

# MD ASO - Common Claim Denial Reasons And Descriptions

Code	Denial Reason	Denial Description
138	Authorization required; No authorization on file	Claim was submitted and no authorization is on file
71	Benefit maximum for time period/occurrence reached	Claim was submitted for a service that contains a benefit limit (i.e. 1 per day/month/year, etc.) and that limit has been reached
62	Charge exceeds allowed amount for this service	Billed amount is in excess of the fee schedule allowable amount
170	Claim detail lines cannot span dates	Claim was submitted with service lines that span days
21	Claim submitted after filing limit	Claim submitted after the timely filing limit has expired
87	Diagnosis code not effective on date of service	Date of service on claim does not correspond with the effective dates of the procedure code billed
76	Diagnosis does not correspond to Procedure Code	Diagnosis on the claim does not match the service billed (i.e. SUD DX with MH only procedure code)
98	Diagnosis invalid for date(s) of service reported	Date of service on claim does not correspond with the effective dates of the procedure code billed
139	Diagnosis Required on All Claims	Claim submitted with a blank diagnosis field
118	Did not meet minimum case rate unit requirement	Service billed requires a specific number of related services to be billed and they were not (i.e. PRP Encounters)
94	Duplicate Claim	Claim submitted is a duplicate of a previously processed claim

# MD ASO - Common Claim Denial Reasons And Descriptions

Code	Denial Reason	Denial Description
13	Incomplete Claim	Claim submitted is incomplete
91	Invalid Bill Type	Bill Type submitted on the claim is invalid for the service being rendered
148	Invalid combination of service	Services submitted on the claim are ineligible to be billed together
104	Invalid CPT/HCPCS Code	CPT/HCPCS submitted on the claim is invalid
96	Invalid date of service billed	Date of service submitted on the claim is invalid
93	Invalid LOC/Modifier/Place of Service combination	CPT/HCPCS submitted do not correspond to the modifier and/or place of service submitted for that service
81	Invalid LOC/Prov Type/Specialty Code/CPT/Modifier	CPT/HCPCS submitted do not correspond to the Provider Type, Provider Specialty, and/or modifier submitted for that service
22	Medical Service, Please submit to MCO	Services submitted are medical in nature and the responsibility of the MCO
161, 120, 15	Participant's coverage not in effect on date of service	Participant was not eligible for services on the date of service on the claim submitted
152	Missing or invalid admission source	Admission Source is missing or invalid (UB-04 claims)
149	Missing or invalid admission type	Admission Type is missing or invalid (UB-04 claims)

# MD ASO - Common Claim Denial Reasons And Descriptions

Code	Denial Reason	Denial Description
173	NDC is required for submitted code/modifier	Claim was submitted without the required NDC code for the service billed
174	NDC is invalid for submitted code/modifier	Claim was submitted with an invalid NDC code for the service billed
	No Insurance	Participant was not eligible for services on the date of service on the claim submitted
	Other Primary Insurance	Participant has Primary coverage with another Payer and the Explanation of Benefits was not submitted
146 – Pended 131 - Denied	Participant EOB Information Required	Participant has Primary coverage with another Payer and the Explanation of Benefits was not submitted
79	Payment is denied when billed by this Prov Type	Pay to Provider submitted on the claim is ineligible to receive payment (i.e. Rendering provider with Enrollment Status 40)
100	Please submit correct type of bill for this claim	Type of Bill submitted on the claim does not correspond to the services billed or is invalid (UB-04 claims)
44	Please submit Primary Carrier's EOB for service	Participant has Primary coverage with another Payer and the Explanation of Benefits was not submitted
147	Procedure code must be billed with a primary code	Claim was submitted for an add on service and the primary service was not billed
172	Rendering provider NPI missing	Claim was submitted with a Rendering Provider name however the NPI was missing

# MD ASO - Common Claim Denial Reasons And Descriptions

Code	Denial Reason	Denial Description
171	Rendering provider required	Claims from Provider Types 20, 27, 34, and AB MUST have a Rendering Provider and claim was submitted without one
101	Rev code/bill type combination on claim is invalid	Type of Bill submitted on the claim does not correspond to the Revenue Code (i.e. IP Bill Type submitted with OP Revenue Code)
138	Service requires an auth. No authorization on file	Claim was submitted and no authorization is on file
151	Submit valid admission date for this claim	Admission date on the claim is invalid (UB-04 claims)
156	The patient status code is incorrect	The patient status code submitted on the claim is incorrect (UB-04 claims)
154	The patient status code is missing	The patient status code submitted on the claim is missing (UB-04 claims)
16	The service performed is not a covered benefit.	Services submitted on the claim are not a covered benefit based on the Participants eligibility on the date of service
61	Units exceed authorized/daily limit allowed	Claim was submitted for a service that contains a daily limit and that limit has been reached
144	Voided - Corrected claim received	A corrected claim has been received and processed. The original claim has been voided.
103	Zero Amount Claimed	Claim was submitted with billed charges of \$0.00