

FK LOCAL CODE	EFFECTIVE DATE	TERMINATE DATE	FK HIPAA CODE	HIP CLM ADJ RSN CD	HIP CLM ADJ GRP CD	HIP REMIT ADV CD 1	HIPAA CLM STS CODE	HIP CLM STA CAT CD
00001	13-Dec-14	31-Dec-99	CS	117	CO		430	F1
00002	13-Dec-14	31-Dec-99	CS	78	CO		101	F4
00003	13-Dec-14	31-Dec-99	CS	96	CO	M86	104	F2
00004	01-May-16	31-Dec-99	CS	16	CO	N554	104	F2
00007	13-Dec-14	31-Dec-99	CS	16	CO	N77	21	F2
00008	01-Jan-08	31-Dec-99	CS	150	CO	N188	147	F2
00009	13-Dec-14	31-Dec-99	CS	96	CO	MA55	234	F2
00010	13-Dec-14	31-Dec-99	CS	58	CO	N77	84	F2
00012	13-Dec-14	31-Dec-99	CS	15	CO	N517	259	F2
00013	13-Dec-14	31-Dec-99	CS	11	CO	N657	255	F2
00014	13-Dec-14	31-Dec-99	CS	78	CO		101	F4
00015	01-Jan-77	31-Dec-99	CS	B16	CO	N10	104	F1
00016	13-Dec-14	31-Dec-99	CS	96	CO	N130	1	F2
00017	13-Dec-14	31-Dec-99	CS	96	CO	N30	88	F4
00018	01-Jan-13	31-Dec-99	CS	22	CO	N192	182	F1
00019	01-May-18	31-Dec-99	CS	23	CO	N192	519	F2
00020	01-Oct-07	31-Dec-99	CS	B16	CO	N435	104	F1
00022	13-Dec-14	31-Dec-99	CS	16	CO	M53	187	F2
00023	01-Oct-07	31-Dec-99	CS	59	CO	N214	104	F1
00025	13-Dec-14	31-Dec-99	CS	164	CO		95	F2
00026	01-Dec-10	31-Dec-99	CS	22	CO		171	F2
00027	13-Dec-14	31-Dec-99	CS	23	CO	N219	182	F2
00028	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00029	13-Dec-14	31-Dec-99	CS	251	CO	N28	104	F2
00030	13-Dec-14	31-Dec-99	CS	16	CO	MA36	125	F2
00031	13-Dec-14	31-Dec-99	CS	16	CO	N433	122	F2
00032	13-Dec-14	31-Dec-99	CS	16	CO	MA37	153	F2
00033	13-Dec-14	31-Dec-99	CS	16	CO	N51	24	F2
00034	13-Dec-14	31-Dec-99	CS	96	CO	N117	483	F2
00035	13-Dec-14	31-Dec-99	CS	96	CO	N362	483	F2
00036	13-Dec-14	31-Dec-99	CS	251	CO	N228	122	F2
00037	13-Dec-14	31-Dec-99	CS	16	CO	MA04	401	F2
00038	13-Dec-14	31-Dec-99	CS	256	CO		116	F2
00039	01-May-16	31-Dec-99	CS	96	CO	N130	483	F2
00040	13-Dec-14	31-Dec-99	CS	18	OA		54	F2
00041	01-Jan-77	31-Dec-99	CS	97	CO	MA109	104	F2
00042	01-Dec-10	31-Dec-99	CS	18	CO	N472	54	F2
00043	01-Dec-10	31-Dec-99	CS	18	CO		54	F2
00044	01-Jan-08	31-Dec-99	CS	B20	CO	MA17	171	F1
00045	13-Dec-14	31-Dec-99	CS	B13	CO		54	F2
00046	13-Dec-14	31-Dec-99	CS	16	CO	N329	158	F2

00047	13-Dec-14	31-Dec-99	CS	97	CO	M15	735	F2
00048	01-Jan-77	31-Dec-99	CS	31	CO	N30	88	F2
00049	13-Dec-14	31-Dec-99	CS	50	CO	N362	255	F2
00050	13-Dec-14	31-Dec-99	CS	16	CO	MA61	148	F2
00052	13-Dec-14	31-Dec-99	CS	16	CO	MA39	157	F2
00053	13-Dec-14	31-Dec-99	CS	16	CO	N77	142	F2
00054	01-Jan-08	31-Dec-99	CS	B13	CO	MA67	101	F4
00055	13-Dec-14	31-Dec-99	CS	204	CO		109	F2
00056	13-Dec-14	31-Dec-99	CS	204	CO	N130	585	F2
00057	13-Dec-14	31-Dec-99	CS	97	CO	M15	66	F1
00058	01-May-16	31-Dec-99	CS	272	CO		104	F1
00059	13-Dec-14	31-Dec-99	CS	97	CO	N19	483	F2
00060	01-Jan-77	31-Dec-99	CS	108	CO	M7	184	F2
00061	13-Dec-14	31-Dec-99	CS	252	CO	M42	219	F2
00062	13-Dec-14	31-Dec-99	CS	252	CO	M42	332	F2
00063	01-Jan-08	31-Dec-99	CS	146	CO	M76	472	F2
00064	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F2
00065	05-Feb-05	31-Dec-99	CS	A1	CO	N56	122	F2
00066	13-Dec-14	31-Dec-99	CS	242	CO	N130	93	F2
00067	01-Mar-19	31-Dec-99	CS	119	CO	N640	483	F2
00068	01-Jan-77	31-Dec-99	CS	B13	PI	N111	101	F4
00069	13-Dec-14	31-Dec-99	CS	50	CO	N130	104	F2
00070	13-Dec-14	31-Dec-99	CS	96	CO	N56	104	F2
00071	13-Dec-14	31-Dec-99	CS	164	CO		718	F2
00072	13-Dec-14	31-Dec-99	CS	55	CO	N623	774	F2
00073	13-Dec-14	31-Dec-99	CS	96	CO	N548	98	F0
00074	02-Jul-08	31-Dec-99	CS	97	CO	N19	585	F0
00075	13-Dec-14	31-Dec-99	CS	16	CO	MA31	187	F2
00076	01-Jan-77	31-Dec-99	CS	16	CO	M49	250	F2
00077	13-Dec-14	31-Dec-99	CS	5	CO	M77	249	F2
00078	01-Jan-77	31-Dec-99	CS	16	CO	M67	454	F2
00079	01-Sep-21	31-Dec-99	CS	243	CO		93	F2
00080	05-Feb-05	31-Dec-99	CS	3	CO	N135	122	F2
00081	01-Sep-19	31-Dec-99	CS	24	CO		116	F2
00082	13-Dec-14	31-Dec-99	CS	40	CO		585	F2
00083	13-Dec-14	31-Dec-99	CS	96	CO	N104	116	F2
00084	04-Jan-17	31-Dec-99	CS	252	CO	N40	318	F2
00085	02-Jun-05	31-Dec-99	CS	B7	CO	N31	132	F2
00087	05-Feb-05	31-Dec-99	CS	16	CO	MA43	160	F2
00088	13-Dec-14	31-Dec-99	CS	96	CO	N630	25	F2
00089	01-May-16	31-Dec-99	CS	273	CO		104	F1
00090	01-Dec-10	31-Dec-99	CS	23	CO		101	F4
00091	13-Dec-14	31-Dec-99	CS	96	CO	N450	85	F2
00092	10-Sep-16	31-Dec-99	CS	181	CO	N56	454	F2
00093	01-May-16	31-Dec-99	CS	273	CO	N362	483	F2
00094	01-Sep-15	31-Dec-99	CS	45	CO	N381	67	F1
00095	01-Jul-19	31-Dec-99	CS	45	CO	N381	67	F1
00096	01-May-16	31-Dec-99	CS	273	CO		104	F1

00098	01-Jan-77	31-Dec-99	CS	31	CO	N30	56	F0
00099	01-Dec-10	31-Dec-99	CS	24	CO		67	F1
00100	13-Dec-14	31-Dec-99	CS	16	CO	M54	110	F0
00101	01-Jan-77	31-Dec-99	CS	129	PI	MA67	101	F4
00102	13-Dec-14	31-Dec-99	CS	115	CO		585	F2
00103	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F2
00104	01-Jan-08	31-Dec-99	CS	45	CO	N381	101	F4
00105	13-Dec-14	31-Dec-99	CS	198	CO	M62	84	F2
00106	13-Dec-14	31-Dec-99	CS	B7	PI	N570	142	F2
00107	13-Dec-14	31-Dec-99	CS	16	PI	N31	132	F2
00108	13-Dec-14	31-Dec-99	CS	B7	PI	N403	142	F2
00109	01-Jan-77	31-Dec-99	CS	16	CO	MA121	210	F2
00110	13-Dec-14	31-Dec-99	CS	16	CO	N253	132	F2
00111	13-Dec-14	31-Dec-99	CS	54	CO	N646	104	F1
00112	13-Dec-14	31-Dec-99	CS	54	CO	N646	104	F1
00113	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00114	10-Sep-16	31-Dec-99	CS	181	CO	N56	454	F2
00115	13-Dec-14	31-Dec-99	CS	97	CO	M86	54	F2
00116	13-Dec-14	31-Dec-99	CS	109	CO	N418	115	F2
00117	01-Jan-77	31-Dec-99	CS	97	CO	M80	106	F2
00118	01-Dec-10	31-Dec-99	CS	208	CO	N289	132	F2
00119	01-Jan-77	31-Dec-99	CS	16	CO	M49	476	F2
00120	01-Jan-08	31-Dec-99	CS	45	CO	N381	104	F1
00121	13-Dec-14	31-Dec-99	CS	16	CO	N253	21	F2
00122	13-Dec-14	31-Dec-99	CS	B13	PI		101	F4
00124	01-Jan-08	31-Dec-99	72	144	CO	MA67	101	F4
00125	13-Dec-14	31-Dec-99	CS	252	CO	N40	318	F2
00126	01-Jan-16	31-Dec-99	CS	45	CO		104	F1
00127	13-Dec-14	31-Dec-99	CS	18	OA	N111	54	F2
00128	13-Dec-14	31-Dec-99	CS	197	CO		84	F2
00129	01-Jan-08	31-Dec-99	CS	216	CO	N10	47	F1
00130	13-Dec-14	31-Dec-99	CS	251	CO	N4	171	F2
00132	01-Jan-16	31-Dec-99	CS	119	CO	N640	483	F2
00133	13-Dec-14	31-Dec-99	CS	45	CO	N381	46	F1
00135	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00137	13-Dec-14	31-Dec-99	CS	16	CO	M54	103	F0
00140	13-Dec-14	31-Dec-99	CS	50	CO	N130	104	F2
00141	13-Dec-14	31-Dec-99	CS	39	CO		84	F2
00142	13-Dec-14	31-Dec-99	CS	16	CO	N34	7	F2
00143	01-Dec-10	31-Dec-99	CS	22	CO	N104	85	F2
00144	02-Jul-08	31-Dec-99	CS	8	CO	N95	585	F2
00146	13-Dec-14	31-Dec-99	CS	54	CO	N646	104	F2
00148	10-Sep-16	31-Dec-99	CS	181	CO	N56	454	F2
00149	13-Dec-14	31-Dec-99	CS	45	CO	N381	104	F1
00150	01-Jan-08	31-Dec-99	CS	45	CO	N381	104	F1
00151	01-Jul-11	31-Dec-99	CS	24	CO	N381	101	F4
00152	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F0

00153	13-Dec-14	31-Dec-99	CS	109	CO	N418	105	F2
00154	13-Dec-14	31-Dec-99	CS	109	CO	N418	116	F2
00156	01-Jan-77	31-Dec-99	CS	129	CO	N10	101	F4
00157	13-Dec-14	31-Dec-99	CS	158	CO	N381	1	F2
00158	13-Dec-14	31-Dec-99	CS	96	CO	N130	89	F2
00159	13-Dec-14	31-Dec-99	CS	8	CO	N517	132	F2
00160	13-Dec-14	31-Dec-99	CS	177	CO		88	A1
00161	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00163	01-Jan-08	31-Dec-99	CS	45	CO	N381	65	F1
00164	01-May-16	31-Dec-99	CS	96	CO	N130	107	F2
00165	13-Dec-14	31-Dec-99	CS	181	CO		15	F0
00166	01-Jan-77	31-Dec-99	CS	45	CO	N22	15	F0
00167	13-Dec-14	31-Dec-99	CS	29	CO		718	F2
00168	01-Jan-08	31-Dec-99	CS	45	CO	N381	104	F1
00169	01-Jan-08	31-Dec-99	CS	216	CO	N10	101	F4
00170	13-Dec-14	31-Dec-99	CS	29	CO		718	F2
00172	13-Dec-14	31-Dec-99	CS	97	CO	N525	104	F2
00173	01-Dec-10	31-Dec-99	CS	97	CO	M15	104	F2
00174	01-Jan-19	31-Dec-99	CS	296	CO	N517	84	F2
00175	01-Jul-09	31-Dec-99	CS	119	CO	M90	483	F2
00176	01-Oct-07	31-Dec-99	CS	60	CO	N381	228	F2
00177	13-Dec-14	31-Dec-99	CS	13	CO		159	F2
00179	13-Dec-14	31-Dec-99	CS	16	CO	N257	132	F2
00180	13-Dec-14	31-Dec-99	CS	16	CO	N382	153	F2
00181	13-Dec-14	31-Dec-99	CS	31	CO		125	F2
00182	13-Dec-14	31-Dec-99	CS	96	CO	N30	88	F2
00183	13-Dec-14	31-Dec-99	CS	197	CO		84	F2
00184	01-Jan-08	31-Dec-99	CS	97	CO	M2	104	F2
00185	01-May-16	31-Dec-99	CS	273	CO		68	F1
00186	01-Oct-07	31-Dec-99	CS	16	CO	N381	110	F0
00187	13-Dec-14	31-Dec-99	CS	251	CO	N28	104	F2
00189	10-Sep-16	31-Dec-99	CS	181	CO	N56	454	F2
00193	01-May-16	31-Dec-99	CS	167	CO	N30	475	F2
00194	13-Dec-14	31-Dec-99	CS	B1	CO	N30	104	F2
00195	13-Dec-14	31-Dec-99	CS	97	CO	M86	104	F2
00197	01-Jan-77	31-Dec-99	CS	16	CO	M51	454	F2
00198	01-Dec-10	31-Dec-99	CS	204	CO	N130	475	F2
00200	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F2
00201	01-Jan-77	31-Dec-99	CS	16	CO	N50	233	F2
00202	01-Oct-07	31-Dec-99	CS	B8	CO	N381	428	F2
00203	13-Dec-14	31-Dec-99	CS	251	CO	N4	122	F2
00204	13-Dec-14	31-Dec-99	CS	97	CO	N111	104	F2
00205	13-Dec-14	31-Dec-99	CS	54	CO	N646	414	F2
00206	01-Oct-07	31-Dec-99	LS	101	OA	N381	101	F4
00207	13-Dec-14	31-Dec-99	CS	96	CO	N130	585	F2
00208	13-Dec-14	31-Dec-99	CS	B13	PI		54	F2
00209	13-Dec-14	31-Dec-99	CS	16	CO	M77	454	F2

00210	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00211	13-Dec-14	31-Dec-99	CS	4	CO	N657	453	F2
00212	01-Jan-16	31-Dec-99	CS	112	CO	N706	337	F2
00214	13-Dec-14	31-Dec-99	CS	143	CO	MA15	72	F1
00215	13-Dec-14	31-Dec-99	CS	97	CO	M144	483	F2
00216	01-Aug-04	31-Dec-99	CS	96	CO	N431	179	F2
00217	13-Dec-14	31-Dec-99	CS	96	CO	N130	425	F0
00218	13-Dec-14	31-Dec-99	CS	183	CO	N574	15	F0
00219	13-Dec-14	31-Dec-99	CS	251	CO	N705	104	F2
00220	01-Jan-16	31-Dec-99	CS	252	CO	N729	298	F2
00221	01-May-16	31-Dec-99	CS	251	CO	N28	104	F2
00223	01-Dec-10	31-Dec-99	CS	2	CO	N30	585	F2
00224	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00225	13-Dec-14	31-Dec-99	CS	96	CO	N54	48	F2
00226	01-Dec-10	31-Dec-99	CS	197	CO		48	F2
00227	01-Dec-10	31-Dec-99	CS	39	CO		48	F2
00229	01-Jul-11	31-Dec-99	CS	133	PI		38	P0
00230	13-Dec-14	31-Dec-99	LS	101	OA	N381	101	F1
00231	13-Dec-14	31-Dec-99	CS	50	CO	N130	104	F2
00232	13-Dec-14	31-Dec-99	CS	50	CO	N130	104	F2
00233	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00234	13-Dec-14	31-Dec-99	CS	45	CO	N381	68	F1
00236	13-Dec-14	31-Dec-99	CS	16	CO	N31	275	F2
00237	13-Dec-14	31-Dec-99	CS	109	CO	N130	116	F2
00238	01-Jan-12	31-Dec-99	CS	45	CO	N219	182	F0
00239	13-Dec-14	31-Dec-99	CS	16	CO	M51	454	F2
00240	13-Dec-14	31-Dec-99	CS	251	CO	N228	21	F2
00241	01-Jan-08	31-Dec-99	CS	209	CO	MA10	106	F1
00242	13-Dec-14	31-Dec-99	CS	251	CO	N28	104	F2
00243	13-Dec-14	31-Dec-99	CS	B13	CO		54	F2
00246	01-May-16	31-Dec-99	CS	252	CO	N706	1	F2
00247	13-Dec-14	31-Dec-99	CS	97	CO	M86	104	F2
00248	13-Dec-14	31-Dec-99	CS	252	CO	M42	291	F2
00250	13-Dec-14	31-Dec-99	CS	78	CO		699	F2
00251	13-Dec-14	31-Dec-99	CS	50	CO	N661	699	F2
00252	13-Dec-14	31-Dec-99	CS	119	CO	N640	104	F2
00253	13-Dec-14	31-Dec-99	CS	96	CO	N130	297	F2
00254	13-Dec-14	31-Dec-99	CS	251	CO	N228	199	F2
00255	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00256	13-Dec-14	31-Dec-99	CS	6	CO	N129	475	F2
00257	13-Dec-14	31-Dec-99	CS	251	CO	MA04	400	F2
00258	01-Dec-10	31-Dec-99	CS	31	CO		56	F2
00260	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00261	13-Dec-14	31-Dec-99	CS	16	CO	M51	454	F2
00262	01-Jan-16	31-Dec-99	CS	251	CO	N745	466	F2
00263	01-May-16	31-Dec-99	CS	273	CO	M13	15	F0
00266	13-Dec-14	31-Dec-99	CS	119	CO	M90	483	F2

00267	01-May-16	31-Dec-99	CS	163	CO	N706	294	F2
00269	13-Dec-14	31-Dec-99	CS	251	CO	M51	454	F2
00270	13-Dec-14	31-Dec-99	CS	252	CO	N3	466	F2
00271	13-Dec-14	31-Dec-99	CS	31	CO		198	F2
00272	01-Jan-16	31-Dec-99	CS	252	CO	N706	294	F2
00273	01-Jan-04	31-Dec-99	CS	138	CO	MA44	101	FO
00274	13-Dec-14	31-Dec-99	CS	252	CO	M127	294	F2
00275	13-Dec-14	31-Dec-99	CS	252	CO	M23	285	F2
00276	01-Jan-77	31-Dec-99	CS	22	CO	N52	104	F0
00277	13-Dec-14	31-Dec-99	CS	14	CO		158	F2
00278	13-Dec-14	31-Dec-99	CS	250	CO	N705	125	F2
00279	13-Dec-14	31-Dec-99	CS	177	CO		284	F2
00280	01-Jan-16	31-Dec-99	CS	252	CO	N473	332	F2
00281	13-Dec-14	31-Dec-99	CS	B7	PI	N570	107	F2
00282	13-Dec-14	31-Dec-99	CS	16	PI	N382	101	F4
00283	01-Jan-77	31-Dec-99	CS	129	PI	N31	101	F4
00285	01-Jan-16	31-Dec-99	CS	119	PI	N640	101	F4
00286	13-Dec-14	31-Dec-99	CS	B13	PI		101	F4
00287	13-Dec-14	31-Dec-99	CS	23	OA		101	F4
00289	04-Jan-17	31-Dec-99	CS	119	CO	N412	483	F2
00290	13-Dec-14	31-Dec-99	CS	251	CO	N228	466	F2
00291	13-Dec-14	31-Dec-99	CS	251	CO	N228	122	F2
00292	13-Dec-14	31-Dec-99	CS	16	CO	M49	476	F2
00293	13-Dec-14	31-Dec-99	CS	16	CO	N61	7	F1
00294	01-Jan-08	31-Dec-99	CS	45	CO	N381	66	F1
00295	01-Oct-11	31-Dec-99	CS	29	CO		718	F2
00296	02-Jun-05	31-Dec-99	CS	16	CO	N31	132	F2
00297	13-Dec-14	31-Dec-99	CS	50	CO	N130	104	F2
00298	13-Dec-14	31-Dec-99	CS	16	CO	N30	585	F2
00299	13-Dec-14	31-Dec-99	CS	16	CO	MA81	466	F2
00300	13-Dec-14	31-Dec-99	CS	16	CO	M51	104	F0
00302	01-Oct-07	31-Dec-99	CS	B7	CO	N381	116	F2
00303	13-Dec-14	31-Dec-99	CS	97	CO	M15	104	F0
00307	13-Dec-14	31-Dec-99	CS	16	CO	MA130	1	F2
00308	13-Dec-14	31-Dec-99	CS	16	CO	MA130	275	F2

00309	13-Dec-14	31-Dec-99	CS	16	CO	N62	187	F2
00310	13-Dec-14	31-Dec-99	CS	16	CO	N34	275	F2
00312	13-Dec-14	31-Dec-99	CS	243	CO	N130	94	F2
00313	13-Dec-14	31-Dec-99	CS	16	CO	MA36	153	F2
00315	13-Dec-14	31-Dec-99	CS	251	CO	N228	466	F2
00316	13-Dec-14	31-Dec-99	CS	251	CO	N228	395	F2
00317	13-Dec-14	31-Dec-99	CS	97	CO	M80	735	F2
00318	01-Apr-07	31-Dec-99	CS	198	CO	N54	483	F2
00319	01-Jan-77	31-Dec-99	CS	16	CO	N61	121	F2
00320	13-Dec-14	31-Dec-99	CS	B14	CO	N637	104	F2
00322	01-Jul-11	31-Dec-99	CS	136	PI	N381	275	F2
00324	13-Dec-14	31-Dec-99	CS	8	CO	N517	454	F2
00325	13-Dec-14	31-Dec-99	CS	45	CO	N381	104	F1
00327	02-Jul-08	31-Dec-99	CS	29	CO	N381	718	F2
00329	13-Dec-14	31-Dec-99	CS	97	CO	M80	106	F2
00332	01-Jan-77	31-Dec-99	CS	16	CO	M126	419	F2
00333	02-Jul-08	31-Dec-99	LE	143	CO	N381	585	F0
00334	13-Dec-14	31-Dec-99	CS	16	CO	N269	428	F2
00335	02-Jul-08	31-Dec-99	CS	29	CO	N381	718	F2
00338	13-Dec-14	31-Dec-99	CS	23	OA		542	F4
00339	13-Dec-14	31-Dec-99	CS	138	CO		1	F4
00340	01-Jan-08	31-Dec-99	CS	216	CO	N10	101	F4
00341	01-Dec-10	31-Dec-99	CS	138	CO		101	F4
00347	02-Jul-08	31-Dec-99	CS	150	CO	N22	585	F2
00349	13-Dec-14	31-Dec-99	CS	96	CO	N30	91	F2
00350	13-Dec-14	31-Dec-99	CS	96	CO	N56	454	F2
00352	13-Dec-14	31-Dec-99	CS	B16	CO		15	F1
00353	13-Dec-14	31-Dec-99	CS	97	CO	M80	483	F2
00354	13-Dec-14	31-Dec-99	CS	B14	CO		193	F2
00356	13-Dec-14	31-Dec-99	CS	252	CO	N3	21	F2
00358	13-Dec-14	31-Dec-99	CS	197	CO		84	F2
00359	01-Jan-08	31-Dec-99	CS	45	CO	MA125	104	F2
00360	01-Dec-10	31-Dec-99	CS	197	CO		428	F2
00361	01-Oct-07	31-Dec-99	CS	B7	CO	N381	132	F2
00362	13-Dec-14	31-Dec-99	CS	138	CO	N381	1	F2
00363	01-Jan-16	31-Dec-99	CS	251	CO	N745	299	F2



00364	01-Jan-16	31-Dec-99	CS	252	CO	N393	404	F2
00365	13-Dec-14	31-Dec-99	CS	39	CO		431	F2
00366	01-Jan-08	31-Dec-99	CS	B7	CO	N154	126	F2
00367	02-Jul-08	31-Dec-99	CS	29	CO	N381	718	F2
00368	01-Jan-77	31-Dec-99	CS	16	CO	N59	101	F4
00371	13-Dec-14	31-Dec-99	CS	119	CO	N435	310	F2
00372	13-Dec-14	31-Dec-99	CS	96	CO	N622	442	F2
00373	01-Jan-16	31-Dec-99	CS	252	CO	N706	294	F4
00374	15-Jun-10	31-Dec-99	CS	197	CO	N381	84	F2
00375	13-Dec-14	31-Dec-99	CS	23	OA		171	F2
00376	13-Dec-14	31-Dec-99	CS	16	CO	M76	255	F2
00377	13-Dec-14	31-Dec-99	CS	16	CO	MA92	400	F0
00378	13-Dec-14	31-Dec-99	CS	109	CO	N36	7	F2
00379	13-Dec-14	31-Dec-99	CS	193	CO	MA91	101	F4
00381	13-Dec-14	31-Dec-99	CS	207	CO	N257	132	F2
00384	01-Jan-77	31-Dec-99	CS	16	CO	M123	217	F2
00385	13-Dec-14	31-Dec-99	CS	16	CO	M20	454	F2
00387	01-Jan-16	31-Dec-99	CS	252	CO	N745	266	F2
00388	13-Dec-14	31-Dec-99	CS	193	CO	MA91	101	F4
00389	13-Dec-14	31-Dec-99	CS	16	CO	N202	2	F0
00391	13-Dec-14	31-Dec-99	CS	16	CO	MA15	72	F1
00392	13-Dec-14	31-Dec-99	CS	206	CO		93	F2
00393	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00394	01-Jan-08	31-Dec-99	CS	B7	CO	N92	142	F2
00396	02-Jul-08	31-Dec-99	CS	A1	CO	N381	585	F2
00397	01-Dec-10	31-Dec-99	CS	151	CO		300	F2
00398	13-Dec-14	31-Dec-99	CS	16	CO	N61	121	F2
00399	01-Jan-77	31-Dec-99	CS	A1	CO	N10	101	F4
00402	13-Dec-14	31-Dec-99	CS	54	CO	N646	104	F2
00403	13-Dec-14	31-Dec-99	CS	206	CO		132	F2
00405	13-Dec-14	31-Dec-99	CS	59	CO	N633	251	F1
00406	13-Dec-14	31-Dec-99	CS	250	CO	N705	286	F2
00407	01-Apr-18	31-Dec-99	CS	250	CO	N705	284	F2



00409	13-Dec-14	31-Dec-99	CS	198	CO		104	F0
00410	01-Jan-77	31-Dec-99	CS	150	CO	M13	15	F1
00411	01-Oct-07	31-Dec-99	CS	B7	PI	N381	91	F2
00415	13-Dec-14	31-Dec-99	CS	B10	CO	M80	104	F2
00416	01-Jan-08	31-Dec-99	CS	227	CO	MA92	198	F2
00417	13-Dec-14	31-Dec-99	CS	B10	CO	M80	104	F2
00419	13-Dec-14	31-Dec-99	CS	16	CO	N61	481	F2
00420	01-Dec-10	31-Dec-99	CS	B7	CO		132	F2
00421	01-Dec-10	31-Dec-99	CS	B7	CO		132	F2
00422	02-Jul-08	31-Dec-99	CS	96	CO	N448	585	F2
00423	01-Jan-16	31-Dec-99	CS	252	CO	N706	407	F2
00424	13-Dec-14	31-Dec-99	CS	4	CO	N517	453	F2
00425	01-Jan-08	31-Dec-99	CS	45	CO	MA15	101	F4
00426	13-Dec-14	31-Dec-99	CS	16	CO	MA130	275	F2
00428	13-Dec-14	31-Dec-99	CS	B7	CO		91	F2
00429	13-Dec-14	31-Dec-99	CS	96	CO	N54	84	F2
00432	13-Dec-14	31-Dec-99	CS	16	CO	M54	275	F2
00434	13-Dec-14	31-Dec-99	CS	B13	CO		54	F2
00435	13-Dec-14	31-Dec-99	CS	252	CO	N463	275	F2
00437	13-Dec-14	31-Dec-99	CS	16	CO	N56	454	F2
00439	13-Dec-14	31-Dec-99	CS	96	CO	N30	109	F2
00442	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00443	01-Jan-16	31-Dec-99	CS	252	CO	N227	294	F2
00450	13-Dec-14	31-Dec-99	CS	251	CO	MA64	116	F2
00451	13-Dec-14	31-Dec-99	CS	50	CO	N180	337	F2
00453	13-Dec-14	31-Dec-99	CS	251	CO	N40	318	F2
00454	01-Oct-07	31-Dec-99	CS	183	PI	N381	24	F2
00457	13-Dec-14	31-Dec-99	CS	96	CO	N129	104	F2
00458	13-Dec-14	31-Dec-99	CS	16	CO	MA39	157	F2
00459	01-Jan-16	31-Dec-99	CS	252	CO	N227	287	F2
00460	13-Dec-14	31-Dec-99	CS	251	CO		472	F2
00462	13-Dec-14	31-Dec-99	CS	16	CO	N59	472	F2

