

Alliance

BEHAVIORAL HEALTHCARE

CLAIM ADJUDICATION CODES AND ACTION

REASON ID	HIPAA ID	REASON DESCRIPTION	RECOMMENDED ACTION STEPS
1	45	Adjusted - Above contract rate	Post payment and any adjustment to charges. Do not refile.
2	92	Approved	Post payment and any adjustment to charges. Do not refile.
3	198	Authed units exceeded	Verify units authorized and provided. Contact Alliance Utilization Management for Authorization if applicable. Do not refile if authorized units are truly exceeded.
4	96	Basic units	No action needed. Package exceeded unit limit. Requires a new authorization.
5	29	Claim received after billable period	Write off charges as non billable. Do not refile.
6	110	Claim submitted before service date	Check DOS for accuracy. Refile only if incorrect. Do not bill service prior to service date.
7	22	Patient has other insurance which covers the service	Submit claim to primary insurance before submitting remainder due in Alpha.
8	181	Patient not covered by contract	Check criteria listed in provider contract for patient eligibility. Confirm patient eligibility through Enrollment and Eligibility.
9	52	Clinician not licensed to provide the service	Check claim for accuracy and if no errors exist, claim cannot be billed. No action needed. If billed in error, correct and refile claim.
10	2	Coinsurance Amount	Amount due from patient or responsible party. Do not refile claim.
11	59	Concurrent service has already been approved. Cannot bill another one.	Review all services provided to consumer on that date. Adjust off as non-billable. Refile only if incorrect.
12	63	Correction to prior claim	Post payment and any adjustment. Do not refile.
13	198	Daily limit exceeded	Only one occurrence of service is billable per day. Adjust off charges and do not refile. Only if service is billed as daily summary of units, file adjusted claim.
14	204	Discontinued Service	Service has been lapsed/removed from benefit plan and is no longer billable. Review Attachment A, and confirm through Claim Specialist.
15	18	Duplicate Claim	Claim has previously been submitted and adjudicated. Do not refile.
16	11	DX code is invalid for service/insurance combo	Verify that all diagnosis information is correct on claim and that primary diagnosis is in the correct position on the claim.
17	96	FFS claim pended for 14 days wait	No action needed. Await adjudication of claim. Do not refile.
18	31	Incorrect Member -- Patient not enrolled on DOS	Verify that all patient information is correct on claim. If no errors exist, contact Alliance Enrollment and Eligibility.
19	140	Incorrect Member -- Patient not enrolled on DOS	Verify that all patient information is correct on claim. If no errors exist, contact Alliance Enrollment and Eligibility.
20	181	Incorrect Service -- Service not in database	Verify that all service information is correct on claim. If no errors exist, contact Alliance Claim Specialist.
21	6	Invalid Age Group & PC combo	Verify that consumer age corresponds with procedure code billed and that all information is submitted correctly. Refile only if incorrect.
22	96	Invalid Amount	Enter charge information for service. Refile Claim.
23	9	Invalid diagnosis/Age combo	Verify that consumer Dx corresponds with consumer age and that all information is submitted correctly. Refile only if incorrect.

