

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

<b>ENC 1500</b>	<b>ENC UB</b>	<b>Code</b>	<b>Description</b>	<b>Category</b>	<b>Status</b>	<b>CARC</b>	<b>Company</b>
N	N	\$R	ADJUSTMENT-HIGH PRIORITY RECOUP REQUEST	D	A	129	HCA
Y	Y	%D	DENIED PARITY CLAIM TO ORIGINAL	D	A	A1	HCA
Y	Y	02	DENIED - INCOMPLETE CLAIM FORM	D	A	16	HCA
Y	Y	03	SUBMIT APPROPRIATE CLAIM FORM	D	A	16	HCA
Y	Y	06	RESUBMIT WITH MEDICARE EOMB AND PLEASE INCLUDE THE CLAIM	D	A	22	HCA
Y	Y	07	RESUBMIT WITH PRIMARY COVERAGE EOB AND PLEASE INCLUDE THE CLAIM	D	A	22	HCA
Y	Y	08	DENIED - PROVIDER BILLING INFORMATION DOES NOT MATCH OUR DATA BASE	D	A	16	HCA
Y	Y	09	RESUBMIT TO PRIMARY INSURANCE	D	A	22	HCA
Y	Y	10	DENIED BY MEDICAL DIRECTOR	D	A	150	HCA
Y	Y	13	INCORRECT REFERRAL NUMBER	D	A	15	HCA
Y	Y	14	DENIED-THIS SERVICE REQUIRES PRIOR AUTHORIZATION	D	A	15	HCA
N	N	15	DENIED-MEMBER NOT ENROLLED ON DATE OF SERVICE	D	A	166	HCA
Y	Y	17	SERVICE NOT A PLAN BENEFIT	D	A	96	HCA
Y	Y	18	SERVICE INCLUDED IN ANOTHER PROCEDURE	D	A	97	HCA
Y	Y	19	DID NOT QUALIFY FOR OUTLIER COND.	D	A	A1	HCA
Y	Y	1C	CHARGES INCLUDED IN PROVIDER'S CASE RATE AMOUNT	D	A	97	HCA
Y	Y	1D	DENIED - DENIED CLAIM TO ORIGINAL CLAIMPAID IN ERROR	D	A	A1	HCA
Y	Y	1F	CHARGES INCLUDED IN FQHC/RHC PPS RATES	D	A	97	HCA
Y	Y	1I	DENIED-DX CODE IS INVALID-USE ICD10 AFTER 10-01-15	D	A	146	HCA

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Y	Y	1M	DENIED MSI CLAIM TO ORIGINAL - CLAIM PAID IN ERROR	D	A	A1	HCA
Y	Y	1N	DENIED-NEW PATIENT VISIT NOT ALLOWED W/IN 3 YEARS OF INITIAL NEW PAT VISIT	D	A	A1	HCA
Y	Y	1P	ADJUSTMENT CHARGES INCLUDED IN FQHC/RHCPPS RATES	D	A	97	HCA
N	N	1R	ADJUSTMENT-RECOUP REQUEST FOR 1-DAY STAY	D	A	129	HCA
Y	Y	1V	INCLUDED IN VFC ADMIN RATE	D	A	97	HCA
Y	Y	1X	ADJUSTMENT CHARGES INCLUDED IN PROVIDER'S CASE RATE AMOUNT	D	A	97	HCA
Y	N	20	ASSISTANT SURGEON NOT COVERED	D	A	185	HCA
Y	Y	23	PROVIDER NOT REGISTERED WITH AHCCCS/UNAUTHORIZED PROVIDER	D	A	185	HCA
N	N	24	DENIED-DUPLICATE CLAIM SUBMISSION	D	A	18	HCA
Y	Y	25	DENIED - TIMELY FILING LIMIT IS EXPIRED	D	A	29	HCA
Y	Y	26	INVALID PROCEDURE CODE	D	A	181	HCA
Y	Y	27	INVALID/ADDITIONAL DIAGNOSIS CODE	D	A	146	HCA
Y	Y	2I	DENIED-DX CODE IS INVALID-USE ICD9 BEFORE 10-01-15	D	A	146	HCA
Y	Y	2V	ADDT COMP/TOXOID IS INCLUDED IN CPT 90460 RATE.	D	A	97	HCA
Y	Y	31	INVALID HCPC CODE	D	A	181	HCA
Y	Y	32	INVALID/INCORRECT REV CODE	D	A	181	HCA
