SUPPORTING DOCUMENTATION.		CO	P12, 45	M69
810	THIS PATIENT IS A PARTICIPANT IN THE MANAGED CARE PILOT PROGRAM.				
811	DENIED. PORTABLE/MOBILE X-RAYS NOT PAYABLE TO HOSPITAL BASED PROVIDER.		CO	5, 171	N95, M97
812	BILL PHYSICIAN ASSISTANT WITH PA NAME, SUPERVISING PHYSICIAN NAME AND PHYSICIAN PROVIDER NUMBER.		CO	16	N296, N297
813	DENIED. RENTAL FEES CANNOT EXCEED PURCHASE PRICE.		CO	108	M7
814	DENIED. LAB WORK IS NOT PAYABLE WHEN BILLED WITH COMPLEX ASSESSMENT.		CO	A1	N20
815	DENIED. PROVIDER IS NOT A L&I APPROVED INDEPENDENT MEDICAL EXAMINER.		CO	185	N31
816	DENIED. PLEASE BILL KAISER/ATTN: KATHLEEN SHARP/2701 NW VAUGHN, #700/ PORTLAND, OR 97210		OA	109	
817	FREE STANDING SURGICAL CENTER NOT PAYABLE FOR THIS SURGICAL PROCEDURE.		CO	5, 171	N95
818	DENIED. BILL THE PRIMARY OCCUPATIONAL MEDICINE MANGAGED CARE PROVIDER.		OA	109	
819	DENIED. WORKER'S MCPP PARTICIPATION PERIOD HAS ENDED. REBILL USING FEE FOR SVC PROVIDER #.				
820	DENIED. SERVICE INCLUDED IN PAIN CLINIC FEES AND NOT PAYABLE SEPARATELY.		CO	B13	N390
821	DENIED. CONTACT THE PRIMARY OCCUP. MEDICINE MANAGED CARE PROVIDER AT 1-800-443-0996, EXT 0845		OA	109	
822	MANGD CARE PILOT CLAIM. ONLY RPRT OF ACCDNT, INITIAL OV AND DX STUDIES ARE PAYABLE BY THE DEPT.				
823	DENIED. PHARMACOLOGICAL EVALUATION IS NOT PAYABLE WITH AN E/M PROCEDURE CODE.		CO	A1	N20
824	DENIED. MANAGED CARE CLAIM, PLEASE REFER TO PB 95-02. PER WAC 296-20-010 DO NOT BILL WORKER.				
825	REVENUE CODE 452 NOT ALLOWED. USE 450 TO BILL 451/452 COMBINED CHARGES.		CO	16	M50
826	PROCEDURE NOT AUTHORIZED. CALL 1ST HEALTH/EBP FOR REVIEW: 1-800-541-2894. REBILL WHEN AUTH'D.		CO	15	M62
827	DENIED. A SUPPLEMENTAL MEDICAL REPORT (CODE 1056M) WAS NOT REQUESTED AND/OR RECEIVED.		CO	A1	N716

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
828	DENIED. MAXIMUM OF 11 SYMPATHETIC BLOCKS HAVE BEEN BILLED AND PAID FOR THIS CLAIM.				
829	DENIED. TWO PROCEDURES WITH THE SAME DESCRIPTIONS HAVE BEEN BILLED, THE HIGHER VALUE WAS PAID.				
830	PAID/DENIED PER BOARD OF INDUSTRIAL INSURANCE APPEALS (BIA) ORDER OR AGREEMENT OF PARTIES.		CO	P13	N10
831	DENIED. SERVICE IS BILLABLE UNDER A DIFFERENT PROCEDURE CODE. REFER TO FEESCHEDULE & REBILL.		CO	A1	M67, M20
832	DENIED. THESE SERVICES ARE NOT PAYABLE DURING HEARING AID WARRANTY PERIOD.		CO	A1	M7
833	DENIED. BILL RETURNED WITH PROVIDER APPLICATION. PROVIDER ADDRESS ON FILE DOES NOT MATCH ADDRESS ON BILL.		CO	16	N294
834	PLEASE NOTE THE PROVIDER NUMBER. YOU MUST USE THIS NUMBER WHEN BILLING FORWORK HARDENING SERVICES.		CO	16	N77
835	DENIED. ADDITIONAL VIEWS, SLICES OR LEVELS OF CT SCANS ARE NOT PAYABLE.		CO	P13	
836	DENIED. OUTPATIENT DATES OF SERVICE CANNOT OVERLAP AN INPATIENT STAY.		CO	60	MA133
837	DENIED. THE DATE OF SERVICE DOES NOT CORRESPOND TO THE SUPPORTING DOCUMENT'S DATE OF SERVICE.		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.		PI	197	N517, N142
839	DENIED FOR AUDIT. UTILIZATION REVIEW (UR) VENDOR WILL BE CONTACTING YOU REGARDING THIS BILL. DO NOT REBILL.		PI	137	N35
840	SYSTEM RESOURCE ERROR. BILL NOT PROCESSED. RESUBMIT.				
841	SYSTEM RESOURCE ERROR (CLAIMANT ELIGIBILITY). BILL NOT PROCESSED. RESUBMIT.				
842	DENIED FOR AUDIT. EBP HEALTH PLANS WILL BE CONTACTING YOU REGARDING THIS BILL. DO NOT REBILL.		PI	137	N35
843	SYSTEM RESOURCE ERROR (PROVIDER ELIGIBILITY). BILL NOT PROCESSED. RESUBMIT.				
844	DENIED. THIS MUST BE REBILLED ON MISCELLANEOUS OR CMS-1500 BILL FORM.				
845	DENIED. NDC OBSOLETE OR EXPIRED FOR DATE RX FILLED.VERIFY CORRECT NDC USED.REBILL IF NECESSARY.		CO	A1	M119
846	DENIED. PRESCRIBING PROVIDER NUMBER REQUIRED WHEN GENERIC SUBSTITUTION NOTALLOWED.		CO	A1	N31
847	AUTOMATED MULTI-CHANNEL TEST(S) PAID AT MAXIMUM ALLOWED FOR UNDUPLICATED TESTS PERFORMED.		CO	45	M75
848	DENIED. LAB TESTS FOR SERVICE DATE MUST ALL BE BILLED ON ONE ICN. SEND ADJUSTMENT FOR PAID ICN.		CO	16	M126
849	SYSTEM CANNOT DETERMINE PRICING METHOD. SUBMIT MANUAL BILL.	M5			
850	IN THE FUTURE, PLEASE LIST THE INDIVIDUAL PROVIDER NUMBER AS WELL AS THE CLINIC PROVIDER NUMBER		CO	16	N290
851	DENIED. PAYABLE ONLY IF LAB TEST PERFORMED ON INPATIENT BASIS.		CO	5	M2
852	DENIED. COMPLEX FEES NOT PAYABLE IN CONJUNCTION WITH SINGLE EXAMINER EXAMINATIONS.		CO	A1	N20
853	MICROFICHE HANDLING, DOCUMENT HANDLING AND CAC DOCUMENT PROCESSING ARE PAYABLE ONLY ONCE PER EXAM ASSIGNMENT.		CO	P13, 45	
854	BILL NOT PROCESSED. SYSTEM ERROR. SUBMIT MANUAL BILL.				
855	BILL NOT PROCESSED. PROVIDER ON REVIEW. SUBMIT MANUAL BILL.				
856	DENIED. SURGERY CPT FOR SAME DOS MUST BE ON ONE BILL. SEND ADJUSTMENT TO ICN (INTERNAL CONTROL NUMBER) THAT HAS PAID.		CO	A1	M51
857	DENIED. THIS BILL WAS IN DIRECT ENTRY SUSPENSE FILE FOR OVER 180 DAYS AND HAS BECOME OUTDATED.		CO	29	
858	SYSTEM RESOURCE ERROR (DRUG FILE). BILL NOT PROCESSED. RESUBMIT.				
859	DENIED. REBILL WITH A COPY OF MANUFACTURER'S WARRANTY/INVOICE SHOWING COST, WARRANTY INFORMATION AND SERIAL NUMBERS.		CO	A1	M23, N354
860	INVALID DATA REMOVED FROM PRIOR AUTHORIZATION (PA) FIELD. LEAVE BLANK IF NOT REQUIRED. INVALID DATA CAUSES DELAY.		CO	16	M62
861	DENIED. THERE IS NO EMPLOYER/EMPLOYEE RELATIONSHIP.		PR	31	MA89
862	DENIED. TRAVEL NOT AUTHORIZED ON PENSION CLAIMS WITH OR WITHOUT A TREATMENT ORDER.				
863	DENIED. BILL SUBMITTED WITHOUT PRIOR AUTHORIZATION. CALL UTILIZATION REVIEW (UR) VENDOR 800-541-2894. REBILL/ADJUST WHEN AUTHORIZED.		PI	15	M62

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
864	ALLOWED AMT IS \$0.00. IMMUNOBIOLGIC IS DISTRIBUTED AT NO COST BY CENTERSFOR DISEASE CONTROL.		CO	P13	
865	DENIED. CHART NOTES REQUIRED FOR SERVICE BILLED. NO CHART NOTES RECEIVED.		CO	A1	N716
866	DENIED. CALL UTILIZATION REVIEW (UR) VENDOR 800-541-2894 TO BE REVIEWED. REBILL/ADJUST WHEN AUTHORIZED.		PI	15	M62
867	DECISION MADE BY L&I OFFICE OF THE MEDICAL DIRECTOR TO PAY FOR NONCOVERED SERVICES.		PI	137	N11
868	DENIED. 10 DIGIT PRIOR AUTHORIZATION NUMBER REQUIRED, BUT MISSING FROM YOUR BILL.		CO	16, 15	M62
869	ITEM PAID. YOUR -99 MODIFIER WAS FOR PAYMENT AND INFORMATION MODIFIERS. CHANGED TO PAYMENT MODIFIER ONLY.		CO	16	M59
870	DENIED. DATE OF SERVICE ON BILL DOES NOT MATCH THE REVIEW DATE OR REPORT DATE.				
871	DENIED. SUBMIT YOUR BILL TO DEPARTMENT OF ENERGY (509-376-1416).	41	CO	109	N578, N643,
872	EFFECTIVE DOS 7/1/00 PROVIDERS MUST USE 00100-01999 TO BILL FOR SERVICES PAID WITH BASE AND TIME UNITS.		CO	59	M67
873	PROCEDURE 99080 FOR NARRATIVE REPORT ONLY PAYABLE EVERY 60 DAYS UNLESS SPECIFICALLY REQUESTED BY L&I.		CO	P13	
874	PRIOR AUTHORIZATION WAS NOT OBTAINED. CLAIM MANAGER HAS DENIED.		CO	197	N473
875	YOU CANNOT USE YOUR CLINIC PROVIDER NUMBER TO BILL. PLEASE REBILL USING THE CORRECT PROVIDER NUMBER.		CO	16	N290
876	MILEAGE HAS BEEN REDUCED. MILEAGE OVER 50 MILES ONE WAY NEEDS PRIOR APPROVAL.				
877	CLAIM CLOSED DURING PART OF DATE SPAN. CALL 1-800-831-5227 FOR CLAIM CLOSURE INFORMATION BEFORE REBILLING.		CO	27	N650, N578
878	FLUOROSCOPY MUST BE USED WHEN PERFORMING THIS PROCEDURE.		CO	P12	
879	DENIED. DIAGNOSIS/PROCEDURE NOT AUTHORIZED ON TREATMENT ORDER.		CO	39	
880	DENIED. ONLY 1 UNIT OF SERVICE ALLOWED PER CLAIM.		CO	272, 273, 45	N640
881	DENIED. REBILL TO DEPT OF L & I, SELF INS. ATTN: BANKRUPT DESK, PO BOX 44892 OLY, WA 985044892		OA	109	N578, N643, N625
882	DENIED. TYPE SERVICE/PROCEDURE CODE INVALID. REFER TO OUR CURRENT FEE SCHEDULE FOR VALID CODE.		CO	8, P12	
883	REPAYMENT MADE TO PROVIDER. L&I HAS ALREADY DONE AN ADJUSTMENT TO CORRECT YOUR ACCOUNT.		CR	P12	
884	REFUND IS BEING RETURNED.GENERALLY ACCIDENT REPORT, INITIAL VISIT & NECESSARY TESTS ARE PAYABLE		CR	P12	
885	AMBULATORY SURGERY CENTER (ASC) SERVICE PAID AT THE LESSER; 100% FEE SCHEDULE OR BILLED CHARGE.		CO	P12, 45	
886	AMBULATORY SURGERY CENTER (ASC) SERVICE PAID AT THE LESSER; 50% FEE SCHEDULE OR BILLED CHARGE.		CO	P12, 45	
887	AMBULATORY SURGERY CENTER (ASC) SERVICE PAID AT THE LESSER; 25% FEE SCHEDULE OR BILLED CHARGE.		CO	P12, 45	
888	DENIED. RESUBMIT BILL WITH REQUIRED COPY OF APPROVED PRE-JOB/JOB MODIFICATION APPLICATION FORM.				
889	DENIED. AMBULATORY SURGERY CENTER (ASC) PROCEDURES FOR SERVICE DATE MUST ALL BE BILLED ON 1 ICN. SEND ADJUSTMENT TO PAID ICN.		CO	16	M51
890	DENIED.THE 1ST PROCEDURE CODE MODIFIER IS INVALID FOR THIS PROVIDER TYPE.		CO	4	N519
891	DENIED. FLUOROSCOPY NOT BILLED AND PLACE OF SERVICE INDICATES NON-ACCREDITED FACILITY.		CO	5	
893	DENIED. THE REQUESTED MEDICAL RECORDS HAVE NOT BEEN RECEIVED.		CO	16	M127
894	AUTHORIZED AS ONE-TIME ONLY - PER CLAIM MANAGER.		CO	P12	N10
895	PER WAC 296-20-1103 TRAVEL ONLY ALLOWED FROM INJURED WORKER'S HOME TO NEAREST POINT OF ADEQUATE TREATMENT				
896	DENIED. REIMBURSEMENT TO PICK UP PRESCRIPTIONS/REFILLS IS NOT AN ALLOWED TRAVEL EXPENSE.				
897	DENIED PER PROVIDER REQUEST.		OA	A1	MA67
898	TOO MANY EXCEPTIONS FOR YOUR BILL TO PROCESS. BREAK THIS BILLING DOWN TO 7 LINE ITEMS EACH BILL				
899	TOO MANY ERRORS FOR BILL PAYMENT. REFER TO FEE SCHEDULE/BILL INSTRUCTION PACKET AND RESUBMIT.		CO	16	MA130
900	PAYMENT HAS BEEN MADE TO A PAYEE HOLDING A LIEN.		OA	100	
901	PAYMENT IS RECEIVED AS THE RESULT OF A LIEN.		OA	P12	

