

Appendix 15.IX – Total Number of Denied Claims (Section 20)

Denied Claims by CAR Code for Emergency Services State Fiscal Year 2015

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	0	18	0	0	6	48	247	0	319
5	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	43	1	0	22	1	3	0	70
6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	1	0	0	0	0	0	0	1
7	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	0	0	1	0	0	0	0	1
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	0	7	0	2	0	1	0	10
9	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	41	0	37	40	86	51	0	255
10	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	12	43	0	33	23	70	24	0	205

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
11	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	0	1	0	0	0	1	0	2
13	The date of death precedes the date of service.; Start: 01/01/1995;	0	0	0	0	0	2	0	0	2
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	0	0	0	0	21	0	21
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject)	0	1,668	4,261	198	3,181	12,950	9774	0	32,032
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO); Start: 01/01/1995 Last Modified: 06/02/2013;	4,903	6,472	5,832	6,592	2,034	7,465	0	0	33,298
22	This care may be covered by another payer per coordination of benefits.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	28	29	0	41	1439	0	1,537
23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA); Start: 01/01/1995 Last Modified: 09/30/2012;	0	37	179	2	0	989	0	0	1,207
24	Charges are covered under a capitation agreement/managed care plan.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	0	0	0	3,296	3175	0	6,471
26	Expenses incurred prior to coverage.; Start: 01/01/1995;	0	1	511	11	113	0	0	0	636
27	Expenses incurred after coverage terminated.; Start: 01/01/1995;	0	1	5,850	0	292	38	42	0	6,223
29	The time limit for filing has expired.; Start: 01/01/1995;	2,670	1,751	1,878	1,621	0	173	720	0	8,813
31	Patient cannot be identified as our insured.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	5	0	57	0	0	0	62
39	Services denied at the time authorization/pre-certification was requested.; Start: 01/01/1995;	0	0	0	0	136	0	0	0	136
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability) This change effective 11/1/2015: Charge exceeds fee schedule/maximum allowable or contracted/legislated	0	2,351	666	464	288	5,455	0	0	9,224

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	0	0	0	0	0	8	5	0	13
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	3	0	0	0	0	0	0	0	3
59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	0	0	0	0	0	739	0	0	739
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.; Start: 01/01/1995 Last Modified: 06/01/2008;	0	0	0	0	2	14	0	0	16
94	Processed in Excess of charges.; Start: 01/01/1995;	0	0	0	0	0	5	0	0	5
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S)	105	26	26	255	411	477	5411	0	6,711
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0	1,623	1,613	0	247	4,037	136	0	7,656
109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.; Start: 01/01/1995 Last Modified: 01/29/2012;	0	682	1	2,711	1	0	0	0	3,395
112	Service not furnished directly to the patient and/or not documented.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	182	0	0	0	0	0	182
119	Benefit maximum for this time period or occurrence has been reached.; Start: 01/01/1995 Last Modified: 02/29/2004;	0	283	0	274	0	130	41	0	728

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0	0	66	0	0	0	0	0	66
128	Newborn's services are covered in the mother's Allowance.; Start: 02/28/1997;	0	1	0	0	0	0	0	0	1
129	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 02/28/1997 Last Modified: 01/30/2011;	0	0	32	0	2	0	0	0	34
131	Claim specific negotiated discount.; Start: 02/28/1997;	0	0	1,825	0	0	0	0	0	1,825
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Note: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430)	0	0	0	0	68	0	0	0	68
140	Patient/Insured health identification number and name do not match.; Start: 06/30/1999;	0	0	0	0	0	1,828	0	0	1,828
146	Diagnosis was invalid for the date(s) of service reported.; Start: 06/30/2002 Last Modified: 09/30/2007;	0	0	56	0	0	0	0	0	56
148	Information from another provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0	0	83	0	0	0	0	0	83
150	Payer deems the information submitted does not support this level of service.; Start: 10/31/2002 Last Modified: 09/30/2007;	0	0	0	872	8	0	0	0	880
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.; Start: 10/31/2002 Last Modified: 01/27/2008;	0	0	7	0	0	0	0	0	7
169	Alternate benefit has been provided.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	0	1	0	0	0	0	0	1
170	Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005 Last Modified: 09/20/2009;	0	177	0	0	11	355	186	0	729