Y	Y	35	RESUBMIT WITH OPERATIVE NOTES AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	36	RESUBMIT WITH PHYSICIANS PROGRESS NOTES AND ORDERS, PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	38	DENIED - INVALID OR MISSING MODIFIER	D	A	4	HCA

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Y	Y	3I	DENIED-ICD10 CODE NOT COMPLETE	D	A	146	HCA
Y	Y	43	TIME EXCEEDED ON CONSENT FORM	D	A	29	HCA
Y	Y	46	RESUBMIT WITH THE DISCHARGE SUMMARY AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	47	DENIED -RESUBMIT WITH COMPLETE MEDICAL RECORDS AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	48	NOT AN AUTHORIZATION REFERRAL	D	A	A1	HCA
Y	Y	49	CLAIM DATES OUTSIDE AUTHORIZATION DATES OR ADDITIONAL AUTH REQUIRED	D	A	15	HCA
Y	Y	4I	DENIED-ICD9 NO LONGER VALID FOR DOS AFTER 10-01-15	D	A	146	HCA
N	N	4S	SYSTEM ERROR-CLAIM PREVIOUSLY FINALIZED	D	A		HCA
Y	Y	4V	DENIED FOR VERISK MEDICAL RECORDS	D	A	16	HCA
Y	Y	51	NEED SIGNED CONSENT FORM	D	A	16	HCA
Y	Y	53	USE HCPCS CODE	D	A	181	HCA
Y	Y	54	INCLUDED IN PER DIEM	D	A	60	HCA
Y	Y	55	CLAIM OR NOTES NOT LEGIBLE	D	A	A1	HCA
Y	Y	56	AUTHORIZED FOR OUTPATIENT ONLY	D	A	15	HCA
Y	Y	57	INAPPROPRIATE CODING	D	A	181	HCA
Y	Y	58	PROVIDER TERMINATED ON DATE OF SERVICE	D	A	B7	HCA
Y	Y	5I	DENIED-RESUBMIT WITH CORRECT ICD10	D	A	146	HCA
Y	Y	61	INAPPROPRIATE ADMISSION	D	A	A1	HCA
Y	Y	62	NOT MEDICALLY NECESSARY	D	A	50	HCA
Y	Y	64	RECORDS DO NOT SUPPORT CHARGES	D	A	B12	HCA
N	N	65	PLEASE RESUBMIT SPLIT BILL	D	A	239	HCA
Y	Y	66	DENIED BY UTILIZATION REVIEW	D	A	A1	HCA

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Y	Y	67	RESUBMIT WITH ITEMIZED BILL	D	A	133	HCA
Y	Y	68	RESUBMIT TO MEDICARE	D	A	22	HCA
Y	Y	69	RECORDS NOT LEGIBLE	D	A	A1	HCA
Y	Y	6I	DENIED-PLEASE RESUBMIT WITH CORRECT ICD9 CODE	D	A	146	HCA
Y	Y	71	SERVICE INCLUDED IN TOTAL OB PACKAGE	D	A	97	HCA
Y	Y	73	LABORATORY CHARGES ARE INCLUDED IN LABORATORY CONTRACT	D	A	8	HCA
Y	Y	74	PROVIDER IS NOT AUTHORIZED FOR CATEGORY OF SERVICE.	D	A	184	HCA
Y	Y	75	CONSENT FORM SIGNATURE LESS THAN 30 DAYS	D	A	179	HCA
Y	Y	78	SUBMITTED TO PLAN IN ERROR. SUBMIT TO VISTA DEL SOL FOR CONSIDERATION.	D	A	B11	HCA
Y	Y	79	INAPPROPRIATE BILL TYPE	D	A	5	HCA
Y	Y	80	REVENUE CODE INAPPROPRIATE FOR BILL TYPE	D	A	199	HCA
Y	Y	81	UB04 DOES NOT MATCH ITEMIZED STATEMENT	D	A	5	HCA
Y	Y	82	AUTHORIZATION IS FOR AN INPATIENT STAY ONLY	D	A	15	HCA