EOB	EOB 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.		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	OA	133	
904	REPAYMENT OF ADJUSTMENT/DEDUCTION ON BILL(S) WHICH REFUND/RETURNED L&I WARRANT WAS RECEIVED.		CR	P12	
905	DENIED. SUBMIT ADJUSTMENT WITH COPY OF INVOICE SHOWING YOUR COST FOR DRUGS/SUPPLIES ATTACHED.		CO	16	M23
906	THIS ADJUSTMENT IS THE RESULT OF AN INDEPENDENT AUDIT OF CHARGES FOR THIS HOSPITALIZATION.		CR	137	N10
907	FLAT FEE ADJUSTED. AFTER CARE CHARGES PAID TO TRANSFER PHYSICIAN.		CR	P12, 100	
908	DENIED. SERVICE IS INCLUDED IN FLAT FEE.		CO	B13	M15
909	SERVICE BALANCE WAS PREVIOUSLY PAID IN THIS CLAIM OR A RELATED CLAIM FOR THIS INJURED WORKER.		CO	B13	
910	BILL ADJUSTED. THERE WAS AN ERROR IN YOUR COMPUTATION.		CR	129	MA67
911	THIS SERVICE WAS PAID ON A DIAGNOSTIC BASIS ONLY.		CO	P12	M17
912	ADJUSTED CHARGE. UNLISTED FEE SET BY THE L&I ALLOWED.		CR	P12	
913	CONSULTATION FEE PAID; TREATMENT FEES PAID ONLY TO THE ATTENDING PHYSICIAN.		CO	B10, P12	
914	REOPENING EXAM AND APPLICATION PAID; CLAIM REMAINS CLOSED.		CO	P12	
915	REBILL PHYSICIAN PROFESSIONAL FEES ON CMS-1500 WITH CPT-4 SERVICE CODES.		CO	16	N34, M51
916	DENIED. MULTIPLE PROCEDURES/DIAGNOSES/DATES IN A LINE ITEM CANNOT BE PROCESSED. REBILL SERVICES		CO	A1	N63
917	DENIED. WRONG DIAGNOSIS OR PROCEDURE CODE USED FOR THE DESCRIBED CONDITION OR SERVICE BILLED.		CO	11	N56
918	REPORT/DOCUMENTATION SUBMITTED DOES NOT JUSTIFY THE CODE AND/OR FEE BILLED.		CO	A1	M69
919	DENIED. MULTIPLE CLAIM NUMBERS ON ONE BILL CANNOT BE PROCESSED. REBILL SEPARATELY.		CO	16	N61
920	DENIED. THE PROCEDURE CODE AND/OR REPORT INDICATE THE SERVICE WAS FOR AN UNRELATED CONDITION.		CO	96	N578, N643
921	DENIED. CRIME VICTIM CLAIM. YOUR BILL HAS BEEN FORWARDED TO THE CRIME VICTIM COMPENSATION PROGRAM.		CO	109	N578, N643, N625
922	DENIED. REOPENING APPLICATION NOT RECEIVED.		CO	A1	N706
923	DENIED. THIS IS A SELF-INSURED CLAIM. SUBMIT BILL TO THE EMPLOYER.		OA	109	N534
924	BILL PAID. YOU MUST REIMBURSE THE INJURED WORKER THE TOTAL AMOUNT HE/SHE PAID FOR THIS SERVICE.		CO	A0	
925	ADJUSTED IN ACCORDANCE WITH L&I'S PUBLISHED FEE SCHEDULE.		CR	P12, 45, 42	
926	PROFESSIONAL FEE ADJUSTED TO CURRENT L&I RATE.		CR	P12, 45	
927	BALANCE PAID SEPARATELY UNDER DIFFERENT CLAIM NUMBER OR DIFFERENT FUND.		CO	B13	
928	DENIED. ATTACH COPY OF YOUR RECEIPT TO COPY OF THIS STATEMENT AND SEND TO L&I.				
929	DENIED. ONLY PAYABLE WHEN YOU MUST TRAVEL MORE THAN 10 MILES ONE WAY.				
930	DENIED. ONLY AUTHORIZED TRAVEL OVER 10 MILES 1 WAY TO NEAREST AVAILABLE TREATMENT IS PAYABLE.				
931	MEDICAL TRAVEL EXPENSE NOT PAYABLE WHEN RESIDENCE IS OVER 50 MILES FROM THE WASHINGTON STATE BORDER.				
932	DENIED. THE AUTHORIZED DISTANCE TRAVELED DOES NOT JUSTIFY PAYMENT FOR LODGING.				
933	DENIED. EMERGENCY ROOM REPORT REQUIRED.		CO	A1	N714
934	AS MANY LINE ITEMS AS POSSIBLE HAVE BEEN PROCESSED ON YOUR BILL. REBILL UNPROCESSED SERVICES.				
935	DENIED. THIS IS A DUPLICATE CHARGE.		CO	18	
936	PROCESSED USING THE INJURED WORKER'S NAME THAT L&I HAS LISTED FOR THIS NUMBER.		CO	16	MA36
937	YOU HAVE USED THE WRONG BILL FORM FOR THIS SERVICE. BILL ON PROPER BILL FORM IN THE FUTURE.		CO	16	N34
938	DENIED. JUSTIFICATION REQUIRED FOR MORE THAN ONE ROUND TRIP TRAVEL ON SAME DAY.				
939	DENIED. REBILL OR SUBMIT COPY OF REMITTANCE ADVICE (CIRCLE ICN NUMBER). ATTACH REQUIRED REPORTS		CO	A1	N714

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
940	ADJUSTED. TRAVEL EXPENSE ALLOWED TO THE NEAREST POINT OF AVAILABLE TREATMENT.				
941	DENIED.THESE SERVICES WERE PAID BY A PRIVATE INSURANCE CARRIER WHOM WE HAVE REIMBURSED DIRECTLY		CO	100	
942	DENIED. PROVIDER IS NOT THE ATTENDING PHYSICIAN OF RECORD/ THIS SERVICE IS NOT AUTHORIZED.		CO	243	N450
943	DENIED.THIS INJECTION IS PAID ONLY IN HOSPITAL SETTING FOR TREATMENT OF BURNS OR FRACTURES.		CO	5	M77
944	THIS SERVICE PAID ON A DIAGNOSTIC BASIS ONLY. TREATMENT OF THE CONDITION IS DENIED.		CO	P12	
945	DENIED. THIS SERVICE IS NOT PAYABLE IN ADDITION TO AN EXTENSIVE OR COMPREHENSIVE OFFICE VISIT.		CO	A1	N20
946	DENIED. EMERGENCY ROOM CALLS FOR SCHEDULED DRUGS FOR TREATMENT OF CHRONIC PAIN ARE NOT COVERED.		CO	40, 96	N180
947	BILL PAID IN SUMMARY DETAIL. ALL FUTURE BILLS MUST SHOW ONLY ONE DATE OF SERVICE PER LINE SPACE		CO	16	MA31
948	REMAINDER OF BILL PROCESSED SEPARATELY DUE TO COMPUTER SYSTEM LIMITATIONS.				
949	PAYMENT FOR PHARMACY MADE THIS TIME. FUTURE BILLS MUST BE SUBMITTED WITHCODE 99070 FOR PHARMACY		CO	16	M20
950	DENIED. WHEN AN INJURED WORKER IS PLACED ON PENSION L&I CANNOT PAY SCHEDULE I, II, III, IV DRUGS.		PR	27	
951	TIME UNITS MUST BE BILLED AS WHOLE UNITS. PLEASE CHECK YOUR FEE SCHEDULE AND BILL ACCORDINGLY.		CO	P12	M53
952	PROCESSING 80 PER CENT OF THE INTERIM PAYMENT REQUESTED.				
953	DENIED. SERVICE WAS PRIOR TO APPROVED TRAINING PLAN START DATE.				
954	DENIED. THERE ARE NO FUNDS APPROVED FOR THIS PROCEDURE CODE. CONTACT VOCATIONAL COUNSELOR.				
955	THESE SERVICES WERE PAID BY A HAND WARRANT.		CO	B13	
956	REOPENING EXAMINATION AND APPLICATION PAID. CLAIM REOPENING IS UNDER CONSIDERATION.		OA	133	
957	THIS IS A DEDUCTION FROM THE INTERIM PAYMENT.		CR	P12	
958	ADJUSTED. MILEAGE ALLOWED BASED ON NUMBER OF MILES BY SHORTEST DIRECT ROUTE ONLY.				
959	DENIED OR ADJUSTED. THE PER DIEM RATE ALLOWED INCLUDES LODGING AND MEALS FOR THE DAY.				
960	DENIED. SIDE OF BODY TREATED DISAGREES WITH THE SIDE OF BODY ACCEPTED AS INJURED IN THIS CLAIM.		CO	96	N578
961	DENIED. THIS IS NOT A WASHINGTON STATE INDUSTRIAL INJURY.		CO	109	N578, N643,
962	ADJUSTED. REMAINING BALANCE FROM THIS PROCEDURE FUND PAID. NOTIFY THE VOCATIONAL COUNSELOR.				
963	THIS DEDUCTION IS TAKEN FOR PAYMENT(S) MADE IN ERROR.		CR	P12	
964	THIS PAYMENT IS MADE FOR A DEDUCTION WHICH WAS TAKEN IN ERROR.		CR	P12	
965	DENIED. INJURED WORKER EXPIRED PRIOR TO DATE OF THIS SERVICE.		CO	15	
966	THIS IS A REBILL, CHECK FOR PRIOR PAYMENT. IF NONE RECEIVED, RESUBMIT.		CO	B13	
967	NO PAYMENT MADE BECAUSE THERE WERE NO CHARGES LISTED ON YOUR BILLING.		CO	16	M79
968	DENIED. THE LISTED VALUE FOR THIS SERVICE INCLUDES THE PROFESSIONAL COMPONENT.		CO	45	M15
969	DENIED. PROVIDER TAPE BILLING FEE IS LIMITED TO ONE CHARGE PER CLAIM IN ANY 30 DAY PERIOD.				
970	REOPENING DENIED.		CO	A1	N578
971	PROCESSED UNDER CORRECT CLAIM NUMBER FOR THIS DATE/NATURE OF INJURY. PLEASE NOTE FOR FUTURE BILLS.		CO	16	MA130, N625
972	WAITING FOR SIGNATURE CERTIFYING THE DELIVERY OF SERVICES.		CO	16	MA81
973	DENIED. EXCESS INVALID/MISSING DETAIL ON THIS BILL. SEE BILLING INSTRUCTIONS. REVISE AND REBILL		CO	16	MA130
974	REBILL DENTAL PROFESSIONAL FEES ON L&I STATEMENT FOR MISCELLANEOUS SERVICEBILL FORM.		CO	16	N34
975	DENIED. L&I IS NOT RESPONSIBLE FOR 'NO SHOW' APPOINTMENTS.		CO	115	N441
976	THIS FEE IS PAYMENT FOR MEDICAL RECORDS.		CO	P12	
977	PLEASE NOTE THE PROVIDER NUMBER.THIS IS THE NUMBER YOU MUST USE WHEN BILLING PHYSICIAN SERVICES		CO	16	N77