00463	13-Dec-14	31-Dec-99	CS	16	CO	N290	153	F2
00464	01-May-16	31-Dec-99	CS	272	CO		475	F2
00465	13-Dec-14	31-Dec-99	CS	96	CO	N129	475	F2
00467	01-Jan-16	31-Dec-99	CS	252	CO	N706	428	F2
00468	01-Jan-16	31-Dec-99	CS	252	CO	N459	297	F2
00469	01-Dec-10	31-Dec-99	CS	146	CO	M76	255	F2
00470	01-Jan-77	31-Dec-99	CS	150	CO	M13	15	F2
00472	13-Dec-14	31-Dec-99	CS	16	CO	N61	121	F2
00473	01-Jan-16	31-Dec-99	CS	252	CO	N706	84	F2
00474	13-Dec-14	31-Dec-99	CS	234	CO	M15	454	F2
00475	01-Jan-08	31-Dec-99	CS	45	CO	N381	67	F1
00477	13-Dec-14	31-Dec-99	CS	96	CO	N130	585	F2
00480	13-Dec-14	31-Dec-99	CS	B8	PI		430	F2
00481	13-Dec-14	31-Dec-99	CS	40	PI		104	F2
00483	13-Dec-14	31-Dec-99	CS	8	CO	N517	454	F2
00486	01-Jan-16	31-Dec-99	CS	252	CO	N706	297	F2
00488	10-Feb-23	31-Dec-99	CS	16	CO	MA120	142	F2
00489	13-Dec-14	31-Dec-99	CS	133	CO	MA15	104	F0
00490	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00491	13-Dec-14	31-Dec-99	CS	50	CO	N10	101	F4
00493	01-Jan-08	31-Dec-99	CS	193	CO	N1	101	F4
00494	01-Jan-16	31-Dec-99	CS	252	CO	N706	300	F2
00499	01-Apr-18	31-Dec-99	CS	22	CO	MA04	116	F2
00500	01-Jan-16	31-Dec-99	CS	251	CO	N745	472	F2
00501	13-Dec-14	31-Dec-99	CS	96	CO	N130	104	F2
00502	01-Jan-08	31-Dec-99	CS	31	CO	N15	238	F2
00503	13-Dec-14	31-Dec-99	CS	16	CO	M50	455	F2
00504	13-Dec-14	31-Dec-99	CS	178	PR		68	F1
00508	13-Dec-14	31-Dec-99	CS	16	CO	M51	1	F2
00510	01-May-16	31-Dec-99	CS	273	CO	N362	84	F2
00512	13-Dec-14	31-Dec-99	CS	50	CO	N130	287	F2
00513	01-Jan-16	31-Dec-99	CS	252	CO	N706	472	F2

00515	13-Dec-14	31-Dec-99	CS	96	CO	M13	15	F1
00516	13-Dec-14	31-Dec-99	CS	16	CO	MA75	466	F2
00517	01-Jan-77	31-Dec-99	CS	150	CO	M13	15	F2
00518	13-Dec-14	31-Dec-99	CS	182	CO	N517	293	F2
00519	13-Dec-14	31-Dec-99	CS	4	CO	N519	453	F2
00525	13-Dec-14	31-Dec-99	CS	16	CO	M136	262	F2
00526	01-May-16	31-Dec-99	CS	96	CO	N130	1	F2
00529	01-Dec-10	31-Dec-99	CS	16	CO	N285	300	F2
00531	01-May-16	31-Dec-99	CS	96	CO	N130	107	A2
00532	01-Oct-07	31-Dec-99	CS	135	CO	N381	179	F2
00534	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
00535	02-Jun-05	31-Dec-99	CS	16	CO	N31	132	F2
00536	01-Jan-16	31-Dec-99	CS	252	CO	N706	297	F2
00537	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00543	01-Jan-16	31-Dec-99	CS	252	CO	M60	287	F2
00544	01-Jan-16	31-Dec-99	CS	252	CO	N706	213	F2
00545	01-Jan-16	31-Dec-99	CS	252	CO	N706	310	F2
00546	13-Dec-14	31-Dec-99	CS	119	CO	N640	348	F2
00547	13-Dec-14	31-Dec-99	CS	251	CO	N228	122	F2
00549	01-Jan-08	31-Dec-99	CS	216	CO	N10	101	F4
00550	01-Jan-77	31-Dec-99	CS	97	CO	M80	483	F2
00553	13-Dec-14	31-Dec-99	CS	16	CO	N63	84	F2
00556	01-Jul-11	31-Dec-99	CS	133	PI	N381	46	F0
00557	01-Jul-11	31-Dec-99	CS	133	PI	N381	103	F2
00558	13-Dec-14	31-Dec-99	CS	16	CO	M51	454	F2
00559	13-Dec-14	31-Dec-99	CS	16	CO	M51	454	F2
00560	01-Jan-16	31-Dec-99	CS	50	CO		585	F2
00561	01-Jan-16	31-Dec-99	CS	252	CO	N706	403	F2
00562	13-Dec-14	31-Dec-99	CS	209	CO	MA59	1	F2
00563	01-Jan-16	31-Dec-99	CS	252	CO	N706	299	F2
00565	01-Dec-10	31-Dec-99	CS	29	CO		718	F2
00566	01-Jan-77	31-Dec-99	CS	16	CO	N56	454	F2

00567	13-Dec-14	31-Dec-99	CS	16	CO	M51	454	F2
00568	01-Jan-77	31-Dec-99	CS	97	CO	M80	483	F2
00569	01-Jan-08	31-Dec-99	CS	216	CO	N10	101	F2
00570	13-Dec-14	31-Dec-99	CS	251	CO	N28	468	F2
00571	01-Jan-16	31-Dec-99	CS	251	CO	N228	187	F2
00572	01-Jan-19	31-Dec-99	CS	197	CO	M62	84	F2
00573	13-Dec-14	31-Dec-99	CS	16	CO	M77	249	F2
00574	13-Dec-14	31-Dec-99	CS	B9	CO		116	F2
00576	13-Dec-14	31-Dec-99	CS	177	CO		7	F2
00578	13-Dec-14	31-Dec-99	CS	16	CO	M20	453	F2
00579	01-Jan-08	31-Dec-99	CS	16	CO	M51	294	F2
00581	13-Dec-14	31-Dec-99	CS	252	CO	M130	110	F2
00582	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00583	13-Dec-14	31-Dec-99	CS	181	CO	N517	454	F2
00584	01-Jan-77	31-Dec-99	CS	16	CO	N78	476	F2
00589	10-Sep-16	31-Dec-99	CS	181	CO	N517	454	F2
00591	13-Dec-14	31-Dec-99	CS	4	CO	N517	453	F2
00593	13-Dec-14	31-Dec-99	CS	7	CO	N517	474	F2
00594	13-Dec-14	31-Dec-99	CS	16	CO	MA04	171	F2
00598	13-Dec-14	31-Dec-99	CS	16	CO	MA92	116	F2
00601	01-Jan-77	31-Dec-99	CS	143	PI	N381	101	F4
00604	01-Jan-16	31-Dec-99	CS	252	CO	N706	466	F2
00605	01-Dec-10	31-Dec-99	CS	16	CO	M62	275	F2
00606	01-Jan-77	31-Dec-99	CS	8	CO	N95	454	F2
00610	01-Jan-77	31-Dec-99	CS	16	CO	MA75	466	F2
00611	13-Dec-14	31-Dec-99	CS	16	CO	N301	454	F2
00612	13-Dec-14	31-Dec-99	CS	216	CO	N202	2	F4
00613	01-May-08	31-Dec-99	CS	29	CO	N381	7	F2
00614	13-Dec-14	31-Dec-99	CS	23	OA		65	F1
00615	13-Dec-14	31-Dec-99	CS	16	CO	MA04	116	F2
00617	13-Dec-14	31-Dec-99	CS	23	OA		65	F1
00618	01-Jul-11	31-Dec-99	CS	133	PI		1	F0
00620	13-Dec-14	31-Dec-99	CS	96	CO	N647	104	F1
00622	01-Oct-07	31-Dec-99	CS	11	CO	N381	15	F1

00625	01-Dec-10	31-Dec-99	CS	2	CO	N30	65	F1
00628	01-Jan-08	31-Dec-99	CS	45	CO	MA15	72	F1
00629	13-Dec-14	31-Dec-99	CS	16	CO	N56	454	F2
00632	13-Dec-14	31-Dec-99	CS	252	CO	N4	115	F2
00633	13-Dec-14	31-Dec-99	CS	4	CO	N657	453	F2
00634	13-Dec-14	31-Dec-99	CS	16	CO	M53	187	F2
00639	13-Dec-14	31-Dec-99	CS	40	CO		471	F2
00641	13-Dec-14	31-Dec-99	CS	16	CO	M76	255	F2
00643	13-Dec-14	31-Dec-99	CS	16	CO	M51	1	F2
00645	13-Dec-14	31-Dec-99	CS	B7	CO		145	F2
00648	01-Jan-16	31-Dec-99	CS	252	CO	N706	294	F2
00649	01-Jan-08	31-Dec-99	CS	45	CO	MA15	72	F1
00650	13-Dec-14	31-Dec-99	CS	16	CO	N39	240	F2
00651	13-Dec-14	31-Dec-99	CS	40	CO		471	F2
00652	13-Dec-14	31-Dec-99	CS	16	CO	MA120	142	F2
00653	01-Jul-16	31-Dec-99	CS	40	CO	M60	287	F2
00654	13-Dec-14	31-Dec-99	CS	6	CO	N129	475	F2
00655	01-May-16	31-Dec-99	CS	273	CO	N362	104	F0
00656	01-Jan-77	31-Dec-99	CS	16	CO	N81	240	F2
00657	01-Jan-77	31-Dec-99	CS	16	CO	N75	240	F2
00658	13-Dec-14	31-Dec-99	CS	97	CO	N130	104	F2
00659	01-Jan-77	31-Dec-99	CS	97	CO	M80	104	F2
00661	13-Dec-14	31-Dec-99	CS	252	CO	N40	318	F2
00662	13-Dec-14	31-Dec-99	CS	97	CO	N20	104	F2
00663	13-Dec-14	31-Dec-99	CS	96	CO	M86	104	F2
00664	01-Jan-77	31-Dec-99	CS	97	CO	M80	104	F2
00665	04-Jan-17	31-Dec-99	CS	119	CO	N411	104	F2
00666	13-Dec-14	31-Dec-99	CS	119	CO	N640	104	F2
00668	13-Dec-14	31-Dec-99	CS	119	CO	N640	104	F0
00669	13-Dec-14	31-Dec-99	CS	119	CO	N640	104	F0
00672	01-Sep-15	31-Dec-99	CS	45	CO	MA125	104	F1
00673	01-Jan-16	31-Dec-99	CS	252	CO	M60	287	F2
00674	13-Dec-14	31-Dec-99	CS	96	CO	N20	104	F0
00677	01-May-16	31-Dec-99	CS	96	CO	N130	104	F0
00680	01-Jan-08	31-Dec-99	CS	169	CO	MA92	116	F2
00682	01-Jan-77	31-Dec-99	CS	16	CO	N56	454	F2
00688	01-Jan-08	31-Dec-99	CS	22	CO	N420	116	F4
00689	01-Oct-07	31-Dec-99	IR	105	CO	N362	68	F1
00690	13-Dec-14	31-Dec-99	CS	109	CO	N130	116	F2
00691	13-Dec-14	31-Dec-99	CS	96	CO	N130	179	F2

00694	13-Dec-14	31-Dec-99	CS	252	CO	M141	295	F2
00697	01-Jan-16	31-Dec-99	CS	252	CO	N439	251	F2
00698	02-Jun-05	31-Dec-99	CS	B7	CO	N381	109	F2
00699	13-Dec-14	31-Dec-99	CS	182	CO	N657	453	F2
00701	01-Dec-10	31-Dec-99	CS	16	CO	N286	132	F2
00708	13-Dec-14	31-Dec-99	CS	251	CO	N228	125	F2
00709	13-Dec-14	31-Dec-99	CS	251	CO	N28	466	F2
00710	13-Dec-14	31-Dec-99	CS	251	CO	N228	21	F2
00713	13-Dec-14	31-Dec-99	CS	40	CO		107	F2
00714	13-Dec-14	31-Dec-99	CS	252	CO	M127	317	F2
00715	01-May-18	31-Dec-99	CS	187	CO	N517	84	F2
00716	13-Dec-14	31-Dec-99	CS	16	CO	N59	104	F2
00717	01-May-16	31-Dec-99	CS	273	CO	N362	104	F2
00718	01-Dec-10	31-Dec-99	CS	60	CO	M2	585	F2
00720	13-Dec-14	31-Dec-99	CS	16	CO	N56	454	F2
00723	01-Oct-07	31-Dec-99	CS	108	CO	N362	186	F2
00724	01-Dec-10	31-Dec-99	CS	16	CO	M67	454	F2
00725	01-Dec-10	31-Dec-99	CS	16	CO	M67	454	F2
00728	15-Jan-18	31-Dec-99	CS	16	CO	N253	143	F2
00733	13-Dec-14	31-Dec-99	CS	11	CO	N657	454	F2
00736	13-Dec-14	31-Dec-99	CS	109	PI	N130	116	F2
00738	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00739	13-Dec-14	31-Dec-99	CS	216	CO	N35	101	F1
00740	13-Dec-14	31-Dec-99	CS	B20	CO		104	F1
00741	01-Dec-10	31-Dec-99	CS	45	CO		104	F1
00742	01-Jan-77	31-Dec-99	CS	B13	CO	MA15	103	F0
00743	13-Dec-14	31-Dec-99	CS	178	CO		104	F1
00745	01-Oct-07	31-Dec-99	CS	35	CO	N362	104	F1
00748	01-Dec-10	31-Dec-99	CS	16	CO	M67	454	F2
00750	01-May-08	31-Dec-99	CS	138	CO	N381	104	F2
00752	13-Dec-14	31-Dec-99	CS	96	CO	N130	1	F2
00753	01-Jan-77	31-Dec-99	CS	16	CO	M122	270	F2
00754	13-Dec-14	31-Dec-99	CS	252	CO	N206	421	F2
00755	01-Dec-10	31-Dec-99	CS	45	CO		104	F1
00756	01-Jan-08	31-Dec-99	CS	45	CO	MA125	104	F1
00757	01-Dec-10	31-Dec-99	CS	45	CO		104	F1
00759	13-Dec-14	31-Dec-99	CS	96	CO	N569	104	F2

00761	01-Dec-10	31-Dec-99	CS	45	CO		104	F1
00762	01-Jan-77	31-Dec-99	CS	97	CO	M80	104	F2
00763	01-Jan-77	31-Dec-99	CS	45	PI		101	F4
00764	13-Dec-14	31-Dec-99	CS	97	CO	M86	104	F2
00765	13-Dec-14	31-Dec-99	CS	16	CO	N34	275	F2
00766	13-Dec-14	31-Dec-99	CS	16	CO	M49	279	F2
00767	01-Jan-77	31-Dec-99	CS	16	CO	M7	104	F2
00770	01-Jan-16	31-Dec-99	CS	16	CO	M76	431	F2
00774	13-Dec-14	31-Dec-99	CS	251	CO	N28	125	F2
00775	01-May-16	31-Dec-99	CS	273	CO	M13	530	F1
00776	13-Dec-14	31-Dec-99	CS	B14	CO		104	F2
00779	01-Jan-77	31-Dec-99	CS	B16	CO	M13	15	F1
00780	01-Jan-16	31-Dec-99	CS	252	CO	N59	285	F0
00784	13-Dec-14	31-Dec-99	CS	16	CO	N433	132	F2
00785	13-Dec-14	31-Dec-99	CS	252	CO	M23	21	F2
00788	13-Dec-14	31-Dec-99	CS	16	CO	M96	107	F2
00791	01-Jan-77	31-Dec-99	CS	97	CO	M86	107	F2
00792	13-Dec-14	31-Dec-99	CS	16	CO	M76	255	F2
00793	13-Dec-14	31-Dec-99	CS	A8	CO	N657	21	F2
00794	04-Sep-17	31-Dec-99	CS	111	CO	N777	360	F2
00795	13-Dec-14	31-Dec-99	CS	251	CO	N362	95	F2
00797	01-May-16	31-Dec-99	CS	273	CO	N362	104	F1
00803	01-Jan-77	31-Dec-99	CS	97	CO	M86	104	F2
00805	13-Dec-14	31-Dec-99	CS	50	PI	N661	585	F2
00806	01-Jan-77	31-Dec-99	CS	97	CO	M86	104	F2
00807	01-Jan-77	31-Dec-99	CS	16	CO	N32	132	F2
00809	13-Dec-14	31-Dec-99	CS	250	CO	N705	430	F2
00810	13-Dec-14	31-Dec-99	CS	16	CO	M76	287	F2
00812	01-May-16	31-Dec-99	CS	273	CO	N362	104	F2
00813	01-Jan-77	31-Dec-99	CS	97	CO	M80	104	F2
00816	01-Jan-08	31-Dec-99	CS	78	CO	N47	104	F2
00818	13-Dec-14	31-Dec-99	CS	60	CO	N676	104	F2
00821	13-Dec-14	31-Dec-99	CS	16	CO	MA112	132	F2
00825	13-Dec-14	31-Dec-99	CS	16	CO	N77	132	F2
00826	13-Dec-14	31-Dec-99	CS	97	CO	N130	104	F2
00828	01-Jan-08	31-Dec-99	CS	45	CO	MA91	101	F4
00829	01-Jan-08	31-Dec-99	CS	216	CO	MA91	46	F0
00832	13-Dec-14	31-Dec-99	CS	97	CO	M86	104	F2
00834	01-Dec-10	31-Dec-99	CS	B7	CO		142	F2
00836	13-Dec-14	31-Dec-99	CS	252	CO	MA04	286	F2
00837	13-Dec-14	31-Dec-99	CS	40	CO		90	F2
00838	13-Dec-14	31-Dec-99	CS	6	CO	N381	88	F2
00840	13-Dec-14	31-Dec-99	CS	119	CO	N362	483	F2
00841	01-Jan-77	31-Dec-99	CS	119	CO	M86	483	F2
00842	13-Dec-14	31-Dec-99	CS	97	CO	M86	104	F2
00843	13-Dec-14	31-Dec-99	CS	B10	CO	N22	15	F0
00844	13-Dec-14	31-Dec-99	CS	50	CO		585	F0
00846	01-May-18	31-Dec-99	CS	284	CO	N517	84	F2
00848	01-Dec-10	31-Dec-99	CS	40	CO		428	F2
00849	01-May-16	31-Dec-99	CS	272	PI		46	F0
00852	01-Jan-08	31-Dec-99	CS	45	CO	N362	104	F1
00854	01-Jan-77	31-Dec-99	CS	B22	PI	MA63	104	F1



00856	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00858	13-Dec-14	31-Dec-99	CS	40	CO		471	F2
00859	01-Oct-15	31-Dec-99	CS	16	CO	M81	426	F0
00860	01-Oct-07	31-Dec-99	CS	B9	CO	N362	85	F2
00862	01-May-16	31-Dec-99	CS	272	CO	N10	101	F0
00866	13-Dec-14	31-Dec-99	CS	40	CO		454	F0
00870	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F2
00872	13-Dec-14	31-Dec-99	CS	16	CO	M76	254	F2
00873	13-Dec-14	31-Dec-99	CS	16	CO	M76	157	F2
00874	13-Dec-14	31-Dec-99	CS	16	CO	M77	249	F2
00878	13-Dec-14	31-Dec-99	CS	13	CO		159	F2
00879	13-Dec-14	31-Dec-99	CS	251	CO	M42	466	F2
00880	01-Jul-11	31-Dec-99	CS	96	PI	N362	247	F0
00884	01-Jul-11	31-Dec-99	CS	96	PI	N362	247	F0
00885	13-Dec-14	31-Dec-99	CS	A1	CO		104	F2
00887	01-Jan-16	31-Dec-99	CS	251	CO	N706	187	F2
00888	01-Jan-16	31-Dec-99	CS	251	CO	N468	104	F2
00893	13-Dec-14	31-Dec-99	CS	251	CO	MA81	466	F2
00896	01-Jan-77	31-Dec-99	CS	16	CO	N61	275	F1
00898	13-Dec-14	31-Dec-99	CS	16	CO	N341	454	F2
00899	13-Dec-14	31-Dec-99	CS	175	CO	N668	21	F2
00900	01-Jan-08	31-Dec-99	CS	16	CO	MA04	286	F2
00902	13-Dec-14	31-Dec-99	CS	97	CO	M15	454	F2
00903	13-Dec-14	31-Dec-99	CS	16	CO	MA30	228	F2
00904	13-Dec-14	31-Dec-99	CS	16	CO	MA40	189	F2
00905	13-Dec-14	31-Dec-99	CS	16	CO	MA43	21	F2
00906	13-Dec-14	31-Dec-99	CS	16	CO	N27	478	F2
00911	01-Dec-10	31-Dec-99	CS	31	CO	MA60	125	F2
00913	01-Jan-77	31-Dec-99	CS	16	CO	MA32	456	F2
00914	23-Aug-14	31-Dec-99	CS	16	CO	MA41	21	F2
00915	01-Jan-77	31-Dec-99	CS	16	CO	MA130	187	F2
00917	01-May-18	31-Dec-99	CS	284	CO	N517	21	F2
00918	01-Jan-77	31-Dec-99	CS	16	CO	MA122	192	F2
00920	13-Dec-14	31-Dec-99	CS	177	CO	MA27	1	F2
00922	13-Dec-14	31-Dec-99	CS	16	CO	MA91	101	F4
00923	01-Aug-04	31-Dec-99	CS	16	CO	MA92	480	F2
00924	01-Dec-10	31-Dec-99	CS	16	CO	MA121	210	F2
00925	13-Dec-14	31-Dec-99	CS	140	CO	MA36	21	F2
00928	01-Jan-77	31-Dec-99	CS	16	CO	M54	178	F2
00929	01-Dec-10	31-Dec-99	CS	16	CO	N65	181	F2
00930	13-Dec-14	31-Dec-99	CS	16	CO	N341	486	F2
00931	01-Jan-16	31-Dec-99	CS	16	CO	N745	266	F2
00932	13-Dec-14	31-Dec-99	CS	16	CO	M54	267	F2
00933	13-Dec-14	31-Dec-99	CS	232	CO	N362	101	F1
00934	01-Jul-11	31-Dec-99	CS	18	PI	MA46	78	F2
00935	13-Dec-14	31-Dec-99	CS	250	CO	N4	286	F2
00936	01-Jan-08	31-Dec-99	CS	45	CO	MA125	104	F1
00937	13-Dec-14	31-Dec-99	CS	109	CO	N130	116	F2
00940	01-Feb-06	31-Dec-99	CS	8	CO	N95	145	F2
00941	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00942	13-Dec-14	31-Dec-99	CS	16	CO	N362	104	F1
00944	01-May-07	31-Dec-99	CS	16	CO	MA65	232	F2
00946	01-Dec-10	31-Dec-99	CS	204	CO	N130	454	F2

00947	13-Dec-14	31-Dec-99	CS	16	CO	MA66	454	F2
00949	01-Jan-77	31-Dec-99	CS	97	CO	M80	104	F2
00951	13-Dec-14	31-Dec-99	CS	177	CO		88	F2
00953	01-May-18	31-Dec-99	CS	284	CO	N517	21	F2
00954	01-May-18	31-Dec-99	CS	284	CO	N517	252	F2
00958	13-Dec-14	31-Dec-99	CS	181	CO	M20	454	F2
00959	01-Jan-08	31-Dec-99	CS	45	CO	N362	104	F1
00965	13-Dec-14	31-Dec-99	CS	45	CO	N362	104	F1
00966	13-Dec-14	31-Dec-99	CS	16	CO	M53	258	F3
00968	13-Dec-14	31-Dec-99	CS	23	OA		104	F0
00969	01-Dec-10	31-Dec-99	CS	45	CO		104	F0
00970	13-Dec-14	31-Dec-99	CS	B13	CO		54	F2
00972	13-Dec-14	31-Dec-99	CS	96	CO	N130	104	F2
00973	13-Dec-14	31-Dec-99	CS	234	CO	M80	104	F2
00974	01-Jan-77	31-Dec-99	CS	16	CO	N46	21	F2
00976	01-Sep-11	31-Dec-99	CS	16	CO	M20	21	F2
00983	13-Dec-14	31-Dec-99	CS	96	CO	N130	250	F2
00984	13-Dec-14	31-Dec-99	CS	16	CO	N31	143	F2
00985	01-Jan-08	31-Dec-99	CS	216	CO	N35	101	F4
00986	13-Dec-14	31-Dec-99	CS	16	CO	MA31	187	F2
00987	13-Dec-14	31-Dec-99	CS	97	CO	M80	104	F2
00990	13-Dec-14	31-Dec-99	CS	148	CO	N705	286	F2
00994	13-Dec-14	31-Dec-99	CS	167	CO	N30	255	F2
00995	13-Dec-14	31-Dec-99	CS	16	CO	MA04	116	F2
00996	01-Jan-05	31-Dec-99	CS	109	CO	N82	104	F2
01000	01-Oct-07	31-Dec-99	CS	138	CO	N362	7	F2
01001	01-Dec-10	31-Dec-99	CS	144	CO	N442	104	F1
01002	13-Dec-14	31-Dec-99	CS	144	CO	N442	104	F1
01003	13-Dec-14	31-Dec-99	CS	144	CO	N442	104	F1
01005	13-Dec-14	31-Dec-99	CS	144	CO	N442	104	F1
01006	01-Dec-10	31-Dec-99	CS	45	CO	MA125	104	F1
01007	01-Sep-14	31-Dec-99	CS	16	CO	N34	275	F2
01008	13-Dec-14	31-Dec-99	CS	10	CO		86	F2
01009	13-Dec-14	31-Dec-99	CS	96	CO	N130	104	F2
01010	13-Dec-14	31-Dec-99	CS	16	CO	N31	132	F2
01015	01-Dec-10	31-Dec-99	CS	16	CO	N300	21	F2
01016	01-Jan-77	31-Dec-99	CS	16	CO	M51	122	F2
01017	13-Dec-14	31-Dec-99	CS	207	CO		132	F2
01018	13-Dec-14	31-Dec-99	CS	16	CO	N261	132	F2
01019	30-Jul-07	31-Dec-99	CS	16	CO	MA111	126	F2
01021	01-Dec-10	31-Dec-99	CS	16	CO	N294	21	F2
01022	01-Dec-10	31-Dec-99	CS	16	CO	N294	126	F2
01024	13-Dec-14	31-Dec-99	CS	16	CO	N209	128	F2
01025	01-Sep-21	31-Dec-99	CS	16	CO	N31	44	F2
01026	13-Dec-14	31-Dec-99	CS	16	CO	N329	158	F2
01027	23-Aug-14	31-Dec-99	CS	16	CO	N330	159	F2
01028	13-Dec-14	31-Dec-99	CS	16	CO	MA04	171	F2
01035	13-Dec-14	31-Dec-99	CS	16	CO	M54	178	F2

01046	13-Dec-14	31-Dec-99	CS	16	CO	N31	109	F2
01054	01-Jan-77	31-Dec-99	CS	16	CO	M49	401	F2
01058	01-Jan-77	31-Dec-99	CS	16	CO	M49	401	F2
01062	01-Jan-77	31-Dec-99	CS	16	CO	M49	366	F2
01063	13-Dec-14	31-Dec-99	CS	16	CO	M49	364	F2
01071	01-Jan-77	31-Dec-99	CS	16	CO	MA32	456	F2
01074	13-Dec-14	31-Dec-99	CS	16	CO	N300	462	F2
01075	13-Dec-14	31-Dec-99	CS	16	CO	N300	462	F2
01076	23-Aug-14	31-Dec-99	CS	16	CO	M45	719	F2
01077	13-Dec-14	31-Dec-99	CS	16	CO	N299	461	F2
01078	01-Jan-77	31-Dec-99	CS	16	CO	M49	219	F2
01079	01-Jan-77	31-Dec-99	CS	16	CO	M44	460	F2
01080	13-Dec-14	31-Dec-99	CS	16	CO	N37	244	F2
01081	01-Jan-77	31-Dec-99	CS	16	CO	M49	48	F2
01082	13-Dec-14	31-Dec-99	CS	96	CO	N640	239	F2
01083	13-Dec-14	31-Dec-99	CS	16	CO	M49	471	F2
01084	01-Jan-77	31-Dec-99	CS	16	CO	M49	239	F2
01085	05-Feb-05	31-Dec-99	CS	16	CO	M51	104	A3
01086	01-Dec-10	31-Dec-99	CS	16	CO	M67	104	A3
01088	16-Oct-03	31-Dec-99	CS	16	CO	M53	7	F2
01093	01-Jan-77	31-Dec-99	CS	16	CO	M54	178	F2
01100	01-Dec-10	31-Dec-99	CS	16	CO	N480	21	F2
01101	01-Oct-07	31-Dec-99	CS	96	CO	N362	377	F2
01105	13-Dec-14	31-Dec-99	CS	16	CO	M49	401	F2
01106	01-Jan-77	31-Dec-99	CS	16	CO	M49	401	F2
01107	13-Dec-14	31-Dec-99	CS	16	CO	MA36	125	F2
01108	13-Dec-14	31-Dec-99	CS	16	CO	MA36	125	F2
01111	01-Jan-16	31-Dec-99	CS	252	CO	N745	472	F2
01112	13-Dec-14	31-Dec-99	CS	13	CO		159	F2
01116	01-Sep-16	31-Dec-99	CS	16	CO	M56	104	F2
01117	01-Jan-77	31-Dec-99	CS	16	CO	MA130	387	F2
01118	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01119	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01120	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01121	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01122	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01123	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01124	01-Jan-77	31-Dec-99	CS	16	CO	MA130	122	F2
01128	01-Dec-10	31-Dec-99	CS	16	CO	N291	147	F2
01130	01-Dec-10	31-Dec-99	CS	16	CO	N299	122	F2
01132	13-Dec-14	31-Dec-99	CS	4	CO	N657	250	F2
01138	13-Dec-14	31-Dec-99	CS	251	CO	N480	480	F2
01139	01-Jan-77	31-Dec-99	CS	16	CO	M49	122	F2
01140	13-Dec-14	31-Dec-99	CS	31	CO		116	F2
01141	13-Dec-14	31-Dec-99	CS	16	CO	MA130	104	F2
01143	13-Dec-14	31-Dec-99	CS	16	CO	N341	390	F2
01144	13-Dec-14	31-Dec-99	CS	16	CO	N4	91	F2
01145	13-Dec-14	31-Dec-99	CS	16	CO	N34	275	F2
01147	13-Dec-14	31-Dec-99	CS	16	PI	N59	1	F0
01148	01-Jan-77	31-Dec-99	CS	16	CO	MA130	421	F2