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24	11	Invalid PC / DX Combo	Verify that Procedure code corresponds with Dx and that all information is submitted correctly. Refile only if incorrect.
25	5	Invalid POS & Service combo	Verify place of service used for billing and that it is appropriate for the service billed. If incorrect, refile under a valid place of service.
26	208	Invalid Provider	Verify that provider information is correct on claim and is valid for the service billed. Contact Alliance Claim Specialist to update, then refile.
27	206	Invalid provider NPI #	Verify that provider NPI is correct on claim and is valid NPI for the service billed. Contact Alliance Claim Specialist to update, then refile.
28	206	Invalid Rendering NPI	Verify that rendering NPI is correct on claim and is valid NPI for the service billed. Contact Alliance Claim Specialist to update, then refile.
29	96	Invalid Units	Verify that the units are correct for service billed, and refile claim.
30	96	Monthly case rate already paid (TCM)	Service is generally no longer billable after 12/31/2012, but may be for EPSDT consumers. Contact Alliance Provider Network if disputing denial.
31	198	Monthly limit exceeded	Units for monthly service were exceeded. Do not refile claim.
32	147	No rates available	Rate not established in rate schedule. Contact Alliance Contract Manager.
33	46	Non billable Service	Service is not covered under Alliance Benefit Plan. Confirm correct service billed, and contact Alliance Claim Specialist if disputing denial.
34	96	Re-submission already processed	Duplicate claim. Do not refile claim. Contact Alliance Claims Specialist.
35	62	Service is not authorized	Verify Service Authorization for consumer. Contact Alliance Utilization Management for prior approval is no authorization is on file.
36	181	Service not in contract	Review Medicaid contract Attachment A or State services contract, and confirm through Alliance Contract Manager prior to refiling claim.
37	181	Service not in provider profile	Verify that service is included in provider profile in Alpha. Confirm through Alliance Contract Manager prior to refiling claim.
38	24	Subcapitated Provider/Service	Claim is reimbursed through monthly payment and not fee for service. Do not refile.
39	8	The procedure code is inconsistent with the provider type/specialty (taxonomy).	Verify the Taxonomy code filed for the claim. If incorrectly submitted, correct and refile. Contact Alliance Claim Specialist to add taxonomy code.
40	198	Weekly limit exceeded	Limit to occurrence of service billable per week. Adjust off charges and do not refile. Only if service is billed in error, file adjusted claim.
41	123	Readju - Audit Payback	Claim readjudicated by Alliance to effect payback due to audit of services. No action needed.
42	123	Readju - Audit Payback	Claim readjudicated by Alliance to effect payback due to audit of services. No action needed.
43	125	Readju - Audit Recoup	Claim readjudicated by Alliance to effect recoupment of funds due to audit of services. No action needed. Bill any corrected service, if applicable.
44	62	Readju - Authorization/Treatment Revisions	Claim readjudicated by Alliance due to changes in authorization or treatment plan. No action needed.
45	125	Readju - Billing Days Extended	Claim readjudicated by Alliance due to extension of claims filing period.

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46	125	Readju - Billing Terms Revised	Claim readjudicated by Alliance due to change in billing terms. Consult Contract documents or Alliance website.
47	125	Readju - Client Manually Matched	Claim submitted without complete consumer information. Manually matched and readjudicated by Alliance. No action needed.
48	125	Readju - Contract Terminated	Claim readjudicated by Alliance to reflect end of contract ed provider status.
49	63	Readju - Corrected Claim	Claim corrected and readjudicated by Alliance. Do not refile.
50	18	Readju - Duplicate Claims	Claim readjudicated by Alliance has already been billed and processed. Do not refile.
51	22	Readju - EOB Required	Claim readjudicated by Alliance. Provider must document primary payor and payment status when refiling claim.
52	125	Readju - Other	Claim readjudicated by Alliance for unspecified reason. Contact Alliance Claims Specialist with questions.
53	22	Readju - Other Primary Insurance	Claim readjudicated by Alliance for other insurance eligibility. Provider must bill to primary insurance. Contact Alliance Claims Specialist with questions.
54	2	Readju - Patient Liability	Claim readjudicated by Alliance to reflect consumer responsibility. Provider should seek payment from consumer or responsible party. Contact Alliance Claims Specialist with questions.
55	125	Readju - Provider Billing Error	Claim readjudicated by Alliance to correct billing error. Review adjudication results. Contact Alliance Claims Specialist with questions.
56	125	Readju - Provider ID Incorrect	Claim readjudicated by Alliance to correct provider of service. Review adjudication results. Contact Alliance Claims Specialist with questions.
57	125	Readju - Rate Change	Claim readjudicated by Alliance to process under correct billing rate. Review adjudication results. Contact Alliance Claims Specialist with questions.
58	123	Overid - Audit Payback	Claim override done by Alliance to effect payback due to audit of services. No action needed.
59	123	Overid - Audit Payback	Claim override done by Alliance to effect payback due to audit of services. No action needed.
60	125	Overid - Audit Recoup	Claim override done by Alliance to effect recoupment of funds due to audit of services. No action needed. Bill any corrected service, if applicable.
61	62	Overid - Authorization/Treatment Revisions	Claim override done by Alliance due to changes in authorization or treatment plan. No action needed.
62	125	Overid - Billing Terms Revised	Claim override done by Alliance due to change in billing terms. Consult contract documents or Alliance website.
63	125	Overid - Contract Terminated	Claim override done by Alliance to reflect end of contract ed provider status.
64	63	Overid - Corrected Claim	Claim corrected and override done by Alliance. Do not refile.
65	18	Overid - Duplicate Claims	Claim override done by Alliance has already been billed and processed. Do not refile.
66	22	Overid - EOB Required	Claim override done by Alliance. Provider must document primary payor and payment status when refiling claim.