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
978	PLEASE NOTE THE PROVIDER NUMBER. THIS IS THE NUMBER YOU MUST USE WHEN BILLING PHARMACY SERVICES		CO	16	N77
979	PLEASE NOTE THE PROVIDER NUMBER. YOU MUST USE THIS NUMBER WHEN BILLING FOR PAIN CLINIC SERVICES		CO	16	N77
980	PLEASE NOTE THE CLAIM NUMBER. IT MUST BE USED WHEN BILLING FOR THIS INJURYFOR THIS INJURED WORKER.		CO	16	MA130, N625
981	NOTE PROVIDER NUMBER AND NAME. THEY MUST BE ON ALL BILLING SENT TO L&I.		CO	16	N77
982	L&I HAS NO PROVISION FOR PAYMENT OF PROVIDER ADMINISTRATIVE COSTS.		CO	96	
983	DENIED. REFILL OF THIS DRUG IN LESS THAN 30 DAYS MUST BE JUSTIFIED BY THE ATTENDING PHYSICIAN.		CO	272, 273	N584
984	PAYMENT MADE TO CORRECT YOUR ACCOUNT FOR THE REFUND WHICH YOU MADE TO L&I IN ERROR.		CR	P12	
985	DENIED. THIS IS A SOCIAL & HEALTH SERVICES BILL SENT TO US IN ERROR.		CO	109	N578, N643,
986	NDC NUMBER INVALID OR MISSING. IF EQUIPMENT, RESUBMIT ON STATEMENT FOR MISCELLANEOUS SERVICES.	21	CO	16	M119
987	DENIED. SERVICE WAS NOT SUBSTANTIATED BY ATTENDING PHYSICIAN AND REQUIRES PRIOR AUTHORIZATION.		CO	197	
988	THE DATE OF SERVICE IS BEFORE THE REOPEN DATE.		CO	26	
989	DENIED. CLAIM NUMBER MISSING. RESUBMIT NEW BILL WITH CLAIM NUMBER.	7	CO	31	N625, MA130
990	NOT PAID. THE PROVIDER MUST BILL L&I AND RETURN YOUR FULL PAYMENT DIRECTLYTO YOU.				
991	DENIED. DRUG QUANTITY IS INVALID. RESUBMIT USING METRIC MEASURING ONLY.		CO	A1	M49
992	BILL PAID.YOU MUST REIMBURSE THE INSURANCE COMPANY THE TOTAL AMOUNT THEY PAID FOR THIS SERVICE.				
993	TRAVEL EXPENSE HAS BEEN AUTHORIZED ONLY FOR THE INJURED WORKER.				
994	DO NOT INCLUDE LINE ITEMS FOR SERVICES WHICH YOU ARE CREDITING AND NO PAYMENT IS DUE.				
995	L&I IS NOT RESPONSIBLE FOR PAYMENT WHILE INJURED WORKER IS IN DNR FOREST CAMP.		PR	109	
996	PAYMENT TO CANCEL BALANCE OF INTERIM CREDIT IN THIS PROVIDER ACCOUNT. CREDIT TRANSFERRED.		CR	P12	
997	REFER TO THE ACCOMPANYING EXPLANATION OF BENEFITS CODE LISTED FOR THIS SERVICE.				
998	THIS TRANSACTION IS A REFUND FROM THIS PROVIDER.		CR	P12	
999	THIS ADJUSTMENT IS MADE PER YOUR REQUEST ON A PREVIOUSLY PROCESSED BILL.		CO	P12	
A01	APC DISCOUNTING APPLIED.		CO	P12, 45	
A02	APC PACKAGED SERVICE.		CO	97	M15
A03	QUALIFIES FOR APC OUTLIER.		CO	97	
A04	QUALIFIES FOR OUTLIER WITH DISCOUNTING.		CO	97	
A05	APC PACKAGED, CONSIDERED IN OUTLIER AMOUNT.		CO	97	
A06	APC PASS-THROUGH, CONSIDERED IN OUTLIER AMOUNT.		CO	97	
A07	DENIED. SEVENTH DIAGNOSIS INVALID PER CODE EDITOR.		CO	A1	M76, M64
A08	DENIED. EIGHTH DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M76, M64
A09	DENIED. NINTH DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M76, M64
A10	DENIED. DIAGNOSIS AND PATIENT AGE ARE IN CONFLICT PER THE CODE EDITOR.		CO	9	
A11	DENIED. DIAGNOSIS AND PATIENT GENDER ARE IN CONFLICT PER CODE EDITOR.		CO	10	
A13	DENIED. PROCEDURE IS INVALID PER CODE EDITOR.		CO	A1	M67
A14	DENIED. PROCEDURE AND PATIENT AGE CONFLICT PER CODE EDITOR.		CO	6	
A15	DENIED. PROCEDURE AND PATIENT GENDER CONFLICT PER CODE EDITOR.		CO	7	
A16	DENIED. NONCOVERED SERVICE PER CODE EDITOR.		CO	96	N578
A17	DENIED. CONDITION CODE 21 (VERIFICATION OF DENIAL) BILLED.		CO	A1	M44
A18	DENIED. CONDITION CODE 20 (SUBMITTED FOR REVIEW) BILLED.		CO	A1	M44
A19	DENIED. DEFINED AS "QUESTIONABLE COVERED SERVICE" BY CODE EDITOR.		CO	50	
A20	DENIED. PER CODE EDITOR, CODE INDICATES SITE OF SERVICE NOT IN OUTPATIENTPROSPECTIVE PAYMENT SYSTEM (OPPS).		CO	5	
A21	DENIED. SERVICE UNITS OUTSIDE OF RANGE ALLOWED FOR PROCEDURE. FOR UNITS CONSIDERATION, SUBMIT ADJUSTMENT WITH JUSTIFICATION FOR ADDITIONAL UNITS.		CO	A1	M53
A22	DENIED. PER CODE EDITOR, MULTIPLE BILATERAL PROCEDURES WERE BILLED WITHOUT MODIFIER -50.		CO	4	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
A23	DENIED. PER CODE EDITOR, SPECIFICATION OF BILATERAL PROCEDURE IS INAPPROPRIATE.		CO	4	
A24	DENIED. EVEN WITH MODIFIER, CODE EDITOR WON'T ALLOW THIS MUTUALLY EXCLUSIVE OR COMPONENT PROCEDURE		CO	231	
A25	DENIED. PER CODE EDITOR, MEDICAL VISIT WITHOUT MODIFIER -25 NOT ALLOWED WITH TYPE "T" OR "S" PROCEDURE.		CO	4	
A26	DENIED. PLEASE SEND YOUR ITEMIZED INVOICE/STATEMENT OF CHARGES AND REBILL		CO	16	N63
A27	DENIED. PER CODE EDITOR, TERMINATED BILATERAL PROCEDURE CAN'T HAVE MORE THAN 1 UNIT.		CO	A1	M53
A28	DENIED. PER CODE EDITOR, THE IMPLEMENTATION OR ASSOCIATED PROCEDURE IS NOT CONSISTENT WITH THE IMPLANTED DEVICE OR ADMINISTERED SUBSTANCE.		CO	4	
A29	DENIED. CORRECT CODING INDICATOR EDIT WILL ALLOW THIS WITH PROPER MODIFIER. SEE WWW.CMS.GOV		CO	A1	M44, M86
A30	DENIED. PER CODE EDITOR, MULTIPLE MEDICAL VISITS BILLED FOR SAME DAY WITHOUT CONDITION CODE G0		CO	A1	M45
A31	DENIED. PER CODE EDITOR, BLOOD PRODUCT FOR TRANSFUSION OR BLOOD PRODUCT EXCHANGE NOT SPECIFIED		CO	A1	M50, M67
A32	DENIED. PER CODE EDITOR, OBSERVATION REVENUE CODE BILLED WITH NON-OBSERVATION HCPCS CODE.		CO	97	M15
A33	DENIED. PER CODE EDITOR, SERVICE IS NOT SEPARATELY PAYABLE.		CO	4	
A34	DENIED. PER CODE EDITOR, ONE OR MORE MODIFIER(S) IS INVALID.		CO	A1	M20
A35	DENIED. PER CODE EDITOR, REVENUE CENTER REQUIRES HCPCS CODE.		CO	A1	M50
A36	DENIED. PER CODE EDITOR, REVENUE CODE IS INVALID.		CO	A1	M50
A37	DENIED. INPATIENT BILL SUBMITTED WITHOUT PATIENT PRIOR AUTHORIZATION (PA#)NUMBER. CORRECT/OBTAIN PRIOR AUTHORIZATION NUMBER AND RESUBMIT.		CO	129	N473
A38	DENIED. PER CODE EDITOR PARTIAL HOSPITALIZATION REQUIREMENTS ARE NOT MET.		CO	A1	N719
A39	Denied. L&I does not reimburse co-payments. Contact provider for reimbursement and have them bill Dept of L&I directly.		CO	275	
A40	Denied. Acupuncture only allowed when treating the low back, which needs to be accepted on the claim		CO	167	
A41	DENIED. PER CODE EDITOR, SERVICE HAS NOT MET THE CRITERIA FOR SEPARATE OBSERVATION PAYMENT.		CO	A1	N180
A42	DENIED. PER CODE EDITOR, OBSERVATION SERVICE CANNOT BE BILLED UNLESS TYPE OF BILL IS 13X.		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.		CO	15, P13	
A44	BILL DENIED. PER CODE EDITOR, CA MODIFIER REQUIRES PATIENT STATUS CODE 20.		CO	A1	N34
A45	DENIED. PER CODE EDITOR, BILL LACKS REQUIRED DEVICE CODE FOR PROCEDURE OR LACKS REQUIRED PROCEDURE FOR DEVICE/PRIMARY CODE.		CO	A1	N34
A46	LINE DENIED. PER CODE EDITOR, INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS.		CO	A1	N34
A47	DENIED. PROCEDURE 96159 MUST BE BILLED WITH 96158		CO	96	N20
A49	DENIED. PER CODE EDITOR, TRAUMA RESPONSE CRITICAL CARE CODE BILLED WITHOUT REVENUE CODE 068X AND/OR CPT 99291.		CO	P12	
A51	LINE ITEM DENIED. BILL LACKS REQUIRED CORNEA/PROC CODE		CO	A1	N683
A52	PAYMENT MADE AT MAXIMUM UNITS FOR SUBMITTED SERVICE. FOR CONSIDERATION, SUBMIT ADJUSTMENT WITH JUSTIFICATION FOR ADDITIONAL UNITS.		CO	P12	
A53	DENIED. PER CODE EDITOR, BIOSIMILAR HCPCS BILLED WITHOUT BIOSIMILAR MODIFER.		CO	4	
A82	DENIED. NON-CASE RATE APC NOT ALLOWED FOR TREATMENT OF INDUSTRIAL INJURY OR INVALID HCPCS/REVENUE CODE BILLED.		CO	A1	M20, M50
A86	DENIED. THIS APC ID IS NOT ALLOWED FOR TREATMENT OF INDUSTRIAL INJURIES.		CO	P13	
A91	DENIED. PRINCIPAL DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M76
A92	DENIED. SECOND DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M64
A93	DENIED. THIRD DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M64
A94	DENIED. FOURTH DIAGNOSIS INVALID PER CODE EDITOR.		CO	A1	M64
A95	DENIED. FIFTH DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M64