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
177	Patient has not met the required eligibility requirements.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	2	0	0	0	0	0	0	2
181	Procedure code was invalid on the date of service.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	0	18	0	0	0	0	0	18
182	Procedure modifier was invalid on the date of service.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	0	5	0	0	0	0	0	5
197	Precertification/authorization/notification absent.; Start: 10/31/2006 Last Modified: 09/30/2007;	0	7	2	20	41	0	0	0	70
199	Revenue code and Procedure code do not match.; Start: 10/31/2006;	0	0	0	0	0	4	35	0	39
200	Expenses incurred during lapse in coverage; Start: 10/31/2006;	0	0	1	0	0	0	0	0	1
204	This service/equipment/drug is not covered under the patient's current benefit plan; Start: 02/28/2007;	0	7	0	0	0	0	0	0	7
206	National Provider Identifier - missing.; Start: 07/09/2007 Last Modified: 09/30/2007;	0	8	0	0	0	0	0	0	8
208	National Provider Identifier - Not matched.; Start: 07/09/2007 Last Modified: 09/30/2007;	0	0	0	1	0	0	0	0	1
222	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/	0	9	0	0	0	0	0	0	9
231	Mutually exclusive procedures cannot be done in the same day/setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 07/01/2009 Last Modified: 09/20/2009;	0	0	0	0	0	58	33	0	91
234	This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 01/24/2010;	0	19	0	40	0	0	0	0	59
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule	0	2	928	0	0	0	0	0	930

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
239	Claim spans eligible and ineligible periods of coverage. Rebill separate claims.; Start: 03/01/2012 Last Modified: 01/29/2012;	16	0	0	0	0	0	0	0	16
242	Services not provided by network/primary care providers.; Start: 06/03/2012 Last Modified: 06/02/2013; Notes: This code replaces deactivated code 38	0	1	0	0	0	0	0	0	1
243	Services not authorized by network/primary care providers.; Start: 06/03/2012 Last Modified: 06/02/2013; Notes: This code replaces deactivated code 38	0	0	0	0	0	28	13	0	41
250	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	0	50	0	0	0	0	0	0	50
251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	0	45	0	0	0	0	0	0	45
252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 09/30/2012	0	4,922	0	0	5	12	2	0	4,941
256	Service not payable per managed care contract.; Start: 06/02/2013;	0	379	0	0	0	0	0	0	379
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 01/01/1995 Last Modified: 09/20/2009;	0	0	23	3,889	0	0	0	0	3,912
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Mod	257	70	0	0	0	176	330	0	833
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.; Start: 01/01/1995;	0	0	1,514	0	0	0	0	0	1,514