01150	01-Oct-07	31-Dec-99	CS	45	CO	N59	104	F1
01151	01-Dec-10	31-Dec-99	CS	22	CO		286	F2
01152	01-May-16	31-Dec-99	CS	109	CO	N193	116	F2
01153	13-Dec-14	31-Dec-99	CS	22	CO	N598	107	F4
01154	13-Dec-14	31-Dec-99	CS	45	CO	N421	101	F3
01155	13-Dec-14	31-Dec-99	CS	22	CO	N598	107	F4
01156	01-Sep-13	31-Dec-99	CS	45	CO	N45	104	F1
01157	13-Dec-14	31-Dec-99	CS	4	CO	N657	453	F2
01158	13-Dec-14	31-Dec-99	CS	4	CO	N657	453	F2
01160	01-Jan-19	31-Dec-99	CS	45	CO	N45	104	P1
01161	01-May-18	31-Dec-99	CS	209	CO	N442	104	F2
01163	01-Jul-16	31-Dec-99	CS	B7	CO		132	F2
01165	13-Dec-14	31-Dec-99	PL	16	CO	N434	21	F2
01166	01-Jan-77	31-Dec-99	CS	150	PI	N10	3	F1
01167	01-Apr-11	31-Dec-99	PL	233	CO		744	F4
01168	01-Apr-11	31-Dec-99	PL	233	CO		744	F4
01170	13-Dec-14	31-Dec-99	CS	45	CO		104	F1
01171	13-Dec-14	31-Dec-99	CS	96	PI	N54	84	F2
01172	17-Apr-15	31-Dec-99	CS	252	PI	M143	91	F2
01173	01-Jun-18	31-Dec-99	CS	252	PI	N191	91	F2
01174	13-Dec-14	31-Dec-99	CS	133	PI		484	P5
01175	01-Jan-77	31-Dec-99	CS	177	PI		97	F2
01176	01-Jun-18	31-Dec-99	CS	B7	PI	MA60	123	F2
01177	01-Jan-77	31-Dec-99	CS	198	PI	N45	674	F1
01178	13-Dec-14	31-Dec-99	CO	107	PI		585	F2
01179	01-Jan-77	31-Dec-99	CS	45	CO		585	F1
01180	01-Jan-77	31-Dec-99	CS	107	PI		585	F2
01181	13-Dec-14	31-Dec-99	CS	45	CO		631	F1
01182	13-Dec-14	31-Dec-99	CS	16	PI	M49	585	F2
01183	13-Dec-14	31-Dec-99	CO	107	PI		585	F2
01184	13-Dec-14	31-Dec-99	CS	45	CO	N59	3	F1
01185	01-Apr-11	31-Dec-99	PL	233	CO		744	F4
01186	01-Apr-11	31-Dec-99	PL	233	CO		744	F4
01188	01-Jan-77	31-Dec-99	C5	133	OA		41	P2
01189	01-Jan-77	31-Dec-99	C5	133	OA		41	P5
01191	13-Dec-14	31-Dec-99	LS	45	CO		104	F1
01192	01-Jan-77	31-Dec-99	C5	133	OA		41	P5
01193	01-Jan-77	31-Dec-99	C5	133	OA		41	P5
01194	01-Jan-77	31-Dec-99	C5	133	OA		41	P5
01195	01-Jan-77	31-Dec-99	C5	133	OA		41	P5
01196	13-Dec-14	31-Dec-99	CS	45	CO		104	F1
01197	13-Dec-14	31-Dec-99	WU	45	CO		101	F4
01198	01-Jan-77	31-Dec-99	CS	B15	CO	N149	454	F2
01199	01-Jan-77	31-Dec-99	CS	A1	CO	N185	717	F2
01200	01-Sep-15	31-Dec-99	CS	203	CO	M20	275	F1

01201	13-Dec-14	31-Dec-99	CS	129	OA	N123	101	A5
01202	13-Dec-14	31-Dec-99	CS	50	OA	N130	585	F2
01204	01-Jan-77	31-Dec-99	CS	23	CO	N421	101	F4
01205	01-Sep-12	31-Dec-99	PL	144	CO		69	F1
01206	13-Dec-14	31-Dec-99	CS	23	OA	N421	101	F3
01207	01-Jan-77	31-Dec-99	CS	B13	OA	N421	101	P5
01209	13-Dec-14	31-Dec-99	CS	97	CO	M2	54	F2
01210	01-May-16	31-Dec-99	PL	273	CO		530	F1
01211	29-Aug-12	31-Dec-99	CS	60	CO	M2	735	F2
01212	31-Aug-12	31-Dec-99	CS	60	CO	M2	735	F2
01214	01-Jan-77	31-Dec-99	J1	16	CO	N264	132	F2
01215	01-Jan-77	31-Dec-99	CS	B7	CO		132	F2
01216	13-Dec-14	31-Dec-99	CS	119	CO	N640	483	F2
01220	01-Jan-77	31-Dec-99	CS	16	CO	M51	476	F2
01221	01-Jan-77	31-Dec-99	CS	197	PI		84	F2
01222	01-Jan-16	31-Dec-99	CS	252	CO	MA81	294	F2
01223	01-Jan-77	31-Dec-99	CS	203	CO	MA125	275	F1
01224	01-Sep-13	31-Dec-99	CS	45	CO	MA125	104	F1
01225	01-Sep-13	31-Dec-99	CS	45	CO	MA125	104	F1
01228	01-Sep-13	31-Dec-99	CS	203	CO	MA125	275	F1
01229	01-Jan-77	31-Dec-99	CS	A1	CO	M76	255	F2
01230	01-Jan-13	31-Dec-99	CS	144	CO	N442	104	F1
01231	01-Jan-13	31-Dec-99	CS	144	CO	N442	104	F1
01232	01-Jan-77	31-Dec-99	CS	A1	CO	MA91	544	F2
01233	13-Dec-14	31-Dec-99	CS	119	CO	M86	483	F2
01234	01-Jan-77	31-Dec-99	CS	60	CO	M2	189	F2
01236	01-Jan-77	31-Dec-99	CS	45	CO	N381	104	F1
01243	01-Jan-77	31-Dec-99	CS	216	CO	N10	72	F4
01246	01-Jan-77	31-Dec-99	CS	203	CO	MA125	104	F1
01247	01-May-16	31-Dec-99	CS	272	PI		46	F0
01248	01-Jan-77	31-Dec-99	CS	119	CO		483	F2
01249	01-Aug-17	31-Dec-99	CS	272	PI		46	F0
01250	01-Jun-15	31-Dec-99	CS	97	CO	N20	104	F2
01251	01-Jun-15	31-Dec-99	CS	97	CO	N20	104	F2
01252	01-Jan-77	31-Dec-99	CS	16	CO	N62	187	F2
01253	01-Jan-77	31-Dec-99	CS	23	OA	N421	101	F3
01254	01-Jan-77	31-Dec-99	CS	23	OA	N421	101	F3
01255	01-Jan-77	31-Dec-99	CS	23	OA	N421	101	F3
01256	01-May-17	31-Dec-99	CS	23	OA	N421	101	F3
01257	01-Jan-77	31-Dec-99	CS	23	OA	N421	101	F3
01258	01-Jan-77	31-Dec-99	CS	211	CO		218	F2
01259	01-Jan-77	31-Dec-99	CS	45	CO	N381	66	F1
01260	01-Sep-16	31-Dec-99	CS	16	CO	N207	273	F2
01261	01-Jul-16	31-Dec-99	CS	96	CO	N180	585	F2

01262	01-Mar-16	31-Dec-99	CS	6	CO	N381	475	F2
01263	01-Jan-77	31-Dec-99	CS	16	CO	M56	562	F2
01264	01-Jan-77	31-Dec-99	CS	208	CO		562	F2
01265	01-Jan-77	31-Dec-99	CS	216	CO	N10	101	F4
01266	01-Jan-77	31-Dec-99	CS	216	CO	N10	101	F4
01267	01-Jan-77	31-Dec-99	CS	169	CO	N30	116	F2
01268	01-Jan-77	31-Dec-99	CS	169	CO	N30	116	F2
01269	01-Jan-77	31-Dec-99	CS	45	CO	N381	104	F1
01270	01-Jan-77	31-Dec-99	CS	23	OA	N421	101	F3
01271	01-Jan-77	31-Dec-99	CS	206	CO	N290	562	F2
01272	01-Jan-77	31-Dec-99	CS	109	CO	N418	116	F2
01274	01-Jan-77	31-Dec-99	CS	252	CO	N142	481	F2
01275	01-Jan-77	31-Dec-99	CS	58	CO	N258	126	F2
01276	01-Jan-77	31-Dec-99	CS	144	OA	N807	107	F1
01278	01-Jan-77	31-Dec-99	CS	94	CO	N649	1	F1
01279	01-Jan-77	31-Dec-99	CS	181	CO	N56	1	F1
01280	01-Jan-77	31-Dec-99	PL	4	CO	N823	1	F2
01281	01-Jan-77	31-Dec-99	PL	234	CO	N390	1	F2
01283	01-Jan-77	31-Dec-99	PL	16	CO	N36	171	F2
01284	01-Jan-77	31-Dec-99	CS	B7	CO	N570	743	F2
01285	01-Jan-77	31-Dec-99	CS	58	CO	N258	126	F2
01286	01-Jan-77	31-Dec-99	J1	152	OA	N300	1	F2
01287	01-Jan-77	31-Dec-99	J1	B7	OA	N473	1	F2
01288	01-Jan-77	31-Dec-99	J1	B7	OA	N473	1	F2
01289	01-Jan-77	31-Dec-99	IP	144	OA	N199	1	F1
01290	01-Jan-77	31-Dec-99	IP	144	OA	N199	1	F1
01291	01-Jan-77	31-Dec-99	RA	144	OA	N199	1	F3
01292	01-Jan-77	31-Dec-99	RA	144	OA	N199	1	F3
01380	01-Jan-16	31-Dec-99	CS	119	CO		585	FS
01381	01-Jan-77	31-Dec-99	CS	203	PI	MA125	104	F1
01504	01-Jul-11	31-Dec-99	CS	A1	PI	N362	1	F0
01505	01-Jan-08	31-Dec-99	CS	45	CO	N59	104	F0
01600	13-Dec-14	31-Dec-99	CS	208	CO	N257	562	F2
01601	01-Sep-21	31-Dec-99	CS	208	CO	M56	153	F2
01602	13-Dec-14	31-Dec-99	CS	208	CO	N290	562	F2
01603	01-Sep-21	31-Dec-99	CS	208	CO	M56	153	F2
01604	27-Jul-07	31-Dec-99	CS	16	CO	N255	21	F2
01605	27-Jul-07	31-Dec-99	CS	16	CO	N255	21	F2
01606	27-Jul-07	31-Dec-99	CS	16	CO	N288	21	F2
01607	27-Jul-07	31-Dec-99	CS	16	CO	N288	21	F2
01608	01-Jan-16	31-Dec-99	CS	16	CO	N706	21	F2
02008	01-Jan-10	31-Dec-99	CS	133	CO	N65	7	F2
05001	13-Dec-14	31-Dec-99	CS	133	PI		101	F4

05027	01-Dec-20	31-Dec-99	PL	5	CO	N93	777	F2
05100	27-Aug-11	31-Dec-99	PL	97	CO	N19	104	F2
05102	01-Jan-77	31-Dec-99	PL	97	CO	N20	454	F2
05103	13-Dec-14	31-Dec-99	PL	B5	CO	N640	483	F2
05104	13-Dec-14	31-Dec-99	CS	146	CO	M76	255	F2
05105	01-Jan-77	31-Dec-99	PL	B13	CO		735	F2
05106	13-Dec-14	31-Dec-99	PL	10	CO	N657	86	F2
05107	13-Dec-14	31-Dec-99	PL	9	CO	N657	157	F2
05108	13-Dec-14	31-Dec-99	PL	6	CO	N129	475	F2
05109	13-Dec-14	31-Dec-99	PL	7	CO	N517	474	F2
05110	01-Jan-77	31-Dec-99	PL	97	CO	N19	104	F2
05111	13-Dec-14	31-Dec-99	PL	107	CO	M51	454	F2
05113	13-Dec-14	31-Dec-99	PL	18	CO	N111	454	F2
05114	13-Dec-14	31-Dec-99	PL	107	CO	M51	454	F2
05115	10-Sep-16	31-Dec-99	PL	181	CO	N56	454	F2
05116	01-Jan-77	31-Dec-99	PL	97	CO	M97	453	F2
05118	10-Sep-16	31-Dec-99	PL	181	CO	N56	454	F2
05119	01-Jan-77	31-Dec-99	PL	97	CO	N19	104	F2
05120	13-Dec-14	31-Dec-99	CS	11	CO	MA63	254	F2
05121	01-Jan-77	31-Dec-99	CS	A1	CO	M86	492	F2
05122	01-May-16	31-Dec-99	PL	273	CO	N362	483	F0
05123	01-May-16	31-Dec-99	PL	273	CO		483	F0
05124	01-May-16	31-Dec-99	PL	273	CO	N362	483	F0
06000	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06001	01-Jan-08	31-Dec-99	B3	23	CO	MA67	101	F4
06002	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06003	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06004	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06005	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F1
06006	01-Jan-77	31-Dec-99	LS	31	CO	N30	187	F2
06007	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F1
06008	02-Jul-08	31-Dec-99	LS	45	CO	MA45	542	F0
06009	01-Jan-08	31-Dec-99	LS	23	CO	MA67	101	F4
06010	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F1
06011	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F1
06012	01-Jan-08	31-Dec-99	LS	225	CO	MA67	101	F4
06013	01-Jan-08	31-Dec-99	LS	23	CO	MA67	104	F1
06014	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F1
06015	01-Jan-08	31-Dec-99	LS	23	CO	MA67	1	F0
06016	01-May-16	31-Dec-99	WO	272	CO		101	F4
06017	13-Dec-14	31-Dec-99	WO	45	CO	N362	101	F4
06018	01-May-16	31-Dec-99	WU	272	CO		101	F4
06019	01-May-16	31-Dec-99	IS	272	CO		101	F4



06020	01-May-16	31-Dec-99	GO	272	CO		101	F4
06021	01-May-16	31-Dec-99	WO	272	CO		101	F4
06022	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06023	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06024	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06027	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06028	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06029	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06031	13-Dec-14	31-Dec-99	WO	45	CO	MA67	101	F4
06032	01-May-16	31-Dec-99	PL	272	CO		101	F4
06033	01-May-16	31-Dec-99	IS	272	CO		101	F4
06034	01-May-16	31-Dec-99	PL	272	CO		101	F4
06035	01-May-16	31-Dec-99	IS	272	CO		101	F4
06036	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06037	01-May-16	31-Dec-99	WO	272	CO		101	F4
06038	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06039	01-May-16	31-Dec-99	WO	272	CO		101	F4
06040	01-May-16	31-Dec-99	WO	272	CO		101	F4
06041	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06042	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06043	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06044	01-May-16	31-Dec-99	WO	272	CO		101	F4
06045	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06046	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06047	01-Jan-08	31-Dec-99	J1	45	CO	MA45	104	F0
06048	01-Oct-07	31-Dec-99	LS	101	OA	N362	104	F0
06049	01-Oct-07	31-Dec-99	LS	101	OA	N362	104	F0
06050	13-Dec-14	31-Dec-99	WO	45	CO	MA67	101	F4
06051	01-May-16	31-Dec-99	WO	273	CO	N362	101	F4
06052	01-May-16	31-Dec-99	WO	273	CO	N362	101	F4
06053	01-Jan-08	31-Dec-99	CS	192	CO	N362	285	F0
06054	13-Dec-14	31-Dec-99	CS	138	CO	MA44	101	F0
06056	01-May-16	31-Dec-99	IS	272	CO		101	F4
06057	01-Jan-08	31-Dec-99	CS	45	CO	MA45	104	F0
06058	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06059	01-Jan-08	31-Dec-99	72	23	CO	MA67	101	F4
06060	01-Jan-08	31-Dec-99	LS	23	CO	N362	104	F0
06061	01-Jan-08	31-Dec-99	LS	23	CO	MA67	104	F0
06062	01-Jan-08	31-Dec-99	CT	23	CO	N362	104	F0
06063	01-May-16	31-Dec-99	RA	273	CO	N362	101	F4
06064	13-Dec-14	31-Dec-99	LS	A1	CO	N59	101	F0
06065	01-May-16	31-Dec-99	WU	272	CO		101	F4
06066	01-Jan-08	31-Dec-99	72	45	CO	MA67	104	F0
06067	01-Jan-08	31-Dec-99	72	45	CO	MA67	104	F0
06068	13-Dec-14	31-Dec-99	WO	45	CO	MA67	101	F4
06069	13-Dec-14	31-Dec-99	WO	23	CO	MA67	101	F4
06070	13-Dec-14	31-Dec-99	WO	129	CO	MA67	101	F4

06071	13-Dec-14	31-Dec-99	WO	129	CO	MA67	101	F4
06072	01-Jan-08	31-Dec-99	72	45	CO	MA67	101	F4
06073	01-Jan-08	31-Dec-99	72	45	CO	MA67	101	F4
06074	01-May-16	31-Dec-99	WO	272	CO		101	F4
06075	01-May-16	31-Dec-99	WO	272	CO	N10	101	F4
06076	01-May-16	31-Dec-99	WO	272	CO		101	F4
06077	01-May-16	31-Dec-99	WO	272	CO		101	F4
06078	01-May-16	31-Dec-99	WO	273	CO	N362	101	F4
06079	01-May-16	31-Dec-99	WO	272	CO	N10	101	F4
06080	01-May-16	31-Dec-99	PL	272	CO		609	F4
06081	01-Jan-77	31-Dec-99	LS	23	CO	N45	609	F1
06082	13-Dec-14	31-Dec-99	WO	192	CO	N423	521	F1
06083	01-Jan-16	31-Dec-99	LS	45	CO		73	F1
06084	01-Jan-77	31-Dec-99	CS	45	CO		3	F1
06085	01-Jan-77	31-Dec-99	CS	45	CO		3	F1
06086	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06092	13-Dec-14	31-Dec-99	WO	23	CO	N377	104	F1
06093	13-Dec-14	31-Dec-99	WO	45	CO	MA45	101	F4
06094	01-Jan-77	31-Dec-99	CS	100	OA	N663	65	F1
06095	23-Aug-19	31-Dec-99	CS	23	CO	MA67	101	F2
06096	01-Jan-77	31-Dec-99	CS	109	CO	N418	116	F2
06135	01-Jan-08	31-Dec-99	LS	129	CO	MA67	101	F4
06136	01-May-16	31-Dec-99	CS	109	CO	N130	116	F3
30000	01-May-16	31-Dec-99	CS	273	CO	N362	104	F0
30001	01-Jan-08	31-Dec-99	CS	45	CO	N362	104	F0
30002	01-Jan-08	31-Dec-99	CS	129	CO	MA67	101	F4
90000	13-Dec-14	31-Dec-99	CS	252	CO	N366	46	F0
90013	16-Oct-03	31-Dec-99	CS	16	CO	M54	178	F2
90016	01-Jan-77	31-Dec-99	CS	16	CO	M54	178	F2
90052	01-Jan-77	31-Dec-99	CS	16	CO	MA40	189	F2
90054	01-Dec-10	31-Dec-99	CS	16	CO	N318	190	F2
90056	01-Dec-10	31-Dec-99	CS	16	CO	M52	194	F2
90057	01-Dec-10	31-Dec-99	CS	16	CO	M59	194	F2
90060	01-Dec-10	31-Dec-99	CS	16	CO	M64	254	F2
90080	01-Oct-14	31-Dec-99	CS	146	CO	MA65	232	F2
90089	01-Jan-77	31-Dec-99	CS	16	CO	M46	462	F2
90091	23-Aug-14	31-Dec-99	CS	9	CO	MA41	231	F2
90165	13-Dec-14	31-Dec-99	CS	16	CO	N341	187	F2
90174	13-Dec-14	31-Dec-99	CS	16	CO	M76	477	F2
91816	01-Dec-10	31-Dec-99	CS	16	CO	N379	481	F2
91817	01-May-15	31-Dec-99	CS	16	CO	M119	218	F2
91818	01-May-15	31-Dec-99	CS	16	CO	M119	218	F2
91820	13-Dec-14	31-Dec-99	CS	96	CO	N450	104	F2

91821	13-Dec-14	31-Dec-99	CS	78	OA		457	F3
EVV01	01-Jan-77	31-Dec-99	CS	193	CO	M16	1	A2
EVV02	01-Sep-20	31-Dec-99	CS	95	CO	N819	1	F2
EVV03	01-Sep-20	31-Dec-99	CS	95	CO	N818	1	F2
EVV04	01-Sep-20	31-Dec-99	CS	95	CO	N821	1	F2
EVV05	01-Sep-20	31-Dec-99	CS	95	CO	N824	1	F2
EVV06	01-Sep-20	31-Dec-99	CS	95	CO	N820	1	F2
EVV07	01-Jan-77	31-Dec-99	CS	193	CO	M16	1	A2
EVV08	01-Jan-77	31-Dec-99	CS	193	CO	M16	1	A2
EVV71	01-Jan-77	31-Dec-99	CS	251	CO	N237	1	F2
EVV99	01-Jan-77	31-Dec-99	CS	251	CO	N237	1	F2

EOB NARRATIVE
MILEAGE/PAYMENT REDUCED TO NEAREST APPROPRIATE FACILITY
THIS SERVICE HAS BEEN RECOUPED AS A RESULT OF THE ER RETROSPECTIVE REVIEW PROCESS.
A PROPHYLAXIS WITHIN 90 DAYS OF A PERIODONTAL SCALING OR ROOT PLANING IS NOT PAYABLE.
FAMILY PLANNING PROGRAM DESIGNATION REQUIRED.
CSHCN PCN/PROVIDER NUMBER(S) ARE NOT VALID ON A MEDICAID CLAIM
TITLE X PROVIDERS MUST PROVIDE LEVEL OF PRACTITIONER INFORMATION.
THIS SERVICE DENIED/RECOUPED BECAUSE CLIENT LEFT FACILITY PRIOR TO TREATMENT
THESE SERVICES DENIED/RECOUPED DUE TO INAPPROPRIATE REFERRAL BY PCP TO THE EMERGENCY ROOM
FREQUENCY OF VISITS BILLED DOES NOT MATCH VISITS AUTHORIZED THROUGH HOME HEALTH UNIT
<b>THIS SERVICE NOT ALLOWED FOR THIS DIAGNOSIS. Take non covered adjustment for denial/expected amount</b>
DUE TO INPATIENT UTILIZATION REVIEW DENIAL, ALL RELATED SERVICES ARE DENIED/RECOUPED.
CONSULT CODE FOR ESTABLISHED PATIENT CHANGED TO FOLLOW-UP OFFICE VISIT/HOSPITAL VISIT.
MEDICAID DOES NOT PAY FOR THESE SERVICES NOT COVERED BY MEDICARE.
CLIENT IS OVER AGE 65 AND IS NOT ELIGIBLE FOR SERVICES THROUGH THIS TYPE PROGRAM.
<b>MEDICAID ALLOWANCE INCLUDES FULL MEDICARE DEDUCTIBLE AND MAY INCLUDE FULL OR PARTIAL COINSURANCE Post HB CO Adjustment for balance/expected amount</b>
<b>MEDICARE PAID THE TOTAL ALLOWABLE FOR THE SERVICE. Post HB CO Adjustment for balance/expected amount</b>
EXAM WITHIN 180 DAYS OF INITIAL EXAM PAID AS FOLLOW UP EXAM
<b>THE NUMBER OF ACCOMMODATIONS BILLED DOES NOT AGREE WITH THE DATES OF SERVICE. Review claim DOS on storyboard vs claim image. Review value codes 80 and 81 and their quantity on claim image. Does the quantity of VC's equal total days of DOS? Send to Revenue Integrity if the IP charges/dates need review. Send to billing if the VC's need review.</b>
MULTIPLE SURGICAL PROCEDURES PROCESSED ACCORDING TO SURGERY GUIDELINES.
REQUESTED INFORMATION NOT RECEIVED WITHIN 30 DAYS, DENIAL IS FINAL.
<b>CLIENT IS ELIGIBLE FOR MEDICARE PART A, B OR C. MEDICARE MUST BE BILLED FIRST. PLEASE REVIEW CLIENT ELIGIBILITY TO DETERMINE WHICH MEDICARE CARRIER TO BILL. Undo billing, add MCR as primary, initiate billing.</b>
ALLOWED AMOUNT REFLECTS OTHER INSURANCE PAYMENT THAT MAY EQUAL OR EXCEED PROGRAM LIABILITY
CLAIM ADJUSTED TO MATCH AUTHORIZATION.
CLIENT MUST BE 21 YEARS OF AGE ON THE DATE CONSENT WAS SIGNED.
CLIENT NAME IS MISSING. PLEASE CORRECT AND RESUBMIT YOUR CLAIM.
FACILITY PROVIDER NUMBER REQUIRED ON THE HCFA 1500 CLAIM FORM.
CLIENT'S COUNTY OF RESIDENCE CODE REQUIRED.
BILLING PROVIDER NUMBER NOT AUTHORIZED FOR ELECTRONIC BILLING. PLEASE CONTACT TMHP.
PROCEDURE NOT A BENEFIT MORE THAN ONCE IN A LIFETIME.
PROCEDURE NOT A BENEFIT MORE THAN TWICE IN A LIFETIME.
ALL APPLICABLE BLANKS ON CONSENT FORM NOT COMPLETED. REFER TO PROVIDER PROCEDURE MANUAL.
PLEASE DOCUMENT SOURCE OF CREDIT AMOUNT INDICATED. REFILE CORRECTED CLAIM.
MEDICAID/MEDICARE DOES NOT PAY FOR SERVICES WHEN PAID/DENIED BY THE CLIENT SELECTED HMO.
THSTEPS-CCP SERVICES ARE NOT PAYABLE FOR DATES OF SERVICE PRIOR TO 040190.
DUPLICATE ITEM OF A CLAIM BEING PROCESSED. PLEASE DO NOT FILE A DUPLICATE CLAIM.
THESE CHARGES ARE INCLUDED IN THE GLOBAL AMBULATORY SURGICAL FACILITY PAYMENT.
THIS IS A DUPLICATE SERVICE THAT HAS BEEN PAID TO ANOTHER PROVIDER.
THIS SERVICE WAS PREVIOUSLY PAID TO PROVIDER/SUPPLIER.
PAYMENT BY AGENCIES IDENTIFIED AS SECONDARY TO THIS PROGRAM MUST BE REFUNDED TO THE AGENCY.
<b>DENIED ON CLAIM %1 ON %2. 1. Determine if it's a corrected claim and if that proc code already paid on the last claim, if so it wont pay again. 2. Or review if the same proc code is on that claim more than once, if so it usually pays the first time and the other same codes deny. Research if the proc code is missing a modifier/etc. that would make it payable or if billed more than once it's not payable. 3. Could be another account on same day needs combining 4. Could be another acct same DOS but both accts are ER. Two ER accts don't get combined so the claim needs ER times and modifier on ER charge added and when fixed resubmitted. Send to RI to add ER modifier, send to billing to add ER times and then when fixed you or billing can resubmit as</b>
DATE OF BIRTH IN FIELD MISSING OR INVALID.