Y	Y	83	DENIED BY MEDICARE/NOT PAYABLE BY HEALTH CHOICE	D	A	B11	HCA
Y	Y	85	CLAIM FORM / MEDICAL NOTES DO NOT MATCH	D	A	16	HCA
Y	Y	87	RESUBMIT TO STATE AGENCY FOR BILLED CHARGES	D	A	22	HCA
Y	Y	88	RESUBMIT WITH AN ITEMIZED EXPLANATION OF BENEFITS, PLEASE INCLUDE THE CLAIM	D	A	252	HCA
Y	Y	89	SERVICE IS NOT PART OF PROVIDER TYPE PER AHCCCS	D	A	176	HCA
Y	Y	90	DENIED BY DENTAL REVIEW	D	A	A1	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	Y	91	RESUBMIT WITH TOOTH LOCATER, PLEASE INCLUDE THE CLAIM	D	A	251	HCA
Y	Y	92	PROVIDER TERMED AT THIS LOCATION	D	A	185	HCA
Y	Y	94	PAPER REFERRAL INCOMPLETE	D	A	A1	HCA
N	N	95	ADJUSTMENT DENIED	D	A	193	HCA
Y	Y	96	TAX ID DOES NOT MATCH AHCCCS DATABASE	D	A	226	HCA
Y	Y	97	MAXIMUM BENEFIT EXCEEDED.	D	A	119	HCA
Y	Y	98	DENIED - NO ADDITIONAL REIMBURSEMENT ISAVAILABLE	D	A	A1	HCA
Y	Y	A0	ADJUSTMENT-REDUCED FOR COB ZERO PAY	D	A	23	HCA
Y	Y	AA	MEMBER AGE INAPPROPRIATE FOR PROCEDURE/DIAGNOSIS CODE	D	A	6	HCA
Y	Y	AB	ADJUSTMENT/BUNDLED PROCEDURE	D	A	97	HCA
Y	Y	AG	MEMBER GENDER INAPPROPRIATE FOR PROCEDURE/DIAGNOSIS CODE	D	A	7	HCA
Y	Y	AI	ADJUSTMENT INCLUDED IN TOTAL O/B PACK	D	A	97	HCA
Y	Y	AL	BENEFIT NOT COVERED FOR AGE 21 & OVER	D	A	96	HCA
Y	Y	AN	NOT AHCCCS SERVICE - DENY	D	A	56	HCA
Y	Y	AS	OP REPORT DOES NOT REFLECT ASSISTANT SURGEON	D	A	A1	HCA
Y	Y	B1	CLAIM BILLED UNDER WRONG PROVIDER GROUP	D	A	226	HCA
Y	Y	B2	RESUBMIT CLAIM WITH PRIMARY ICD10 PROCEDURE IN PRINCIPAL PROCEDURE FIELD	D	A	11	HCA
Y	Y	B7	B7-PROVIDER NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS SERVICE ON DOS	D	A	B7	HCA
Y	Y	BL	BILATERAL- MUST BILL PER GUIDELINES	D	A	163	HCA

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Y	Y	BP	BUNDLED PROCEDURE	D	A	97	HCA
Y	Y	BW	MISSING/INVALID BIRTH WEIGHT	D	A	16	HCA
Y	Y	C#	RESUBMIT CLAIM WITH CLIA#	D	A	95	HCA
N	N	C\$	PAY AND CHASE - REFUND REQUEST SENT TO PRIMARY INSURANCE COMPANY	D	A	129	HCA
Y	Y	C3	CRS REPONSIBILITY	D	A	22	HCA
Y	Y	CM	DENIED - REVENUE CODE TO CPT/HCPCS CODEMISMATCH	D	A	199	HCA
Y	Y	D0	RESUBMIT WITH DELIVERY CHARGE UNDER REVENUE CODE 722	D	A	96	HCA
Y	Y	D1	UNITS NOT VALID FOR DATE OF SERVICE SPAN	D	A	239	HCA
Y	Y	D2	RESUBMIT THIS CLAIM WITH THE ATTENDING PHYSICIAN PIN INCLUDED	D	A	96	HCA
Y	Y	D3	4TH/5TH DIGIT SUBCLASSIFICATION REQUIRED OR MISSING FOR DIAGNOSIS CODE	D	A	11	HCA
Y	Y	D4	INVALID PLACE OF SERVICE CODE	D	A	5	HCA