CARC	Emergent Services Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.; Start: 01/01/1995;	0	0	95	34	38	0	0	0	167
B14	Only one visit or consultation per physician per day is covered.; Start: 01/01/1995 Last Modified: 09/30/2007;	5	5	0	0	0	0	0	0	10
B20	Procedure/service was partially or fully furnished by another provider.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	10	0	34	0	0	0	44
M144	Service denied per finding of a Review Organization	249	0	0	0	0	0	0	0	249
M52	Invalid From DOS	1	0	0	0	0	0	0	0	1
M54	Claim Total Mismatch	3	0	0	0	0	0	0	0	3
M67	Revenue Code Requires HCPCS	66	0	0	0	0	0	0	0	66
M76	Diagnosis code does not exist	207	0	0	0	0	0	0	0	207
M77	Invalid Place of Service Code	20	0	0	0	0	0	0	0	20
M86	Duplicate Claim Line (Same Provider/Member/DOS/CPT(Rev))	6913	0	0	0	0	0	0	0	6,913
MA04	No COB entered with a Secondary Enrollment	189	0	0	0	0	0	0	0	189
MA30	Invalid Bill Type	38	0	0	0	0	0	0	0	38
MA40	Invalid or missing admission date	77	0	0	0	0	0	0	0	77
MA42	Admission Source Required	46	0	0	0	0	0	0	0	46
MA43	Invalid patient status for bill type	37	0	0	0	0	0	0	0	37
MA63	Service denied per finding of a Review Organization	1	0	0	0	0	0	0	0	1
MA67	Claim Check: Adjust History Claims	3	0	0	0	0	0	0	0	3
N19	Service denied per finding of a Review Organization	126	0	0	0	0	0	0	0	126
N23	Pend claim if COB is 0 on secondary enrollment claim	480	0	0	0	0	0	0	0	480
N253	No attending physician ID (outpatient)	4	0	0	0	0	0	0	0	4
N30	No enrollment exists for claim start date	117	0	0	0	0	0	0	0	117
N4	EOB not received on Claim	15	0	0	0	0	0	0	0	15
N434	Diagnosis Requires POA Indicator for Inpatient Claim	120	0	0	0	0	0	0	0	120
N519	Invalid CPT Modifier	2	0	0	0	0	0	0	0	2
N52	Member lost eligibility during date span	147	0	0	0	0	0	0	0	147
N95	No contract term found for service	34	0	0	0	0	0	0	0	34
	No CARC reported	8,809	2,489	0	0	774	0	0	0	12,072
	Health Plan Total	25,675	23,234	25,707	17,084	7,836	38,485	21,690	0	159,711

Denied Claims by CAR Code for Non-Emergency Services State Fiscal Year 2015

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	968	7,161	119	11,039	1,759	13,697	10,951	0	45,694
5	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	796	783	0	224	14,131	14,315	0	30,249
6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	3	478	1,426	19,984	250	9,104	5,563	1,957	38,765
7	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	39	99	255	487	13	69	189	0	1,151
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	694	122,943	638	30	94,204	141,836	0	360,345
9	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	4,555	1	7,119	1,282	6,138	4,227	0	23,322

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
10	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	186	1,092	0	810	171	935	544	0	3,738
11	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	105	1,738	4	26	2,091	80	8	0	4,052
13	The date of death precedes the date of service.; Start: 01/01/1995;	0	0	0	0	0	80	13	0	93
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	16	0	112	0	315	1,165	0	1,608
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject)	0	44,507	65,664	35,907	26,799	222,797	177,748	0	573,422
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO); Start: 01/01/1995 Last Modified: 06/02/2013;	140,563	122,333	125,526	148,257	30,158	299,242	4	0	866,083
19	This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	0	0	0	0	0	1	1
20	This injury/illness is covered by the liability carrier.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	1	0	0	0	0	0	1
22	This care may be covered by another payer per coordination of benefits.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	429	559	5	1,155	45,872	0	48,020
23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA); Start: 01/01/1995 Last Modified: 09/30/2012;	0	637	1,372	657	14	16,944	0	0	19,624