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
A96	DENIED. SIXTH DIAGNOSIS CODE INVALID PER CODE EDITOR.		CO	A1	M64
A97	DENIED. L&I ACCEPTS ONLY HOSPITAL OUTPATIENT TYPES OF BILL 131 THROUGH 134 ON CMS-1450 (UB04).		CO	A1	N34
A98	DENIED. PER OUTPATIENT CODE EDITOR (OCE), PROCEDURE LACKS REQUIRED RADIO LABELED PRODUCT.		CO	P13	
B01	DENIED. PROCEDURE CODE SPECIFIC TO YOUR STATE. REFER TO WASHINGTON STATE FEE SCHEDULE FOR APPROPRIATE CODE.		CO	A1	M51
B02	DENIED. ICN ON ADJUSTMENT FORM DOES NOT MATCH THE BILL ICN YOU ARE TRYING ADJUST. CORRECT AND RESUBMIT.		CO	P13	N152, MA130, N704
B03	DENIED. ONLY ONE BILL ICN CAN BE ADJUSTED PER PROVIDER'S REQUEST FOR ADJUSTMENT FORM.		CO	P13	N34, N704
B04	MODIFIER -99 SHOULD ONLY BE USED WHEN 2 OR MORE MODIFIERS AFFECT PAYMENT, DOING SO MAY DELAY PAYMENT.				
B05	DENIED. INJURED WORKER'S LOST TIME IS NOT SUFFICIENT TO JUSTIFY THIS PROCEDURE.				
B06	DENIED. PRESCRIBING PROVIDER'S NUMBER AND NAME ON BILL DOES NOT MATCH.	25	CO	16	N31
B07	ADJUSTMENT DUE TO NSF CHECK.		CR	P12	
B08	THIS LINE WAS MANUALLY PRICED DUE TO A PARTIAL REFUND.		CR	129	MA67
B09	DENIED. SERVICE BILLED IS UNRELATED TO THIS CLAIM NUMBER/INJURED WORKER.		CO	A1	N576
B10	NO BILLS ARE PAYABLE DUE TO THE REJECTION REASON ON THIS CLAIM.		CO	P13	N643
B11	DENIED. PROCEDURE CODE 76005 OR 77003 NOT PAYABLE IN CONJUNCTION WITH THESE SERVICES.		CO	96	N20
B12	PAID PER CLAIMS CONSULTANT.		CO	45	N10
B13	PAID. PROCEDURE NOW ALLOWED.		CO	45	
B14	DENIED. PROCEDURE CODE 72275 NOT PAYABLE WITH 64470 - 64476.		CO	96	N20
B15	PLACE OF SERVICE WAS CHANGED TO REFLECT ACTUAL SITE OF SERVICE.		CO	16	M77
B16	FACILITY FEES ARE NOT PAYABLE FOR PROCEDURES PERFORMED IN PHYSICIAN'S OFFICE.		CO	P12	
B20	ENDOSCOPY 100%.		CO	59	
B21	ENDOSCOPY MINUS BASE.		CO	59	
B22	ENDOSCOPY 100% THEN MULTIPLE SURGERY RULE 100%.		CO	59	
B23	ENDOSCOPY MINUS BASE THEN MULTIPLE SURGERY RULE 100%.		CO	59	
B24	ENDOSCOPY 100% THEN MULTIPLE SURGERY RULE 50%.		CO	59	
B25	ENDOSCOPY MINUS BASE THEN MULTIPLE SURGERY RULE 50%.		CO	59	
B26	ENDOSCOPY 100% THEN MULTIPLE SURGERY RULE 25%.		CO	59	
B27	ENDOSCOPY MINUS BASE THEN MULTIPLE SURGERY RULE 25%.		CO	59	
B30	MULTIPLE SURGERY RULE 100%.		CO	59	
B31	MULTIPLE SURGERY RULE 50%.		CO	59	
B32	MULTIPLE SURGERY RULE 25%.		CO	59	
B33	DENIED. THE REQUIRED REQUEST FOR ADDITIONAL REIMBURSEMENT FORM NOT RECEIVED.		CO	16	
B34	A NARRATIVE REPORT OF WORK HISTORY IS REQUIRED WHEN BILLING 1055M.		CO	150	N714
B39	This provider type and specialty can only bill for the technical component. Please rebill with appropriate modifier.		CO		
B40	THE 2ND PROCEDURE CODE MODIFIER IS EITHER COMPLETELY INVALID OR INVALID FOR THE SERVICE DATES BILLED.		CO	4	
B41	THE 3RD PROCEDURE CODE MODIFIER IS EITHER COMPLETELY INVALID OR INVALID FOR THE SERVICE DATES BILLED.		CO	4	
B42	THE 4TH PROCEDURE CODE MODIFIER IS EITHER COMPLETELY INVALID OR INVALID FOR THE SERVICE DATES BILLED.		CO	4	
B43	THE 2ND PROCEDURE CODE MODIFIER IS NOT A VALID PAYMENT MODIFIER IN CONJUNCTION WITH THE PROCEDURE BILLED.		CO	4	
B44	THE 3RD PROCEDURE CODE MODIFIER IS NOT A VALID PAYMENT MODIFIER IN CONJUNCTION WITH THE PROCEDURE BILLED.		CO	4	
B45	THE 4TH PROCEDURE CODE MODIFIER IS NOT A VALID PAYMENT MODIFIER IN CONJUNCTION WITH THE PROCEDURE BILLED.		CO	4	
B46	THE 2ND PROCEDURE CODE MODIFIER IS INVALID FOR THIS PROVIDER TYPE.		CO	4	
B47	THE 3RD PROCEDURE CODE MODIFIER IS INVALID FOR THIS PROVIDER TYPE.		CO	4	
B48	THE 4TH PROCEDURE CODE MODIFIER IS INVALID FOR THIS PROVIDER TYPE.		CO	4	
B49	BILL RETURNED TO PROVIDER WITH INFORMATION TO ESTABLISH A L&I PROVIDER NUMBER.		CO	242, 185	N77



EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
B50	DENIED, CHART NOTE AMENDED INCORRECTLY. PLEASE REFER TO THE MEDICAL AID RULES AND FEE SCHEDULES FOR POLICIES ON AMENDED MEDICAL RECORDS.		CO	B12, P12	
B62	L&I CANNOT PAY RETRAINING SERVICES 3 OR MORE MONTHS IN ADVANCE. REBILL CLOSER TO SERVICE DATES.		CO	110	
B63	DENIED. NO RECORD THAT AN IME WAS REQUESTED/SCHEDULED FOR THE SERVICE DATE BILLED.		CO	A1	N629
B64	DENIED. MULTIPLE MRIS FOR THE SAME PART OF BODY ARE NOT PAYABLE FOR THE SAME DATE OF SERVICE.		CO	A1	M86
B65	AZUMANO SCHEDULED TRAVEL THROUGH US BANK WAS CANCELLED.		CO	P12	
B66	DENIED. THIS IS A FEDERAL CLAIM. PLEASE CONTACT THE DEPARTMENT OF LABOR.		CO	109	N578, N643, N625
B67	DENIED. SERVICE NOT BILLED IN ACCORDANCE WITH L&I POLICIES AND/OR CPT GUIDELINES.		CO	P13	
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.		CO	P12	MA67
B69	DENIED. ACTIVITY PRESCRIPTION FORM (APF) NOT RECEIVED.		CO	A1	N29
B70	DENIED. PROVIDER PORTION OF THE REPORT OF ACCIDENT (ROA) HAS NOT BEEN RECEIVED.		CO	109	N714, N493, N29
B71	DENIED. PROCEDURE/DIAGNOSIS HAS BEEN SUSPENDED. PLEASE CONTACT THE CLAIM MANAGER.		CO	P12	
B72	PAID. AUTHORIZED PER PENSION ADJUDICATOR/TREATMENT ORDER.		CO	45	N10
B73	DENIED. SIGNATURE AND/OR DATE ARE MISSING FROM SUBMITTED DOCUMENT.				
B74	REDUCED. SOME CHARGES ARE INCLUDED IN THE DISPENSING FEE OR ARE A NON-COVERED ITEM.				
B75	DENIED. PLEASE SEND YOUR ITEMIZED LIST OF CHARGES AS REQUIRED BY WAC-296-23A-150 AND REBILL.				
B76	SERVICE QUALIFIES FOR INTEREST PAYMENT PER RCW 51.36.080				
B77	INTEREST PAID PER RCW 51.36.080				
B78	RECOUPMENT OF PAYMENT DUE TO PROVIDER NOT HAVING A VALID ACTIVE LICENSE FOR SERVICE DATES BILLED.				
B79	PRIOR AUTHORIZATION NOT OBTAINED. DENIED PER THE 09/09/16 MEMORANDUM OF UNDERSTANDING				
D01	HIGH DOSE ALERT. DRUG DISPENSED EXCEEDS MAXIMUM DAILY DOSAGE.	88	CO	273, 327	N435
D02	DRUG TO DRUG INTERACTION; SEVERITY LEVEL 1. DRUG INTERACTS WITH ANOTHER DRUG DISPENSED.	88	CO	273, 327	N410
D03	TWO OR MORE DRUGS HAVE BEEN PRESCRIBED/DISPENSED WHICH MAY REPRESENT A DUPLICATE THERAPY.	88	CO	273, 327	N410
D04	DENIED. MULTIPLE DUR AND/OR REFILL-TOO-SOON EDITS PREVENT PAYMENT. FOR INFORMATION CALL 1-800-848-0811.	88	CO	273, 327	N410
D05	NON-PREFERRED DRUG PRESCRIBED AND THERAPEUTIC CLASS HAS NOT BEEN AUTHORIZED FOR THIS CLAIM.	70	CO	96, 197	
D06	NON-PREFERRED DRUG PRESCRIBED BY ENDORSER WITHOUT DISPENSED AS WRITTEN (DAW) INDICATOR.	70	CO	96	
D07	SUBMITTED DISPENSED AS WRITTEN (DAW) IS INVALID.				
D08	THE PRESCRIBING PROVIDER NUMBER ENTERED DOES NOT HAVE PRESCRIPTIVE AUTHORITY.	22	CO	16	M49
D09	DRUG ENFORCEMENT AGENCY (DEA) NUMBER IS NOT VALID, IT DOES NOT MEET DEA NUMBER VALIDATION.	71	CO	184	N31, M143
D10	REIMBURSEMENT INCLUDES THE INCENTIVE FEE FOR THE ACCEPTANCE OF RISK (PRIOR AUTHORIZATION #00074276229).	25	CO	16	N31
D11	MISSING/INVALID PRIOR AUTHORIZATION TYPE.		CO	91	
D12	MISSING/INVALID PRIOR AUTHORIZATION NUMBER.		CO	16	
D13	PRIOR AUTHORIZATION DENIED. CLAIM IS ON FILE, DOES NOT MEET REQUIREMENT ALLOWING PRIOR AUTHORIZATION FOR ACCEPTANCE OF RISK AND INCENTIVE FEE.		CO	P13	
D14	PRIOR AUTHORIZATION FOR INCENTIVE FEE WAS SUBMITTED BUT NOT ALLOWED. THE INCENTIVE FEE WAS NOT INCLUDED IN REIMBURSEMENT.		CO	P13	
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, 272, 273	
D18	INITIAL PRESCRIPTION QUALIFIES FOR FIRST FILL PAYMENT.				