Y	Y	D5	DIAGNOSIS IS NOT ALLOWED AS A PRINCIPLE	D	A	11	HCA
Y	Y	D7	UNBUNDLED SERVICE, REBUNDLED.	D	A	A1	HCA
Y	Y	D9	FACILITY CHARGES INCLUDED IN CAPITATIONAGREEMENT.	D	A	50	HCA
Y	Y	DB	PROC CMPENT OF A GRTR PROC RESUB WITH MORE COMPREHENSIVE CDT CODE FOR SERVICE	D	A	59	HCA
Y	Y	DC	INVALID DIAGNOSIS TO CPT/HCPC COMBINATION	D	A	11	HCA
Y	Y	DD	DENY -DENTAL NOT A COVERED SERVICE	D	A	96	HCA
Y	Y	DF	DENY-VISIT CODE CANNOT BE BILLED ALONE FOR PPS RATE	D	A	96	HCA
N	N	DM	MEMBER DECEASED	D	A	13	HCA

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Y	Y	DO	DENIED CLAIM TO REPLACE ORIGINAL ENCOUNTER	D	A	A1	HCA
Y	Y	DP	INVALID DIAGNOSIS POINTER(S)	D	A	11	HCA
Y	Y	DS	DATE SPAN INVALID	D	A	96	HCA
Y	Y	DT	DENIED TRANSPLANT SERVICE	D	A	A1	HCA
Y	Y	DV	CLAIM DENIED BY VERISK RECOMMENDATION	D	A	133	HCA
N	N	EA	ADJUSTMENT FOR ELIGIBILITY, MEMBER NOT ELIGIBLE ON DOS	D	A	166	HCA
N	N	EB	ADJUSTMENT FOR ELIGIBILITY MEMBER NOT ENROLLED ON DATE OF DISCHARGE	D	A	166	HCA
N	N	ED	DENIED-EXACT DUPLICATE OF ANOTHER CLAIMON FILE	D	A	B13	HCA
Y	Y	EM	DOES NOT MEET EMERGENCY DENTAL CRITERIA	D	A	204	HCA
Y	Y	F1	PROVIDER NOT REGISTERED WITH AHCCCS ON DOS	D	A	185	HCA
Y	Y	FA	SUBMIT TO A FEDERAL AGENCY	D	A	22	HCA
Y	Y	FD	FACILITY CLINIC CHARGES DENIED, NOT PAYABLE FOR ROUTINE SERVICES	D	A	A1	HCA
Y	Y	FI	FINAL INTERIM BILL- MUST BILL ADMIT-DISCHARGE	D	A	96	HCA
Y	Y	FQ	FQHC/RHC DOES NOT MEET REQ CRITERIA	D	A	A1	HCA
N	N	FR	ADJUSTMENT-RECOUP REQUEST EXCEEDS FREQ/UNITS	D	A	129	HCA
Y	Y	FS	SERV DATE IN FUTURE/GREATER THAN REC'D DATE	D	A	96	HCA
Y	Y	G#	FAILURE TO PROVIDE NOTIFICATION	D	A	15	HCA
Y	Y	G1	INVALID BILL TYPE	D	A	5	HCA
Y	Y	G2	REPEAT ER VISIT REQUIRES GO	D	A	16	HCA

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Y	Y	G6	DENIED - CLAIM HAS BEEN SUBMITTED ON YOUR BEHALF TO HCG FOR PROCESSING	D	A	22	HCA
Y	Y	GB	HCG SUPPLEMENTAL BENEFIT. CLAIM SENT TOHCG FOR PROCESSING	D	A	22	HCA
Y	Y	GL	WITHIN GLOBAL SERVICE DAYS	D	A	97	HCA
Y	Y	GX	WITHIN GLOBAL SERVICE DAYS	D	A	97	HCA
Y	Y	H0	SERVICE FROM DATE IS INVALID	D	A	96	HCA
Y	Y	H1	EMERGENCY TYPE - NO EMERGENCY REVENUE CODE	D	A	226	HCA
Y	Y	H2	INVALID ADMIT TYPE	D	A	226	HCA
Y	Y	H3	INVALID ADMIT DATE	D	A	226	HCA
Y	Y	H4	ICD9 PROCEDURE NOT WITHIN SERVICE DATE	D	A	146	HCA
Y	Y	H5	AUTHORIZATION IN DENIED STATUS	D	A	39	HCA
Y	Y	H6	PATIENT STATUS INVALID	D	A	226	HCA