PROFESSIONAL OR TECHNICAL COMPONENT FEE INCLUDED IN COMBINED PROCEDURE.
CLIENT HAS NOT BEEN ELIGIBLE FOR AT LEAST TWO YEARS / REMOVED FROM DHS FILE.
DIAGNOSIS DOES NOT INDICATE MEDICAL NECESSITY FOR SERVICE(S) TO BE REPEATED.
PATIENT SOCIAL SECURITY NUMBER REQUIRED.
SEX OF PATIENT MUST BE INDICATED.
THE PHYSICIAN ASSIST-CERT NAME AND LICENSE NUMBER NEEDS TO BE INCLUDED ON THE CLAIM.
THIS RECOUPMENT IS A REISSUE OF PREVIOUS RECOUPMENT.
CLIENT NOT ICF-MR ELIGIBLE.
TAKE HOME DRUGS AND SUPPLIES ARE NOT A BENEFIT.
ACCORDING TO HCFA REGULATIONS PAYMENT REDUCED AS THIS TEST IS PART OF AN AUTOMATED GROUP.
PROCEDURE PAYMENT DETERMINED BY PROGRAM/BENEFIT PLAN, LOCALITY/SPECIALTY, DATE OF SERVICE AND BILLED AMOUNT.
ADDITIONAL PAYMENT FOR INCIDENTAL SURGERY IS NOT A BENEFIT.
PURCHASE PRICE HAS BEEN REACHED. RENTAL FEE IS NO LONGER PAYABLE FOR THIS EQUIPMENT.
A PHYSICIAN'S PRESCRIPTION FOR THIS EQUIPMENT IS REQUIRED.
CLAIM DENIED. PHYSICIAN CERTIFICATION STATEMENT NOT SUBMITTED.
RESUBMIT RUN SHEET WITH A NARRATIVE DESCRIPTION OF CLIENT'S CONDITION AND VITAL SIGNS.
SCREEN EXCEEDS PERIODICITY SCHEDULE.
VALID PRIMARY BIRTH CONTROL METHOD REQUIRED.
SERVICES FOR LOCK-IN CLIENT PAYABLE ONLY TO DESIGNATED LOCK-IN PROVIDER.
PROCEDURE/SERVICE LIMITED TO ONCE PER CALENDAR MONTH.
THIS PAYOUT IS A REISSUE OF PREVIOUS PAYOUT.
CONCURRENT CARE DETERMINED NOT MEDICALLY NECESSARY.
PROCEDURE BILLED IS NOT A BENEFIT OF THIS PROGRAM.
DOCUMENTATION NOT RECEIVED WITHIN TIME LIMIT.
SERVICES CONSIDERED EXPERIMENTAL OR INVESTIGATIONAL ARE NOT A BENEFIT.
INPATIENT DEDUCTIBLE HAS BEEN MET.
INFORMATIONAL CODE FOR MEDICAL TRANSPORTATION PROGRAM USE ONLY.
MISSING, INVALID OR FUTURE DATES OF SERVICE.
MISSING OR INVALID TYPE OF SERVICE. <b>Check UB Box 14/15 and send to Coding for review/correction if wrong codes</b>
<b>THIS PROCEDURE NOT PAYABLE IN THIS PLACE OF SERVICE. If 1500 claim, check if POS is wrong. If UB, check if TOB is wrong. also, could be the doctor is not eligible to perform that service at that location. Would have to research.</b>
MISSING OR INVALID PROCEDURE CODE OR DESCRIPTION OF SERVICE.
REFERRING PROVIDER WAS NOT THE PCP ON THE DATE OF SERVICE. STAR CLAIM DID NOT INCLUDE A VALID NPI/API OF THE MEMBER'S PCP.
VALID PATIENT CO-PAY IS REQUIRED.
<b>CLAIM BILLED TO TMHP IN ERROR. BILL HMO OR DMO. IF CLIENT IS A STAR+PLUS MQMB FILE APPEAL TO TMHP. IF CLAIM IS FOR AN EVV SERVICE WITH DATE OF SERVICE ON OR AFTER 9/1/2019, FILE ELECTRONICALLY TO TMHP. Check elig on TMHP portal and see what managed medicaid PT has. Undo billing, remove TMHP, add the active medicaid on file.</b>
EMERGENCY TRANSFERS CANNOT BE APPEALED AS A NON-EMERGENCY TRANSFER.
SERVICES BILLED TO TMHP IN ERROR. BILL VISTA.
X-RAY WITHIN LAST 12 MONTHS REQUIRED FOR CHIROPRACTIC TREATMENT OF CHRONIC CONDITION.
<b>PROVIDER NOT ENROLLED FOR DATES OF SERVICE. CONTACT TMHP CUSTOMER SERVICE. Either the doctor or the hospital location is not credentialed for medicaid. Will have to research. May have to call payer if you need details who/what they are talking about. If really not credentialed then take non credentialed adjustment for expected amount</b>
MARITAL STATUS MUST BE ENTERED.
CONSULTS NOT APPROVED BY MEMBER'S PCP.
AIR TRANSFER HAS BEEN APPROVED AT NON-EMERGENCY GROUND RATE; PAYMENT REDUCED.
THIS ACTION IS THE RESULT OF A MEDICARE ADJUSTMENT.
ADULT PHYSICAL EXAMS MUST BE PERFORMED BY MEMBER'S PCP.
THIS IS NOT A VALID PROCEDURE FOR DATE OF SERVICE, RESUBMIT USING THE AUTOMATED TEST CODE.
ONLY 2 PELVIC ULTRASOUNDS ALLOWED PER PREGNANCY.
ALLOWED DISCOUNT FACTOR FOR THIS OUTPATIENT SERVICE HAS BEEN ADJUSTED BASED ON THE PROVIDER PRICING INFORMATION AND DATES OF SERVICE.
ALLOWED AMT FOR THIS OUTPATIENT HOSPITAL SERVICE IS INCREASED BY 5.2%.
AIR TRANSFER HAS BEEN APPROVED AT EMERGENCY GROUND RATE; PAYMENT REDUCED.

NEWBORN CHARGES PENDING AWAITING ELIGIBILITY STATUS FROM DHS-NO FURTHER ACTION REQUIRED.
PAID AT THE ENCOUNTER RATE.
A CHARGE WAS NOT NOTED FOR THIS SERVICE. <b>Check claim if the dollar amount is \$0 and missing. RI reviews charges</b>
THIS IS A RECOUPMENT OF INDIVIDUAL PROCEDURE CODES THAT WERE INCORRECTLY PAID.
THIS IS A DELETED PROCEDURE THAT IS A NONCOVERED SERVICE.
SERVICES EXCEED ALLOWED BENEFIT LIMITATIONS. <b>Take HB contractual adjustment</b>
ADJUSTMENT REFLECTS CORRECT SDA.
THIS PROCEDURE IS NOT AUTHORIZED. PROCEDURE DENIED.
PERFORMING PROVIDER NOT CERTIFIED. CONTACT TMHP CUSTOMER SERVICE.
MEDICAID PCN/PROVIDER NUMBER(S) IS NOT VALID ON A CSHCN CLAIM.
FACILITY PROVIDER IS NOT CERTIFIED.
CHIROPRACTIC SERVICES REQUIRE THE RELATED X-RAY DATE.
PERFORMING PROVIDER NUMBER NOT IDENTIFIED AS PART OF THE GROUP BILLING NUMBER.
MORE THAN ONE ASSISTANT SURGEON NOT PAYABLE FOR THIS PROCEDURE.
MORE THAN TWO ASSISTANT SURGEONS NOT PAYABLE FOR THIS PROCEDURE.
FURNISH THE MEDICARE REMITTANCE ADVICE OR NOTICE FOR OUR PROCESSING.
PROCEDURE CODE IS INVALID OR THE COMBINATION OF PROCEDURE CODE AND TYPE OF SERVICE IS INVALID.
THIS SERVICE DENIED AS A DUPLICATE OF ANOTHER ITEM ON THE SAME CLAIM.
SERVICES BILLED TO TMHP IN ERROR. BILL PHP.
THIS PROCEDURE IS PART OF ANOTHER PROCEDURE/SERVICE BILLED ON SAME DAY. <b>Check for anthr claim same DOS to be combined. If not, it's probably referring to a proc code they consider to be inclusive to another proc code on the claim, and they are not paid separately. Take HB Contractual adjustment on denial amount/expected amount</b>
SERVICE(S) REQUIRE PERFORMING PROVIDER NAME/NUMBER FOR PAYMENT.
A QUANTITY FOR THIS BILLED AMOUNT IS NEEDED FOR PROCESSING.
PROCEDURE PAYMENT DETERMINED BY PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND IS CALCULATED ON AN INDIVIDUAL BASIS BY TMHP.
SUBSTITUTE PHYSICIAN'S NAME AND PROVIDER NUMBER MUST BE IN BLOCKS 17A AND 17B.
THIS CLAIM IS REISSUE OF PREVIOUS CLAIM.
THANK YOU FOR YOUR REFUND, YOUR 1099 LIABILITY HAS BEEN CREDITED.
CHIROPRACTIC TREATMENT OF AN ACUTE CONDITION REQUIRES A RELATED X-RAY EVERY 3 MONTHS.
PAYMENT WAS REDUCED BY %1 DUE TO MEDICALLY NEEDY SPEND DOWN PAYMENT
PAID ON CLAIM %1 ON %2. <b>Denied as duplicate, if it's supposed to be a corrected claim resubmit w/correct TOB and previous ICN.</b>
THIS DATE OF SERVICE NOT AUTHORIZED DURING THE INPATIENT CONCURRENT REVIEW PROCESS.
PAYMENT REDUCED BY MEDICAL REVIEWER.
MEDICARE DENIAL INSUFFICIENT TO CONSIDER PAYMENT OF CLAIM. APPEAL/REAPPEAL TO MEDICARE.
EXCEEDS THE LIMIT OF 24 CHIROPRACTIC VISITS FOR A 12 MONTH PERIOD.
THIS PAYMENT IS THE RESULT OF A COST AUDIT SETTLEMENT.
DRG BILLED DOES NOT MATCH DRG AUTHORIZED. CLAIM PROCESSED ACCORDING TO AUTHORIZED DRG. <b>Check the DRG that was billed vs the IP Calculations to see which DRG it paid. If it downgraded the DRG level and paid less, this would go to PCAT/Veracity DRG activity code.</b>
TOTAL BILLED CHANGED TO REFLECT THE TOTAL DETAIL CHARGES AND/OR THE COMBINATION OF CLAIMS.
PROLONGED PHYSICIAN SERVICES WITHOUT "FACE TO FACE" PATIENT CONTACT ARE NOT PAYABLE.
CLAIM DENIED DUE TO LACK OF NOTIFICATION WITHIN 24 HOURS OF ADMISSION.
HOSPITAL ADMISSION DENIED. CERTIFICATION FOR OBSERVATION ONLY. REFILE AS OUTPATIENT CLAIM.
MEDICARE ENROLLMENT COMPLETED- PLEASE FILE THIS AND FUTURE SERVICES TO MEDICARE.
THIS PROCEDURE NOT COVERED FOR THIS PROVIDER TYPE. <b>I think this means the doctor's specialty isn't covered to perform/bill this service. This could be adjusted as non covered adjustment for the denied/expected amount</b>
THIS SURGICAL PROCEDURE DOES NOT REQUIRE THE SERVICES OF AN ASSISTANT.
G0168-NOT IMPLEMENTED BY TX MCD. RESUBMIT WITH APPROPRIATE CPT REPAIR/SURGICAL CODE.
PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND A MAXIMUM PAYMENT AMOUNT SET BY CMS OR HHSC. <b>Take HB contractual adjustment, this paid per fee sched/max allowed</b>
PAID IN ACCORDANCE WITH MEDICAID GUIDELINES.
THIS SERVICE RECOUPED AT THE REQUEST OF THE CLIENTS MCO.
THIRTY DAYS OF INPATIENT HOSPITAL CONFINEMENT HAVE BEEN UTILIZED. <b>This PT has already used up their benefits. Take a medicaid charity adjustment for denied/expected amount</b>

CAPPED SERVICES - HMO NOT PAYOR (HMO).
HMO NOT PAYOR - SUBMIT CHARGES TO TMHP (HMO).
THIS RECOUPMENT RESULTS FROM AN INCORRECT PAYMENT.
SERVICES OUTSIDE THE UNITED STATES ARE NOT A BENEFIT.
SERVICES RELATED TO DENTAL CARE ARE NOT A BENEFIT.
PLEASE REFILE USING APPROPRIATE CPT PROCEDURE CODE UNDER DOD PROVIDER NUMBER.
CLAIM DENIED BASED ON FINAL ELIGIBILITY DETERMINATION. ADVISE PATIENT TO CONTACT DHS CASEWORKER.
OUTLIER PMT ADJUSTED AS RESULT OF RETROSPECTIVE REVIEW BY HHSC UTILIZATION REVIEW.
%1 OF THE TOTAL PAYMENT IS THE OUTLIER PAYMENT
THESE SERVICES ARE NOT IN ACCORDANCE WITH MEDICAL POLICY.
PROCEDURE CODE CHANGED TO MATCH PROVIDER'S DESCRIPTION.
PROCEDURE CODE CHANGED IN ACCORDANCE WITH PREPAYMENT REVIEW GUIDELINES.
CLAIM WAS NOT RECEIVED W/IN 95 DAYS. APPEAL W/PREVIOUS R&S REPORTS IF CLAIM WAS ON TIME.
<b>PAID AT COST REIMBURSEMENT RATE. HB Contractual adjustment and this is not a denial</b>
THIS ADJUSTMENT IS THE RESULT OF A TMHP DESK REVIEW.
RECEIVED PAST 95 DAY FILING DEADLINE. EXCEPTIONS NOTED IN PROVIDER PROCEDURE MANUAL.
THIS CHARGE IS INCLUDED IN THE SURGICAL/ANESTHESIA FEE.
SERVICES INCLUDED IN TOTAL MATERNITY CHARGE.
THIS PROVIDER NUMBER IS NOT ASSIGNED TO THIS AUTHORIZATION NUMBER.
ANNUAL FAMILY PLANNING PHYSICAL EXAMS ARE LIMITED TO ONE PER STATE FISCAL YEAR.
<b>OBSERVATION ROOM/ER CHARGES ON DAY OF ADMISSION MUST BE BILLED ON INPATIENT CLAIM FORM. Can send to billing audit team for review to see if this needs to be combined with the IP claim. If not can take an adjustment.</b>
<b>OUR RECORDS INDICATE THAT THE CLIENT WAS DECEASED AT THE TIME OF SERVICE. Check claim image if occurrence code 55 is on claim. If not that is what is missing and send to Billing for review and ask them to add Occ code 55 and resubmit claim.</b>
AS OF 4/7/02 THE TEXAS PROVIDER IDENTIFIER (TPI) REPLACES THE MEDICAID PROVIDER NUMBER. THIS CLAIM WAS BILLED WITH THE OLD PROVIDER NUMBER. PLEASE SUBMIT THIS AND FUTURE CLAIMS USING YOUR TPI. SEE MEDICAID BULLETIN 161 MARCH/APRIL
<b>CLIENT NUMBER INVALID. PLEASE RESUBMIT WITH ACCURATE CLIENT INFORMATION. Check TMHP eligibility for correct ID #. Make corrections and resubmit claim.</b>
<b>CLIENT'S FULL NAME, CLIENT NUMBER, SEX &amp; DATE OF BIRTH DO NOT MATCH INFORMATION ON FILE. Check TMHP eligibility for correct patient info and compare to claim image. Make corrections and resubmit claim.</b>
<b>OUR RECORDS INDICATE CLIENT IS NOT ELIGIBLE FOR BENEFITS FOR THIS DATE OF SERVICE. Check TMHP/Availity for eligibility and correct coverage if loaded wrong. If coverage is correct, can call payer to update TPR/COB info and once updated can resubmit claim/appeal.</b>
SERVICES RELATED TO AN UNAUTHORIZED ORGAN TRANSPLANT ARE NOT PAYABLE.
THIS SERVICE PAYABLE AS AN INPATIENT SERVICE ONLY, INCLUDED IN DRG.
THIS PROCEDURE DENIED/CUTBACK. EXCEEDS TOTAL ALLOWED OF \$24.38 PER QUADRANT.
THIS DETAIL/CLAIM CANNOT BE PRICED BASED ON THE INFORMATION PROVIDED
CONSENT DOES NOT COMPLY WITH HEALTH AND HUMAN SERVICES GUIDELINES.
PROCEDURE CODE IS NO LONGER VALID. RESUBMIT USING EMERGENCY ROOM AND ANCILLARY CODES.
DENTAL CARIES IS NOT A PAYABLE DIAGNOSIS FOR CLIENTS AGE 21 AND OVER.
THESE SERVICES ARE NOT PAYABLE FOR CLIENTS RESIDING IN A NURSING HOME.
PAYMENT FOR REPEAT LASER TREATMENT WITHIN 90 DAYS IS INCLUDED IN INITIAL LASER PAYMENT.
ORTHODONTIA RELATED PROCEDURES CODES, D0330, D0340, D0350, D0470 ARE REQUIRED TO BE SUBMITTED ON THE SAME DATES OF SERVICE AND SAME CLAIM WITH THE ORTHODONTIA INDICATOR TO BE CONSIDERED FOR REIMBURSEMENT.
STERILIZATIONS PERFORMED ON CLIENTS UNDER AGE 21 ARE NOT A BENEFIT OF THE MEDICAID PROGRAM.
EXCEEDS THE 50 VISITS PER CLIENT PER YEAR LIMITATION FOR HOME HEALTH SERVICES.
VALID HOUR OF DISCHARGE REQUIRED FOR PROCESSING.
THIS IS NOT A BENEFIT. DOCUMENTATION INDICATES TRANSFER OF CONVENIENCE.
MEDICARE DRG CODE MISSING ON MEDICARE REMITTANCE ADVICE OR NOTICE.
THIS SERVICE HAS BEEN PREVIOUSLY PROCESSED UNDER ANOTHER PROGRAM (MEDICAID, MANAGED CARE, CSHCN, DFPP,PHC,EPHC).
DOCUMENTATION DOES NOT JUSTIFY AN ADDITIONAL ATTENDANT OR REGISTERED NURSE.
THIS EXPEDITED PAYMENT IS AT THE DIRECTION OF OIG
SERVICE NOT A BENEFIT.
THIS RECOUPMENT IS DUE TO A DUPLICATE PAYMENT TO YOUR PROVIDER NUMBER.
PROCEDURE AND/OR PLACE OF SERVICE CODE MISSING.



MEDICARE PAYMENT INFORMATION MISSING. PLEASE RESUBMIT WITH MEDICARE RA OR NOTICE.
INJECTIONS WHEN ALTERNATE DRUG OR ROUTE IS POSSIBLE REQUIRE MODIFIER.
WAITING TIME MUST BE WELL DOCUMENTED FOR CONSIDERATION OF PAYMENT.
NON-FAMILY PLANNING SERVICES WILL BE PROCESSED ON ANOTHER REMITTANCE AND STATUS REPORT.
POST-OP VISITS ARE INCLUSIVE TO THE SURGERY FEE.
LAB OR X-RAY PERFORMED OUTSIDE YOUR OFFICE MUST BE BILLED BY THE PERFORMING FACILITY.
PAYMENT REDUCED THROUGH HOSPITAL ACTION.
INVALID REFERRING PROVIDER. CONSULTATION HAS BEEN CHANGED TO CORRESPONDING VISIT.
DOCUMENTATION DOES NOT MEET EMERGENCY STERILIZATION REQUIREMENTS.
EMERGENCY ABDOMINAL SURGERY MUST HAVE DESCRIPTION OF CIRCUMSTANCES AND MEDICAL NECESSITY.
ACKNOWLEDGEMENT CONSENT DOES NOT COMPLY WITH HEALTH AND HUMAN SERVICES GUIDELINES.
CO-INSURANCE NOT APPLICABLE FOR THIS DATE OF SERVICE.
ADDITIONAL AUTHORIZATION FOR REPLACEMENT RETAINERS IS REQUIRED PRIOR TO BILLING.
THIS NON-ROUTINE SERVICE IS DENIED DUE TO LACK OF AUTHORIZATION.
SERVICE DENIED. LACK OF AUTHORIZATION, NOTIFICATION OF ADMISSION, OR CONCURRENT REVIEW.
<b>CLAIM NOT PAYABLE DUE TO DENIED AUTHORIZATION. Go by auth threshold and if qualifies send to PCAT for appeal</b>
YOUR CLAIM IS PENDING AND WILL BE PROCESSED SHORTLY. NO ACTION ON YOUR PART IS NECESSARY.
THIS EXPEDITED PAYMENT IS AT THE DIRECTION OF HHSC
LACK OF TRANSPORTATION DOES NOT JUSTIFY EMERGENCY/NON-EMERGENCY TRANSFER.
SEALANTS NOT PAYABLE ON SURFACES THAT HAVE BEEN PREVIOUSLY RESTORED.
THE AUTHORIZATION NUMBER USED IS FOR ANOTHER CLIENT/PROVIDER.
PAYMENT REDUCED FOR MULTIPLE TRANSFER; REFER TO PROVIDER PROCEDURE MANUAL.
THIS SERVICE MUST BE SUBMITTED WITH A PHYSICIAN PROVIDER NUMBER ON A HCFA 1500 CLAIM FORM.
BENEFIT ONLY AVAILABLE TO PROVIDERS CONTRACTED WITH HHSC, DSHS, TDPRS OR DADS; NOT PAYABLE BY TMHP.
<b>MEDICARE PAID EQUAL TO OR GREATER THAN MEDICAID PAYABLE, CO-INS AND/OR DED ARE CONSIDERED PAID IN FULL. Take HB CO Adjustment for expected amount/bal</b>
THIS PROCEDURE IS NOT PAYABLE AS A TOTAL COMPONENT. USE PROC CODES T-93005 OR T-93041.
ALL BLANKS ON THE PHYSICIANS STATEMENT OF THE CONSENT FORM MUST BE COMPLETED.
PAYMENTS MADE BY CLIENT FOR MEDICAID COVERED SERVICES MUST BE REFUNDED TO THE CLIENT.
CONSENT TO STERILIZATION INVALID 180 DAYS AFTER DATE OF CLIENT SIGNATURE.
THIS IS A DUPLICATE SERVICE THAT WAS ALREADY PAID TO A PHYSICIAN WITHIN YOUR GROUP.
PLEASE RESUBMIT CLAIM WITH COPY OF THE PAID/DENIED R&S.
HOSPITAL ADMISSION WITHIN 30 DAYS OF CONSULT FOR SAME CONDITION PAYABLE AS HOSPITAL VISIT.
A PHYSICIAN CERTIFICATION STATEMENT MUST ACCOMPANY ALL CLAIMS FOR ABORTION SERVICES.
DOCUMENTATION DOES NOT SUBSTANTIATE THE NEED FOR PRIVATE ROOM.
DOCUMENTATION DOES NOT SUBSTANTIATE NEED FOR LATE DISCHARGE.
PROCEDURE/SERVICE LIMITED TO ONE EVERY 24 MONTHS CALCULATED FROM LAST DATE OF SERVICE.
THIS IS NOT PAYABLE AS A ROUTINE OFFICE VISIT. NARRATIVE FOR OBSERVATION IS REQUIRED.
EXPECTED DATE OF DELIVERY IS NEEDED ON CONSENT TO VERIFY 30 DAYS FROM CLIENT'S SIGN DATE.
<b>RESUBMIT TO TMHP WITH COMPLETE OTHER INSURANCE INFO AND DOCUMENT PAYMENT OR DENIAL. Undo billing and NRP to medicaid bucket. Or can resubmit medicaid claim. Make sure payments on primary bucket are correct before rebilling and right TOB will be sent</b>
PROCEDURE NOT PAYABLE TO THIS PROVIDER TYPE/SPECIALTY FOR CLIENTS OVER 21 YEARS.
MEDICARE DEDUCTIBLES, CO-INSURANCE, NON-COVERED CHARGES AND PAYABLES DO NOT BALANCE. PLEASE RESUBMIT WITH MEDICARE REMITTANCE ADVICE OR NOTICE.
CLAIM DENIED PENDING ELIGIBILITY REDETERMINATION. PLEASE ADVISE CLIENT TO CONTACT THEIR CASEWORKER.
<b>CLIENT IS COVERED BY OTHER INSURANCE WHICH MUST BE BILLED PRIOR TO THIS PROGRAM - SEE "PRIVATE INSURANCE INFORMATION" BELOW OR ON FOLLOWING PAGE. Check eligibility and add primary and initiate billing or update/dispute with 3rd party resources</b>
PRIMARY BIRTH CONTROL METHOD AT END OF VISIT MUST BE CONSISTENT WITH THE FAMILY PLANNING PROCEDURE BILLED. PLEASE CORRECT AND RESUBMIT CLAIM.
SIGNATURE OF THE EMERGENCY MEDICAL TECHNICIAN (EMT) TRANSPORTING THE CLIENT IS REQUIRED ON MEDICAL NECESSITY DOCUMENTATION.
INITIAL HOSPITAL CARE WITHIN 3 DAYS OF A NEW PATIENT VISIT IS PAYABLE AS A SUBSEQUENT CARE VISIT.
EXCEEDS ALLOWED BENEFIT LIMITATION. PROCEDURE LIMITED TO ONE PER FISCAL YEAR. (SEPT. 1-AUG. 31)

YOUR CLAIM INDICATES DOCUMENTATION WAS ATTACHED BUT NONE WAS RECEIVED. PLEASE RESUBMIT DOCUMENTATION AND COPY OF R&S.
STERILIZATION PROC CONSENTED TO BY CLIENT DOES NOT MATCH PROC ON PHYS STATEMENT AND/OR CLAIM. PLEASE RESUBMIT ALL FORMS WITH CORRECTED INFORMATION.
HYSTERECTOMY CLAIMS REQUIRE ACKNOWLEDGMENT SIGNED/DATED PRIOR TO SURGERY OR PHYSICIAN CERTIFICATION FOR EXCEPTIONS. REFER TO PROVIDER PROCEDURE MANUAL.
CLAIM DENIED DUE TO INACCURATE CLIENT INFORMATION. PLEASE CONTACT MEDICARE TO VERIFY CLIENT ELIGIBILITY INFORMATION.
UNABLE TO PROCESS. SUBMIT AS A PAPER CLAIM W/THE APPROPRIATE DOCUMENTS.
THIS CLAIM CANNOT BE CONSIDERED DUE TO STATE PAYMENT DEADLINES. THIS IS A FINAL DISPOSITION AND NO FURTHER APPEALS WILL BE ACCEPTED.
MEDICAL NECESSITY OF THIS PROCEDURE MUST BE VERIFIED. PLEASE SUBMIT A SIGNED CLAIM, R&S COPY, HISTORY, PHYSICAL, PATHOLOGY AND/OR OPERATIVE REPORT. <b>Send to PCAT for appeal, look at thresholds if qualifies</b>
THIS CLAIM HAS BEEN DENIED AND WILL BE RETURNED FOR ADDITIONAL INFORMATION. REFILE ORIGINAL CLAIM WITH INVOICE FOR PAYMENT OF THIS SERVICE.
CLIENT NOT ENROLLED IN STAR FOR THE DATE(S) OF SERVICE. MEDICAID ELIGIBLE SERVICES WILL BE PROCESSED ON SEPARATE CLAIM. NO ACTION ON YOUR PART IS NECESSARY.
CLAIM DENIED BECAUSE BILLED SERVICES ARE PRIOR TO DATE OF BIRTH. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY AND CORRECTED DATES.
THE DOCUMENTATION REQUESTED HAS BEEN RECEIVED BUT IT IS FOR THE WRONG CLIENT/DATE OF SERVICE/ETC. PLEASE RESUBMIT WITH APPROPRIATE DOCUMENTATION.
MEDICARE ELIGIBILITY HAS NOT BEEN ESTABLISHED. CLIENT MAY BE DETERMINED MEDICARE ELIGIBLE AT A LATER DATE.
CLAIM DENIED DUE TO INCOMPLETE PHYSICIAN CERTIFICATION STATEMENT. RESUBMIT WITH COMPLETED CERTIFICATION STATEMENT AND A COPY OF THE R&S.
NO VALID CONTRACT FOR DSHS PROGRAM IS ASSOCIATED WITH THIS PROVIDER FOR THE DATES OF SERVICE BILLED.
THIS RECOUPMENT RESULTS FROM PAYMENT TO AN INCORRECT CLIENT NUMBER. THE CLAIM WILL BE REPROCESSED TO THE CORRECT CLIENT NUMBER.
THIS RECOUPMENT RESULTS FROM PAYMENT MADE INCORRECTLY TO YOUR PROVIDER NUMBER. THIS CLAIM WILL BE REPROCESSED TO THE CORRECT PROVIDER.
THIS RECOUPMENT RESULTS FROM AN INCORRECT PAYMENT. THIRTY BENEFIT DAYS OF HOSPITAL CONFINEMENT HAVE BEEN USED IN FACILITY/FACILITIES.
THIS RECOUPMENT RESULTS FROM AN INCORRECT PAYMENT. THE FULL ALLOWABLE FOR THIS CLAIM WAS PAID PREVIOUSLY.
THIS RECOUPMENT RESULTS FROM AN INCORRECT PAYMENT. THE CLIENT'S PRIVATE INSURANCE HAS PAID THE TOTAL MEDICAID ALLOWABLE FOR THE SERVICE(S).
PROCEDURES/SERVICES LIMITED TO TWICE PER 12 MONTH PERIOD CALCULATED FROM THE FIRST DATE OF SERVICE.
DATED SIGNATURE OF PHYSICIAN ON OR AFTER DAY OF SURGERY IS REQUIRED ON LAST SECTION OF CONSENT FORM. PLEASE REFER TO PROVIDER PROCEDURES MANUAL.
PERSON OBTAINING CONSENT MUST COMPLETE ALL BLANKS OF APPROPRIATE STATEMENT. PLEASE REFER TO PROVIDER PROCEDURES MANUAL.
THE INDICATED SERVICE(S) DO NOT DIVIDE EVENLY INTO THE QUANTITY BILLED. RESUBMIT WITH CORRECT QUANTITY BILLED.
THSTEPS MEDICAL CHECKUPS AND ACUTE CARE TREATMENT SERVICES MUST BE BILLED ON SEPARATE CLAIM FORMS.
PROCEDURE PAYMENT DETERMINED BY PROGRAM/BENEFIT PLAN, DATE OF SERVICE, BILLED AMOUNT AND PROVIDER'S CUSTOMARY RATE. THE PREVAILING 50TH PERCENTILE BASED ON PROVIDER'S LOCALITY/SPECIALTY WILL BE USED IF NO CUSTOMARY EXISTS.
ORIGINAL CLAIMS MUST BE FILED WITHIN 95 DAYS OF DETAIL DOS. APPEALED/RESUBMITTED CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE LAST CLAIM FILED FINAL DISPOSITION DATE.
VALID PROVIDER NUMBER REQUIRED. PLEASE CORRECT AND RESUBMIT.
THIS SURGERY DOES NOT MEET THE CRITERIA FOR FUNCTIONAL DISABILITY AS DETERMINED BY PROGRAM GUIDELINES.
ELIGIBILITY DATE MUST NOT BE BLANK, INVALID, OR MORE THAN 365 DAYS BEFORE DATE OF SERVICE.
PHYSICIAN/SUPPLIER SIGNATURE MISSING OR NOT IN CORRECT BLOCK ON CLAIM. REFILE WITH SIGNATURE IN CORRECT BLOCK.
CLAIMS FOR TEEN GROUP COUNSELING MUST FOLLOW PROGRAM GUIDELINES. PLEASE CORRECT AND RESUBMIT CLAIM.
SERVICE PAYABLE ONLY TO PROVIDERS WHO ARE APPROVED AS TARGETED CASE MANAGEMENT PROVIDERS. APPLY TO TDH BUREAU OF COMMUNITY ORIENTED PRIMARY CARE.
PER HCFA MANDATE, PAYMENT IS REDUCED OR DENIED BECAUSE AUTOMATED TESTS WERE PAID FOR THE SAME DATE OF SERVICE ON THIS CLAIM OR ON A PREVIOUS CLAIM(S).
THE ADDED DETAIL WAS NOT ON THE ORIGINAL CLAIM. NEW DAY DETAILS MUST BE SUBMITTED ON A CLAIM FORM AS A NEW DAY CLAIM.
YOUR 2017 CLAIM FORM IS MISSING REQUIRED INFORMATION. PLEASE REFER TO 2017 GUIDELINES AND RESUBMIT CORRECTED