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REASON ID	HIPAA ID	REASON DESCRIPTION	RECOMMENDED ACTION STEPS
67	62	Overid - Missing/incomplete/invalid treatment authorization code	Claim override done by Alliance due to changes in authorization or treatment plan. No action needed.
68	125	Overid - Other	Claim override done by Alliance for unspecified reason. Contact Alliance Claims Specialist with questions.
69	22	Overid - Other Primary Insurance	Claim override done by Alliance for other insurance eligibility. Provider must bill to primary insurance. Contact Alliance Claims Specialist with questions.
70	2	Overid - Patient Liability	Claim override done by Alliance to reflect consumer responsibility. Provider should seek payment from consumer or responsible party. Contact Alliance Claims Specialist with questions.
71	125	Overid - Provider Billing Error	Claim override done by Alliance to correct billing error. Review adjudication results. Contact Alliance Claims Specialist with questions.
72	125	Overid - Rate Change	Claim override done by Alliance to process under correct billing rate. Review adjudication results. Contact Alliance Claims Specialist with questions.
73	123	Revert - Audit Payback	Claim reverted by Alliance to effect payback due to audit of services. No action needed.
74	123	Revert - Audit Payback	Claim reverted by Alliance to effect payback due to audit of services. No action needed.
75	125	Revert - Audit Recoup	Claim reverted by Alliance to effect recoupment of funds due to audit of services. No action needed. Bill any corrected service, if applicable.
76	62	Revert - Authorization/Treatment Revisions	Claim reverted by Alliance due to changes in authorization or treatment plan. No action needed.
77	125	Revert - Billing Terms Revised	Claim reverted by Alliance due to change in billing terms. Consult contract documents or Alliance website.
78	125	Revert - Contract Terminated	Claim reverted by Alliance to reflect end of contract ed provider status.
79	63	Revert - Corrected Claim	Claim corrected and reverted by Alliance. Do not refile.
80	18	Revert - Duplicate Claims	Claim reverted by Alliance has already been billed and processed. Do not refile.
81	22	Revert - EOB Required	Claim reverted by Alliance. Provider must document primary payor and payment status when refileing claim.
82	125	Revert - Other	Claim reverted by Alliance for unspecified reason. Contact Alliance Claims Specialist with questions.
83	22	Revert - Other Primary Insurance	Claim reverted by Alliance for other insurance eligibility. Provider must bill to primary insurance. Contact Alliance Claims Specialist with questions.
84	2	Revert - Patient Liability	Amount denied is the responsibility of the consumer. No action needed.
85	125	Revert - Provider Billing Error	Claim reverted by Alliance to reflect consumer responsibility. Provider should seek payment from consumer or responsible party. Contact Alliance Claims Specialist with questions.
86	63	Revert - Reverted because reversal/replacement claim has been submitted	Claim reverted by Alliance to correct billing error. Review adjudication results. Contact Alliance Claims Specialist with questions.

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REASON ID	HIPAA ID	REASON DESCRIPTION	RECOMMENDED ACTION STEPS
87	2	Adjusted Against Co-Insurance	Claim adjudication reflects consumer responsibility. Provider should seek payment from consumer or responsible party. Contact Alliance Claims Specialist with questions.
88	11	Invalid DRG DX Code	Verify DRG diagnosis code and resubmit if billed in error.
89	147	No DRG exists or rate is not set up yet	Verify all DRG information from claim and if billed correctly, contact Alliance Contract Manager.
90	48	Non-Covered DRG Services	Services billed under this DRG are not reimbursable. No action needed.
91	199	Invalid Revenue Code	Verify revenue code and resubmit if billed in error.
92	99	Excess amount over allowed medicare copayment	Claim adjudication reflects coordination of benefits with Medicare and consumer. Provider should seek payment from consumer or responsible party. Contact Alliance Claims Specialist with questions.
93	125	Invalid DCN (Document Ctrl #) or resubmission ref #	Verify DCN or resubmission ref # from original claim. Resubmit as replacement/void.
94	125	Resubmitted claim DOS is after original claim submission date	Resubmit original claim as replacement claim with original DOS.
95	125	Resubmitted claim does not match with the referenced claim	Verify DCN or resubmission ref # from original claim. Resubmit.
96	125	Referenced claims has already been resubmitted. Multiple resubmissions not allowed	No action needed. Contact Alliance Claims Specialist if claim still requires attention.
97	42	Exceeded budgeted amount	Post payment and adjustment. Do not refile.
98	63	Readju - Denial Rebilling	Duplicate of previously submitted claim.
99	63	Overid - Denial Rebilling	Duplicate of previously submitted claim.
100	125	Invalid date span for discharge claims	Verify dates and resubmit claim.
101	125	Patient does not have a valid Target Pop. on DOS	Verify that consumer has a valid and current IPRS target population for the date of service billed. Contact Alliance Enrollment and Eligibility for assistance. If no errors exist, do not refile.
102	125	Patient does not have a valid Target Pop. for DX submitted in claim	Verify that consumer has a valid IPRS target population that corresponds with the diagnosis information on claim. Contact Alliance Enrollment and Eligibility for assistance. If no errors exist, do not refile.
103	125	Patient does not have a valid Target Pop. for service submitted in claim	Verify that consumer has a valid IPRS target population for the service billed. Contact Alliance Enrollment and Eligibility for assistance. If no errors exist, do not refile.
104	125	Loaded from legacy system - no reason available	Request MCO look into claim issue further.
105	125	Pended for manual review	Claims staff to manually review claim. Provider can ask for update on manual review status.