Y	Y	H7	ADMIT HOUR REQUIRED/INVALID	D	A	226	HCA
Y	Y	H8	DISCHARGE HOUR REQUIRED/INVALID	D	A	226	HCA
Y	Y	H9	ACCOMMODATION DAYS > DAYS STAY	D	A	226	HCA
Y	Y	HC	INVALID CONDITION OF PATIENT	D	A	226	HCA
Y	Y	HU	HANDWRITING NOT ALLOWED ON UB04 CLAIMS	D	A	96	HCA
Y	Y	I0	HCPC INVALID FOR THIS REVENUE CODE	D	A	199	HCA
Y	Y	I2	INVALID ADMIT SOURCE	D	A	226	HCA
Y	Y	I5	OBSERVATION - ROOM/BOARD NOT ALLOWED	D	A		HCA
Y	Y	I7	INAPPROPRIATE DIAGNOSIS	D	A	226	HCA
Y	Y	IB	INTERIM BILLING- MUST BILL 30 DAY	D	A	2	HCA
Y	Y	ID	INVALID DATE OF SERVICE	D	A	226	HCA
Y	Y	II	MISSING/INVALID POA INDICATOR	D	A	226	HCA
Y	Y	IM	DENIED - MAXIMUM UNITS ARE OVER LIMIT, NO PAYMENT	D	A	222	HCA



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Y	Y	IO	INVALID OCCURANCE CODE/DATE	D	A	136	HCA
Y	Y	IR	IMPLANT INVOICE REQUIRED	D	A	A1	HCA
Y	Y	J3	RESUBMIT THIS CLAIM WITH THE CORRECT EXPLANATION OF BENEFITS	D	A	22	HCA
Y	Y	J4	AGE OUTSIDE DIAGNOSIS LIMITS	D	A	9	HCA
Y	Y	J5	DIAGNOSIS - MEMBER GENDER INVALID	D	A	10	HCA
Y	Y	J6	REVENUE CODE - MEMBER GENDER INVALID	D	A	7	HCA
Y	Y	J7	PHYSICIAN CHARGE BILLED ON 1500 ONLY	D	A	226	HCA
Y	Y	J8	INVALID TIER COMBINATION	D	A	226	HCA
N	N	JN	ADJUSTMENT-REV CODE INVALID	D	A	181	HCA
Y	Y	K1	THROUGH DATE EXCEEDS RECEIPT DATE	D	A	226	HCA
Y	Y	K2	PROCEDURE NOT LISTED IN PROVIDER TYPE	D	A	8	HCA
N	N	KR	ADJUSTMENT RECOUP REQUEST DUE TO AUDIT	D	A	129	HCA
Y	Y	LM	RESUBMIT W/LVL OF SITE OF INJECTION	D	A	4	HCA
N	N	LR	ADJUSTMENT-RECOUP REQUEST OUTSIDE OF AGE LIMITS	D	A	129	HCA
Y	Y	M3	PROV NOT ELIG FOR THIS SERVICE PER MSI PRIVILIEGING GUIDELINES	D	A	185	HCA
N	N	M8	INVALID MEMBER/ID; PLEASE RESUBMIT WITHCORRECT MEMBER ID	D	A	140	HCA
N	N	ME	DENIED - MAXIMUM UNITS EXCEEDED. LINE SPLIT FOR PAYMENT	D	A	222	HCA
Y	Y	MI	DENIED - MODIFIER INVALID WITH CPT/HCPCS CODE	D	A	4	HCA
Y	Y	MO	RESUBMIT THIS CLAIM WITH THE DOCTORS NOTES/ORDERS	D	A	16	HCA
Y	Y	MT	MISSING TAX ID#	D	A	16	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	N	MU	MUTUALLY EXCLUSIVE CODE - NOT BILLABLE WITH OTHER PROCEDURE	D	A	231	HCA
Y	Y	N1	PROVIDER NOT AUTHORIZED TO PERFORM SERVICES BY HCA	D	A	185	HCA
Y	Y	N2	RESUBMIT CLAIM AND INCLUDE A BETTER QUALITY XRAY	D	A	226	HCA
Y	Y	N3	RESUBMIT CLAIM AND INCLUDE THE CORRECT XRAY (S)	D	A	226	HCA
Y	Y	N4	RESUBMIT CLAIM AND INCLUDE THE POST-OP FILM	D	A	226	HCA
Y	Y	N5	RESUBMIT CLAIM WITH THE XRAY TO MATCH THE TOOTH NUMBER SUBMITTED	D	A	226	HCA