YOUR CLAIM SPANS DIFFERENT FISCAL YEARS. PLEASE RESUBMIT SEPARATE CLAIMS FOR SERVICES PERFORMED DURING DIFFERENT FISCAL YEARS. <b>Will have to split bill the claims by date during the initiate billing activity and rebill claims.</b>
SERVICE(S) FILED ON AN INCORRECT CLAIM FORM. REFER TO PROVIDER PROCEDURES MANUAL AND REFILE AS AN ORIGINAL CLAIM.
THIS SERVICE DENIED/RECOUPED BECAUSE PCP CONTACT IS REQUIRED PRIOR TO TREATMENT OF CLIENT DURING REGULAR OFFICE HOURS.
CLAIM INDICATES MULTIPLE TRANSPORT. PLEASE PROVIDE NAMES AND PCNS OF ADDITIONAL CLIENTS ON CLAIM FORM.
CLIENT MAY NOT SIGN AS PERSON OBTAINING CONSENT.
DATED SIGNATURE OF PERSON OBTAINING CONSENT WAS PRIOR TO DATE CLIENT SIGNED THE CONSENT.
LAB AND RADIOLOGY INTERPRETATIONS ARE CONSIDERED PART OF THE PROFESSIONAL CARE OF THE CLIENT.
EXCEEDS NUMBER OF VISITS/SUPPLIES AUTHORIZED FOR THIS CERTIFICATION PERIOD.
EACH CLAIM IS LIMITED TO 26 OR LESS DETAILS AND MUST INCLUDE A TOTAL BILLED AMOUNT. PLEASE RESUBMIT FOLLOWING THESE GUIDELINES.
CONSULTATION SERVICES ARE ONLY PAYABLE TO THE DENTIST/PHYSICIAN NOT PERFORMING THE TREATMENT.
SERVICE NOT A BENEFIT OF MEDICARE. PLEASE REFILE THIS SERVICE WITH MEDICAID ON THE CORRECT CLAIM FORM & INCLUDE THE MEDICARE REMITTANCE ADVICE OR NOTICE.
ANESTHESIA SERVICES MUST BE REPORTED WITH CPT-4 ANESTHESIA CODES. PLEASE RESUBMIT CLAIM WITH APPROPRIATE PROCEDURE CODES.
FOR INPATIENT SERVICES, PAID AMT REDUCED BY 20% EFF 9/1/1994. FOR OUTPATIENT SVCS, PAID AMT REDUCED BY 28% EFF
<b>DATES OF SERVICE OVER ONE YEAR FROM PROCESS DATE ARE NOT PAYABLE. Take PFD Adjustment if that is the root cause and original claim. If not take root cause adjustment for expected amount.</b>
PSYCHOTHERAPY WHEN BILLED WITH ELECTROSHOCK IS NOT A COVERED BENEFIT.
THIS DETAIL DENIED DUE TO INSUFFICIENT INFORMATION. PLEASE RESUBMIT WITH NAMES OF ALL TESTS INCLUDED IN THIS PANEL/SERIES.
PAYMENT IS WITHHELD DUE TO AN IRS NOTICE OF LEVY-YOUR 1099 WILL NOT BE AFFECTED BY THIS WITHHELD AMOUNT.
NON-EMERGENCY AMBULANCE TRANSFERS TO A DOCTOR'S OFFICE REQUIRE NAME & ADDRESS OF DOCTOR & MUST STATE THE DIAGNOSIS & TREATMENT RENDERED AT TIME OF VISIT.
THIS CLAIM WAS RECEIVED ORIGINALLY FROM ANOTHER INSURANCE CARRIER AND IS NOW PAST THE 95 DAY FILING DEADLINE.
THIS RECOUPMENT IS THE RESULT OF AN ERROR IN PROCESSING MEDICARE CLAIMS. MEDICAID DOES NOT PAY MEDICARE DENIED DETAILS.
<b>APPEAL RECEIVED PAST THE 120 DAY FILING DEADLINE. THE ORIGINAL PAYMENT OR DENIAL HAS NOT BEEN AFFECTED. PFD to appeal and will have to take adjustment on the denied amount. Look at root cause and adjust accordingly.</b>
THIS ADJUSTMENT IS A RESULT OF THE RESOLUTION OF YOUR WRITTEN CASE APPEAL/ COMPLAINT BY HHSC PROVIDER RESOLUTIONS.
THIS CLAIM MAY NOT BE APPEALED ELECTRONICALLY. YOU MUST SUBMIT A PAPER APPEAL.
SUBSEQUENT SERVICES TO A THSTEPS SCREENING VISIT ARE PAYABLE AS A FOLLOW-UP SCREENING VISIT.
THESE SERVICES ARE NOT PAYABLE FOR CLIENTS DETERMINED TO BE PRESUMPTIVELY ELIGIBLE. REFER TO PROVIDER PROCEDURE MANUAL.
EYEGLASS PROGRAM SERVICES ARE NOT A BENEFIT FOR APHAKIA. PLEASE USE CODES FOR PROSTHETIC EYEWEAR.
A NEW PATIENT VISIT IS PAYABLE AS AN ESTABLISHED PATIENT VISIT WHEN A CONSULT, MEDICAL, OR SURGICAL SERVICE HAS PREVIOUSLY BEEN PAID TO THE SAME PROVIDER.
THIS CHARGE IS INCLUDED IN ROOM RATE BILLED ON THE SAME DAY.
CONSULTATION SERVICES FOR THIS PROVIDER SPECIALTY ARE PAYABLE ONLY AS AN INITIAL OFFICE/HOSPITAL VISIT.
TMHP MUST HAVE A VALID CONSENT FORM ON FILE FOR PAYMENT OF STERILIZATION PROCEDURES.REFER TO PROVIDER PROCEDURES MANUAL FOR INFORMATION ON CONSENT FORMS.
EARLY REMOVAL MAY ONLY BE USED WHEN THE APPLIANCES WERE PLACED BY AN UNAFFILIATED PROVIDER. AUTHORIZATION IS REQUIRED PRIOR TO REMOVAL.
THIS SERVICE HAS BEEN PROCESSED BY MEDICAID, NO FURTHER CONSIDERATION OF PAYMENT BY CSHCN, DUE TO CLIENT AGE AND MEDICAID PROGRAM TYPE.
CLAIM DENIED. TRANSPORT DOES NOT MEET NON-EMERGENCY GUIDELINES. PLEASE REFER TO PROVIDER PROCEDURE MANUAL WHEN APPEALING CLAIM.
PROVIDER CERTIFIED FOR MEDICARE-MEDICAID CROSSOVER CLAIMS ONLY. CONTACT CUSTOMER SERVICE FOR MEDICAID CERTIFICATION.
APPEALS/CLAIMS MUST BE SUBMITTED WITHIN 95 DAYS OF DATE OF PRIVATE INSURANCE EOB OR MEDICARE REMITTANCE ADVICE OR NOTICE.
DOCUMENTATION INSUFFICIENT TO DETERMINE EMERGENCY TRANSFER. RESUBMIT WITH ER RECORDS, FACILITY TRANSFER RECORDS &/OR L&D RECORDS.

CONTINUED PAYMENT FOR PT/OT/SPEECH THERAPY REQUIRES DOCUMENTATION OF MARKED IMPROVEMENT WITHIN 2 MONTHS OF ONSET OF INJURY/ILLNESS.
AUTHORIZATION DENIED. RESUBMIT WITH ADMIT AND DISCHARGE RECORDS, PHYSICIAN LETTER OF MEDICAL NECESSITY, H&P, OR HOME HEALTH/NURSING HOME CARE PLAN.
CLAIM DENIED DUE TO INCORRECT ADDRESS. PLEASE SUBMIT ADDRESS CHANGE IN WRITING ON LETTER - HEAD TO TMHP TO THE ATTENTION OF THE PROVIDER ENROLLMENT DEPT.
CLAIMS FOR CLIENTS WITH RETROACTIVE ELIGIBILITY MUST BE RECEIVED WITHIN 95 DAYS OF TMHP'S RECEIPT OF CLIENT'S ELIGIBILITY FROM DHS.
IF YOU ARE HAVING DIFFICULTY FILING YOUR APPEAL, PLEASE CONTACT TMHP CUSTOMER SERVICE AT 1-800-925-9126.
SERVICES EXCEED 180 DAY THERAPY LIMIT. NOT PAYABLE FOR CHRONIC CONDITION. MAY APPEAL WITH SUPPORTING MEDICAL DOCUMENTATION.
<b>GUIDELINES FOR PAYMENT OF PT/OT/SPEECH THERAPY ARE LIMITED AND SPECIFIC AS TO TYPE OF INJURY AND OR ILLNESS.</b>
PLEASE REFILE YOUR ADJUSTMENT REQUEST WITH A STATEMENT OF THE NATURE OF YOUR APPEAL.
PROCEDURE DENIED DUE TO LACK OF PRIOR AUTHORIZATION. APPEAL TO DSHS CSHCN, 1100 WEST 49TH ST., AUSTIN, TX 78756-3179 WITHIN 30 DAYS OF TMHP'S DISPOSITION.
CLAIM MUST BE ADJUSTED BY MEDICARE PRIOR TO PAYMENT BY MEDICAID.
A VALID DIAGNOSIS CODE & QUALIFIER VERSION COMBINATION ARE REQUIRED FOR PROCESSING. REFILE CLAIM WITH A VALID DIAGNOSIS CODE & QUALIFIER VERSION COMBINATION. NARRATIVE DESCRIPTIONS ARE NOT ACCEPTABLE
OTHER INSURANCE AMOUNT IS GREATER THAN TOTAL BILLED. PLEASE RESUBMIT WITH TOTAL CHARGES.
PLEASE SUBMIT TO OTHER INSURER AND ALLOW 110 DAYS FOR RESPONSE BEFORE APPEALING TO TMHP. DOCUMENT DATE OTHER INSURANCE WAS BILLED.
OUR REVIEW INDICATES PREVIOUS CLAIM WAS PROCESSED CORRECTLY. PLEASE CONTACT THE TEXAS HEALTH NETWORK FOR MORE INFORMATION. 1-888-834-7226.
A VALID SHARS PROVIDER NUMBER IS REQUIRED IN BLOCK 32 OF THE HCFA 1500. PLEASE RESUBMIT CLAIM WITH A VALID SHARS PROVIDER NUMBER.
MEDICATION CHARGES MUST INDICATE THE NAME OF THE DRUG, ROUTE OF ADMINISTRATION AND THE DOSAGE.
A PROCEDURE CODE CANNOT BE ASSIGNED BY THE DESCRIPTION SUBMITTED. PLEASE ASSIGN A PROCEDURE CODE OR CLARIFY THE DESCRIPTION ON THE CLAIM FORM.
CLAIMS FOR HOSPITAL TO HOSPITAL OR NH TO NH TRANSFERS MUST STATE THE SPECIFIC FACILITIES/SERVICES UNAVAILABLE AT THE HOSPITAL/NURSING HOME OF ORIGIN.
PREVIOUS PROCESSING OF CLAIM HAS BEEN REVIEWED AND DETERMINED TO BE CORRECT. CONTACT CUSTOMER SERVICE IF YOU NEED CLARIFICATION OF PRIOR DISPOSITION.
YOUR CLAIM HAS BEEN REVIEWED AND PROCESSED. YOU WILL RECEIVE CLARIFICATION IN WRITTEN CORRESPONDENCE.
CLIENT IS ELIGIBLE FOR MULTIPLE PROGRAMS (MEDICAID, CSHCN, MANAGED CARE, DFPP,PHC,EPHC) FOR THE DATES OF SERVICE. YOUR CLAIM WAS SPLIT TO FACILITATE PROCESSING. TOTAL CHARGES WILL FINALIZE AS SEPARATE CLAIMS ON THE PROGRAM
LOCK-IN PHYSICIAN'S PROVIDER NUMBER MUST BE ON THE CLAIM.
FINANCIAL ACTION DUE TO HHSC DIRECTIVE.
PROVIDER DOES NOT HAVE BRC CERTIFICATION ON FILE TO PERFORM MAMMOGRAPHY PROCEDURE BILLED. PLEASE CONTACT CUSTOMER SERVICE ABOUT BRC CERTIFICATION.
SERVICES DENIED. PLEASE CONTACT THE TEXAS HEALTH NETWORK FOR INFORMATION REGARDING THIS CLAIM. 1-888-834-7226.
<b>WHEN MULTIPLES OF THE SAME CHARGES ARE PERFORMED ON THE SAME DAY, SEPARATE THE DETAILS AND DOCUMENT TIMES FOR EACH ADDITIONAL CHARGE. Check MRN for other ER claim with same DOS. If so, send to Rev Int to add Modifier 27 to ER charge(s) and send to biller to add ER times. Then claim will need to be resubmitted when fixed.</b>
<b>THE CLAIM DETAILS EXCEED OUR 28 LIMIT. PLEASE COMBINE LIKE REVENUE CODES OR SEND MULTIPLE CLAIMS. If not already in biller WQ, send to billing to fix claim lines</b>
THIS ADJUSTMENT IS THE RESULT OF YOUR FACILITY'S RECENT ANCILLARY REVIEW VISIT; THESE SERVICES DO NOT MEET MEDICAID CRITERIA FOR REIMBURSEMENT.
TEFRA 82 PROHIBITS PAYMENT FOR SURGICAL ASSISTANCE PROVIDED IN A FACILITY WITH A TEACHING PROGRAM IN THE ASSISTANT'S SPECIALTY.
SERVICES PROVIDED OUTSIDE YOUR OFFICE REQUIRE FACILITY NAME AND ADDRESS AND PROVIDER IDENTIFIER.
BASE UNITS FOR ANESTHESIA WHEN MULTIPLE PROCEDURES ARE PERFORMED REPRESENT THE PROCEDURE WITH THE HIGHEST UNIT VALUE.
THE MEDICARE REMITTANCE ADVICE OR NOTICE DOESN'T MATCH THE INFORMATION ON YOUR CLAIM. PLEASE RECONCILE AND RESUBMIT.
MEDICARE NUMBER ON MEDICARE RA OR NOTICE DOES NOT MATCH FILE. RESUBMIT SERVICES TO MEDICARE USING CORRECT MEDICARE NO. SHOWN ON CLIENT MEDICAL ID CARD.

YOU MAY RECEIVE PAYMENT UNDER THIS PROCEDURE CODE FOR NO MORE THAN TWO CASE DENIALS OUT OF EVERY TEN CASES SUBMITTED FOR AUTHORIZATION.
REPEAT INITIAL ICU-CCU VISIT OR RESPIRATORY CARE WITHIN 10 DAYS IS PAYABLE AS SUBSEQUENT CARE.
OUR RECORDS INDICATE THE BILLING/PERFORMING OR REFERRING PROVIDER HAS BEEN SANCTIONED, EXCLUDED OR TERMINATED FROM THIS PROGRAM.
PROFESSIONAL COMP HAS PREVIOUSLY BEEN BILLED/PAYED AND CONSIDERED PART OF THE COMBINED PROCEDURE. IF APPROPRIATE RESUBMIT CLAIM FOR TECHNICAL COMPONENT.
MEDICARE ELIGIBILITY IS BEING INVESTIGATED BY DHS. PLEASE REAPPEAL AFTER 120 DAYS, BUT WITHIN 120 DAYS OF THIS R&S.
TECHNICAL COMP HAS PREVIOUSLY BEEN BILLED/PAYED AND CONSIDERED PART OF THE COMBINED PROCEDURE. IF APPROPRIATE RESUBMIT CLAIM FOR PROFESSIONAL COMPONENT.
A SEPARATE CLAIM FORM IS REQUIRED FOR EACH DATE OF AMBULANCE SERVICES. PLEASE RECONCILE AND RESUBMIT WITH SIGNED CLAIM COPIES FOR EACH DATE OF SERVICE.
OUR RECORDS INDICATE PROVIDER IS NOT ENROLLED IN THIS PROGRAM. CONTACT TMHP CUSTOMER SERVICE.
OUR RECORDS INDICATE PERFORMING PROVIDER IS NOT ENROLLED IN THIS PROGRAM. CONTACT TMHP CUSTOMER SERVICE
TAKE HOME DRUGS/FLOURIDE ARE NOT A BENEFIT. THESE REQUIRE A PRESCRIPTION, PAYABLE THROUGH THE VENDOR DRUG PROGRAM.
DENTAL BEHAVIORAL MANAGEMENT REQUIRES 2 COMPONENTS - THE SPECIFIC BEHAVIOR AND THE TECHNIQUE USED. PLEASE APPEAL CLAIM WITH APPROPRIATE DOCUMENTATION.
THIS PROCEDURE REQUIRES MODIFIER(S). PLEASE APPEAL CLAIM WITH APPROPRIATE MODIFIER(S).
THIS RECOUPMENT IS NECESSARY TO PROCESS YOUR SPLIT CLAIMS FOR OUTLIER CONSIDERATION. NO ACTION ON YOUR PART IS NECESSARY. REFER TO FUTURE R&S.
A CORRECTED CLAIM FORM MUST ACCOMPANY THE R&S. PLEASE REFER TO THE INSTRUCTIONS ON YOUR R&S FOR RESUBMITTING INCOMPLETE CLAIMS.
PROVIDER NOT ELIGIBLE FOR CO-INSURANCE OR DEDUCTABLE PAYMENT. CONTACT TMHP CUSTOMER SERVICE.
THIS SURGERY/SERVICE/SITUATION DESCRIBED IS NOT ON THE AUTHORIZATION LETTER AND IS NOT PAYABLE.
TO APPEAL MULTIPLE HOSPITAL CLAIMS FOR POTENTIAL OUTLIER PAYMENT, RESUBMIT ONE CLAIM WITH COMBINED TOTAL CHARGES.
DATES OF SERVICE HAVE BEEN PREVIOUSLY PAID ON A DIFFERENT CLAIM. FOR MEDICAID INFORMATION CALL 1-800-925-9126. FOR CSHCN INFORMATION CALL 1-800-568-2413.
REJECTED CLAIMS MUST BE FILED ON THE CORRECT CLAIM FORM WITH A TEXMEDNET REJECTION REPORT WHICH INCLUDES THE TMHP ASSIGNED TRANSMISSION NUMBER.
FOR DATES OF SERVICE ON/AFTER 6/10/91, PROC. MUST BE BILLED AS A WEEKLY SERVICE. PLEASE RESUBMIT CLAIM COPY, R&S, AND APPROPRIATE PROCEDURE CODE.
RESIDENTIAL TREATMENT SERVICES PAYABLE ONLY FOR PERSONS ELIGIBLE FOR CHILD PROTECTIVE SERVICES (CLIENT TYPE PROGRAM 8, 9, OR 10).
RECOUPMENT DUE TO DHS DIRECTIVE. SERVICES FOR THIS CLIENT ARE PAID BY HOME AND COMMUNITY BASED SERVICES WAIVER.
THIS SERVICE EXCEEDS BENEFIT LIMITATIONS BUT MAY BE PAID WITH MEDICAL NECESSITY DOCUMENTATION. PLEASE APPEAL WITH APPROPRIATE DOCUMENTATION.
INFORMATION FROM THE OTHER INSURANCE COMPANY HAS BEEN RECEIVED. CLIENT HAS MORE THAN ONE INSURANCE COMPANY. PLEASE CONTACT CUSTOMER SERVICE.
AMBULANCE TRANSFER DOES NOT MEET EMERGENCY/NON-EMERGENCY CRITERIA. REFER TO PROVIDER PROCEDURES MANUAL FOR APPEAL GUIDELINES.
SERVICE DENIED BY ASSOCIATE DENTAL DIRECTOR. X-RAY UNREADABLE/UNMARKED RT/LT. A COMPLETE DESCRIPTION OF PROCEDURE TOOTH ID, AND CLEAR X-RAY IS REQUIRED.
OUR RECORDS INDICATE THAT THE REFERRING/ORDERING PROVIDER HAS BEEN SANCTIONED, EXCLUDED OR TERMINATED FROM THIS PROGRAM.
SERVICES PROVIDED IN AN INSTITUTION FOR MENTAL DISEASE FOR PERSONS BETWEEN THE AGES OF 21 AND 65 YEARS ARE NOT A BENEFIT OF THE TEXAS MEDICAID PROGRAM.
DRG CANNOT BE ASSIGNED. CLIENT SEX ON FILE IS INVALID TO PROCEDURE OR DIAGNOSIS BILLED. ELIGIBILITY REFERRAL SENT TO DHS. REAPPEAL WITHIN 120 DAYS.
PROCEDURE DENIED. MAY BE CONSIDERED UNDER THE THSTEPS-CCP PROGRAM. PLEASE APPEAL WITH \DOCUMENTATION TO SUPPORT THE MEDICAL NECESSITY/APPROPRIATENESS.
REQUESTED DOCUMENTATION RECEIVED. HOWEVER THE DATE(S) AND/OR CONTENT DO NOT DEFINE CLIENT'S "SEVERELY DISABLED" CONDITION AT TIME OF TRANSPORT.
MEDICAID REIMBURSEMENT FOR AMBULANCE SVCS IS LIMITED TO BASIC LIFE SUPPORT (BLS). PLEASE RESUBMIT ADVANCED LIFE SUPPORT (ALS) SVCS AS BLS PROC W/ A9 MOD.

PLEASE PROVIDE THE COMPLETE 9-DIGIT CSHCN PERFORMING PROVIDER NUMBER OR NAME OF THE PERFORMING PROVIDER. A MEDICAID PROVIDER NUMBER IS NOT VALID FOR CSHCN.
CLAIM DENIED DUE TO CLIENT OR PROVIDER INELIGIBILITY. CLIENTS MUST BE UNDER AGE 21 AND PROVIDERS MUST BE ENROLLED FOR THIS CCP DATE OF SERVICE.
THSTEPS-CCP SERVICES ARE PAYABLE FOR CLIENTS UNDER THE AGE OF 21.THESE SERVICES HAVE BEEN CUTBACK/DENIED FOR DATES OF SERVICE ON/AFTER THE 21ST BIRTHDAY.
RESUBMIT WITH PHYSICIAN'S LETTER STATING HOW THE PATIENT WILL MEDICALLY BENEFIT FROM A NURSING HOME TO NURSING HOME TRANSFER.
THIS AUTHORIZATION NUMBER IS NULL AND VOID DUE TO HOSPITAL FAILURE TO SUBMIT REQUESTED DOCUMENTATION. APPEAL WITH ADMIT AND DISCHARGE RECORDS.
CLAIM/PROCEDURE WAS REFERENCED TO A MISSING/INVALID DIAGNOSIS CODE. PLEASE REFILE WITH A CORRECT DIAGNOSIS CODE.
INITIAL HOSPITAL CARE BILLED ON THE SAME DAY AS NEWBORN RESUSCITATION OR CRITICAL CARE IS PAYABLE AS A SUBSEQUENT EACH CLAIM IS LIMITED TO 27 OR LESS DETAILS AND MUST INCLUDE A TOTAL BILLED AMOUNT. PLEASE RESUBMIT FOLLOWING THESE GUIDELINES.
THIS SERVICE REQUIRES PRIOR AUTHORIZATION. PAPER APPEAL WITH R&S, CLAIM COPY AND REQUIRED DOCUMENTATION AS DEFINED IN THE PROVIDER PROCEDURE MANUAL.
THESE TESTS SHOULD BE COMBINED & BILLED AS 1 CHARGE. RESUBMIT W/SIGNED CLAIM COPY, R&S, AND APPROPRIATE TEST CODE.
PAID ACCORDING TO THE TEXAS MEDICAID REIMBURSEMENT METHODOLOGY-TMRM (RELATIVE VALUE UNIT TIMES STATEWIDE CONVERSION FACTOR)
THESE SERVICES FOR NURSING FACILITY CLIENTS MUST BE COORDINATED WITH THE NURSING FACILITY PRIOR TO CONTACTING TDHS REHAB SVCS PROGRAM.
SERVICE DENIED BY THE ASSOCIATE MEDICAL DIRECTOR. AIR TRANSFER NOT NECESSARY, SERVICE AVAILABLE AT ORIGINAL FACILITY.
BASED ON ALL DOCUMENTATION RECEIVED, AMBULANCE TRANSFER DOES NOT MEET EMERGENCY CRITERIA. THEREFORE, IT IS NOT A BENEFIT.
EVALUATION AND MANAGEMENT CODES ARE NOT PAYABLE ON AN OUTPATIENT CLAIM. REFER TO PROVIDER PROCEDURE MANUAL.
AIR TRANSFER IS DENIED. TO CONSIDER CLAIM FOR PAYMENT SUBMIT YOUR FLIGHT RECORDS, HOSPITAL ADMIT / DISCHARGE RECORDS AND HISTORY AND PHYSICAL.
OUR RECORDS INDICATE THAT THE PROVIDER DOES NOT HAVE THE CLIA CERTIFICATION TYPE AND SPECIALTY CODE PERMISSIBLE FOR THE LAB PROCEDURE, FOR THE DATES OF SERVICE ON THE CLAIM. <b>Saying that we are not certified w/state, this is an ongoing ticket issue and pending resolution. Defer for 14 days and wait for mamnt to give update on resolution on how to handle.</b>
CLIENT ENROLLED IN THE TEXAS HEALTH NETWORK FOR DATE(S) OF SERVICE. ELIG. SERVICES WILL BE PROCESSED ON SEPARATE CLAIM. NO ACTION ON YOUR PARTNECESSARY.
REQUIRED INFORMATION ON PHYSICIAN'S AUTHORIZATION IS MISSING/INCOMPLETE. PLEASE REFER TO PROVIDER PROCEDURES MANUAL.
ADM. DENIED BY UR. SERVICES PROVIDED IN OBSERVATION MAY BE APPEALED TO TMHP ADJUSTMENTS ON A REVISED OUTPATIENT CLAIM AS SPECIFIED IN HHSC DENIAL LETTER.
PROCESSING DETERMINED TO BE CORRECT. IF YOU FIND TMHP DID NOT PROVIDE FULL APPEAL CONSIDERATION, YOU MAY FILE A COMPLAINT WITH HHSC PROVIDER RESOLUTIONS WITHIN 60 CALENDAR DAYS.
THIS SERVICE WAS PAID TO AN INDEPENDENT LAB. IF SERVICE PERFORMED IN YOUR OFFICE, PLEASE APPEAL WITH TEST RESULT AND NECESSITY FOR REPEAT PROCEDURE.
CLIENT IS ELIGIBLE FOR MEDICARE. BILL MEDICARE FIRST. <b>Undo billing, add medicare (look @ elig to see which one), initiate billing</b>
DOCUMENTATION OF CLIENT'S DISABILITY INSUFFICIENT. RESUBMIT WITH CLARIFICATION OF CLIENT'S CONDITION REQUIRING A STRETCHER AND/OR MEDICAL MONITORING.
PAYMENT FOR MILEAGE IS NOT MADE PRIOR TO PICK UP OR AFTER COMPLETION OF PATIENT TRANSFER.
NEWBORN SERVICES DENIED ON MOTHER'S CLAIM. PLEASE RESUBMIT NEWBORN SERVICE ON A SEPARATE NEWBORN CLAIM.
REVENUE CODE INVALID OR NOT USED BY THIS PROGRAM.
REDUCED DUE TO CLIENT'S MEDICALLY NEEDY SPENDDOWN. FOR INFORMATION, PLEASE CALL CUSTOMER SERVICE.
INTERIM BILLING, LATE CHARGES NOT PAYABLE UNDER LONESTAR SELECT II PERDIEM PRICING METHOD. PLEASE RESUBMIT ONE CLAIM WITH COMBINED FINAL CHARGES.
CLAIM DENIED. CLIENT HAS MET THE 30 ENCOUNTER LIMITATION. PRIOR AUTHORIZATION IS REQUIRED FOR ADDITIONAL SERVICES IN THE CURRENT CALENDAR YEAR.
SERVICES NOT MEDICALLY NECESSARY AS RELATED TO COUNSELING AND SELECTION OF A CONTRACEPTIVE METHOD ARE NOT PAYABLE TO A FAMILY PLANNING AGENCY.
ELECTRONIC BILLING OF EMERGENCY TRANSFERS REQUIRE A NARRATIVE DESCRIPTION OF CLIENT'S CONDITION AND VITAL SIGNS TO BE INCLUDED IN THE COMMENT FIELD.