EOB	EOB 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 FOR NON-OPIOID RX.	AG	CO	A1	N2362
D21	DENIED. PROCEDURE IS FOR UNCLASSIFIED INJECTABLE DRUGS. NOT PAYABLE FOR ORAL DRUGS.		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 NAME DRUGS WHEN A GENERIC IS AVAILABLE AND SUBSTITUTION IS ALLOWED.	AJ	CO	A1	N578
D24	NAME SUBMITTED ON PRESCRIPTION BILL DOES NOT MATCH INJURED WORKER NAME ON FILE FOR THIS CLAIM. PHARMACY VERIFIED BILL WAS SUBMITTED IN ERROR.		CO	140	MA36, N625
D25	DENIED. L&I DOES NOT PAY FOR REPACKAGED DRUGS.	70	CO	96	N448
D26	DENIED. DAY SUPPLY EXCEEDS L&I'S 28 DAY SUPPLY LIMIT FOR OPIOID RX.	AG	CO	A1	N362
D27	DENIED. DAY SUPPLY EXCEEDS L&I'S 90 DAY SUPPLY LIMIT FOR MAIL ORDER PRESCRIPTIONS.	AG	CO	A1	N362
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	
D29	DENIED. DAY SUPPLY EXCEEDS L&I'S 3 DAY SUPPLY LIMIT FOR OPIOIDS PRESCRIBED BY DENTIST.	AG	CO	A1	N362
D80	DENIED. TOOTH NUMBER IS DENIED UNDER THIS CLAIM.		CO	A1	N37
E00	DENIED. PROCEDURE CODE REQUIRES -RR OR -NU MODIFIER. SEE HCPCS SECTION OF MEDICAL AID RULES & FEE SCHEDULES FOR APPROPRIATE MODIFIER.		CO	16	N519
E01	FURTHER RENTAL IS DENIED. PURCHASE OF NEW DME IS REQUIRED. RETRIEVE RENTALDME AND REPLACE WITH NEW DME. BILL FOR NEW DME ITEM WITH -NU MODIFIER.		CO	A1	M7, N370
E02	FURTHER RENTAL IS DENIED. THERE IS NO MEDICAL CERTIFICATION ON FILE FOR CONTINUED USE.		CO	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.		CO	P12	N370
E04	FURTHER RENTAL IS DENIED. THERE IS NO MEDICAL CERTIFICATION ON FILE FOR CONTINUED USE OF E0935.		CO	B12	N370
E05	DENIED. THESE SERVICES ARE NOT PAYABLE DURING THE DME WARRANTY PERIOD.		CO	16	N578
E06	DENIED. A WARRANTY IS REQUIRED FOR ALL DME REPAIR. PLEASE SEND WARRANTY AND REBILL.		CO	16	N705
E07	MAXIMUM UNITS WERE REVIEWED BY L&I AND NO ADDITIONAL UNITS WILL BE PAID.		CO	45	N362
E08	BILL DENIED WITH 6 DE DUE TO POSSIBLE EDI EDIT FUNCTIONALITY ISSUES OR CANNOT DETERMINE PAYEE/SERVICE PROVIDER.		CO	P13	
E09	THIS PAYMENT IS A REIMBURSEMENT FOR WA STAY-AT-WORK PROGRAM.		CO	100	
E10	THIS CLAIM DENIED AS A DUPLICATE. COHE ADMIN FEE PROCESSED UNDER THE WORKERS ACCEPTED CLAIM NUMBER.	83	CO	18, B13	
E11	FURTHER RENTAL DENIED, PURCHASE REQUIRED. RETRIEVE RENTAL AND REPLACE WITH NEW PUMP. BILL FOR NEW PUMP WITH -NU MODIFIER		CO	P12	M7, N370
E12	L&I ALLOWS 4 MONTHS RENTAL AND REQUIRES PURCHASE ON 5TH MONTH.		CO	A1	M7
E13	Denied. Rental not authorized for all or part of the date(s) billed. Resubmit with correct date(s).		CO	239	N370
E99	THIS ELECTRONIC ADJUSTMENT IS MADE PER YOUR REQUEST ON A PREVIOUSLY PROCESSED BILL.		CO	P12	
H00	EDI FORMATTING ERROR: THIS BILLING IS DENIED/REJECTED - THE SECOND EOB DETAILS THE ERROR.		CO	A1	MA130
H01	INVALID WORKERS' COMPENSATION PAY-TO PROVIDER NUMBER		CO	A1	N77
H02	MISSING WORKERS' COMPENSATION BILLING PROVIDER NUMBER		CO	A1	N77
H03	INVALID WORKERS' COMPENSATION BILLING PROVIDER NUMBER		CO	A1	N77
H04	SUBMITTED TRANSACTION IS NOT IDENTIFIED AS A WORKERS' COMPENSATION BILLING.		CO	16	M56
H05	INVALID/MISSING WORKERS' COMPENSATION CLAIM NUMBER (SUBSCRIBER IDENTIFICATION).		CO	31	N625, MA130
H06	INVALID TRANSACTION TYPE CODE (MUST BE CHARGEABLE)		CO	16	MA30
H07	INVALID TRANSACTION TYPE IDENTIFICATION (IDENTIFIED AS DRAFT/PILOT).		CO	A1	MA130
H08	INVALID CLAIM FREQUENCY TYPE CODE (6-CORRECTED NOT ALLOWED).		CO	A1	MA130

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
H09	LINE ITEM MAXIMUM EXCEEDED (SEE EDI COMPANION GUIDE).		CO	A1	M139
H10	MISSING WORKERS' COMPENSATION PAY-TO PROVIDER NUMBER		CO	A1	N77
H11	MISSING WORKERS' COMPENSATION RENDERING PROVIDER NUMBER		CO	A1	N77
H12	INVALID WORKERS' COMPENSATION RENDERING PROVIDER NUMBER		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.		CO	A1	N56
H14	DENIED. THIS REPORT WAS NOT REQUESTED BY L&I. PLEASE BILL THE PARTY WHO REQUESTED THIS REPORT.		CO	A1	N629
H15	REPORT OF ACCIDENT (ROA) NOT PAYABLE TO A PHYSICIAN ASSISTANT BECAUSE THISCLAIM DOES NOT MEET THE DEFINITION OF A SIMPLE INDUSTRIAL INJURY.		CO	B7, P13	N180
H16	SUSPENDED. CLAIM NUMBER IS MISSING OR INVALID ON BILL. CALL 1-800-831-5227 TO CONFIRM CLAIM NUMBER BEFORE REBILLING.		CO	16	N625
H17	DENIED. NO AUDIOGRAM WAS RECEIVED.		CO	16	N706, N146
H18	DENIED. ICD-10 DIAGNOSIS SUBMITTED PRIOR TO ICD-10 EFFECTIVE DATE.		CO	A1	N755
H19	DENIED. ICD-10 PROCEDURE CODE SUBMITTED PRIOR TO ICD-10 EFFECTIVE DATE.		CO	A1	N755
H21	THE PAYEE PROVIDER'S NPI IS EITHER INVALID OR IS NOT REGISTERED. CALL PROVIDER CREDENTIALING AT 360-902-5140.		CO	A1	N280
H22	INVALID NPI BILLING PROVIDER NUMBER. THE SUBMITTED NPI IS NOT ON FILE OR IS NOT ASSOCIATED TO AN L&I PROVIDER NUMBER.		CO	16	N77
H23	THE SERVICE PROVIDER'S NPI IS INVALID OR IS NOT REGISTERED. CALL PROVIDERCREDENTIALING AT 360-902-5140.		CO	16	N290
H24	WE ARE UNABLE TO DETERMINE THE PAYEE. CALL PROVIDER CREDENTIALING AT 360-902-5140.		CO	16	N280
H25	WE ARE UNABLE TO DETERMINE THE PROVIDER OF SERVICE WITH THE NPI PROVIDED. CALL PROVIDER CREDENTIALING AT 360-902-5140.		CO	16	N290
H26	THE PAYEE PROVIDER'S NPI IS INVALID (FORMAT ERROR). PLEASE CORRECT AND RESUBMIT YOUR BILL.		CO	16	N280
H27	THE PRESCRIBING PROVIDER'S NPI IS EITHER INVALID OR IS NOT REGISTERED. CALL PROVIDER CREDENTIALING AT 360-902-5140.		CO	16	
H28	THE PRESCRIBING PROVIDER'S NPI IS INVALID (FORMAT ERROR). PLEASE CORRECT AND RESUBMIT YOUR BILL.		CO	16	
H29	IN THE FUTURE PLEASE BILL USING THE NPI OF THE INDIVIDUAL NOT THE ORGANIZATION.				
H30	WE ARE UNABLE TO DETERMINE THE PRESCRIBING PROVIDER WITH THE NPI PROVIDED.CALL PROVIDER CREDENTIALING AT 360-902-5140.		CO	16	
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.		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.		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.		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.		CO	18	N522
H35	ICN (INTERNAL CONTROL NUMBER) SUBMITTED FOR ELECTRONIC ADJUSTMENT HAS ALREADY BEEN ADJUSTED/CREDITED. ORIGINAL ICN ADJUSTMENT/CREDIT ALLOWED ONCE.		CO	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.		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).		CO	A1	M47
H38	ELECTRONIC ADJUSTMENT TRANSACTION SUBMITTED IS MISSING REQUIRED PAYER CLAIM CONTROL NUMBER (ICN) SEGMENT - 2300 REF*F8.		CO	A1	M47
H39	ICN (INTERNAL CONTROL NUMBER) SUBMITTED FOR ELECTRONIC ADJUSTMENT VOID IS FOR DENIED BILL. VOID NOT ALLOWED ON DENIED BILL.		CO	A1	N142
H40	DENIED. REBILL WITH THE DATE OF SERVICE THE AIDS WERE DISPENSED BACK TO THE INJURED WORKER.		CO	A1	N304

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
I01	DENIED. REQUIRED FORM NOT RECEIVED. DIRECT INTERPRETER SERVICES MUST BE DOCUMENTED AS SPECIFIED IN L&I'S INTERPRETIVE SERVICES PAYMENT POLICIES.		CO	A1	N710
I02	DENIED. PER THE SIGNED "INTERPRETER ATTESTATION SHEET", INTERPRETER IS AN EMPLOYEE OF THE CLINIC OF SERVICE, THEREFORE SERVICES ARE NOT PAYABLE.		CO	P13	
I03	DENIED. MILEAGE DOCUMENTATION NOT REC'D. PRINTOUT FROM SOFTWARE MILEAGE PROGRAM IS REQ'D TO DOCUMENT ACTUAL MILEAGE. INCLUDE CLAIM # & DATE OF SVC.		CO	A1	N706
I04	DENIED. INTERPRETER SERVICES APPOINTMENT RECORD (ISAR) NOT RECEIVED AND/OR SIGNED BY THE HEALTH CARE OR VOCATIONAL PROVIDER OR THEIR STAFF.		CO	A1	N706
I05	DENIED. MILEAGE BILLED WAS NOT SUBSTANTIATED BY APPOINTMENT RECORD.		CO	A1	N206
I06	PAYMENT REDUCED TO THE MAXIMUM ALLOWABLE MINUTES PER DAY. PER L&I POLICY, LIMITED TO 480 UNITS (8 HOURS PER DAY).		CO	119, 45	
I07	DENIED. LIMITED TO 480 UNITS (8 HOURS PER DAY),PER INTERPRETER, COVERS ALL CLAIMS. SERVICES HAVE EXCEEDED LIMITS.		CO	119, 45	
I08	DENIED. APPOINTMENT DOES NOT MEET THE ON-DEMAND CRITERIA. REFER TO FE SCHEDULE CHAPTER 14		CO	P12	
I10	THIS BILL WAS PAID A HOSPITAL SPECIFIC POAC FOR CRITICAL ACCESS HOSPITAL, SUB-ACUTE SWING BED SERVICES.		CO	P12	
I26	TRAVEL EXPENSE DENIED. PROVIDER WAS NOT IN THE L&I NETWORK ON THE SERVICEDATE.				
I27	TRAVEL EXPENSE DENIED. PROVIDER DID NOT HAVE AN ACTIVE L&I ACCOUNT ON THE SERVICE DATE.				
I28	**NOTICE PAYMENTS ARE BLOCKED. YOUR W-9 TAX INFO IS MISSING/INCORRECT. GO TO: <a href="http://www.lni.wa.gov/forms-publications/F248-036-000.pdf">www.lni.wa.gov/forms-publications/F248-036-000.pdf</a> TO GET FORM AND SUBMIT	5	CO	16	N280
I29	**NOTICE PAYMENTS ARE BLOCKED. STATEWIDE VENDOR ID IS REQUIRED FOR PAYMENTGO TO: <a href="http://www.lni.wa.gov/forms-publications/F248-036-000.pdf">www.lni.wa.gov/forms-publications/F248-036-000.pdf</a> TO GET FORM AND SUBMIT	5	CO	16	N280
I30	DENIED. NO ISAR RECEIVED OR ISAR RECEIVED DOES NOT MATCH BILLING.		CO	252	N463
I31	DENIED. THE INTERPRETER SERVICES APPOINTMENT RECORD (ISAR) RECEIVED FOR SERVICES IS MISSING REQUIRED INTERPRETER OR PROVIDER VERIFICATION SIGNATURE.		CO	22	N463
I32	DENIED. TOTAL BILLABLE MILEAGE SUBMITTED OR INTERPRETER SERVICE APPOINTMENT RECORD (ISAR) DOES NOT MATCH UNITS BILLED FOR SERVICE 9986M.		CO	252	N463
I33	DENIED. INTERPRETER PROVIDER NUMBER SUBMITTED ON INTERPRETER SERVICE APPOINTMENT RECORD (ISAR) MISSING/DOES NOT MATCH PROVIDER OF SERVICE ON BILL.		CO	252	N463
I34	DENIED. TOTAL BILLABLE MINUTES SUBMITTED ON INTERPRETER SERVICE APPOINTMENT RECORD (ISAR) DOES NOT MATCH UNITS BILLED FOR INTERPRETER SERVICE.		CO	252	N463
I35	DENIED. GROUP SERVICE INDICATOR ON INTERPRETER SERVICE APPOINTMENT RECORD (ISAR) DOES NOT MATCH PROCEDURE CODE BILLED FOR INTERPRETER SERVICE.		CO	252	N463
I36	DENIED. CLAIM NUMBER SUBMITTED ON INTERPRETER SERVICE APPOINTMENT RECORDS CORRECTED FOR PROCESSING. SUBMIT ISAR WITH CORRECT CLAIM NUMBER & REBILL		CO	252	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/NON L&I FORM		CO	252	N463
M00	Denied. Documentation does not indicate your equipment was used for another provider.		CO	251	N181
M01	MOD 22 WAS REMOVED TO PERMIT AUTO PRICING OF DAILY MAXIMUM THERAPY FEE. REFER TO FEE SCHEDULE.		CO	P12	N701
M02	DENIED. HEARING AID REPAIR/MODIFY VISIT (V5014) MUST BE BILLED SAME DATE W/REPAIR FEE (5093V). NOTE: THESE CODES ALSO REQUIRE PRIOR AUTHORIZATION.		CO	A1	
M03	DENIED. RESTOCKING FEE (5091V) IS NOT PAYABLE UNTIL REFUND RECEIVED FOR HEARING AID & DISPENSING FEE.		CO	A1	N161, M62
M04	DENIED. T1017 MUST BE BILLED WITH E/M.		CO	A1	N56
M05	DENIED. PROCEDURE 97546 MUST BE BILLED WITH 97545.		CO	A1	N182