Y	Y	N6	PAYABLE WITH SEAT DATE ONLY	D	A	226	HCA
Y	Y	N7	RESUBMIT CLAIM WITH THE SEDATION RECORDS ATTACHED	D	A	16N	HCA
Y	Y	N8	NPI NUMBER BILLED DOES NOT MATCH THE RENDERING PROVIDER'S NPI NUMBER ON FILE	D	A	208	HCA
Y	Y	N9	POST-OP, PA, AND BITEWING REQ FOR CROWNSEAT	D	A	226	HCA
Y	Y	NB	NPI ATTENDING PROVIDER INFO MISSING	D	A	206	HCA
N	N	NF	DENIED-PROV CONTRACTED/NEGOTIATED RATE NOT ON FILE-CONTACT NETWORK REP	D	A	147	HCA
Y	Y	NM	NPI# MISSING/INVALID	D	A	206	HCA
Y	Y	NN	RESUBMIT CLAIM WITH THE CORRECT NDC NUMBER, OR MISSING UNITS/QUANTITY	D	A	16	HCA
Y	Y	NP	PROVIDER NOT CREDENTIALLED WITH HCA AND NOT ALLOWED TO SEE HCA MEMBERS	D	A	185	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	Y	NR	DENIED-PRIMARY INSURERS PAYMENT EXCEEDS HCA ALLOWABLE-NO ADDNL PAYMENT REQUIRED	D	A	23	HCA
Y	Y	NW	NONCLIA WAIVED CODES/NOT PAYABLE ON PLACE OF SERVICE 11/OFFICE	D	A	249	HCA
Y	Y	NX	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI. MISSING OR INVALID	D	A	206	HCA
Y	Y	NY	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI.MISSING OR INVALID FORM	D	A	207	HCA
Y	Y	NZ	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI, NO MATCH	D	A	208	HCA
Y	Y	OH	OBSERVATION SERVICES EXCEED 24 HOURS - AUTHORIZATION REQUIRED	D	A	15	HCA
Y	Y	OM	OVER MAXIMUM ALLOWED	D	A	A1	HCA
N	N	OR	ADJUSTMENT-RECOUP REQ OVRPD IN ERROR	D	A	129	HCA
Y	Y	OS	OBSERVATION SPLIT	D	A	A1	HCA
N	N	OT	OVERPAYMENT UNDER \$10-NO RECOVERY	D	A	129	HCA
N	N	OU	OVERPAYMENT DETERMINED AS UNRECOVERABLE	D	A	129	HCA
N	N	OX	COB OVERPAYMENT DETERMINED UNRECOVERABLE	D	A	129	HCA
Y	Y	QA	ADJUSTMENT-QUALITY REPORTING	D	A	45	HCA
Y	Y	QM	QUANTITY IS MISSING	D	A	226	HCA
Y	Y	QQ	ADJUDICATE CLAIM BUT DO NOT DROP TO EOB OR ENCOUNTER TO STATE	D	A	A1	HCA
Y	Y	QU	PAID-\$0.00 QUALITY REPORTING	D	A	45	HCA
Y	Y	R#	RESUBMIT TO APPEALS DEPT	D	A	138	HCA
Y	Y	R0	REDUCED FOR COORDINATION OF BENEFITS ZERO PAY LINE	D	A	23	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	Y	R8	PROVIDER NOT IN SYSTEM-CONTACT PROVIDERREP	D	A	16	HCA
Y	Y	RE	REVENUE CODE REQUIRED CPT/HCPC	D	A	199	HCA
N	N	RM	REVERSE MAX UNITS EXCEEDED	D	A	222	HCA
N	N	RN	REV CODE INVALID	D	A	181	HCA
N	N	RO	LETTER SENT TO PROVIDER TO REQUEST REFUND OF OVERPAYMENT	D	A	129	HCA
Y	Y	RQ	PRECERTIFICATION/AUTHORIZATION, NOTIFICATION ABSENT	D	A	197	HCA
N	N	RU	ENCOUNTER STATUS REVIEWED AND COMPLETE	D	A	129	HCA