AN INITIAL CARE VISIT WITHIN ONE YEAR OF ANOTHER INITIAL CARE VISIT IN THE SKILLED NURSING FACILITY IS PAYABLE AS A SUBSEQUENT CARE VISIT
IF EYEWEAR IS BEYOND PROGRAM BENEFITS, CIRCLE ITEM A IN BLOCK 7 AND HAVE THE CLIENT SIGN BLOCK 11 OF THE CLAIM FORM.
A NEW PATIENT VISIT WITHIN ONE YEAR OF A CONSULT IS PAYABLE AS AN ESTABLISHED PATIENT VISIT.
THE AT MODIFIER CANNOT BE USED WITH A PAN. PLEASE RESUBMIT CORRECTED CLAIM WITH R&S AND INDICATE ACUTE OR CHRONIC CONDITION.
THE COMBINATION OF MODIFIER DESCRIPTION AND TYPE OF SERVICE IS INVALID.
REQUIRED TEFRA INFORMATION INCOMPLETE. PLEASE RESUBMIT WITH NUMBER OF CONCURRENT PROCEDURES SUPERVISED.
SERVICES AVAILABLE THROUGH TEXAS DEPARTMENT OF HEALTH ARE NOT A BENEFIT.
CLINICAL LABORATORY CONSULTATIONS PAYABLE ONLY WITH NAME OF REQUESTING PHYSICIAN, PATIENT DIAGNOSIS, CLINICAL TEST RESULTS, AND WRITTEN NARRATIVE REPORT.
LAB HANDLING CHARGE PAYABLE ONLY WHEN SPECIMEN IS COLLECTED BY VENIPUNCTURE OR CATHETERIZATION AND TEST IS PERFORMED OUTSIDE PHYSICIANS OFFICE.
CLAIM DENIED DUE TO INTERIM BILLING. PLEASE REFILE CLAIM AFTER DISCHARGE OR 30 DAYS CONTINUOUS HOSPITALIZATION.
THIS CLAIM/APEAL CANNOT BE PROCESSED CORRECTLY DUE TO ILLEGIBLE INFORMATION. PLEASE RESUBMIT WITH LEGIBLE CLAIM/DOCUMENTATION.
AS OF 010198 THE DMEH PROVIDER NUMBER MUST BE USED ON HCFA 1500 WHEN BILLING HOME HEALTH DME/MEDICAL SUPPLIES. REFILE CORRECT CLAIM FOR THIS DETAIL W/R&S.
FOR PAYMENT OF CONCURRENT CARE, APPEAL MUST BE SUBMITTED WITH HISTORY/PHYSICAL, ALL CONSULT REPORTS, AND ALL PHYSICIAN PROGRESS REPORTS.
HHSC/OIE HAS REQUESTED THIS ITEM BE RECOUPED. APPEALS MUST BE FORWARDED TO THE OIE/MPI DIVISION OF HHSC.
DOCUMENTATION INSUFFICIENT TO VERIFY MEDICAL NECESSITY. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, AND COMPLETE DOCUMENTATION OF MEDICAL NECESSITY.
ADDITIONAL INFO NEEDED TO PROCESS CLAIM. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, AND DATE OF ONSET OF DIALYSIS TREATMENTS.
ADD'L INFO NEEDED TO PROCESS CLAIM. RESUBMIT SIGNED CLAIM COPY, R&S COPY, ITEMIZED CHARGES ALL THERAPY PROGRESS NOTES AND DATE OF ONSET OF INJURY/ILLNESS.
PROCEDURE/SERVICE EXCEEDS THE BENEFIT LIMITATION OF 12 CHIROPRACTIC VISITS FOR A 12 MONTH PERIOD.
SUBMISSION OF FRONT AND BACK OF CONSENT FORM IS REQUIRED. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, AND COPY OF CORRECTED CONSENT FORM.
THIS ADJUSTMENT IS THE RESULT OF REQUIRED INTERNAL PROCESSING. NO ACTION ON YOUR PART IS REQUIRED.
<b>THIS EQUIPMENT/SUPPLY/SERVICE IS CONSIDERED PART OF, DUPLICATE OF, OR AN UNNEEDED EXTENSION OF ANOTHER PIECE OF EQUIPMENT/SUPPLY/SERVICE. This proc is inclusive to another proc on claim. Take HB Contractual Adjustment</b>
ADDITIONAL INFO NEEDED TO PROCESS CLAIM. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, SEPARATE DATES AND CHARGES FOR SERVICES.
YOUR REQUEST FOR DX/PROC. CODE/DRG CHANGE CANNOT BE ACCOMPLISHED UNTIL AFTER YOUR RETROSPECTIVE REVIEW IS COMPLETED.
YOUR CLAIMS HAVE BEEN DENIED IN ORDER TO BE COMBINED FOR CORRECT DRG PAYMENT. NO ACTION ON YOUR PART IS NECESSARY.
THESE COMPONENTS SHOULD BE COMBINED & BILLED AS A URINALYSIS. PLEASE RESUBMIT SIGNED CLAIM COPY, R&S COPY, AND APPROPRIATE URINALYSIS CODE.
THESE TESTS SHOULD BE COMBINED & BILLED AS A CBC/PANEL. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, & APPROPRIATE CODE.
THIS SERVICE DETERMINED NOT MEDICALLY NECESSARY BY THE MEDICAL DIRECTOR. IF YOU FIND YOU DID NOT RECEIVE ADEQUATE REVIEW, YOU MAY FILE A COMPLAINT W/HHSC PROVIDER RESOLUTIONS.
ADDITIONAL INFORMATION NEEDED TO PROCESS CLAIM. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, NEW, AND OLD PRESCRIPTION.
CLAIM HAS BEEN DENIED AS THE PATIENT LIABILITY IS GREATER THAN THE DRG PAYABLE AMOUNT. FOR MORE INFORMATION, CONTACT TMHP CUSTOMER SERVICE.
ADDITIONAL INFORMATION NEEDED TO PROCESS CLAIM. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY AND COMPLETE DOCUMENTATION OF ER VISIT.
<b>RECEIVED PAST 95 DAY FILING DEADLINE. REFER TO CLAIMS FILING DEADLINE SECTION OF PROVIDER PROCEDURES MANUAL FOR INSTRUCTIONS. Research to see if really PFD, root cause of why PFD, and take appropriate PFD adjustment. (if adjustment is over \$25,000 must send an email to all managers/supervisors for pre-approval)</b>
CLAIM INDICATES REPLACING EYEWEAR BUT PROC CODE INDICATES NEW EYEWEAR. PLEASE RESUBMIT WITH SIGNED CLAIM COPY, R&S COPY, & APPROPRIATE EYEWEAR CODE(S).



THESE LAB TESTS SHOULD BE BILLED AS A PANEL. PLEASE COMBINE THE CHARGES AND RESUBMIT WITH THE APPROPRIATE PANEL
THIS SERVICE IS CONSIDERED PART OF AN INCLUSIVE PAYMENT MADE ON ANOTHER SERVICE OR ITEM THAT HAS ALREADY BEEN PROVIDED.
THIS CLAIM REPROCESSED FOR TMHP INTERNAL REPORTING PURPOSES ONLY. NO ACTION ON YOUR PART IS NECESSARY.
THE STERILIZATION CONSENT FORM MUST BE SIGNED AT LEAST 30 DAYS PRIOR TO THE DAY OF SURGERY OR THE EXPECTED DATE OF DELIVERY.
DATE OF SURGERY ON CLAIM & CONSENT FORM DO NOT MATCH. RESUBMIT W/ SIGNED CLAIM COPY, VALID CONSENT FORM, R&S COPY & OP REPORT TO DOCUMENT DATE OF SURGERY.
IT IS MANDATORY THAT AUTHORIZATION BE OBTAINED. DUE TO THE LACK OF APPROVAL, THE SERVICE IS NON-PAYABLE.
THE PLACE OF SERVICE IS UNCLEAR. PLEASE SPECIFY INPATIENT OR OUTPATIENT FOR HOSPITAL SERVICES.
SERVICES ARE COVERED BY HOSPICE PROGRAM ADMINISTERED BY THE DEPARTMENT OF HUMAN SERVICES. PLEASE REFER TO YOUR PROVIDER PROCEDURE MANUAL.
AN ELIGIBILITY UPDATE ON THIS CLIENT HAS BEEN SENT TO DHS. PLEASE REAPPEAL WITHIN 120 DAYS.
TO REIMBURSE ORAL/TOPICAL MEDICATION CHARGES "OH DRUG" OR APPROPRIATE REVENUE CODE MUST BE INDICATED ON THE
THIS IS AN INFORMATIONAL APPEAL TO DOCUMENT YOUR TELEPHONE APPEAL ATTEMPT. RESUBMIT YOUR APPEAL TO TMHP WITH THE REQUIRED DOCUMENTATION.
ADDITIONAL INFO NEEDED TO PROCESS CLAIM. PLEASE RESUBMIT WITH SIGNED CLAIM COPY. R&S COPY, AND INVOICE SHOWING ACQUISITION COST OF INTRAOCULAR LENS.
CLIENT STATEMENT OF NO OTHER INSURANCE IS NOT SUFFICIENT DOCUMENTATION. PLEASE RESUBMIT WITH DISPOSITION FROM THE INSURANCE COMPANY.
MEDICARE-ONLY PROC CODE. PLEASE RESUBMIT WITH R&S COPY, SIGNED CLAIM COPY AND APPROPRIATE CPT, HCFA, MEDICAID LOCAL CODE OR COMPLETE DESCRIPTION OF SVC.
CLAIM DENIED DUE TO INCOMPLETE SCREEN. PLEASE REFER TO PROVIDER PROCEDURES MANUAL FOR SCREEN REQUIREMENTS.
THIS CPT-4 ANESTHESIA CODE IS NOT PAYABLE FOR DOS BEFORE 1-1-91. PLEASE RESUBMIT SIGNED CLAIM COPY, R&S COPY, AND APPROPRIATE CPT-4 SURGICAL CODE.
PROCEDURE REQUIRES A VALID HYSTERECTOMY/STERILIZATION/ABORTION MODIFIER. PLEASE RESUBMIT WITH AN APPROPRIATE MODIFIER AND A SIGNED CLAIM COPY.
IT IS NOT ANATOMICALLY POSSIBLE TO PERFORM THIS PROCEDURE ON THIS CLIENT. PLEASE CORRECT CLIENT AND/OR PROCEDURE INFORMATION AND RESUBMIT.
CLIENT IS COVERED BY LIABILITY INSURANCE, WHICH MUST BE BILLED PRIOR TO THIS PROGRAM. PLEASE REFER TO RESPONSIBLE PARTY INFORMATION.
THIS CLIENT HAS RECENTLY RECEIVED MEDICAID ELIGIBILITY FOR THESE DATES OF SERVICE. PLEASE BILL MEDICAID FIRST.
A RECEIVABLE HAS BEEN ESTABLISHED IN THE AMOUNT OF THE ORIGINAL PAYMENT: %1. FUTURE PAYMENTS WILL BE REDUCED OR WITHHELD UNTIL SUCH AMOUNT IS PAID IN FULL.
PLEASE RESUBMIT WITH HYSTERECTOMY ACKNOWLEDGEMENT OR PHYSICIAN SIGNED/DATED STATEMENT IF CLIENT IS POST MENOPAUSAL OR HAS BEEN SURGICALLY STERILIZED.
REQUEST FOR DRG CHANGE CANNOT BE ACCOMPLISHED WITHOUT THE ORIGINAL AND REVISED UB92S AND COMPLETE MEDICAL RECORDS. PLEASE RESUBMIT.
WELL CHILD SERVICES ARE NOT PAYABLE ON THIS CLAIM. WELL CHILD SERVICES ARE COVERED UNDER THE THSTEPS PROGRAM TO THSTEPS PROVIDERS.
IF EYEWEAR IS LOST OR DESTROYED, CIRCLE ITEM B IN BLOCK 7 AND HAVE THE CLIENT SIGN IN BLOCK 11 OF THE CLAIM FORM.
PLEASE RESUBMIT ROUTINE NEWBORN CARE WITH SIGNED CLAIM COPY, R&S COPY, INDIVIDUAL DATES & CHARGES FOR EACH DAY OF ROUTINE CARE USING CODES 90225 & 90282.
THIS CLAIM HAS BEEN REPROCESSED AFTER RETROSPECTIVE REVIEW. PLEASE REFER TO THE LETTER NOTIFYING YOU OF THE RECOUPMENT FOR DETAILED EXPLANATION.
DENIED. INCOMPLETE CLAIM RECEIVED PAST 95 DAY FILING DEADLINE. RESUBMIT CORRECTED CLAIM FORM, ALL PREVIOUS R&S REPORTS, IF CLAIM WAS FILED W/IN DEADLINE.
MEDICARE PAID AMT IS LESS THAN MEDICAID ALLOWED AMT. CO-INS AND/OR DED GREATER THAN THE DIFFERENCE BETWEEN MEDICAID ALLOWED & MEDICARE PAID. MEDICAID PAYS THE GREATER OF DIFFERENCE OR FULL DEDUCTIBLE.
SHARS SERVICES MUST BE BILLED TO OTHER INSURANCE PRIOR TO BILLING MEDICAID. PLEASE REFER TO SHARS SECTION OF THE PROVIDER PROCEDURES MANUAL.
MEDICARE PAID AMT IS LESS THAN MEDICAID PAYABLE AMT. THE DIFF IS EQUAL TO OR GREATER THAN THE CO-INS AND/OR DED. MEDICAID PAYS THE CO-INS AND/OR DED.
YOUR CLAIM IS BEING ROUTED WITHIN TMHP FOR CORRECT PROCESSING. NO ACTION REQUIRED ON YOUR PART.
SURGICAL PROCEDURE AND/OR DIAGNOSIS WAS DISALLOWED FROM DRG ASSIGNMENT DUE TO INELIGIBLE DATES.
DIAGNOSIS SEQUENCE HAS BEEN CHANGED AND SURGICAL PROCEDURE HAS BEEN CHANGED OR EXCLUDED FOR DRG ASSIGNMENT.

THE COINSURANCE PAYMENT FOR THIS SERVICE IS LIMITED TO MQMB AND QMB CLIENTS. CHECK THE MEDICAID ID TO VERIFY THE CLIENT'S PROGRAM TYPE.
YOUR CLAIM HAS BEEN SPLIT TO FACILITATE PROCESSING OF OTHER INSURANCE. NO ACTION ON YOUR PART IS NECESSARY.
THIS SERVICE MUST BE BILLED USING A CCP PROCEDURE CODE. PLEASE RESUBMIT USING THE CORRECT CODE.
MEDICARE DENIAL INSUFFICIENT TO CONSIDER PAYMENT OF CLAIM. APPEAL TO THE MEDICARE RELATED HMO
MODIFIER 7A, 7C, 7D, AJ, AL, OR AN MUST BE USED TO IDENTIFY THE PROFESSIONAL PERFORMING THIS SERVICE.
MISSING/INVALID/FUTURE DATE OF SERVICE HAS BEEN REPLACED WITH DATE OF RECEIPT TO ALLOW FOR PROCESSING. PLEASE RESUBMIT CLAIM WITH CORRECT DATE OF SERVICE.
EFFECTIVE DATE OF SERVICE 10-01-92 CLIENTS UNDER 1 YEAR OLD REQUIRE EMERGENCY OR EXCEPTION TO PERIODICITY INDICATOR FOR THSTEPS DENTAL SERVICES.
DIAGNOSIS CODE DOES NOT MEET THERAPY GUIDELINES OF A MUSCULOSKELETAL CONDITION. IF APPLICABLE, PLEASE RESUBMIT WITH ADDITIONAL DIAGNOSIS CODE.
CLAIM INDICATES OUTPATIENT CHARGES IN EXCESS OF 48 HOURS
PROCEDURE REQUIRES ADDITIONAL CSHCN SPECIALTY TEAM/CENTER PROVIDER ENROLLMENT. CONTACT TDH/CSHCN FOR MORE INFORMATION, 1-800-252-8023.
XRAY DENIED - THE NECESSITY OF THIS XRAY IN AN EMERGENCY SITUATION NOT DOCUMENTED BY PROVIDER.
THE MEDICAL PORTION OF THIS SERVICE HAS BEEN PROCESSED ON THIS CLAIM. THE FAMILY PLANNING PORTION WILL BE PROCESSED ON A SEPARATE CLAIM.
THIS PROCEDURE NOT COMPATIBLE WITH TOOTH ID SUBMITTED. PROPER TOOTH ID IS REQUIRED FOR THIS PROCEDURE.
THIS PROCEDURE IS LIMITED IN THE THSTEPS DENTAL PROGAM. IT IS PAYABLE ONLY ON EMERGENCY CLAIMS.
PROVIDER NOT CERTIFIED TO PERFORM THIS TYPE OF SERVICE OR CERTIFICATION IS NOT VALID FOR THE DATES OF SERVICE ON THE CLAIM.
PAYMENT FOR THIS SERVICE IS DENIED - MEDICAL DOCUMENTATION DOES NOT SUPPORT THE NECESSITY FOR THIS PROCEDURE ON AN EMERGENCY CLAIM.
THE CLIENT'S AGE DOES NOT FALL WITHIN THE AGE SPAN FOR THIS PROCEDURE.
PARTIAL DENTURES ARE LIMITED TO MISSING ANTERIOR TEETH OR EIGHT OCCLUDING POSTERIOR TEETH.
THE COMBINATION OF THE PROCEDURE CODE, THE TOOTH ID AND THE SURFACE ID SUBMITTED ARE INCOMPATIBLE.
SURFACE ID IS BLANK OR INVALID. PLEASE CORRECT AND RESUBMIT.
TEMPORARY FILLING/SEALANTS NOT PAYABLE WITH CROWN OR RESTORATION. INCISION AND DRAINAGE OF ABSCESS NOT PAYABLE SAME DATE AS EXTRACITON.
LIMITATIONS PREVENT PAYMENT OF A PULPOTOMY AND A ROOT CANAL ON THE SAME TOOTH ID.
THIS TID HAS BEEN EXTRACTED. APPEAL WITH X-RAY
IV OR IM MEDICATION FOR SEDATION IS NOT PAYABLE ON THE SAME DAY AS GENERAL ANESTHESIA.
OUR RECORDS INDICATE THIS TOOTH ID WAS PREVIOUSLY CROWNED. THIS PROCEDURE IS DENIED.
THIS PROCEDURE NOT PAYABLE - PAYMENT INCLUDED IN THE FEE PREVIOUSLY BILLED FOR THE CROWN ON SAME TOOTH.
PROCEDURES/SERVICE LIMITED TO ONCE PER 6 MONTH PERIOD CALCULATED FROM LAST DATE OF SERVICE.
THIS PROCEDURE IS LIMITED. IT IS PAYABLE ONLY ONCE EVERY THIRTY-SIX MONTHS.
THIS PROCEDURE DENIED OR CUTBACK - CLAIM EXCEEDS TOTAL AMOUNT PAYABLE FOR X-RAYS PER CASE.
THIS PROCEDURE DENIED OR CUTBACK. SERVICES EXCEED TOTAL PAYABLE AMOUNT FOR RESTORATIVE/CROWN PROCEDURES ON EACH TOOTH.
ALLOWED DISCOUNT FACTOR FOR THIS OUTPATIENT SERVICE HAS BEEN ADJUSTED BASED ON THE PROVIDER PRICING INFORMATION AND DATES OF SERVICE.
DOCUMENTATION OF NECESSITY OF SERVICE AND/OR XRAYS MUST BE SUBMITTED FOR CONSIDERATION OF PAYMENT.
PALLIATIVE AND SEDATIVE/TEMPORARY FILLINGS ARE NOT BOTH PAYABLE ON THE SAME DATE OF SERVICE.
PROVIDERS MAY NOT BE REIMBURSED FOR IMMUNIZATIONS THAT MAY BE OBTAINED AT NO CHARGE FROM THE TEXAS DEPT. OF HEALTH.
OUR RECORDS INDICATE THIS PATIENT IS ENROLLED WITH MEDICAID. PLEASE BILL MEDICAID FIRST. CSHCN DOES NOT SUPPLEMENT MEDICAID REIMBURSEMENT.
RESUBMIT ANTEPARTUM SERVICE W/SIGNED CLAIM COPY, R&S COPY, INDIVIDUAL DATES AND CHARGES USING THE APPROPRIATE PROCEDURE CODES.
MEDICAID RECOUPMENT DUE TO RETRO MEDICARE ELIGIBILITY. TO BILL MEDICARE INCLUDE THIS MESSAGE IN COMMENT/REMARK FIELD FOR EMC OR ATTACH FOR PAPER CLAIM.
PAYMENT REDUCED DUE TO NON-RECEIPT OF THE IRS W-9/IRS LETTER 147C PREVIOUSLY SENT TO YOUR FACILITY/OFFICE.
CHARGES FOR TAKE HOME DRUGS MUST BE SUBMITTED TO THE VENDOR DRUG PROGRAM
ELECTIVE ABORTIONS ARE NOT A BENEFIT OF MEDICAID UNLESS THE PREGNANCY ENDANGERS THE LIFE OF THE MOTHER OR IS THE RESULT OF RAPE OR INCEST.

TEXAS MEDICAL PLAN OF CARE REQUIRES PHYSICIAN SIGNATURE AND/OR DATE. RESUBMIT WITH A CORRECTED PLAN OF CARE, R & S, AND A SIGNED CLAIM COPY.
PLEASE RESUBMIT WITH R&S, SIGNED CLAIM COPY, AND ANESTHESIA RECORD DOCUMENTING PROCEDURE LENGTH/TIME, SIGNED BY THE PHYSICIAN/CRNA.
ATTENDING PHYSICIAN AND SURGEON MUST BE ENROLLED IN THIS PROGRAM FOR CONSIDERATION OF PAYMENT.
THE SUBSTITUTE PROVIDER MODIFIER "Q" INDICATED ON YOUR CLAIM IS INVALID. PLEASE REFER TO PROVIDER PROCEDURES SERVICE(S) REQUIRE REFERRING PROVIDER IDENTIFIER FOR PROCESSING. REFERRING PROVIDER CANNOT BE THE SAME PROVIDER WHO RENDERED THESE SERVICE(S).
THE CLIENT'S NAME IN THE CONSENT TO STERILIZATION DOES NOT MATCH THE CLIENT'S NAME IN THE PHYSICIAN'S STATEMENT PART OF THE STERILIZATION CONSENT FORM.
TYPED/STAMPED SIGNATURES ARE NOT ACCEPTABLE FOR THE PERSON OBTAINING CONSENT OR PHYSICIAN STATEMENT. RESUBMIT WITH APPLICABLE HANDWRITTEN SIGNATURE(S).
PLEASE RESUBMIT A COPY OF THE CONSENT FORM WITH TIME OF DAY THE CLIENT SIGNED THE CONSENT TO STERILIZATION AND TIME OF DAY THE SURGERY WAS PERFORMED.
CLAIM DENIED. INPATIENT HOSPITAL STAYS FOR NON-EMERGENCY DIAGNOSES ARE NOT COVERED IN NON-CONTRACTED HOSPITALS. THIS SERVICE/SITUATION/SURGERY DOES NOT MEET AUTHORIZATION CRITERIA. PLEASE APPEAL WITH COMPLETE MEDICAL RECORD FOR EXTENDED LENGTH OF STAY.
CLAIM DENIED. INPATIENT STAYS LONGER THAN 3 DAYS REQUIRE AUTHORIZATION. PLEASE APPEAL WITH COMPLETE MEDICAL RECORDS TO DETERMINE STABILIZATION DATE.
ADOLESCENT PREVENTIVE VISIT MUST BE BILLED IN ACCORDANCE W/THE PERIODICITY SCHEDULE. REFER TO PROVIDER PROCEDURE MANUAL.
HEARING AID PURCHASES ARE LIMITED TO ONCE EVERY 6 YEARS EXCEPT FOR PERSONS UNDER 21 YEARS OF AGE.
OBSERVATION/OUTPATIENT CHARGES RELATED TO OR WITHIN ONE DAY OF INPATIENT STAY MUST BE BILLED ON THE INPATIENT CLAIM FORM.
FAMILY PLANNING SERVICES PROVIDED BY THE FQHC MUST BE FILED WITH THE APPROPRIATE FAMILY PLANNING PROCEDURE CODE ON THE CLAIM FORM.
ITEM(S) DENIED AS PART OF RENTAL FEE. APPEAL MUST INCLUDE STATEMENT INDICATING CLIENT OWNS EQUIPMENT AND REASON(S) WHY REPLACEMENT IS NEEDED.
TB SKIN TEST CODE MUST BE ON THE CLAIM. SUBMIT APPROPRIATE PROCEDURE CODE. REFER TO THE PROVIDER PROCEDURE IMMUNIZATION/NON-IMMUNIZATION CODE MUST BE ON CLAIM. REFER TO THE PROVIDER PROCEDURE MANUAL.
ATTENDING OR PERFORMING PROVIDER IDENTIFIERS REQUIRED.
THESE SERVICES BILLED WITHOUT A FAMILY PLANNING DIAGNOSIS MUST BE BILLED AS AN ENCOUNTER BY THE FQHC.
CLAIM/PROCEDURE NOT PAYABLE BY TMHP. RESUBMIT CLAIM TO CSHCN CENTRAL OFFICE, 1100 WEST 49TH ST, AUSTIN TEXAS, 78756-3179
INPATIENT ADMISSION DENIED AS A RESULT OF RETROSPECTIVE UTILIZATION REVIEW.
DX/PROCEDURE CODE SEQUENCING CHANGE FOR APPROPRIATE DRG ASSIGNMENT AS A RESULT OF RETROSPECTIVE UTILIZATION REVIEW OR TO CORRECT CODING ERROR.
THIS CASE INVOLVED A PATIENT TRANSFER. PAYMENT CALCULATED ON A PER DIEM BASIS.
<b>THIS IS THE MAXIMUM PAYMENT FOR AN INPATIENT STAY ACCORDING TO YOUR FACILITY'S REIMBURSEMENT METHODOLOGY. Not a denial, Take HB CO ADJ</b>
FOR INFORMATIONAL PURPOSES ONLY -- THIS CASE CONSIDERED FOR PAYMENT ON ANOTHER CLAIM.
CLAIM HAS BEEN REDUCED DUE TO MEDICALLY NEEDY SPENDDOWN. FOR PATIENT LIABILITY INFORMATION, PLEASE CALL CUSTOMER SERVICE.
MAXIMUM PAYMENT FOR TRANSPLANT HOSPITAL STAY ACCORDING TO DRG REIMBURSEMENT METHOD.
SECOND NEWBORN HERE/METABOLIC TEST CODE MUST BE ON THE CLAIM. REFER TO PROVIDER PROCEDURE MANUAL OR CONTACT CUSTOMER SERVICE.
INFORMATION NOT RECEIVED WITHIN 60 DAYS: TECHNICAL DENIAL IS FINAL.
EXTRA CHARGE FOR NIGHT CALL BILLED WITH NON-EMERGENCY TRANSPORT ARE NOT PAYABLE.
PRECISE LEVEL OF SUBLUXATION MUST BE INDICATED ON CLAIM FOR CONSIDERATION OF PAYMENT.
ATTACHMENTS TO YOUR CLAIM DID NOT SUPPORT OR AGREE WITH SERVICES BILLED.
PROCEDURE PAYMENT DETERMINED BY PROGRAM/BENEFIT PLAN, REIMBURSEMENT METHODOLOGY, DATE OF SERVICE AND/OR TEFRA GUIDELINES AS DESCRIBED IN PROVIDER PROCEDURES MANUAL.
SERVICE PROCESSED ACCORDING TO TEFRA GUIDELINES DESCRIBED IN PROVIDER PROCEDURES MANUAL.
PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND IS CALCULATED AT THE DETAIL BILLED AMOUNT.
THESE SERVICES ARE NOT PAYABLE FOR CHRONIC/LONG-TERM CONDITIONS.

**CO ADJ**

THIS CHARGE IS CONSIDERED PART OF DAILY ROOM/RATE AND/OR NURSING CARE.

PAYMENT RECOUPED/DENIED PER PROVIDER REQUEST.

PAYMENT FOR REPEAT LASER TREATMENT WITHIN 6 MONTHS IS INCLUDED IN INITIAL LASER PAYMENT.

SERVICE FILED ON AN INCORRECT CLAIM FORM. PLEASE REFILE ON HCFA 1500.

ITEMIZED CHARGES FOR THESE SERVICES ARE NEEDED BEFORE PAYMENT CAN BE CONSIDERED.

DAILY RENTAL CHARGES FOR EQUIPMENT ARE NOT PAYABLE IN ADDITION TO INITIAL EQUIPMENT FEE.

A NARRATIVE DESCRIPTION OF THE CLIENT'S CONDITION AND/OR SYMPTOMS IS REQUIRED.

PHYSICIAN'S NAME MUST BE AT THE TOP OF THE CONSENT FORM AND AFTER "TO BE STERILIZED BY".

REPEAT INITIAL HOSPITAL CARE WITHIN 30 DAYS PAYABLE AS SUBSEQUENT CARE VISIT.

SUBSEQUENT HOSPITAL CARE NOT PAYABLE TO CONSULTING PHYSICIAN.

INITIAL CONSULT ON ESTABLISHED PATIENT CUTBACK TO FOLLOW-UP CONSULT.

PLEASE SUBMIT ONE R&S COPY WITH EACH CORRECTED CLAIM/APPEAL, REFER TO PROVIDER MANUAL.

PLEASE RESUBMIT FACILITY SERVICES WITH THE APPROPRIATE PROVIDER NUMBER.

REQUIRED INVOICE INSUFFICIENT OR MISSING. RESUBMIT WITH CORRECTED INVOICE.

RADIATION THERAPY FACILITY TECHNICAL SERVICES ARE NOT PAYABLE TO PHYSICIANS.

THIS VISIT DENIED AS INCLUDED IN PAYMENT FOR ANTEPARTUM CARE.

INCORRECT DIAGNOSIS/MISSING INFO PREVENTS DRG ASSIGNMENT. PLEASE CORRECT AND RESUBMIT.

DRG CODE INVALID/NOT ON FILE.

ASSIGNMENT ACCEPTANCE IS REQUIRED FOR CLAIM PAYMENT.

THESE SERVICES DENIED DUE TO FAILURE TO SUBMIT REQUESTED INFORMATION.

EXCESSIVE SUPPLIES BILLED AS HOME HEALTH SERVICES HAVE BEEN CUTBACK/REDUCED.

MRI NOT PAYABLE WHEN PERFORMED ON SAME DAY OR WITHIN 7 DAYS AFTER CT SCAN OF SAME AREA.

