

Denial Codes Summary

Denial Code	Denial Description
CDD	18: Definite duplicate claim
ST	27: Termination
X01	62: No precert/authorization or referral
Z01	109: Medicaid Fee-for-Service
Z11	148: Claim pend: EOB from prim carrier req
PS0	B1: Not a covered service
TF0	29: Submitted after plan filing limit
S23	26: Date req. prior to subscriber Eff Dt.
X39	B13: Dup claim previously paid at correct rate/cap
R00	97: Payment included in other billed serv
X98	B7: Inappropriate coding for contract/agree
I09	47: Diag inv/missing/deleted/req 4 th /5 th
N01	97: Subset procedure disallow
N16	6: Age exceeds extreme range for procedure
R82	16: Individual provider ID must be submitted
073	Deny all claim lines
R39	B13: Dup claim previously paid at correct rate/cap
X91	B7: Inappropriate coding for contract/agree
UM0	39: Services disallowed by UM
X11	148: Claim pend: EOB from prim carrier req
X35	39: Authorization denied for this DOS
Z95	B18: Invalid/deleted code, modifier or desc
UM1	62: Units exceed UM authorization
X21	31: Resub w/mom or baby ID#, name or dob
X96	148: Claim pend: EOB/attach illeg/incomplete
Z38	B18: Missing/illeg procedure/revenue code
X68	57: Invalid units submitted
PAK	42: Exceeds per diem rate
Z92	5: Invalid or missing place of service
X08	47: Claim pend: diag inv/missing/del 4 th or 5 th
R47	23: Payment reflects COB, if \$0, max liab me
TR5	96: Covered Counter >SrvAllowCtr+rel hist

Denial Code	Denial Description
I10	47: ECode cannot be used as primary diag
N14	7: Invalid gender for procedure
N13	B18: Invalid procedure disallow
R91	B7: Inappropriate coding for contract/agree
N02	97: Redundant procedure disallow
Z00	97: Payment included in other billed serv
I06	16: Claim pend: itemized bill required
Z47	109: Medicaid Fee-for-Service
N29	35: Clinical daily maximum exceeded
X06	16: Claim pend: itemized bill required
Z37	109: Medicaid Fee-for-Service
I21	Denied claim disallow
X90	16: UB dates of service required
S2	14: Date requested < subscriber's birth d
SN	31: Non-eligible member
N09	50: Cosmetic procedure disallow
N04	97: Follow-up service disallow
PDP	41: Agreement discount from charges
X50	18: Same procedure paid to different prov
Z53	16: Invalid DRG's
I20	Denied claim disallow
Z29	109: Resub claim to AmeriHealth family planning
PS2	119: Exceeds the maximum number of units
R15	97: Subset/incidental procedure disallow
I56	This claim has been sent to PerformCare
UM3	16: Pended status, zero units
N06	54: Assistant surgeon disallow