Y	Y	RV	REVENUE CODE TO BILL TYPE INVALID OR INVALID REVENUE CODE	D	A	226	HCA
N	Y	RX	RESUBMIT CLAIM WITH THE CORRECT ATTENDING PROVIDER NPI	D	A	206	HCA
Y	Y	RY	DENIED. THIS SERVICE REQUIRES A REFERRAL	D	A	A1	HCA
Y	Y	RZ	REQUESTED DENTAL RECORDS NOT RECEIVED	D	A	16	HCA
N	N	SB	OPFS CLAIM NEEDS SPLIT BILL	D	A	226	HCA
Y	Y	SD	PRINCIPAL PROCEDURE DATES NOT VALID WITH DATES OF SERVICE	D	A	226	HCA
Y	Y	T1	AGE OF TOOTH DOES NOT MATCH PROCEDURE TOOTH AGE	D	A	226	HCA
Y	Y	T2	PROCEDURE SURFACES DO NOT MATCH BILLED SURFACES ON CLAIM	D	A	226	HCA
Y	Y	T3	TOOTH PREVIOUSLY INDICATED AS MISSING	D	A	226	HCA
Y	Y	T4	RESUBMIT CLAIM WITH DENTAL XRAY THAT SUPPORTS CHARGES	D	A	226	HCA
Y	Y	T5	NUMBER OF SURFACES MISSING OR INVALID FOR TOOTH	D	A	226	HCA
Y	Y	T6	TOOTH CODE MISSING OR INVALID	D	A	226	HCA
Y	Y	T7	MAX X-RAY ALLOWABLE	D	A	A1	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	Y	T8	EXCEEDS FREQUENCY LIMITS	D	A	222	HCA
Y	Y	T9	NOT ALLOWED - AGE RESTRICTION	D	A	6	HCA
Y	Y	TA	DENIED ADJUSTMENT TRANSPLANT SERVICE	D	A	193	HCA
Y	Y	TD	TRANSPORT NOT MEDICALLY NECESSARY	D	A	50	HCA
Y	Y	TF	DENIED-FQHC/RHC M/B BILLED W/T1015 FOR REIMBURSEMENT	D	A	226	HCA
Y	Y	TP	DENIED PER TPL COORDINATOR	D	A	A1	HCA
Y	Y	TS	TRANSITION MEMBER - SPLIT BILL	D	A	15	HCA
Y	Y	UF	FACILITY CHARGES INCL IN FQHC/RHC RATES	D	A	97	HCA
Y	Y	UP	UNBUNDLED PROCEDURE. RESUBMIT ON ONE LINE WITH TOTAL CHARGES /TOTAL QUANTITY	D	A	59	HCA
N	N	W9	DENY-RESUBMIT WITH W9 FORM	D	A	252	HCA
Y	Y	WC	WORKMANS COMPENSATION RESPONSIBILITY	D	A	P13	HCA
Y	Y	XF	DENIED-RENDERING PROVIDER MUST BE FQHC/RHC FACILITY	D	A	184	HCA
Y	Y	XM	MAXIMUM PAYABLE FOR INTRAORAL FILMS HAS BEEN PAID FOR THIS MEMBER ON THIS DOS	D	A	97	HCA
Y	Y	XN	DENY-RENDERING PHYSICIAN NAME MUST BE APPROPRIATELY REPORTED	D	A	226	HCA
Y	Y	XP	INCORRECT PLACE OF SERVICE	D	A	5	HCA
Y	Y	XR	RESUBMIT CLAIM WITH RECORDS FOR EACH READING	D	A	16	HCA
Y	Y	XV	ADJUSTMENT INCLUDED IN VFC ADMIN RATE	D	A	97	HCA
N	N	YR	ADJUSTMENT-RECOUP REQUEST FOR INCIDENT TO BILLING	D	A	129	HCA
Y	Y	Z1	INVALID/TERMED CARC CODES ON EOB PLEASE RESUBMIT	D	A	16	HCA

**HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE**

Y	Y	Z5	AFTER RECONSIDERATION ORIGINAL ADJUDICATION UPHOLD	D	A	193	HCA
Y	Y	ZD	AFTER RECONSIDERATION DEEMED AS EXACT DUPLICATE	D	A	18	HCA
N	N	ZR	ADJUSTMENT-RECOUP REQUEST FOR COB	D	A	129	HCA