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REASON ID	HIPAA ID	REASON DESCRIPTION	RECOMMENDED ACTION STEPS
106	125	Pended for COB since patient has no COB record	Provider to update patient, COB tile as claim was submitted with COB information. Notify Claims staff once COB information has been updated. If submitting COB information was a mistake, notify Claims staff so the claim can be denied and provider can resubmit.
107	5	The procedure code/bill type is inconsistent with the place of service.	Provider to contact Claims staff for resolution. Alliance shall verify service and to place of service mapping.
108	31	No coverage available for patient/service/provider combo	Provider check consumers eligibilty and service provided
109	197	Service is not authorized for supplied site	Provider check the site on the SARS - it must match the site on the claim being billed.
110	22	Revert - Retroactive Medicaid	Ensure that the primary insurance for the patient has been billed and is indicated on the claim being submitted to the MCO.
111	22	Revert - Medicaid coverage	Ensure that the primary insurance for the patient has been billed and is indicated on the claim being submitted to the MCO.
112	A1	Add-on code cannot be billed by itself	Contact your MCO for further assistance.
113	B6	The taxonomy code for the billing provider is missing.	Check and confirm that the taxonomy submitted on the claim is associated with the NPI submitted. If so, contact your MCO for assistance.
114	B6	Missing/Incomplete/Invalid attending/rendering taxonomy code	Check and confirm that the taxonomy submitted on the claim is associated with the attending/rendering NPI submitted. If so, contact your MCO for assistance.
115	47	The diagnosis submitted on the claim is no longer billable or accepted by NC Tracks and will deny at that level.	Rebill the claim with a 5 digit diagnosis code.
116	23	Adjustment represents the estimated amount the primary payer may have paid.	Contact your MCO for further assistance.
117	22	Override Medicaid Coverage	Confirm patient eligibility through Enrollment and Eligibility.
118	22	Override Retroactive Medicaid	Confirm patient eligibility through Enrollment and Eligibility.
119	133	The disposition of the claim/service is pending further review. (Use only with Group Code OA)	Contact your MCO for further assistance.
120	45	Amount exceeded allowable COB amount	Post payment and any adjustment to charges. Do not refile. Contact Alliance Claims Specialist with questions.
121	185	The rendering provider is not eligible to perform the service billed	If service is marked as clinician based, rebill with the correct clinician NPI as the rendering. If not marked as clinician based, update the rendering NPI to the site's NPI where the service was performed.
122	MA130	A specific site could not be determined	Verify that site NPI is included in provider profile in Alpha. Confirm through Alliance Contract Manager prior to refiling claim.
125	119	Annual frequency exceed	Limit to occurrence of service billable per year. Adjust off charges and do not refile. Only if service is billed in error, file adjusted claim. Contact Alliance Claims Specialist with questions.

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REASON ID	HIPAA ID	REASON DESCRIPTION	RECOMMENDED ACTION STEPS
127	23	The impact of prior payer(s) adjudication including payments and/or adjustments	Post payment and any adjustment to charges. Do not refile. Contact Alliance Claims Specialist with questions.
128	23	Amount in excess of prior payer(s) coinsurance	Post payment and any adjustment to charges. Do not refile. Contact Alliance Claims Specialist with questions.