THIS PROCEDURE IS DENIED, NOT MEDICALLY NECESSARY.

MORE THAN ONE RESTORATION ON A SINGLE SURFACE IS CONSIDERED A SINGLE RESTORATION.

THE PROVIDER WHO PERFORMED THIS SERVICE MUST BILL UNDER HIS/HER OWN PROVIDER NUMBER.

DOCUMENTATION INDICATES SERVICES WERE AVAILABLE AT THE FACILITY OF ORIGIN.

PLEASE PROVIDE/EXPLAIN DIAGNOSIS/REASON FOR SERVICES.

OBSERVATION ROOM AND RELATED SERVICES PROVIDED IN EXCESS OF 23 HOURS ARE NOT PAYABLE.

THIS PROCEDURE/SERVICE IS CONSIDERED BILATERAL AND INCLUDES THE UNILATERAL SERVICE.

ACCOMMODATION IS PAID TO THE FACILITY WHO HAD THE CLIENT AT MIDNIGHT THE DAY OF TRANSFER.

**EMERGENCY ROOM CHARGE NOT PAYABLE ON THE SAME DAY AS AN OBSERVATION ROOM CHARGE. Take HB Contractual**

GROUP BILLING PROVIDER NUMBER NEEDED FOR CLAIM TO BE PROCESSED.

OUR REVIEW INDICATES THE DESIGNATED LOCK-IN PROVIDER NAME/NUMBER FURNISHED IS INCORRECT.

CLAIM DENIED. PATIENT TRANSFERS WITHIN THE SAME FACILITY RECEIVE ONLY ONE DRG PAYMENT.

YOUR APPEAL HAS BEEN REVIEWED. PAID AMOUNT REFLECTS AN ADJUSTMENT.

YOUR CLAIM HAS BEEN REVIEWED BY THE PHYSICIANS & HAS BEEN ADJUSTED ACCORDINGLY.

THE D&C IS CONSIDERED PART OF THIS TUBAL LIGATION PROCEDURE.

PROVIDER NOT CERTIFIED FOR THIS DATE OF SERVICE.

MEDICARE REMITTANCE ADVICE OR NOTICE MUST BE SUBMITTED WITH A COMPLETED CLAIM FORM.

**THIS CLIENT IS ELIGIBLE FOR EMERGENCY SERVICES ONLY. Appeal in MRO w/appropriate medical records to review for necessity.  
(This is the old way, still pending how management wants these done)**

CLIENT IS NOT ELIGIBLE FOR FAMILY PLANNING SERVICES UNDER TITLE XIX.

THE MAXIMUM NUMBER OF ALLOWABLE ORTHODONTIC ADJUSTMENTS HAS BEEN EXCEEDED.

ORTHODONTIC ADJUSTMENTS ARE NOT A BENEFIT ONCE BOTH RETAINERS HAVE BEEN APPLIED.

INITIAL VISIT NOT PAYABLE WITH OTHER ORTHODONTIC PROCEDURES.

PROCEDURE CODE HAS BEEN CHANGED IN ACCORDANCE WITH THSTEPS DENTAL GUIDELINES.

CLAIMS SUBMITTED FOR NON-RENDERED SERVICES ARE NOT REQUIRED.

INFORMATION ON CLAIM DOES NOT MATCH WHAT WAS AUTHORIZED.

PLEASE CLARIFY TYPE OF TRANSPORT. EMERGENCY/NON-EMERGENCY/AIR. CHANGE CODES ACCORDINGLY.

THIS SERVICE WAS CHANGED AND/OR NOT APPROVED BY THE ASSOCIATE DENTAL DIRECTOR.

MAXIMUM PAYMENT FOR INPATIENT STAY BASED ON LONESTAR SELECTII PERDIEM REIMBURSEMENT METHOD.

PRIMARY DX/SEQUENCING CHANGED BY TMHP PHYSICIAN FOR APPROPRIATE DRG ASSIGNMENT.

ACCOMMODATIONS/ANCILLARY SERVICES DENIED AS A RESULT OF RETROSPECTIVE REVIEW.
SERVICES PROVIDED OUTSIDE THE STATE OF TEXAS ARE PAYABLE ONLY FOR EMERGENCY SITUATIONS.
ONE OR MORE OF THE DIAGNOSES REQUIRE 4TH, 5TH, 6TH, OR 7TH DIGIT SPECIFICITY.
MEDICAID CANNOT PAY FOR SERVICES DENIED BY MEDICARE DUE TO ENROLLMENT IN A HOSPICE PROGRAM.
APPEAL REVIEWED BY MED DIRECTOR/ASSOCIATE MED. DIRECTOR & ADJUSTED PER INSTRUCTIONS.
PLEASE REFILE A CORRECTED CLAIM FORM, INCLUDING THE AMBULANCE BASE RATE PROCEDURE CODE.
PROCEDURE/SERVICE LIMITED TO ONCE PER 12 MONTHS FROM LAST DATE OF SERVICE.
DIAGNOSIS CODE FOR DELIVERY IS MISSING.
THE DIAGNOSIS AND/OR PROCEDURE CODE SUBMITTED DOES NOT CORRESPOND TO CLIENT'S AGE/SEX.
PLACE OF SERVICE MISSING/INVALID. <b>If UB Claim, Check Box 14/15 to see if place of service needs correcting. Check TOB if correct</b>
<b>If CMS claim, check Service Line Box B to see if place of service needs correcting.</b>
DATE AND TIME OF DEATH MUST BE PROVIDED TO PROCESS. REFILE CLAIM WITH REQUIRED INFORMATION.
PHYSICIAN SIGNATURE AND DATE OF SERVICE REQUIRED ON EXAM REPORT.
THIS DETAIL IS FOR INFORMATIONAL PURPOSES ONLY.
THSTEPS MEDICAL INFORMATIONAL DETAIL ONLY.
CLAIM DENIED BECAUSE ITEM 3 ON PHYSICIAN EXAM REPORT CHECKED YES.
DATE OF CALIBRATION REQUIRED ON HEARING AID EVAL FORM.
CLAIM DENIED DUE TO INCONSISTENT TEST SCORES IN SOUND FIELD TEST RESULTS.
PROVIDER SIGNATURE MISSING ON HEARING AID EVAL FORM.
ROUTINE DENTAL EMERGENT AND ORTHODONTIC SERVICES MUST BE BILLED ON SEPERATE CLAIMS.
SURGICAL DATE AND/OR PROCEDURE REQUIRED FOR PROCESSING. REFILE CORRECTED CLAIM.
EYEGLOSS LENSES REQUIRE A PRESCRIPTION IN BLOCK 13.
TYPED OR HANDWRITTEN INFORMATION MUST HAVE MEDICAL CARRIER VERIFICATION TO BE PROCESSED.
THIS LAB SVC IS PART OF A PANEL CODE AND WILL NOT BE PAID SEPERATELY.
TYPE OF BILL INVALID, MISSING OR INCOMPATIBLE WITH PROVIDER TYPE OR SERVICES BILLED.
DATE OF ADMISSION REQUIRED IN BLOCK 17 FOR PROCESSING.
DISCHARGE PATIENT STATUS MISSING OR INVALID.
REFILE CLAIM WITH MEDICAL RECORD NUMBER.
RESUBMIT YOUR CLAIM WITH THE NAME OF THE MOTHER OF THIS NEWBORN.
PLEASE PROVIDE THE NUMBER OF COVERED DAYS.
PRIORITY (TYPE) OF ADMISSION OR VISIT CODE AND/OR POINT OF ORIGIN FOR ADMISSION OR VISIT CODE IS MISSING OR INVALID
INFORMATION IN FORM LOCATOR 63, 79, OR 86 IS MISSING OR INVALID.
BILL ONLY DATES OF SERVICE APPLICABLE TO PAN NUMBER
START OF CARE DATE IS MISSING OR INVALID.
CLIENT HAS TWO PCN'S. DHS HAS BEEN NOTIFIED TO MERGE PCN'S. PLEASE REAPPEAL IN 120 DAYS.
DRG CHANGE DUE TO HOSPITALS REQUEST TO CORRECT A DIAGNOSIS/PROCEDURE CODING ERROR.
CLAIM DENIAL: BLOCK 12A OR 12B IS MISSING.
THE DATE OF X-RAY MUST BE PRIOR TO THE SUBLUXATION MANIPULATION.
CLIENT'S FULL NAME, CLIENT NUMBER, SEX & CORRECT DOB MUST BE ON CLAIM FOR PROCESSING.
TOTAL CLAIM CHARGE DOES NOT MATCH ATTACHMENT CHARGES.
ACCOMMODATION CHARGES MUST INCLUDE THE RATE PER DAY.
SURGERY DATE MUST FALL WITHIN SPAN DATES (BLOCK 6). PLEASE REFILE CORRECTED CLAIM.
PLEASE PROVIDE THE ORIGIN AND/OR DESTINATION OF AMBULANCE SERVICE.
NUMBER OF MILES AND CHARGE PER MILE MUST EQUAL THE TOTAL MILEAGE CHARGE.
THIS ADJUSTMENT IS DUE TO A PATIENT TRANSFER. PAYMENT IS CALCULATED ON A PER DIEM BASIS.
THIS IS A DUPLICATE ADJUSTMENT REQUEST. PLEASE DO NOT FILE DUPLICATES.
MEDICARE ATTACHMENT IS NOT A MEDICARE REMITTANCE ADVICE OR NOTICE.
THESE SERVICES PAID IN ACCORDANCE WITH THE FEDERAL MATCHING FUND RATE.
SNF MEDICARE PART A COINSURANCE AND DEDUCTIBLES ARE PROCESSED BY DHS.
<b>THIS PROCEDURE NOT COVERED FOR THIS PROVIDER SPECIALTY. Take Non covered Adj on denial/expected amount</b>
THIS CLAIM HAS BEEN READJUSTED AT THE REQUEST OF HHSC.
PAID UNDER THSTEPS COMPREHENSIVE CARE PROGRAM.
ADMITTING DIAGNOSIS CODE IS REQUIRED IN FORM LOCATOR 69. PLEASE RESUBMIT WITH A VALID CODE.
RESUBMIT CORRECTED CLAIM WITH DATE AND PROCEDURE CODE FOR STERILIZATION.

RESUBMIT CORRECTED CLAIM WITH DATE AND PROCEDURE CODE FOR DELIVERY.
MEDICAID CONSIDERS CASTING, STRAPPING, & SPLINTING TO BE PART OF THE GLOBAL SURGICAL FEE.
THIS CLIENT DOESN'T HAVE THSTEPS ELIGIBILITY AND DOESN'T QUALIFY FOR THSTEPS-CCP SERVICES.
THE AUTHORIZATION NUMBER USED ON THIS CLAIM IS INVALID.
THE AUTHORIZATION NUMBER USED ON THIS CLAIM IS NOT VALID FOR THE DATE OF SERVICE.
THIS IS NOT A VALID PROC CODE AND OR MODIFIER FOR THIS DATE OF SERVICE. RESUBMIT WITH A VALID PROC CODE AND OR MODIFIER.
PAID ACCORDING TO CO-SURGEON/TEAM SURGEON GUIDELINES.
PAID ACCORDING TO THE ACCOMMODATION CODE PER DIEM PRICING METHODOLOGY.
THE DETAIL(S) QUANTITY WAS CHANGED TO MATCH WHAT THE PROVIDER DESCRIBED.
THE TOTAL MEDICARE PAID IS EQUAL TO OR GREATER THAN YOUR ENCOUNTER RATE.
COMBINED TOTAL OF MEDICARE AND MEDICAID PAYMENT EQUALS YOUR ENCOUNTER RATE.
THIS IS A DUPLICATE SERVICE THAT WAS PAID TO THIS PROVIDER UNDER A DIFFERENT NUMBER.
LABOR FEE (TECHNICIAN FITTING AND MEASURING FEE) NOT PAYABLE AFTER OCTOBER 1, 1992.
SERVICE BILLED IS CONSIDERED PART OF APPROPRIATE STANDARD OF CARE & NOT PAYABLE SEPARATELY.
HOUR OF ADMISSION REQUIRED FOR PROCESSING.
PLEASE RESUBMIT USING APPROPRIATE HCPCS/CPT PROCEDURE CODE OR REVENUE CODE.
USED DME IS NOT A BENEFIT OF CCP. PLEASE APPEAL WITH CORRECT TYPE OF SERVICE.
PLEASE FURNISH THE SURGEON'S LICENSE NUMBER IN A VALID FORMAT (EXAMPLE: TXBL1234).
CLAIM DENIED DUE TO RETROSPECTIVE UTILIZATION REVIEW PROCESS. PLEASE APPEAL TO HHSC PROVIDER RESOLUTIONS.
THE ADMIT AND/OR DISCHARGE DATE DOES NOT MATCH THE SERVICE DATE ON ONE OR MORE DETAILS.
ALLERGY VIAL DENIED. PAYMENT OF ALLERGY INJECTION INCLUDES THE COST OF THE EXTRACT.
TMHP RECEIVED AN ELECTRONICALLY SUBMITTED MCARE CLAIM CORRECTION FROM YOUR INTERMEDIARY. TMHP DOES NOT PROCESS MCARE CORRECTIONS ELECTRONICALLY. PLEASE RESUBMIT THE ORIGINAL CLAIM AND THE CORRECTED CLAIM WITH APPLICABLE MRANS.
OUR RECORDS INDICATE THIS CLIENT IS NOT ELIGIBLE FOR THIS DIAGNOSIS.
THIS SERVICE SHOULD BE APPEALED TO MEDICAID BEFORE BILLING CSHCN .
THIS SERVICE HAS BEEN PAID/DENIED BY MEDICAID. NO FURTHER PAYMENT BY CSHCN .
WE ARE UNABLE TO PROCESS YOUR ELECTRONIC APPEAL. PLEASE RESUBMIT YOUR APPEAL AND APPLY CHANGES TO THE CORRESPONDING DETAIL # YOU ARE APPEALING FROM THE PREVIOUS CLAIM. CONTACT THE EDI HELP DESK FOR MORE INFORMATION 888-863-3638.
THIS PAYMENT WAS INCREASED BY 1.9% PER THE 77TH LEGISLATURE FUNDING FOR MEDICAID PROFESSIONAL SERVICES SFY02
THIS PAYMENT WAS INCREASED BY 6.1% PER THE 77TH LEGISLATURE FUNDING FOR MEDICAID PROFESSIONAL SERVICES SFY02
THIS PAYMENT WAS INCREASED BY 3.7% PER THE 77TH LEGISLATURE FUNDING FOR MEDICAID DENTAL SERVICES SFY02
PAYMENT REDUCED ACCORDING TO GUIDELINES.
THIS PAYMENT WAS REDUCED BY 8% PER HHSC-DIRECTED INPATIENT HOSPITAL ACUTE CARE RATE REDUCTIONS
SERVICES MUST BE BILLED ON THE 2017 CLAIM FORM. PLEASE RESUBMIT YOUR CLAIM ON THE APPROPRIATE FORM.
CLAIM DIAGNOSIS IS INVALID TO CLIENT'S SEX.
PROCEDURE CODE IS INVALID OR THE COMBINATION OF PROCEDURE CODE AND TYPE OF SERVICE IS INVALID.
BILLING PROVIDER NUMBER FORMAT IS INVALID.
PROCEDURE IS NOT ALLOWED TO SPAN DATES OF SERVICE, OR QUANTITY BILLED IS NOT EVENLY DIVISIBLE BY NUMBER OF DAYS.
PROCEDURE CODE IS BLANK. PLEASE RESUBMIT CORRECTED CLAIM.
OTHER PROVIDER NUMBER FORMAT INVALID.
OPERATING PROVIDER NUMBER FORMAT INVALID.
LAB NAME AND ADDRESS AND PROVIDER IDENTIFIER ARE REQUIRED WHEN BILLING LAB HANDLING FEE.
FACILITY PROVIDER STATE ABBREVIATION IS INVALID.
FACILITY PROVIDER ZIP MUST BE A 5 OR 9 DIGIT NUMBER.
BILLING PROVIDER TAX ID MUST BE NUMERIC.
PROVIDER PRACTICE LOCATION IS IN PENDING STATUS.
A VALID CLIENT DATE OF BIRTH IS REQUIRED AND CANNOT BE IN THE FUTURE.
DATE OF DEATH CANNOT BE PRIOR TO ADMISSION OR A FUTURE DATE
CLAIM INDICATES CLIENT HAS OTHER INSURANCE. ALL OR PART OF THE REQUIRED INFORMATION IS MISSING. SEE PROVIDER MANUAL FOR REQUIRED OTHER INSURANCE INFORMATION.
TOTAL CLAIM CHARGES IS A REQUIRED NUMERIC FIELD.

INCOMPLETE PROVIDER ELIGIBILITY, CONTACT PROVIDER ENROLLMENT.
SOURCE OF PAYMENT MUST BE A VALID VALUE.
CURR-SOURCE OF PAYMENT IS REQUIRED.
AUTO ACCIDENT INDICATOR IS INVALID.
EMPLOYMENT RELATED INDICATOR IS INVALID.
COVERED DAYS IS REQUIRED.
OCCURRENCE SPAN FROM DATE IS REQUIRED AND CANNOT BE A FUTURE DATE.
OCCURRENCE SPAN TO DATE IS REQUIRED AND CANNOT BE A FUTURE DATE.
OCCURRENCE CODE INVALID
OCCURRENCE DATE IS REQUIRED.
EYEGLOSS PRESCRIPTION REPLACEMENT CODE IS INVALID.
CONDITION CODE MUST BE NUMERIC.
THE TID IS INCONSISTENT FOR THIS PROCEDURE CODE AND THE CLIENT'S AGE.
THSTEPS REFERRAL INDICATOR IS INVALID.
DENTAL EXCEPTION TO PERIODICITY INVALID.
DENTAL EMERGENCY INDICATOR IS INVALID.
ORTHO INDICATOR IS INVALID.
CONDITION INDICATOR IS REQUIRED WITH THIS PROCEDURE AND PROVIDER TYPE. PLEASE RESUBMIT WITH A CORRECTED C LAIM.
A VALID VACCINE PROCEDURE CODE IS REQUIRED ON THE SAME CLAIM WITH AN ADMINISTRATION PROCEDURE CODE.
QUANTITY BILLED IS MISSING. PLEASE RESUBMIT.
BILLED AMOUNT IS REQUIRED.
CSHCN EOB MUST BE NUMERIC.
CSHCN DURABLE MEDICAL EQUIPMENT AND PARTS MUST BE NEW, NOT USED, RECONDITIONED OR DAMAGED.
FUNDING SOURCE MUST BE INDICATED.
PAYMENT CODE INDICATED IS INVALID.
CLIENT LAST NAME IS BLANK.
CLIENT FIRST NAME IS BLANK.
NO ATTACHMENTS ON AN AMBULANCE CLAIM.
DATE OF DEATH IS INVALID.
PLEASE ENTER THE CORRECT PROGRAM (FP TITLE, PHC) BEING BILLED.
PLEASE INDICATE WHETHER THIS IS A NEW OR EXISTING PATIENT.
PLEASE INDICATE THE PATIENT'S RACE.
PLEASE INDICATE THE PATIENT'S ETHNICITY.
PLEASE ENTER FAMILY INCOME.
PLEASE ENTER THE TOTAL NUMBER OF PEOPLE SUPPORTED BY THE FAMILY INCOME.
PLEASE ENTER THE NUMBER OF TIMES THE PATIENT HAS BEEN PREGNANT.
PLEASE ENTER THE NUMBER OF LIVE BIRTHS FOR THE PATIENT.
PLEASE ENTER THE NUMBER OF LIVING CHILDREN THE PATIENT HAS.
ENTER THE LEVEL OF PRACTITIONER.
ENTER THE DATE OF OCCURRENCE IF BILLING FOR COMPLICATIONS RELATED TO STERILIZATIONS, CONTRACEPTIVE IMPLANTS OR IUDS.
TYPE OF SERVICE IS INVALID.
ATTACHMENT/OI DISPOSITION CODE IS INVALID.
ATTACHMENT INDICATOR IS INVALID.
UNABLE TO ASSIGN PROGRAM/BENEFIT PLAN. PLEASE REFILE CLAIM WITH CORRECTED CLIENT/PROVIDER INFORMATION. NOTE: FP TITLE V, X, AND XX CLAIMS AND ENCOUNTERS WITH DATES OF SERVICE PRIOR TO 09/01/2001 SHOULD BE SUBMITTED TO STATE AGENCY. <b>Check eligibility and if inactive coverage, unbill and NRP to SP. If eligible &amp; coverage is just missing medicaid id#/info, then add/correct info and resubmit. If claim info is right, then you can appeal claim</b>
THIS DETAIL CANNOT BE PROCESSED UNDER THE CURRENT PROGRAM. PLEASE APPEAL UNDER THE PREVIOUS PROGRAM.
SURGERY DATE IS MISSING OR INVALID
SERVICE FILED ON AN INCORRECT FORM. PROVIDER ELIGIBLE FOR COINSURANCE OR DEDUCTIBLE PAYMENT ONLY. CONTACT TMHP CUSTOMER SERVICE.
CLAIM FORM NOT ALLOWED FOR THIS PROGRAM.
PLEASE REFER TO OTHER EOB MESSAGES ASSIGNED TO THIS CLAIM FOR PAYMENT/DENIAL INFORMATION. <b>Look at other EOB codes</b>
CONFLICTING DATA BETWEEN THE MEDICARE REMITTANCE ADVICE OR NOTICE AND/OR OTHER INFORMATION PROVIDED.



PAYMENT IS BASED ON THE LESSER OF THE PROCEDURE CODE BILLED OR PREVIOUSLY AUTHORIZED. NO ADDITIONAL REVISION OF THE EXISTING AUTHORIZATION IS REQUIRED.
CLIENT HAS OTHER INSURANCE. CLAIM WAS FORWARDED TO THE OTHER INSURANCE CARRIER. TMHP WILL TAKE NO FURTHER ACTION ON THIS CLAIM. CONTACT OTHER INSURANCE CARRIER IF NO RESPONSE RECEIVED WITHIN 45 DAYS.
THE SUBMITTED LABOR WITH DELIVERY PROFESSIONAL PROCEDURE IS A CHIP PERINATAL BENEFIT. PLEASE BILL THE APPROPRIATE CHIP PERINATAL HEALTH PLAN.
CLIENT IS ENROLLED IN A MEDICARE ADVANTAGE PLAN (MAP). PROVIDER SHOULD CONTACT MAP FOR CO-PAYMENTS, CO-INSURANCE AND/OR DEDUCTIBLES LIABILITIES
THIS ADJUSTMENT IS A RESULT OF A RATE CHANGE.
CLIENT IS ENROLLED IN A MEDICARE ADVANTAGE PLAN (MAP). PROVIDER SHOULD CONTACT MAP FOR CROSSOVER CLAIM LIABILITIES
PAID AMT REDUCED BY 30% OF PSYCH FEE FOR DELEGATED SVCS
INAPPROPRIATE USE OR MISSING MODIFIER
QUANTITY CLAIMED IS GREATER THAN ALLOWED FOR THE RELATED AMBULANCE SERVICE TRANSPORT OR CLAIM HAS A MISSING OR INCORRECT HCPCS MODIFIER.
PAYMENT IS BASED ON LEVEL 4 CERTIFICATION AND ANESTHESIOLOGY RESIDENCY
REIMBURSEMENT OF DSHS LABS AT 100% OF MEDICARE PAYABLE AMOUNT
PROVIDER IS NOT CERTIFIED TO PROVIDE HEALTHY TEXAS WOMEN (HTW) SERVICES FOR DATES OF SERVICE REQUESTED. COMPLETE AND SUBMIT HTW CERTIFICATION.
MISSING/INVALID PRESENT ON ADMISSION INDICATOR <b>Check POA indicators, send to Coding for review/correcting</b>
THE QUANTITY/ALLOWED AMOUNT HAS BEEN REDUCED PER POA POLICY.
CLAIM DETAIL DENIED DUE TO WRONG SURGERY PERFORMED ON CLIENT
CLAIM DENIED DUE TO WRONG SURGERY PERFORMED ON CLIENT
THIS PAYMENT WAS REDUCED BY 1% IN ACCORDANCE WITH THE STATE'S SPENDING REDUCTION PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER SEPTEMBER 1, 2010.
TRANSPORTATION IS NOT AUTHORIZED FOR DATE OF SERVICE LISTED ON CLAIM.
NO VALID DRIVER'S LICENSE ON FILE FOR THE PROVIDER ON THE DATE OF SERVICE LISTED ON THE CLAIM
SEND TMHP PROOF OF YOUR CAR INSURANCE. TMHP NEEDS TO SEE THAT THE INSURANCE WAS IN EFFECT (NOT EXPIRED) THE DAY YOU PROVIDED THE RIDE.
SYSTEM DOWN WHEN CLAIM WAS SENT. THIS CLAIM WILL BE PROCESSED WHEN SYSTEM IS AVAILABLE.
CLIENT IS NOT AUTHORIZED OR ELIGIBLE FOR SERVICE FOR DATE LISTED ON CLAIM.
SEND TMHP THE SIGNED FORM THAT SHOWS HOW YOU ARE RELATED TO THE PEOPLE YOU ARE APPROVED TO DRIVE.
THE AMOUNT/UNITS BILLED ON THIS CLAIM HAVE BEEN CHANGED TO MEET AMOUNTS AUTHORIZED BY MEDICAL TRANSPORTATION PROGRAM (MTP).
LODGING TAX CANNOT BE REIMBURSED WITHOUT THE LODGING AMOUNT.
THIS CLAIM WILL BE REIMBURSED AT THE CONTRACTED RATE.
THIS CLAIM WILL BE REIMBURSED AT THE CONTRACTED RATE MULTIPLIED BY THE UNITS THAT HAVE BEEN AUTHORIZED.
THE TAX PAYMENT AMOUNT IS REDUCED TO THE TAX RATE LIMIT.
LODGING TAX CANNOT BE REIMBURSED WITHOUT THE LODGING AMOUNT.
THE AMOUNT ON THIS CLAIM WILL NOT BE REIMBURSED BECAUSE NO CONTRACT RATE WAS FOUND.
CLAIM DOS IS 75 DAYS GREATER THAN THE PA FDOS. PAYMENT IS REDUCED BY 10 PERCENT
CLAIM DENIED DUE TO WRONG SURGERY CLAIM FOUND IN HISTORY FOR THE SAME PCN AND DOS.
CLAIM DETAIL DENIED DUE TO WRONG SURGERY CLAIM FOUND IN HISTORY FOR THE SAME PCN AND DOS.
UNABLE TO VALIDATE CORRECT CODING COMPLIANCE. CLAIM MAY BE ADJUSTED AT A LATER TIME.
UNABLE TO VALIDATE CORRECT CODING COMPLIANCE. CLAIM MAY BE ADJUSTED AT A LATER TIME.
ELECTRONIC HEALTH RECORD INCENTIVE PAYMENT
UNABLE TO VALIDATE CORRECT CODING COMPLIANCE. CLAIM MAY BE ADJUSTED AT A LATER TIME
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UNABLE TO VALIDATE CORRECT CODING COMPLIANCE. CLAIM MAY BE ADJUSTED AT A LATER TIME
THIS PAYMENT WAS REDUCED IN ACCORDANCE WITH THE STATE'S SPENDING REDUCTION PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER SEPTEMBER 1, 2011. <b>Not a denial, HB CO ADJ</b>
THIS RECEIVABLE ID DUE TO AN ELECTRONIC HEALTH RECORD INCENTIVE OVERPAYMENT.
CUSTOM WHEELED MOBILITY AND FITTING SERVICES MUST BE BILLED ON THE SAME CLAIM FORM FOR THE SAME DATE OF SERVICE
MEDICAID RETROACTIVE ELIGIBILITY REPROCESSING
THIS PAYMENT WAS PRICED DUE TO NON-EMERGENCY SERVICES RENDERED IN AN OUTPATIENT HOSPITAL EMERGENCY ROOM.