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
24	Charges are covered under a capitation agreement/managed care plan.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	38	4	73	0	10,877	39,721	0	50,713
26	Expenses incurred prior to coverage.; Start: 01/01/1995;	0	42	11,257	705	971	0	0	556	13,531
27	Expenses incurred after coverage terminated.; Start: 01/01/1995;	0	24	66,116	7	2,921	584	816	378	70,846
28	Coverage not in effect at the time the service was provided.	0	0	75,047	0	0	0	0	0	75,047
29	The time limit for filing has expired.; Start: 01/01/1995;	71,103	25,254	35,712	16,812	0	2,018	11,397	0	162,296
31	Patient cannot be identified as our insured.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	176	34	73	1	73	1	358
34	Insured has no coverage for newborns.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	0	16	0	0	0	0	16
35	Lifetime benefit maximum has been reached.; Start: 01/01/1995 Last Modified: 10/31/2002;	0	1	0	0	0	163	0	0	164
39	Services denied at the time authorization/pre-certification was requested.; Start: 01/01/1995;	0	745	503	1	768	0	0	11	2,028
40	Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	0	4	0	0	0	0	0	0	4
42	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0	0	4,577	0	0	0	0	0	4,577
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability) This change effective 11/1/2015: Charge exceeds fee schedule/maximum allowable or contracted/legislated	0	20,099	98,597	8,219	16,496	100,381	0	0	243,792
49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Note: Refer to the 835 Healthcare Policy	0	0	0	2,908	0	0	0	0	2,908

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
	Identification Segment (loop 2110 Service Payment Inform)									
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	19	61	261	43	5	289	70	2	750
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.			91	0		0	0	0	91
54	Multiple physicians/assistants are not covered in this case. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	46	205	55	0	73	0	0	0	379
55	Procedure/treatment is deemed experimental/investigational by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. This change effective 9/1/2015	0	0	0	0	0	18	15	0	33
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	123	0	0	0	84	0	0	0	207
59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	1,800	179	1,871	0	0	177,562	25,810	0	207,222
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.; Start: 01/01/1995 Last Modified: 06/01/2008;	0	0	0	0	1	256	10	0	267
78	Non-Covered days/Room charge adjustment.; Start: 01/01/1995;	0	0	0	0	0	748	0	0	748

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
94	Processed in Excess of charges.; Start: 01/01/1995;	0	0	3	0	0	361	0	0	364
95	Plan procedures not followed.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	331	0	0	0	0	0	331
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S)	63,703	6,504	58,736	66,830	14,243	62,944	181,344	0	454,304
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	6,182	25,890	44,665	71	5,750	190,799	4,636	0	277,993
107	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995 Last Modified: 09/20/2009;	309	0	0	0	0	22,655	441	0	23,405
109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.; Start: 01/01/1995 Last Modified: 01/29/2012;	332	6,940	1,019	14,263	116	0	0	0	22,670
110	Billing date predates service date.; Start: 01/01/1995;	0	0	0	0	0	0	0	12	12
112	Service not furnished directly to the patient and/or not documented.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	0	2,144	0	3	0	0	0	2,147
119	Benefit maximum for this time period or occurrence has been reached.; Start: 01/01/1995 Last Modified: 02/29/2004;	0	10,965	909	29,079	0	7,692	29,895	1	78,541
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0	0	101,300	0	0	0	0	0	101,300

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
128	Newborn's services are covered in the mother's Allowance.; Start: 02/28/1997;	0	3,559	2,761	0	0	0	206	0	6,526
129	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 02/28/1997 Last Modified: 01/30/2011;	0	0	940	0	21	0	0	0	961
131	Claim specific negotiated discount.; Start: 02/28/1997;	0	0	13,319	0	0	0	0	0	13,319
133	The disposition of this service line is pending further review. (Use only with Group Code OA). Note: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430)	0	0	8	0	991	569	939	0	2,507
140	Patient/Insured health identification number and name do not match.; Start: 06/30/1999;	0	0	0	0	0	17,396	15	2	17,413
146	Diagnosis was invalid for the date(s) of service reported.; Start: 06/30/2002 Last Modified: 09/30/2007;	0	0	1,880	599	82	31	0	0	2,592
148	Information from another provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0	0	1,428	0	0	51	0	0	1,479
150	Payer deems the information submitted does not support this level of service.; Start: 10/31/2002 Last Modified: 09/30/2007;	0	110	0	32,728	353	5	0	0	33,196
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.; Start: 10/31/2002 Last Modified: 01/27/2008;	433	0	159	0	1	0	0	0	593
152	Payer deems the information submitted does not support this length of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 10/31/2002 Last Modified: 09/20/2009;	0	0	0	0	2	0	0	0	2