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
M06	DENIED. SERIAL NUMBER ON REPAIR INVOICE DOES NOT MATCH SERIAL NUMBER ON WARRANTY.		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.		CO	P12	
M09	BILL PROCESSED TO PAY AS TIMELY. ORIGINALLY PAID BY MEDICARE BUT HAS BEEN DETERMINED TO BE L&I RESPONSIBILITY.		CO	19	
M10	DENIED. BILL INCLUDES BOTH ICD-9 AND ICD-10 CODES. PLEASE CORRECT AND REBILL.		CO	A1	M64
M11	DENIED. 10TH-25TH DIAGNOSIS CODE IS INVALID FOR FIRST DATE OF SERVICE.		CO	A1	M64
M12	DENIED. 10TH-25TH DIAGNOSIS CODE IS NOT SUFFICIENTLY SPECIFIC.		CO	A1	M81
M13	DENIED. 10TH-25TH DIAGNOSIS CODE DENOTES A NON-INDUSTRIAL CONDITION OR IS NOT SUFFICIENTLY SPECIFIC.		CO	A1	M81
M14	ASSISTANT SURGEON (-80,-81,-82) NOT PAYABLE WHEN CO-SURGEON (MODIFIER -62) IS PAID FOR THE SAME PROCEDURE.		CO	236	N519
M15	DENIED. RADIOLOGICAL GUIDANCE MUST BE USED WHEN PERFORMING THIS PROCEDURE.		CO	P13	
M16	ADJUDICATED PER INSTRUCTIONS FROM THE PENSION ADJUDICATOR		CO	27	N10
M17	DENIED. PRIOR AUTHORIZATION REQUIRED. PLEASE FAX AN AUTHORIZATION REQUEST FORM WWW.LNI.WA.GOV/PRIORAUTH TO THE PROVIDER HOTLINE 360-902-6490		CO	197	M62
M18	DENIED. PLEASE SUBMIT THE APPROPRIATE ICD CODE SET (ICD-9 OR ICD-10) BASED ON THE DATE OF SERVICE PROVIDED.		CO	16	M64
M19	CORRECTED TO ADJUST THE ORIGINAL BILL SUBMITTED.		CR	129	MA67
M20	MISSING OR INVALID MODIFIER CODE WAS BILLED		CO	4	
M21	DENIED: PRIOR AUTHORIZATION NOT OBTAINED. THIS PROCEDURE REQUIRES PRIOR AUTH.		CO	197	N473
M22	DENIED. EVALUATION CODE ALREADY PAID. SUBMIT ADJUSTMENT TO PAID BILL TO CORRECT COMPLEXITY.		CO	A1	N517
M23	DENIED. ONLY 1 EVALUATION COMPLEXITY LEVEL IS PAYABLE. RESUBMIT WITH APPROPRIATE LEVEL OF SERVICE		CO	A1	N149
M24	DENIED. PLEASE CONTACT CENTRAL SCHEDULING UNIT AT 206-515-2799 TO OBTAIN AUTHORIZATION.		CO	115	N441
M25	DENIED. APPOINTMENT ADDRESS IS MISSING AND/OR INCOMPLETE ON THE INTERPRETIVE SERVICES APPOINTMENT RECORD (ISAR).		CO	16	
M26	DENIED.THE TIME INDICATED ON YOUR ISAR OVERLAPS WITH ANOTHER APPOINTMENT FOR THIS WORKER		CO	151	
M27	DENIED. PLEASE SEND YOUR ITEMIZED LIST OF CHARGES AS REQUIRED BY WAC 296-23A-180 AND REBILL		CO	16	N63, N629
M28	DENIED. APF'S ARE NOT PAYABLE ON PENSION CLAIMS		CO	27	N650, N578
M29	DENIED. VISITS ARE IN EXCESS OF WHAT IS AUTHORIZED IN THE TREATMENT ORDER		CO	P13	M139
M30	PAID AT ACQUISITION COST PER FEE SCHEDULE		CO	P15, 45	M69
M31	DENIED. L&I DOES NOT ACCEPT INVOICES PRINTED FROM EMAIL OR INTERNET.A HARDCOPY OF ORIGINAL UNALTERED MANUFACTURER INVOICE MUST BE SUBMITTED		CO	A1	N354
M32	PRICED PER SUPPLIED SURGICAL COMPARISON CODE		CO	16, 189	
M33	DENIED. COMPARISON CODE REQUIRED WHEN BILLING UNLISTED SURGICAL CPT CODE		CO	189	M67
M34	THE Request for additional payment has been processed based on explanation of unusual circumstances		CO	216	N770
M35	Cancer Claim. Further action is being taken regarding non-covered service(s)		CO	133	
M36	DENIED. 1132M IS PAYABLE ONCE PER TIME REFERRAL. FOR MULTIPLE CLAIMS, THE TOTALS SHOULD BE COMBINED ON ONE LINE. PLEASE SUBMIT NEW BILL WITH CORRECT BILLING.		CO	A1	M53
M37	Denied. Not payable on Occupational Hearing Loss Claims		CO	109	
M38	Denied. Office visits not payable on closed hearing loss claims,		CO	109	
M39	Denied. Hearing checks not payable on occupational hearing loss claims.		CO	109	
M40	Denied. Please rebill at the acquisition cost.		CO	109	
M41	Denied. Serial number missing from Manufacturer's Invoice		CO	109	
M42	Denied. Warranty information missing from the Manufacturer's Invoice		CO	109	
M43	Denied. Acquisition cost is missing from the Manufacturer's Invoice		CO	109	
M44	Non-Allowed item or service per CMS/Medicare		CO	B1	N676
M45	Denied. The amount billed does not match the invoice submitted.		CO	109	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
M46	Denied. Provider requesting payment is not the provider who completed the report of accident		CO	A1	MA70
M47	Denied. Due to not having a current DSHS Certification		CO	B7	
M48	Denied. Warranty end date on invoice is less than one year from date of service on bill.		CO	109	
M49	Denied. 5093v is for the actual repair. V5014 is for the visit. Please correct and resubmit		CO	109	
M50	Denied. Medical Report does not list this provider		CO	A1	MA70
M51	Denied: Manufacturer's name must be printed on the invoice submitted.		CO	109	
M52	Denied. Not payable on hearing aid purchase when hearing aids are denied		CO	109	
M53	Denied. Batteries not payable when hearing aids have a charger.		CO	109	
M54	Denied. There is no description of the items(s) purchased on the invoice		CO	A1	MA69
M55	Denied. Acquisition cost, serial number, and warranty information must be on one invoice.		CO	A1	MA69
M56	Denied. Please provide the invoice for the item from stock, not for the new item that was ordered.		CO	250	M23
M57	PAID. PROVIDER RECOGNITION PROGRAM INCENTIVE PAYMENT FOR CODE 1084M AND PGRM PRICING P1		CO		
M58	PAID. PROVIDER RECOGNITION PROGRAM INCENTIVE PAYMENT FOR CODE 1084M AND PGRM PRICING P2				
M59	PAID. PROVIDER RECOGNITION PROGRAM HEALTH SERVICES COORDINATOR COMP CLAIM INCENTIVE PAYMENT FOR CODE 1085M AND PGRM PRICING P3				
M60	PAID. PROGRAM RECOGNITION PROGRAM (PRP) COMPLEX CLAIM INCENTIVE PAYMENT FOR CODE 1085M AND PGRM PRICING P1				
M61	PAID. PROGRAM RECOGNITION PROGRAM COMPLEX CLAIM INCENTIVE PAYMENT FOR CODE 1085M AND PGRM PRICING P2				
M62	PAID. COHE INCENTIVE PAYMENT: LOW ADOPTER FOR CODE 1084M AND PRGM PRICING C1				
M63	PAID. COHE INCENTIVE PAYMENT: MEDIUM ADOPTER FOR CODE 1084M AND PRGM PRICING C2				
M64	PAID. COHE INCENTIVE PAYMENT: HIGH ADOPTER FOR CODE 1084M AND PRGM PRICING C3				
M65	PAID. SURGICAL QUALITY CARE PROGRAM INCENTIVE PAYMENT: LOW ADOPTER FOR CODE 1086M AND PROGRAM PRICING S2				
M66	PAID. SURGICAL QUALITY CARE PROGRAM INCENTIVE PAYMENT: MEDIUM ADOPTER FOR CODE 1086M AND PROGRAM PRICING S2				
M67	PAID. SURGICAL QUALITY CARE PROGRAM INCENTIVE PAYMENT: HIGH ADOPTER FOR CODE 1086M AND S4				
M68	PAID. SURGICAL QUALITY CARE PROGRAM INCENTIVE PAYMENT: SUSTAINED ADOPTER FOR CODE 1086M AND PROGRAM PRICING S4				
M69	DENIED.PRP COMPLEX CLAIM-NO AUTH. PAYMENT NOT AUTHORIZED BY CLAIM MANAGER.				
M70	DENIED. PRP COMPLEX CLAIM-NO AUTH (CODE 1085M) PAYMENT NOT AUTHORIZED BY CLAIM MANAGER.				
M71	DENIED. COHE PROVIDER INCENTIVE: PROVIDER NOT ENROLLED IN COHE BEST PRACTICE. WWW.LNI.WA.GOV/PROVIDERINCENTIVES				
M72	DENIED. COHE PROVIDER INCENTIVE: PROVIDER NOT ENROLLED IN SURGICAL QUALITY CARE PROGRAM. WWW.LNI.WA.GOV/PROVIDERINCENTIVES				
M73	DENIED. PRP PROVIDER INCENTIVE: THE FIRST 3 PROVIDERS HAVE ALREADY BEEN PAID FOR THIS INCENTIVE (1084M). WWW.LNI.WA.GOV/PROVIDERINCENTIVES				
M74	DENIED. COHE PROVIDER INCENTIVE: THE FIRST 3 PROVIDES HAVE ALREADY BEEN PAID FOR THIS INCENTIVE (1084M). WWW.LNI.WA.GOV/PROVIDERINCENTIVES				
M75	DENIED. SQCP PROVIDER INCENTIVE: THE FIRST 2 PROVIDERS HAVE ALREADY BEEN PAID FOR THIS INCENTIVE CODE 1086M. WWW.LNI.WA.GOV/PROVIDERINCENTIVES				
M76	DENIED. ADD-ON CODE NOT PAYABLE WHEN THE PRIMARY CODE IS NOT PAYABLE		CO	96	N670
M77	Denied. The date and time indicated on your Interpreter Services Appointment Record (ISAR) overlaps with services already paid.		CO	B1, B13	
P00	Denied: Not payable when IME has been rescheduled with the same firm		CO	115	
P01	GO TO (www.lni.wa.gov/patient-care/provider-accounts/become-a-provider/) TO PRINT & COMPLETE A PROVIDER APPLICATION				
P02	PAID. ONE-TIME ONLY PROVIDER NUMBER AUTHORIZED.		CO	45	