NEW DAY CLAIM GENERATED DUE TO RETROACTIVE MEDICAID ELIGIBILITY
EARLY TERM DELIVERIES NON-MEDICALLY NECESSARY
RECOUPMENT DUE TO FAILURE TO SUBMIT REQUIRED SHARS COST REPORT MANDATED BY CMS.
THIS PAYMENT WAS INCREASED IN ACCORDANCE WITH THE STATE'S PLAN FOR CLAIMS WITH A DATE OF SERVICE ON OR AFTER SEPTEMBER 1, 2012.
CLAIM ADJUSTED FOR CSHCN SERVICES PROGRAM CLIENTS THAT RECEIVED RETROACTIVE MEDICAID/MANAGED CARE ELIGIBILITY.
THE AMOUNT WAS RECOUPED FOR CSHCN SERVICES PROGRAM CLAIMS THAT WERE ADJUSTED DUE TO RETROACTIVE MEDICAID/MANAGED CARE ELIGIBILITY.
SERVICE NOT ALLOWABLE OR CLIENT IS ADMITTED TO AN INSTITUTION FOR MENTAL DISEASE (IMD)
THIS PAYMENT HAS BEEN ADJUSTED DUE TO POTENTIALLY PREVENTABLE EVENT CATEGORIZATION.
PROFESSIONAL/OUTPATIENT CHARGES RELATED TO OR WITHIN THREE DAYS OF INPATIENT ADMISSION MUST BE BILLED ON THE INPATIENT CLAIM. <b>Send to Billing audit team for review if the OP claim needs to be combined with the IP claim. If they say no, then take HB CO Adjustment. If they do combine, then a CC will need to be resubmitted</b>
PROFESSIONAL/OUTPATIENT CHARGES RELATED TO OR WITHIN ONE DAY OF INPATIENT ADMISSION MUST BE BILLED ON THE INPATIENT CLAIM. <b>Send to Billing audit team for review if the OP claim needs to be combined with the IP claim. If they say no, then take HB CO Adjustment. If they do combine, then a CC will need to be resubmitted</b>
ORDERING OR REFERRING ONLY PROVIDERS ARE NOT ELIGIBLE FOR REIMBURSEMENT
PROVIDER IS NOT ENROLLED, FAILED TO RE-VALIDATE <b>Dr is not credentialed and take Provider/Payer not enrolled adjustment</b>
EXCEEDS ALLOWED REIMBURSEMENT AMOUNT FOR A 12 MONTH PERIOD
BLOOD FACTOR PRODUCTS MUST BE SUBMITTED WITH THE APPROPRIATE PROCEDURE CODE, NDC, AND NUMBER OF UNITS
MISSING MODIFIER OR SUBMITTED MODIFIER DOES NOT MATCH THE MTP AUTHORIZATION
UNABLE TO PROCESS. SUBMIT AS A PAPER CLAIM WITH THE APPROPRIATE SIGNATURES.
THE PAYMENT FOR THIS CLAIM IS \$0.00 IN ACCORDANCE WITH THE NUBC (NATIONAL UNIFORM BILLING COMMITTEE) GUIDELINES FOR TYPE OF BILL (TOB) FREQUENCY CODE OF ZERO "0".
ALLOWED DISCOUNT FACTOR FOR THIS OUTPATIENT SERVICE HAS BEEN DECREASED TO 68.44% FOR DATES OF SERVICE 9/1/2013 AND AFTER. FOR DATES OF SERVICE BETWEEN 9/1/2011 AND 8/31/2013 THE DISCOUNT FACTOR WAS 72.27%.
ALLOWED DISCOUNT FACTOR FOR THIS OUTPATIENT SERVICE HAS BEEN DECREASED TO 72.00% FOR DATES OF SERVICE 9/1/2013 AND AFTER. FOR DATES OF SERVICE BETWEEN 9/1/2011 AND 8/31/2013 THE DISCOUNT FACTOR WAS 76.03%.
THIS PAYMENT WAS REDUCED DUE TO NON-EMERGENCY SERVICES RENDERED IN AN OUTPATIENT HOSPITAL EMERGENCY ROOM.
ALL ICD QUALIFIERS ON THE SAME CLAIM MUST REFLECT THE SAME ICD VERSION
THE ACA PRIMARY CARE RATE INCREASE HAS BEEN APPLIED TO THIS PRIMARY CARE SERVICE.
AN ADJUSTMENT TO THIS CLAIM HAS RESULTED IN A REDUCTION OF THE ACA PRIMARY CARE RATE INCREASE PAYMENT FOR THIS SERVICE, WHICH WILL BE DEDUCTED FROM FUTURE PAYMENTS.
YOUR APPEAL WAS NOT PROCESSED DUE TO A PENDING OIG INVESTIGATION.
SERVICES EXCEED ALLOWED BENEFIT LIMITATIONS. PROCEDURE IS LIMITED TO ONCE EVERY TEN YEARS.
SPAN BETWEEN HEADER FROM DATE OF SERVICE AND DATE OF ADMISSION DOES NOT ALIGN WITH POLICY LIMITATION
CLAIM IS PAID AT THE REIMBURSEMENT RATE FOR ANESTHESIOLOGIST ASSISTANTS
THIS IS A RESULT OF REQUIRED INTERNAL PROCESSING. NO ACTION ON YOUR PART IS REQUIRED.
PHYSICIAN SERVICE WITH MODIFIER INDICATING PA, NP/CNS OR CNM PERFORMER REDUCED TO 92%.
FAILURE TO MEET STANDARD OF CARE REQUIREMENT FOR DENTAL CROWN PROCEDURES
EXCEEDS ALLOWED BENEFIT LIMITATION. PROCEDURE LIMITED TO ONE PER TWO FISCAL YEARS. (SEPT. 1-AUG. 31)
THIS SERVICE DETERMINED NOT MEDICALLY NECESSARY BY THE CSHCN SERVICES PROGRAM
PERSONAL CARE SERVICES NOT PAYABLE ON THE SAME DAY AS COMMUNITY FIRST CHOICE SERVICES.
PERSONAL CARE SERVICES NOT PAYABLE IN THE SAME CALENDAR MONTH AS COMMUNITY FIRST CHOICE SERVICES.
YOUR CLAIM SPANS DIFFERENT CONTRACT PERIODS. PLEASE RESUBMIT SEPARATE CLAIMS FOR SERVICES PERFORMED FOR EACH CONTRACT PERIOD INDIVIDUALLY.
CLAIM REPROCESSED UNDER DSHS PHC PRIMARY HEALTH CARE PROGRAM - CT 053
CLAIM REPROCESSED UNDER DSHS EPHC EXPANDED PRIMARY HEALTH CARE PROGRAM - CT 054
CLAIM REPROCESSED UNDER DSHS FAMILY PLANNING PROGRAM - CT 055
CLAIM REPROCESSED UNDER FPP FAMILY PLANNING PROGRAM - CT056 (FAMILY PLANNING)
CLAIM REPROCESSED UNDER DSHS FAMILY PLANNING PROGRAM - CT 057
SUBMITTED PROCEDURE CODE DOES NOT HAVE A REBATABLE NDC
THIS PAYMENT WAS PRICED BASED ON IMAGING SERVICES RENDERED IN AN OUTPATIENT HOSPITAL SETTING.
VALID NEWBORN BIRTH WEIGHT WAS NOT SUBMITTED ON NEWBORN CLAIM.
CLAIM DOES NOT MEET HEALTHY TEXAS WOMEN (HTW) REQUIREMENTS. <b>Take MCD Charity Adjustment on denied/expected</b>

THE SERVICES BILLED ARE NOT PAYABLE FOR CLIENTS 21 YEARS OF AGE OR OLDER
PAPER CLAIMS REQUIRE BOTH AN NPI AND A TPI FOR PROCESSING. THIS CLAIM WAS PROCESSED WITH A SYSTEM-MATCHED TPI.
MEDICARE CROSSOVER CLAIMS REQUIRE THAT THE PROVIDER'S MEDICARE INFORMATION BE ON FILE AT TMHP. CONTACT PROVIDER ENROLLMENT
THIS ADJUSTMENT IS THE RESULT OF REQUIRED INTERNAL PROCESSING. IF YOU ARE HAVING DIFFICULTY FILING YOUR APPEAL, PLEASE CONTACT TMHP CUSTOMER SERVICE.
INTERNAL SPECIAL PROCESSING REQUIRED, NO ACTION ON YOUR PART REQUIRED
ADULT CLIENTS AUTHORIZED FOR HOSPICE ARE INELIGIBLE FOR ACUTE CARE SERVICES RELATED TO HOSPICE CONDITION.
ENFORCE PROVIDER MORATORIUM - SERVICES NOT PAYABLE
CLAIM IS PAID AT THE REIMBURSEMENT RATE FOR THE ANESTHESIOLOGIST DIRECTING CRNA/AA DURING MEDICAL PROCEDURES
CLAIM REPROCESSED UNDER FPP FAMILY PLANNING PROGRAM - CT 056 (PROFESSIONAL)
VALID RENDERING PROVIDER NPI REQUIRED/RENDERING NPI CANNOT BE THE SAME AS BILLING
SERVICES FOR PACE-ENROLLED CLIENTS MUST BE BILLED TO THE PACE PLAN.
A NEONATAL LEVEL OF CARE DESIGNATION IS REQUIRED.
SUBMITTED FACILITY/BILLING ADDRESS DOES NOT MATCH NEONATAL LEVEL OF CARE DESIGNATION ADDRESS ON FILE.
HOSPITAL QUALITY AWARD
PROVIDER PAYOUT RELATED TO CLAIMS BILLED IN EXCESS OF \$10 MILLION DOLLARS.
REIMBURSEMENT FOR THIS SERVICE MAY HAVE BEEN INCLUDED IN A MANUAL PAYOUT.
THIS SERVICE IS NOT ALLOWED WITH JW MODIFIER
THIS SERVICE IS NOT ALLOWED WITHOUT THE ACTUAL DOSAGE ADMINISTERED TO THE CLIENT; ON THE SAME CLAIM
THE SUBMITTED CLAIM ADJUSTMENT REASON CODES (CARC) INDICATES THAT THE PROVIDER MUST CORRECT ERROR(S) AND RE-BILL OTHER INSURANCE
A MATERNAL LEVEL OF CARE DESIGNATION IS REQUIRED <b>This is a known issue and we are still pending resolution update from Mgmnt</b>
SUBMITTED FACILITY/BILLING ADDRESS DOES NOT MATCH MATERNAL LEVEL OF CARE DESIGNATION ADDRESS ON FILE. <b>This is a known issue and we are still pending resolution update from Mgmnt</b>
DAYS IN OCCURRENCE SPAN 82 DO NOT MATCH UNITS OF REVENUE CODE 0161
PROVIDER DOES NOT HAVE HOSPITAL-AT-HOME (HAH) CERTIFICATION FOR DATES OF SERVICE.
PROVIDER DOES NOT HAVE CHILDREN AND PREGNANT WOMEN (CPW) CERTIFICATION FOR DATES OF SERVICE.
ADDITIONAL PAYOUT RELATED TO THE AMERICAN RESCUE PLAN ACT EXTENDED PROVIDER PAYMENTS FOR HOME AND COMMUNITY BASED SERVICES: ADULT MENTAL HEALTH.
ADDITIONAL PAYOUT RELATED TO THE AMERICAN RESCUE PLAN ACT EXTENDED PROVIDER PAYMENTS FOR PERSONAL CARE SERVICES.
RECOUPMENT IS THE RESULT OF A PREVIOUSLY ISSUED PAYOUT RELATED TO THE AMERICAN RESCUE PLAN ACT EXTENDED PROVIDER PAYMENTS FOR HOME AND COMMUNITY BASED SERVICES: ADULT MENTAL HEALTH.
RECOUPMENT IS THE RESULT OF A PREVIOUSLY ISSUED PAYOUT RELATED TO THE AMERICAN RESCUE PLAN ACT EXTENDED PROVIDER PAYMENTS FOR PERSONAL CARE SERVICES.
FEDERAL DISASTER FUNDS FOR CLAIMS PAYMENT HAVE BEEN EXHAUSTED. SERVICES RENDERED CANNOT BE REIMBURSED.
FEDERAL DISASTER PAYMENT FOR CLAIM WAS REDUCED.
DRG CLAIM DENIED; SEE SEPARATE EOB FOR FUTHER EXPLANATION.
MEDICAID PAYS THE DEDUCTIBLE AND CO-INSURANCE ONLY FOR SERVICES PAID BY MEDICARE.
BILLING PROVIDER NUMBER NOT ON PROVIDER FILE. PLEASE SUBMIT A VALID NPI/API.
BILLING PROVIDER INFORMATION IS INVALID. CHECK NPI/API, TAXONOMY, PROVIDER BENEFIT CODE AND/OR PHYSICAL ADDRESS.
PERFORMING PROVIDER NUMBER NOT ON PROVIDER FILE. PLEASE SUBMIT A VALID NPI/API.
PERFORMING PROVIDER INFO IS INVALID. CHECK NPI/API/TAXONOMY. <b>Check provider name, NPI, Taxonomy on claim and compare to NPPES registry and Record viewer to see if it may need correcting. If info is correct and Provider is not registered/enrolled then take Provider/Payer Not enrolled adjustment. May have to call payer for details as to what is invalid.</b>
BILLING PROVIDER TAXONOMY IS MISSING.
BILLING NPI/API PROVIDER TAXONOMY NOT MATCHED TO SUBMITTED NPI/API.
PERFORMING PROVIDER TAXONOMY IS MISSING.
PERFORMING NPI/API PROVIDER TAXONOMY NOT MATCHED TO SUBMITTED NPI/API
THIS SERVICE DENIED DUE TO MISSING/INVALID FORM AND/OR NON-VERIFIED DME EQUIPMENT
THIS PROCEDURE CODE HAS BEEN APPROVED AS A BENEFIT PENDING THE APPROVAL OF EXPENDITURES. PROVIDERS WILL BE NOTIFIED OF THE EFFECTIVE DATES OF SERVICE IN A FUTURE NOTIFICATION IF EXPENDITURES ARE APPROVED.
YOUR ADJUSTMENT IS BEING RESEARCHED. NO ACTION ON YOUR PART IS NECESSARY.

PROCEDURE CODES FOR TELEMEDICINE PATIENT SITE FACILITY FEES CANNOT BE SUBMITTED ON THE SAME CLAIM AS OTHER PROCEDURE CODES.
NCCI RULES MAY HAVE IMPACTED OTHER LAB PANELING CLAIMS
PROCEDURE CODE DENIED PER NCCI COLUMN I/COLUMN II RULES. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
THE MAXIMUM NUMBER OF UNITS ALLOWED HAS BEEN EXCEEDED. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
ALL CLAIM DIAGNOSIS CODES ARE INVALID. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
MULTIPLE PROFESSIONAL/TECHNICAL COMPONENTS BILLED FOR THE SAME TEST OR PROCEDURE. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
CLAIM DIAGNOSIS IS INVALID FOR CLIENT'S GENDER. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
CLAIM DIAGNOSIS IS INVALID FOR CLIENT'S AGE. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
PROCEDURE CODE IS INVALID FOR CLIENTS AGE. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
PROCEDURE CODE IS INVALID FOR CLIENT'S GENDER. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
THE PROCEDURE CODE IS PART OF ANOTHER PROCEDURE/SERVICE PREVIOUSLY BILLED. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
MISSING OR DENIED PRIMARY PROCEDURE CODE FOR THE ADD ON PROCEDURE CODE BILLED. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
THIS IS A DUPLICATE SERVICE THAT HAS BEEN PAID TO DIFFERENT/SAME PROVIDER. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
PRIMARY CODE MISSING OR DENIED FOR ADD ON CODE BILLED. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
CLAIM INAPPROPRIATELY CODED AS DEFINED BY CPT, ICD, ETC. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
MODIFIER TC COMPONENT DENIED BECAUSE IT WAS BILLED IN AN INPATIENT/OUTPATIENT FACILITY. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
PROCEDURE CODE NOT VALID PER BILLING GUIDELINES. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
THE PROCEDURE CODE IS INCLUDED IN GLOBAL FEE FOR ANOTHER PROCEDURE. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
PRINCIPAL DIAGNOSIS INAPPROPRIATELY CODED. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
SERVICE DENIED BECAUSE OF POTENTIAL INTERACTION WITH ANOTHER DRUG ADMINISTERED RECENTLY. REFER TO TEXMEDCONNECT CLAIMS STATUS INQUIRY (CSI) FOR DETAILS.
EXCESSIVE SERVICES BILLED HAVE BEEN CUTBACK/REDUCED.
QUANTITY BILLED HAS BEEN CUTBACK/REDUCED
QUANTITY BILLED HAS BEEN CUTBACK/REDUCED
THANK YOU FOR YOUR REFUND OF THE GRADUATE MEDICAL EDUCATION COST AUDIT SETTLEMENT. YOUR 1099 WILL BE CREDITED.
THANK YOU FOR YOUR REFUND OF THE THIRD PARTY REIMBURSEMENT AUDIT. YOUR 1099 WILL BE CREDITED.
THANK YOU FOR YOUR REFUND OF THE FQHC OR PSYCH COST AUDIT SETTLEMENT. YOUR 1099 WILL BE CREDITED.
THANK YOU FOR YOUR REFUND OF THE FQHC INTERIM SETTLEMENT. YOUR 1099 WILL BE CREDITED.
THANK YOU FOR YOUR REFUND OF THE RHC INTERIM SETTLEMENT. YOUR 1099 LIABILITY WILL BE CREDITED.
PAYMENT IS THE RESULT OF A COST AUDIT SETTLEMENT.
ADDITIONAL INFORMATION IS REQUIRED TO IDENTIFY THE CLIENT AND /OR DOS.
THIS PAYMENT IS THE RESULT OF A GRADUATE MEDICAL EDUCATION COST AUDIT SETTLEMENT.
RELEASE OF FUNDS HELD AT THE REQUEST OF THE STATE.
THIS IS A REFUND OF A BACK-UP WITHHOLDING PENALTY.
PAYMENT IS A RESULT OF FQHC INTERIM SETTLEMENT.
PAYMENT IS A RESULT OF RHC INTERIM SETTLEMENT.
THIS PAYMENT IS A REPAYMENT OF MONIES WITHHELD.
REFUND IS DUE TO THE RELEASE OF AN IRS LEVY.
PAYMENT FOR FQHC OR PSYCH COST AUDIT SETTLEMENT.
A CHECK HAS BEEN SENT SEPARATELY AS PAYMENT FOR THIS ITEM. YOUR 1099 LIABILITY HAS BEEN INCREASED.
THIS RECEIVABLE IS DUE TO CHILD SUPPORT ENFORCEMENT
THIS IS A RECOUPMENT OF AN ADVANCE.
THIS RECOUPMENT IS THE RESULT OF NON-RECEIPT OF THE COST REPORT.
THIS RECOUPMENT IS THE RESULT OF DELINQUENT PAYMENT REQUIRED FOR A COST AUDIT SETTLEMENT.

THIS RECOUPMENT IS THE RESULT OF DELINQUENT PAYMENT REQUIRED FOR A GRADUATE MEDICAL EDUCATION COST AUDIT SETTLEMENT.
THIS RECEIVABLE IS DUE TO A STATE OR FEDERAL AUDIT.
PAYMENT WITHHELD AT THE DIRECTION OF HHSC MPI.
PAYMENT WITHHELD AT THE DIRECTION OF SYSTEM RESOURCES MFADS.
PAYMENT WITHHELD DUE TO A CIVIL MONETARY PENALTY.
PAYMENT WITHHELD DUE TO INVESTIGATIVE COSTS .
PAYMENT WITHHELD DUE TO OTHER RECOUPMENTS.
PAYMENT WITHHELD DUE TO MEDICARE.
FINANCIAL ACTION DUE TO TDH DIRECTIVE.
THIS RECOUPMENT IS THE RESULT OF A COST AUDIT SETTLEMENT TO AN OLD OWNER.
THIS RECOUPMENT IS THE RESULT OF DELINQUENT PAYMENT REQUIRED FOR AN FQHC INTERIM SETTLEMENT.
RECOUPMENT IS RESULT OF DELINQUENT PAYMENT REQUIRED FOR AN FQHC OR PSYCH COST AUDIT SETTLEMENT.
RECOUPMENT IS RESULT OF DELINQUENT PAYMENT REQUIRED FOR AN RHC INTERIM SETTLEMENT.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM HHSC-MPI.
THIS RECEIVABLE IS DUE TO INTEREST IMPOSED BY HHSC.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM HHSC-MPI DUE TO CIVIL MONETARY PENALTY.
THIS RECEIVABLE IS DUE TO ADMINISTRATIVE COSTS IMPOSED BY HHSC.
THIS RECEIVABLE IS DUE TO A GLOBAL SETTLEMENT AGREEMENT.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM HHSC-MPI DUE TO INVESTIGATIVE COSTS.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM HHSC-MPI DUE TO OTHER RECOUPMENTS.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM HHSC-MPI DUE TO MEDICARE.
THIS RECEIVABLE BALANCE IS RELATED TO PROVIDER BANKRUPTCY STATUS.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM TEXAS DEPARTMENT OF HEALTH .
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM DIRECTION FROM TDH DUE TO CHILD SUPPORT.
YOUR PAYMENT FOR THE AMOUNT %1 WAS HELD FOR THE FOLLOWING REASON: DIRECTION FROM OFFICE OF ATTORNEY GENERAL.
THIS IS AN ADVANCE OF FUTURE NURSING FACILITY PAYMENTS.
THIS IS AN ADVANCE OF FUTURE PAYMENTS.
THIS IS A RECOUPMENT OF A NURSING FACILITIES ADVANCE.
RECOUPMENT IS DUE TO TITLE XIX RETRO-ELIGIBILITY.
RECOUPMENT IS DUE TO AN ADVANCE PREVIOUSLY RECEIVED.
NO EOB PRINTS ON THE R&S. THE EOB CODE IS FOR THE ER&S.
CLAIM CUTBACK TO PREVIOUS AMOUNT DUE TO PAYMENT DEADLINE
RECOUPMENT IS DUE TO RHC HOSPITAL BASED INTERIM SETTLEMENT.
YOUR PAYMENT IN THE AMOUNT %1 WAS HELD AT THE DIRECTION OF THE STATE MEDICAID AGENCY.
THANK YOU FOR YOUR REFUND OF THE RHC HOSPITAL BASED INTERIM SETTLEMENT. YOUR 1099 LIABILITY WILL BE CREDITED.
THANK YOU FOR YOUR REFUND OF THE COST AUDIT SETTLEMENT. YOUR 1099 LIABILITY HAS BEEN CREDITED.
PAYMENT IS FOR RHC HOSPITAL BASED INTERIM SETTLEMENT.
OVERPAYMENT MADE TO TMHP BY THE THIRD PARTY CARRIER.
PAYMENT IS FOR CASE MANAGEMENT FEES.
RECOUPMENT IS DUE TO OVERPAYMENT OF CASE MANAGEMENT FEES.
CONTACT CUSTOMER SERVICE AT 1-800-925-9126 FOR ADDITIONAL INFORMATION.
ACCOUNT RECEIVABLE IS DUE TO THE ADJUSTED CLAIM LISTED. FOR DETAILS, REFER TO YOUR R&S FOR THE DATE LISTED WITHIN THE ORIGINAL DATE FIELD.
CASH RECEIPT APPLIED TO AN ACCOUNT RECEIVABLE.
CASH RECEIPT APPLIED TO A PAYOUT.
MONEY WAS WITHHELD BY TMHP AT THE PROVIDER'S REQUEST.
MONEY REFUNDED BY YOUR OFFICE WAS INSUFFICIENT FOR THE AMOUNT DUE TMHP.
MONEY WAS WITHHELD DUE TO AN TMHP PAYMENT ERROR. CONTACT CUSTOMER SERVICE AT 1-800-925-9126 FOR ADDITIONAL INFORMATION.

MONEY WAS WITHHELD DUE TO A TMHP NON-PAYMENT ERROR. CONTACT CUSTOMER SERVICE AT 1-800-925-9126 FOR ADDITIONAL INFORMATION.
THANK YOU FOR YOUR REFUND OF THE OLD OWNER COST SETTLEMENT.
THANK YOU FOR YOUR REFUND OF THE CASE MANAGEMENT FEE.
THIS RECEIVABLE BALANCE IS RELATED TO PROVIDER OUT-OF-BUSINESS STATUS.
THIS RECEIVABLE IS DUE TO SURS ACTIVITY.
THIS RECEIVABLE IS DUE TO A THIRD PARTY PAYMENT.
THIS RECEIVABLE IS FOR ADJUSTMENTS TO PURGED HISTORY CLAIMS
THIS RECEIVABLE IS DUE TO AN OVERPAYMENT OF A PREVIOUS CLAIM.
AS PER OIG SANCTIONS INSTRUCTIONS, ACCOUNT RECEIVABLE IS DUE TO THE ADJUSTED CLAIMLISTED. FOR DETAILS, REFER TO YOUR R&S FOR THE DATE LISTED WITHIN THE ORIGINAL DATE FIELD.
THIS RECOUPMENT IS THE RESULT OF A COST REPORT SETTLEMENT
THIS PAYMENT IS THE RESULT OF A COST REPORT SETTLEMENT
TEXAS MEDICAID HEALTHCARE PARTNERSHIP (TMHP) CANNOT LOCATE A SPECIFIC CLAIM TO APPLY THE REFUNDED MONIES.
MTP PAY OUT - NOT CLAIM SPECIFIC
THE MEDICAL TRANSPORTATION PROGRAM (MTP) MASS TRANSIT PURCHASE CLAIM WAS REDUCED WITH THE MEDICAL TRANSPORTATION PROGRAM (MTP) MASS TRANSIT USAGE CLAIM(S) PAID AMOUNT
THE MEDICAL TRANSPORTATION PROGRAM (MTP) MASS TRANSIT USAGE PAID CLAIM(S) EXCEEDS THE TOTAL PAID AMOUNT OF THE ASSOCIATED MASS TRANSIT PURCHASE CLAIM
OAG MFCU BASED RESTITUTION OR REFUND PAYMENT.
RECOUPMENT RESULT OF THE TARGETED DRG REVIEW AND RECOVERY.
DISTRICT'S MEDICAID ALLOWABLE COSTS ON SHARS COST REPORT ARE LESS THAN TOTAL INTERIM MEDICAID PAYMENTS.
RECOUPMENT FOR OVERPAYMENT REQUIRED BY CMS.
SHARS 1% ADMIN FEE
PAYMENT DUE TO REFUND FOR MEDICARE OVERPAYMENT
THESE SERVICES MUST BE BILLED THROUGH THE CMBHS SYSTEM.
PAYMENT DUE TO DUPLICATE RECOVERY BY REFUND AND RECOUPMENT.
CLAIM/PROCEDURE NOT PAYABLE BY TMHP PRIOR TO 03/01/2011. RESUBMIT CLAIM TO THE STATE SUPPORTED LIVING CENTER.
APPROVED TO PAY - 'FUNDS GONE'. THE BILLING PROVIDER'S FISCAL YEAR BUDGET CEILING HAS BEEN EXCEEDED. IF FUNDS BECOME AVAILABLE IN THE FUTURE, THIS CLAIM WILL BE REPROCESSED FOR PAYMENT.
PROCEDURE PAYMENT FOR FAMILY PLANNING TEEN GROUP COUNSELING IS BASED ON A MINIMUM OR MAXIMUM FEE DETERMINED BY QUANTITY BILLED.
ADJUSTMENT TO THIS CLAIM/DETAIL INITIATED BY TMHP
THIS CLAIM WAS MANUALLY REVIEWED.
AMOUNT SUBMITTED EXCEEDS FIELD LENGTH. PLEASE RESUBMIT.
NET BILLED OUT OF BALANCE TO TOTAL BILLED AMOUNT
DATE OF ADMISSION INVALID OR INCONSISTENT WITH CLAIM DATES OF SERVICE OR TYPE OF BILL
DISCHARGE DATE INVALID TO PATIENT STATUS OR DOS
HEADER FROM DATE OF SERVICE MISSING OR INVALID
HEADER TO DATES OF SERVICE
DISCHARGE DIAGNOSIS INVALID FORMAT
A VALID ADMITTING DIAGNOSIS CODE & QUALIFIER VERSION COMBINATION ARE REQUIRED FOR PROCESSING. REFILE CLAIM WITH A VALID ADMITTING DIAGNOSIS CODE & QUALIFIER VERSION COMBINATION
OCCURRENCE SPAN CODE INVALID
PRIORITY (TYPE) OF ADMISSION OR VISIT CODE INVALID TO CLIENT'S AGE
DETAIL SURGERY DATE OUTSIDE HEADER DATES OF SERVICE ON INPATIENT CLAIMS
CLAIM DIAGNOSIS REFERENCE INVALID FORMAT
THE NUMBER OF DETAILS IN THE HEADER DOES NOT MATCH THE ACTUAL NUMBER OF DETAILS SUBMITTED ON THE CLAIM
THE SUBMITTED NDC, %1, OR UNIT OF MEASURE IS BLANK, INVALID, OR MISSING QUANTITY
THE SUBMITTED NDC %1, DOESNT CORRESPOND WITH THE DRUG CODE, MODIFIER, UNIT OF MEASURE, OR DATES ON THE NDC CROSSWALK. <b>Check NDC# on claim vs Hosp TX Inq tab and compare. Claim should match Hosp Inq tab but with the extra 0 in the appropriate position. (refer to NDC 11 digit google search if not in notes.) If it does not match send to RI for correction. BUT If the expected amount is small and/or no other issues need correcting, take a Non covered Adjustment bcuz this line doesn't pay much. You can check PCON desktop icon for exact expected amount</b>
SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED (NETWORK/PRIMARY CARE) PROVIDERS

ANCILLARY DETAILS DENIED/CUTBACK TO REFLECT THE ALLOWED DAYS ON ACCOMMODATIONS

EVV MATCH - CONFIRMED VISIT MATCH TO BILLED CLAIM

THERE ARE NO EVV VISITS WITH THE MEDICAID ID; VERIFY MEDICAID ID, NPI/API, DATE(S) OF SERVICE, HCPCS/MODIFIERS, UNITS MATCH WITH VISIT PRIOR TO SUBMITTING CLAIM.

THERE ARE NO EVV VISITS WITH THE MEDICAID ID ON THE DATE(S) OF SERVICE; VERIFY MEDICAID ID, NPI/API, DATE(S) OF SERVICE, HCPCS/MODIFIERS. UNITS MATCH VISIT PRIOR TO SUBMITTING CLAIM.

THERE ARE NO EVV VISITS WITH THE MEDICAID ID AND NPI/API ON THE DATE(S) OF SERVICE; VERIFY MEDICAID ID, NPI/API, DATE(S) OF SERVICE. HCPCS/MODIFIERS, UNITS MATCH VISIT PRIOR TO SUBMITTING CLAIM.

THERE ARE NO EVV VISITS WITH MEDICAID ID AND HCPCS/MODIFIERS ON THE DATE(S) OF SERVICE; VERIFY MEDICAID ID, NPI/API, DATE(S) OF SERVICE, HCPCS/MODIFIERS. UNITS MATCH VISIT PRIOR TO SUBMITTING CLAIM.

EVV CLAIM BILLED UNITS DO NOT EQUAL UNITS TOTAL OF MATCHED VISIT(S).

CLAIM TO VISIT MATCH NOT PERFORMED PER STATE DIRECTION

EVV MATCH NOT REQUIRED. NATURAL DISASTER

FVV CLAIM DETAIL HAS DATES OF SERVICE BEFORE AND AFTER THE FVV CLAIMS MATCHING EFFECTIVE DATE OF SEPTEMBER 1, 2019

THE CLAIM IS BEING SUSPENDED UNTIL THE FDI FVV MATCH SERVICE IS AVAILABLE