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
153	Payer deems the information submitted does not support this dosage.; Start: 10/31/2002 Last Modified: 09/30/2007;	0	0	55,865	0	0	0	0	0	55,865
154	Payer deems the information submitted does not support this day's supply.; Start: 10/31/2002 Last Modified: 09/30/2007;	0	0	16,101	0	0	0	0	0	16,101
164	Attachment/other documentation referenced on the claim was not received in a timely fashion.; Start: 06/30/2004 Last Modified: 06/02/2013;	0	0	0	0	0	0	0	134	134
166	These services were submitted after this payers responsibility for processing claims under this plan ended.; Start: 02/28/2005;	0	0	0	0	0	20	169	0	189
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005 Last Modified: 09/20/2009;	0	0	157	0	0	0	0	0	157
169	Alternate benefit has been provided.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	0	3	0	0	0	0	430	433
170	Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005 Last Modified: 09/20/2009;	0	409	0	0	283	5,917	7,799	0	14,408
171	Payment is denied when performed/billed by this type of provider in this type of facility. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005	151	0	0	0	0	0	0	0	151
177	Patient has not met the required eligibility requirements.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	143	0	0	0	0	0	0	143
179	Patient has not met the required waiting requirements. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005 Last Modified: 09/20/2009;	0	0	127,332	0	0	0	0	0	127,332

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
181	Procedure code was invalid on the date of service.; Start: 06/30/2005 Last Modified: 09/30/2007;	0	1	9,526	0	0	0	0	0	9,527
182	Procedure modifier was invalid on the date of service.; Start: 06/30/2005 Last Modified: 09/30/2007;	388	0	5,807	32	10	0	0	0	6,237
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005	0	0	0	0	0	0	27	0	27
185	The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/30/2005 Last Modified: 09/20/2009;	0	0	64	0	1	0	0	0	65
188	This product/procedure is only covered when used according to FDA recommendations.; Start: 06/30/2005;	0	0	843	0	0	0	0	0	843
189	'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service; Start: 06/30/2005;	0	0	0	7	0	0	0	0	7
193	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.; Start: 02/28/2006 Last Modified: 01/27/2008;	0	0	0	177	0	0	0	0	177
197	Precertification/authorization/notification absent.; Start: 10/31/2006 Last Modified: 09/30/2007;	0	91,048	11,997	104,106	789	3,152	264	4,429	215,785
198	Precertification/authorization exceeded.; Start: 10/31/2006 Last Modified: 09/30/2007;	0	875	371	819	0	0	0	0	2,065
199	Revenue code and Procedure code do not match.; Start: 10/31/2006;	0	39	0	0	0	84	72	0	195
200	Expenses incurred during lapse in coverage; Start: 10/31/2006;	0	0	48	0	0	0	0	0	48
203	Discontinued or reduced service.; Start: 02/28/2007 Last Modified: 09/30/2007;	0	0	894	0	0	0	0	0	894

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
204	This service/equipment/drug is not covered under the patient's current benefit plan; Start: 02/28/2007;	0	178	145,137	0	0	0	0	0	145,315
206	National Provider Identifier - missing.; Start: 07/09/2007 Last Modified: 09/30/2007;	0	211	0	3,948	1	0	0	237	4,397
207	National Provider identifier - Invalid format; Start: 07/09/2007 Last Modified: 06/01/2008;	0	0	680	0	0	0	0	0	680
208	National Provider Identifier - Not matched.; Start: 07/09/2007 Last Modified: 09/30/2007;	0	0	0	6	0	0	0	0	6
216	Based on the findings of a review organization; Start: 01/27/2008;	0	2	2	0	0	0	0	0	4
222	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 06/	0	3,462	231	11,135	0	0	0	0	14,828
226	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice	0	0	0	0	0	0	0	128	128
231	Mutually exclusive procedures cannot be done in the same day/setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 07/01/2009 Last Modified: 09/20/2009;	0	0	0	0	0	2,169	971	0	3,140
233	Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.; Start: 01/24/2010;	0	13	0	0	0	0	0	0	13
234	This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 01/24/2010;	0	1,463	1	50,031	0	0	0	0	51,495