EOB	EOB 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.		CO	16	N289
P04	PAYEE NUMBER IS MISSING. FOR INFORMATION CONTACT ELECTRONIC BILLING UNIT AT 360-902-6511.		CO	16	N280
P05	PAYEE NAME/NUMBER MISSING OR INVALID. FOR MORE INFORMATION CONTACT THE ELECTRONIC BILLING UNIT AT 360-902-6511.		CO	16	N290, N280
P06	DENIED. RECORDS DO NOT SHOW PROV/GRP ACCT NUMBERS AS RELATED. TO UPDATE PROV/GRP ACCT, SUBMIT APP TO WWW.LNI.WA.GOV/CLAIMSINS/PROVIDERS/BECOMING		CO	A1	N198
P07	ADJUSTMENT MADE AS A RESULT OF A PROVIDER AUDIT.		CO	P12	N10
P08	ADJUSTMENT DONE TO CORRECT INVALID PROVIDER/PAYEE CONNECTION.		CO	P12	MA67
P09	LINE ADJUSTED DUE TO REFUND. OTHER LINES MAY ADJUST DUE TO PAYMENT POLICIES.		CO	P12	
P10	REFUND APPLIES TO RELATED BILL ADJUSTMENT(S) WHICH MAY AFFECT MULTIPLE CLAIM NUMBERS.		CO	P12	
P11	THIS TRANSACTION REFLECTS A REFUND THAT CLEARS A CREDIT BALANCE AND CORRECTS YEAR TO DATE INFO.		CO	P12	
P12	PROCESSED PER DIRECTION OF L&I PROVIDER REVIEW AND EDUCATION SECTION.		CO	P12	N10
P13	THE PERFORMING AND/OR PAYEE PROVIDER ACCOUNT NUMBER WAS TERMINATED AT YOUR REQUEST. FOR ASSISTANCE CALL 360-902-5140.		CO	16	N77
P14	DENIED. USE OF THIS PROCEDURE CODE IS INVALID FOR THIS PROVIDER TYPE ON THIS DATE OF SERVICE.		CO	A1	N56
P15	DENIED. 1101M CANNOT BE BILLED WITHOUT 1100M. PLEASE CORRECT AND REBILL USING APPROPRIATE PROCEDURE CODE.		CO	A1	N182, N380
P16	DENIED. OUR RECORDS INDICATE THE INJURED WORKER DID NOT TAKE THE FLIGHT.		CO	A1	N675, N441
P17	SERVICE WAS PAID ON A MORE RECENT INVOICE SENT TO L&I.		CO	B13	
P18	OUR RECORDS INDICATE YOUR INTERNSHIP DATES HAVE ENDED. CONTACT PROVIDER CREDENTIALING AT 360-902-5140.		CO	P13	
P19	<b>Denied: Assignment letter shows multiple claims. Resubmit your bill to include all claims in remarks or on your paper bill per the assignment letter.</b>		CO		
P20	THIS TRANSACTION TRANSFERS YOUR DEBT TO L&I COLLECTIONS.		OA	P12	
P21	PAYMENT IS APPLIED TO THE PAYEE'S DEBT RECORDED WITH L&I COLLECTIONS.		OA	P12	N10
P22	DENIED. THIS SERVICE HAS ALREADY BEEN BILLED BY AND PAID TO THE PROVIDER OF SERVICE.		CO	B20	
P23	PROCESSED PER L&I PHARMACY CONSULTANT.		CO	P12	N10
P24	ICN ADJUSTED DUE TO PAYEE/PROVIDER NUMBER RELATIONSHIP ERROR.		CO	P12	
P25	THIS PROCEDURE CODE IS NOT PAYABLE ON THE SAME DAY AS THE IME.		CO	A1	N20
P26	ADD ON PROCEDURES MUST BE BILLED WITH PRIMARY CODE.		CO	P12	
P27	PT (97001-97799) NOT PAYABLE TO CHIROPRACTORS. REFER TO WA STATE FEE SCHEDULE TO DETERMINE IF SERVICE MEETS REQUIREMENTS TO BE BILLED UNDER 1044M.		CO	P13	
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.		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.		CO	A1	M53, MA32
P30	DENIED. MODIFIER -7N MAY ONLY BE USED WITH X-RAYS, LAB SERVICES, AND OTHER ALLOWED DIAGNOSTIC TESTS PERFORMED IN CONJUNCTION WITH AN IME.		CO	P13	M20
P31	DENIED. PROVIDER DOES NOT HAVE VALID CREDENTIALS FOR DATE OF SERVICE BILLED.		CO	B7	N612
P32	DENIED. PROCEDURE UNDERGOING REVIEW.		OA	133	
P33	DENIED. THIS PROCEDURE IS ONLY PAYABLE WHEN BILLED WITH AN IME EXAM CODE.		CO	P13	
P34	PAYMENT PROCESSED PER OPERATIONS/MIPS MANAGER'S AUTHORIZATION.		CO	P12	N10
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.		CO	A1	N34
P36	DO NOT SEND ADJUSTMENT, SUBMIT NEW BILL.		CO	A1	N142
P37	DENIAL PROCESSED PER OPERATIONS/MIPS MANAGER'S AUTHORIZATION.		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.		CO	94, P12	

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
P39	DENIED. 1071M CANNOT BE BILLED WITHOUT AN ACTIVITY PRESCRIPTION FORM CODE. PLEASE CORRECT AND REBILL USING APPROPRIATE PROCEDURE CODE.		CO	A1	N380
P40	PAYMENT MADE PER SPECIAL ARRANGEMENT.				
P41	DENIED. Q1003 MUST BE BILLED WITH 66982 - 66986.		CO	P13	
P42	PAYMENT OF THIS SERVICE HAS BEEN MADE PER SUPERIOR COURT.		CO	45	N10
P43	DENIED. 2 MONAURAL HEARING AIDS DISPENSED ON THE SAME DAY. REBILL WITH BINAURAL DISPENSING CODE.		CO	P13	
P44	DENIED. 2 MONAURAL HEARING AIDS DISPENSED ON THE SAME DAY. REBILL WITH BINAURAL HEARING AID CODE.		CO	P13	
P45	DENIED. LOCUM TENENS PROVIDERS MUST USE THEIR OWN PROVIDER ACCOUNT NUMBERS WITHOUT THE Q6 MODIFIER.		CO	4	N277
P46	NPI IS NOT REGISTERED WITH L&I. CONTACT PROVIDER CREDENTIALING AT 360-902-5140 OR BILL USING YOUR L&I PROVIDER NUMBER.				
P47	DENIED. REPORT OF ACCIDENT (ROA) IS LIMITED TO 1 PER PROVIDER PER CLAIM.		CO	A1	N362
P48	MODIFIERS BILLED ARE NOT PAYABLE IN COMBINATION.		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.				
P50	DENIED. TREATMENT NOT AUTHORIZED OR HAS EXCEEDED AUTHORIZED VISITS. CONTACT Comagine FOR UTILIZATION REVIEW AT 800-541-2894.		CO	197	M62, N27
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.		CO	A1	N149
P52	DENIED. PAYMENT DENIED AS RESULT OF PROVIDER AUDIT.		CO	A1	N10
P53	BILL ADJUSTED DUE TO L&I POLICY CHANGE.		CO	P13	
P54	ASC BUNDLED SERVICE.		CO	97	M15
P55	Denied. Rebill with an "unaltered" copy of the manufacturer's invoice showing cost, serial numbers, and warranty information.		CO	A1	N354
P56	THIS CHARGE HAS BEEN PROCESSED PER THE DEPARTMENT OCCUPATIONAL B1202NURSE CONSULTANT.		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.		CO	P13	
P58	WHEN BILLING FOR PROCEDURE 99080 WITH E/M SERVICE, A SEPARATE CHART NOTE AND REPORT ARE REQUIRED. PLEASE SEND REPORT.		CO	P13	
P59	DENIED. ACTIVITY PRESCRIPTION FORM WAS NOT REQUESTED BY L&I.		CO	A1	N629
P60	DENIED. DATE OF SERVICE IS AFTER PROVIDER'S DATE OF DEATH.		CO	P13	
P61	DENIED. RADIOLOGY CONSULTATION SERVICES CAN ONLY BE PERFORMED BY A PROVIDER WITH A SPECIALTY FOR RADIOLOGY DIAGNOSTIC. PROVIDER SPECIALTY TYPE 30.		CO	A1	N95
P62	DENIED. INDIVIDUAL NAME OF PROVIDER MUST BE LISTED UNDER APPOINTMENT INFORMATION ON INTERPRETER SERVICES APPOINTMENT RECORD (ISAR).		CO	A1	N706
P63	DENIED. SAME DAY CHARGES FOR SAME CLAIM NUMBER MUST BE ON THE SAME BILL. PLEASE SUBMIT ADJUSTMENT TO THE PAID BILL.		CO	P13	
P64	DENIED. SIGNED INTERPRETER SERVICES APPOINTMENT RECORD (ISAR) HAS NOT BEEN RECEIVED FOR DATE OF SERVICE.		CO	A1	N706
P65	LINES WERE ADDED TO YOUR BILL TO SPLIT YOUR CHARGES TO MATCH MULTIPLE REFERRAL DATES.		CO	P12	
P66	DENIED. INJECTION OF ANESTHETIC AGENT IS BUNDLED WITH THE SURGERY PROCEDURE.		CO	A1	M15
P67	ADJUDICATED PER INSTRUCTION FROM PROVIDER REVIEW AUDITOR.		CO	P12	N10
P68	DENIED. DOCUMENTATION TO JUSTIFY PAYMENT HAS EITHER NO TIME OR NOT ENOUGH TIME NOTED FOR THIS PROCEDURE.		CO	P13	
P69	PAYMENT FOR THIS LINE ITEM REDUCED. TIME DOCUMENTED IN NOTE DOES NOT SUPPORT UNITS BILLED.		CO	P12	
P70	DENIED. NO HANDWRITTEN CHART NOTE/REPORT RECEIVED TO SUPPORT SERVICES BILLED.		CO	P13	
P71	DENIED. CHART NOTES MODIFIED. UNABLE TO DETERMINE WHAT SERVICES WERE RENDERED AND/OR BY WHOM.		CO	A1	N713
P72	THE TAX IDENTIFICATION NUMBER AND NAME ON YOUR PROVIDER ACCOUNT DOES NOT MATCH IRS RECORDS. PLEASE CONTACT PROVIDER CREDENTIALING AT 360-902-5140.		CO	A1	MA113
P73	A REQUEST FOR PAYMENT OUTSIDE OF POLICY HAS BEEN RECEIVED AND PROCESSED.		CO	P12	N10



EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
P74	DENIED. TAX ID NUMBER ON YOUR PROVIDER ACCOUNT DOES NOT MATCH THE TAX ID NUMBER ON YOUR BILL. PLEASE CONTACT PROVIDER CREDENTIALING 360-902-5140.		CO	A1	MA113
P75	DENIED. SUPPORTING DOCUMENTATION OR PROVIDER SIGNATURE IS ILLEGIBLE.		CO	A1	N205
P76	DENIED. PAID UNDER WRONG PROVIDER/PAYEE NUMBER.		CO	P13	
P77	DENIED. REPORT/DOCUMENTATION SUBMITTED DOES NOT JUSTIFY PAYMENT FOR A SURGICAL ASSISTANT.		CO	A1	N646
P78	DENIED PER CLAIMS CONSULTANT.		CO	A1	N10
P79	DENIED. L&I DOES NOT ISSUE PROVIDER NUMBERS TO THIS TYPE PROVIDER. SEE WAC296-20-015 OR CONTACT PROVIDER CREDENTIALING 360-902-5140 FOR INFORMATION.		CO	170	N95
P80	DENIED. ONLY ONE CLAIM WAS REQUESTED ON IME ASSIGNMENT.		CO	P13	
P81	DENIED. DISPENSING FEE NOT PAYABLE WHEN HEARING AIDS HAVE BEEN DENIED. PLEASE RESUBMIT WHEN REBILLING FOR HEARING AIDS.		CO	P13	
P82	DENIED. TAX ID NUMBER IS MISSING. RESUBMIT NEW BILL WITH TAX ID NUMBER.		CO	A1	N209
P83	BILL WITH YOUR CURRENT TAX ID NUMBER ON FUTURE BILLINGS.		CO	P12	N209
P84	ALL OR PART OF SERVICE(S) PERFORMED WAS NON-COVERED PER L&I POLICY.		CO	P12	
P85	PAYMENT FOR THIS LINE ITEM IS REDUCED. ALL OR PART OF SERVICE IS PAYABLE UNDER A DIFFERENT CODE. REFER TO FEE SCHEDULE.		CO	P12	
P86	PAYMENT DENIED AS PER THE PROVIDER FRAUD PROGRAM'S PRE-PAYMENT REVIEW.		CO	P12	N432
P87	PAYMENT REDUCED AS PER THE PROVIDER FRAUD PROGRAM'S PRE-PAYMENT REVIEW.		CO	P12	N432
P88	DENIED. A SPECIFIC DESCRIPTION OF THE ITEM THAT WAS REPAIRED MUST BE IN REMARKS OR ON THE BILL.		CO	A1	N350
P89	PROCEDURE 99080 PAID AS A 60 DAY REPORT.		CO	P12	
P90	PROCEDURE 99080 PAID AS A RESPONSE TO INSURER REQUEST.		CO	P12	
P91	These Payments have been adjusted due to a change in the offset amount.		CO	P12	
P92	PT (97001-97799) NOT PAYABLE TO NATUROPATHS. REFER TO WA STATE FEE SCHEDULE TO DETERMINE IF SERVICE MEETS REQUIREMENTS TO BE BILLED UNDER 1044M.		CO	P13	N612
P93	DENIED. THE NUMBER OF UNITS BILLED IS NOT SUPPORTED BY THE DOCUMENTATION SUBMITTED.		CO	16	M53
P94	PAYMENT FOR THIS LINE ITEM REDUCED. DOCUMENTATION DOESN'T SUPPORT UNITS BILLED. ADJUDICATED PER INSTRUCTIONS FROM MED CODING COMPLIANCE AUDITOR		CO	P13	N66
P95	Denied. Billed units don't match documentation submitted. Please refer to Nurse Case Management Chapter of MARFS.				
P98	PAYMENT MADE FOR REPORT OF ACCIDENT (ROA) SUBMITTED VIA PAPER/FAX.		CO	P12	
P99	PAYMENT MADE FOR REPORT OF ACCIDENT (ROA) SUBMITTED VIA WEB.		CO	P12	
Q01	PRIOR AUTHORIZATION (PA#) NUMBER HAS BEEN CANCELLED.		CO	P13	
Q02	DENIED. ONLY 1 PT/OT VISIT ALLOWED PER DAY; PT/OT VISIT BILLED BY AND PAID TO ANOTHER PT/OT PROVIDER.		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.		CO	A1	N362
Q04	PT OR OT DAILY CAP MET; PAYMENT FOR THIS LINE ITEM REDUCED.		CO	P12	N362
Q05	DENIED. PERFORMING PROVIDER SIGNATURE MISSING FROM SUPPORTING DOCUMENTATION. UNABLE TO VALIDATE WHO PERFORMED THE SERVICE.		CO	A1	MA70
Q06	PER REVIEW BY L&I THERAPY CONSULTANT.		CO	P12	N10
Q07	PAID. DIAGNOSTIC(S) AND/OR SERVICES(S) REQUESTED BY THE IME EXAMINER/PANEL OR DEPARTMENT.		CO	P12	
R01	DENIED. PROVIDER LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R02	DENIED. INJURED WORKER LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R03	DENIED. PRESCRIPTION CO-PAY LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R04	DENIED. HEALTH CARE CO-PAY LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R05	DENIED. PHARMACY LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R06	DENIED. PROVIDER COMPLIANCE LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R07	DENIED. TRAVEL REIMBURSEMENT REQUEST RETURN LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
R08	DENIED. DRUG REIMBURSEMENT LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R09	DENIED. PROVIDER LETTER MAILED SEPARATELY TO EXPLAIN THIS DENIAL.				
R10	INJURED WORKER LETTER MAILED SEPARATELY TO EXPLAIN HOW YOUR BILL WAS PROCESSED.				
R11	LEGAL REPRESENTATIVE LETTER MAILED SEPARATELY TO EXPLAIN HOW YOUR BILL WAS PROCESSED.				
R12	DENIED. THE LEGAL MAXIMUM OF \$12,000 FOR RETRAINING HAS BEEN EXPENDED.				
R13	DENIED. DATE OF SERVICE DOES NOT MATCH FIRST TREATMENT DATE ON REPORT OF ACCIDENT (ROA). CORRECT AND RESUBMIT.				
R14	UNABLE TO PROCESS LETTER HAS BEEN MAILED SPERATELY TO EXPLAIN THIS DENIAL.				
S00	DENIED. PROCEDURE CODE 1207M MUST BE BILLED AND PAID BEFORE 1215M CAN BE CONSIDERED FOR PAYMENT.		CO	P12	N266
S01	DENIED. THE STRUCTURED SETTLEMENT AGREEMENT DOES NOT INCLUDE A PROVISION FOR MEDICAL SERVICES.		CO	27	
S02	PAID PER THE STRUCTURED SETTLEMENT AGREEMENT.				
S03	DENIED. THE STRUCTURED SETTLEMENT AGREEMENT UNIT HAS DENIED THIS SERVICE(S).		CO	P13	
S04	DENIED APPLICATION PENDING. CONTACT PROVIDER CREDENTIALING & COMPLIANCE AT360-902-5140 IF YOU HAVE QUESTIONS REGARDING YOUR NETWORK STATUS.		CO	242, B7	N530
S07	DENIED. NO NETWORK STATUS FOR DATE OF SERVICE BILLED. CONTACT PROVIDER CREDENTIALING & COMPLIANCE AT 360-902-5140.		CO	242, B7	N530
S08	DENIED. NETWORK STATUS IS NON-PARTICIPATING. ONLY INITIAL VISIT (IV) IS PAYABLE.		CO	242, B7	N530
S09	DENIED. 'THIS EXAM DATE' FROM THE REPORT OF ACCIDENT (WHICH IS THE INITIALVISIT DATE) IS MISSING. CONTACT CLAIM MANAGER.		CO	16	N307, N299
S10	DENIED. PROVIDER IS NOT ELIGIBLE FOR PAYMENT FOR DATE OF SERVICE BILLED.		CO	242, B7	N530
S13	DENIED. DATE SPAN OVERLAPS MULTIPLE NETWORK STATUSES. REBILL ONE DATE OF SERVICE PER LINE.		CO	239	N63, N300
S14	DENIED. PRESCRIBING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE FOR DATE OF SERVICE BILLED.	71	CO	242, B7	N530
S15	DENIED. DATE OF SERVICE IS BEFORE/AFTER 'THIS EXAM DATE' (WHICH IS THE INITIAL VISIT DATE) FROM THE REPORT OF ACCIDENT.		CO	16, P13	MA122, N652
T01	BENEFIT				
T02	EMPLOYEE WAGES				
T03	STATUTORY EMPLOYER FICA SOCIAL SECURITY				
T04	STATUTORY EMPLOYER FICA MEDICARE				
T05	STATUTORY EMPLOYER FEDERAL UNEMPLOYMENT				
T06	EMPLOYER SUTA (STATE UNEMPLOYMENT)				
T07	EMPLOYER SUTA WORKFORCE TRAIN				
T08	ATTENDANT CARE PROVIDER FICA SOCIAL SECURITY				
T09	ATTENDANT CARE PROVIDER FICA MEDICARE				
T10	FEDERAL WITHHOLDING INCOME TAX				
T11	STATE INCOME TAX				
T12	EARNED INCOME CREDIT PAYMENT				
T18	PROCESSED PER WAC 296-20-1103. THIS LINE ITEM HAS BEEN REDUCED BY 30 MILES ROUNDTRIP.				
T19	DENIED. TREATMENT IS AVAILABLE WITHIN 15 MILES ONE WAY. TRAVEL EXPENSE IS NOT PAYABLE.				
T20	DENIED. ONLY PAYABLE WHEN YOU MUST TRAVEL MORE THAN 15 MILES ONE WAY.				
T21	DENIED. ONLY AUTHORIZED TRAVEL OVER 15 MILES ONE WAY TO NEAREST AVAILABLE TREATMENT IS PAYABLE.				
T22	PROCESSED PER WAC 296-20-1103. THIS ONE WAY TRIP HAS BEEN REDUCED BY 15 MILES.				
T23	DENIED. WE ARE UNABLE TO IDENTIFY THE DATE YOU TRAVELED (COLUMN A). ONLY INCLUDE ONE TRAVEL DATE PER LINE.				
T24	DENIED: YOUR PHYSICAL ADDRESS DOES NOT MATCH THE ADDRESS WE HAVE ON FILE.PLEASE CORRECT/UPDATE ADDRESS WITH YOUR CLAIM MANAGER.				

EOB	EOB Description	Rejection Code	Group Code	Reason Code	Remark Code
T25	THE MILEAGE YOU REQUESTED ON YOUR TRAVEL VOUCHER DOES NOT MATCH THE MILEAGE APPROVED ON YOUR VPLAN. PLEASE CONTACT YOUR VOCATIONAL COUNSELOR				
T26	DENIED. PHYSICAL/HOME ADDRESS IS REQUIRED IN ORDER TO PROCESS TRAVEL REIMBURSEMENT. PER WAC 296-20-1103				
T27	PAYMENT REDUCED TO COVER FOOD ITEMS ONLY;OTHER ITEMS ARE NOT AUTHORIZED				
T28	DENIED; TRAVEL IS NOT AUTHORIZED ON HOLIDAYS AND/OR WEEKENDS				
T29	DENIED. YOU MUST SUBMIT A TRIP TICKET/REPORT. FOR RECONSIDERATION,RESUBMIT THE BILL ALONG WITH REQUIRED DOCUMENTATION.				
T30	Bill has been reduced. Dead head miles are not payable				
T31	DENIED OR REDUCED. THE DEPARTMENT DOES NOT PAY FOR FLAT RATE CHARGES, WAIT TIME, OR DEADHEAD/UNLOADED MILES. PLEASE RESUBMIT ALLOWED CHARGES ONLY.				
T32	DENIED. TRIP TICKET IS INCOMPLETE				
T33	DENIED. AMOUNT BILLED DOES NOT MATCH TRIP TICKET. CORRECT AND RESUBMIT				
T34	DENIED. DURING PARTICIPATION IN A PAIN CLINIC, TRAVEL HOME IS NOT PAYABLE IF WE ARE PAYING FOR TEMPORARY RESIDENCE				
T35	Denied/Reduced. Number of hours submitted are not supported by the appointment.				
T36	Denied. Mileage is missing from your bill. Clearly write the total numbers of miles you traveled round trip.				
T37	Denied. Your signature is missing. Please sign your Travel Reimbursement Request Form				
T38	Denied. Signature is missing to verify travel. Have provider or office staff sign form. Retraining travel requires VOC Counselor Signature.				
T39	Denied. We can't identify the reason for your travel. Write the name of the provider you saw and the reason for visit on the Travel Form				
T40	Denied. Unable to identify your expenses or did you did not send a 'copy' of itemized receipt(s) to verify payment.				
T41	Denied. We can't identify the date you traveled. Write only one travel per line. Use the MM/DD/YYYY format.				
T42	Denied. We can't identify your claim number. Clearly write your claim number in the Workers Information section.				
T43	Denied. We can't identify the city you <b>traveled to</b> . Clearly write the city you traveled to on the date of travel.				
T44	Denied. We can't identify the city you <b>traveled from</b> . Clearly write the city you traveled from on the date of travel.				
T45	Denied. Your receipt dates do not match the dates you submitted on your bill. Please resubmit with correct dates/receipts.				
T46	Denied. The department does not pay for travel to/from home on the weekends if lodging has been provided.				
T47	REDUCED. THE DEPARTMENT PAYS THE MOST ECONOMICAL ROUTE.				
T48	Denied. Unable to verify the appointment address. Please list complete address and resubmit.				
T49	Denied. Unable to verify provider name. Please correct and resubmit.				
T50	Denied. Provider is not listed on the Plan Time/Cost/Travel Encumbrance for retraining. Contact Vocational Counselor.				
Z01	PAYMENT EXPENDED FROM 1ST YEAR RETRAINING PLAN.				
Z02	PAYMENT EXPENDED FROM 2ND YEAR RETRAINING PLAN.				
Z03	PROCESSED DUE TO TOOLS/EQUIPMENT RETURNED TO L&I.		CO	A1	M3
Z04	RETURNED TOOLS/EQUIPMENT REISSUED.		CO	A1	M3
Z05	PAYMENT EXPENDED FROM OPTION 1 RETRAINING PLAN.				
Z06	PAYMENT EXPENDED FROM OPTION 2 RETRAINING PLAN.				
Z07	DENIED. DATE OF SERVICE IS AFTER THE APPROVED PREFERRED WORKER ELIGIBILITY DATES.		CO	27	N30
Z20	DENIED. ALL OR PART OF YOUR SERVICE IS BEYOND THE 14-DAY GRACE PERIOD ALLOWED FOR THESE VOCATIONAL SERVICES.		CO	P13	
Z21	ADJUDICATED PER INSTRUCTIONS FROM THE VOCATIONAL SERVICES SPECIALISTS		CO	27	N10
Z22	Vocational progress report cannot be paid within 30 days of another vocational progress report.		CO	27	N10