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
269	Anesthesia not covered for this service/procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 03/01/2015;	0	0	0	0	0	0	0	2,123	2,123
273	Coverage/program guidelines were exceeded.	0	0	24,761	0	0	0	0	0	24,761
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.); Start: 01/01/1995 Last Modified: 09/20/2009;	0	0	1,448	156,615	0	0	0	0	158,063
B1	Non-covered visits.; Start: 01/01/1995;	0	0	0	0	4	0	0	0	4
B5	Coverage/program guidelines were not met or were exceeded.; Start: 01/01/1995 Last Modified: 09/30/2007;	0	1,141	0	891	0	0	0	0	2,032
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.; Start: 01/01/1995	8,347	27	2	0	1	2,923	6,517	4	17,821
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.; Start: 01/01/1995;	0	53	89,865	0	0	0	1,743	0	91,661
B12	Services not documented in patients' medical records.	0	1	0	0	0	0	0	0	1
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.; Start: 01/01/1995;	0	0	13,300	3,948	1,572	0	0	3,366	22,186
B14	Only one visit or consultation per physician per day is covered.; Start: 01/01/1995 Last Modified: 09/30/2007;	15	389	0	0	0	0	3	0	407
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment)	0	160	0	0	406	0	0	0	566

CARC	Denial Reason	Aetna	AMG	ACLA	LHCC	UHC-MCO	CHS-Shared	UHC-Shared	MCNA	Total
N19	Service denied per finding of a Review Organization	6428	0	0	0	0	0	0	0	6,428
N20	Service denied per finding of a Review Organization	23	0	0	0	0	0	0	0	23
N22	Service denied per finding of a Review Organization	231	0	0	0	0	0	0	0	231
N23	Pend claim if COB is 0 on secondary enrollment claim	16602	0	0	0	0	0	0	0	16,602
N253	No attending physician ID (outpatient)	329	0	0	0	0	0	0	0	329
N30	No enrollment exists for claim start date	5681	0	0	0	0	0	0	0	5,681
N4	EOB not received on Claim	1096	0	0	0	0	0	0	0	1,096
N434	Diagnosis Requires POA Indicator for Inpatient Claim	3873	0	0	0	0	0	0	0	3,873
N50	Discharge status is required for inpatient and SNF claims	9	0	0	0	0	0	0	0	9
N519	Invalid CPT Modifier	31213	0	0	0	0	0	0	0	31,213
N52	Member lost eligibility during date span	4310	0	0	0	0	0	0	0	4,310
N54	UM dates do not match Claim	36	0	0	0	0	0	0	0	36
N56	Invalid CPT/HCPCS code	1647	0	0	0	0	0	0	0	1,647
N79	Location-specific benefit does NOT match claim	1317	0	0	0	0	0	0	0	1,317
N95	No contract term found for service	1617	0	0	0	0	0	0	0	1,617
204, 15, 119, 18 Combined	204-This service/equipment/drug is not covered under the patient's current benefit plan 15-The authorization number is missing, invalid, or does not apply to the billed services or provider. 119-Benefit maximum for this time period or occurrence has been reached. 18-Exact duplicate claim/service	0	148,731	0	0	0	0	0	0	148,731
	No CARC Provided	532,831	32,878	0	382	83,920	0	260	27,579	677,850
	Health Plan Total	1,156,106	639,474	1,407,219	730,089	193,102	1,321,782	746,327	41,351	6,235,450