

# **CLAIM STATUS REASON CODES**

- 0** Cannot provide further status electronically.
- 1** For more detailed information, see remittance advice.
- 2** More detailed information in letter.
- 3** Claim has been adjudicated and is awaiting payment cycle.
- 4** This is a subsequent request for information from the original request.
- 5** This is a final request for information.
- 6** Balance due from the subscriber.
- 7** Claim may be reconsidered at a future date.
- 8** No payment due to contract/plan provisions. *Note: Inactive as of ASC X12 Version 4020. Refer to 107 for new verbiage.*
- 9** No payment will be made for this claim.
- 10** All originally submitted procedure codes have been combined.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 12 for new verbiage.*
- 11** Some originally submitted procedure codes have been combined.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 12 for new verbiage.*
- 12** One or more originally submitted procedure codes have been combined. *Note: Changed as of 6/01*
- 13** All originally submitted procedure codes have been modified.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 15 for new verbiage.*
- 14** Some all originally submitted procedure codes have been modified.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 15 for new verbiage.*
- 15** One or more originally submitted procedure code have been modified. *Note: Changed as of 6/01*
- 16** Claim/encounter has been forwarded to entity.
- 17** Claim/encounter has been forwarded by third party entity to entity.
- 18** Entity received claim/encounter, but returned invalid status.
- 19** Entity acknowledges receipt of claim/encounter. *Note: Changed as of 6/01*
- 20** Accepted for processing. *Note: Changed as of 6/01*
- 21** Missing or invalid information.  
*Note: Changed as of 6/01*
- 22** ... before entering the adjudication system.  
*Note: Changed as of 6/01*
- 23** Returned to Entity.  
*Note: Changed as of 6/01*
- 24** Entity not approved as an electronic submitter.  
*Note: Changed as of 6/01*
- 25** Entity not approved.  
*Note: Changed as of 6/01*
- 26** Entity not found.  
*Note: Changed as of 6/01*
- 27** Policy canceled.  
*Note: Changed as of 6/01*
- 28** Claim submitted to wrong payer.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 116 for new verbiage.*
- 29** Subscriber and policy number/contract number mismatched.
- 30** Subscriber and subscriber id mismatched.
- 31** Subscriber and policyholder name mismatched.
- 32** Subscriber and policy number/contract number not found.
- 33** Subscriber and subscriber id not found.
- 34** Subscriber and policyholder name not found.
- 35** Claim/encounter not found.
- 37** Predetermination is on file, awaiting completion of services.
- 38** Awaiting next periodic adjudication cycle.
- 39** Charges for pregnancy deferred until delivery.
- 40** Waiting for final approval.
- 41** Special handling required at payer site.
- 42** Awaiting related charges.
- 44** Charges pending provider audit.
- 45** Awaiting benefit determination.
- 46** Internal review/audit.
- 47** Internal review/audit - partial payment made.
- 48** Referral/authorization.  
*Note: Changed as of 2/01*

- 49** Pending provider accreditation review.
- 50** Claim waiting for internal provider verification.
- 51** Investigating occupational illness/accident.
- 52** Investigating existence of other insurance coverage.
- 53** Claim being researched for Insured ID/Group Policy Number error.
- 54** Duplicate of a previously processed claim/line.
- 55** Claim assigned to an approver/analyst.
- 56** Awaiting eligibility determination.
- 57** Pending COBRA information requested.
- 59** Non-electronic request for information.
- 60** Electronic request for information.
- 61** Eligibility for extended benefits.
- 64** Re-pricing information.
- 65** Claim/line has been paid.
- 66** Payment reflects usual and customary charges.
- 67** Payment made in full.
- 68** Partial payment made for this claim.
- 69** Payment reflects plan provisions.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 107 for new verbiage.*
- 70** Payment reflects contract provisions.  
*Note: Inactive as of ASC X12 Version 4020. Refer to 107 for new verbiage.*
- 71** Periodic installment released.
- 72** Claim contains split payment.
- 73** Payment made to entity, assignment of benefits not on file.
- 78** Duplicate of an existing claim/line, awaiting processing.
- 81** Contract/plan does not cover pre-existing conditions.
- 83** No coverage for newborns.
- 84** Service not authorized.
- 85** Entity not primary.
- 86** Diagnosis and patient gender mismatch.  
*Note: Changed as of 2/00*
- 87** Denied: Entity not found.
- 88** Entity not eligible for benefits for submitted dates of service.
- 89** Entity not eligible for dental benefits for submitted dates of service.
- 90** Entity not eligible for medical benefits for submitted dates of service.
- 91** Entity not eligible/not approved for dates of service.
- 92** Entity does not meet dependent or student qualification.
- 93** Entity is not selected primary care provider.
- 94** Entity not referred by selected primary care provider.
- 95** Requested additional information not received.
- 96** No agreement with entity.
- 97** Patient eligibility not found with entity.
- 98** Charges applied to deductible.
- 99** Pre-treatment review.
- 100** Pre-certification penalty taken.
- 101** Claim was processed as adjustment to previous claim.
- 102** Newborn's charges processed on mother's claim.
- 103** Claim combined with other claim(s).
- 104** Processed according to plan provisions.
- 105** Claim/line is capitated.
- 106** This amount is not entity's responsibility.
- 107** Processed according to contract/plan provisions.  
*Note: Changed as of 6/01*
- 108** Coverage has been canceled for this entity.
- 109** Entity not eligible.
- 110** Claim requires pricing information.
- 111** At the policyholder's request these claims cannot be submitted electronically.
- 112** Policyholder processes their own claims.
- 113** Cannot process individual insurance policy claims.
- 114** Should be handled by entity.

- 115** Cannot process HMO claims
- 116** Claim submitted to incorrect payer.
- 117** Claim requires signature-on-file indicator.
- 118** TPO rejected claim/line because payer name is missing.
- 119** TPO rejected claim/line because certification information is missing
- 120** TPO rejected claim/line because claim does not contain enough information
- 121** Service line number greater than maximum allowable for payer.
- 122** Missing/invalid data prevents payer from processing claim.
- 123** Additional information requested from entity.
- 124** Entity's name, address, phone and id number.
- 125** Entity's name.
- 126** Entity's address.
- 127** Entity's phone number.
- 128** Entity's tax id.
- 129** Entity's Blue Cross provider id
- 130** Entity's Blue Shield provider id
- 131** Entity's Medicare provider id.
- 132** Entity's Medicaid provider id.
- 133** Entity's UPIN
- 134** Entity's CHAMPUS provider id.
- 135** Entity's commercial provider id.
- 136** Entity's health industry id number.
- 137** Entity's plan network id.
- 138** Entity's site id .
- 139** Entity's health maintenance provider id (HMO).
- 140** Entity's preferred provider organization id (PPO).  
*Note: Changed as of 6/01*
- 141** Entity's administrative services organization id (ASO).
- 142** Entity's license/certification number.
- 143** Entity's state license number.
- 144** Entity's specialty license number.
- 145** Entity's specialty code.
- 146** Entity's anesthesia license number.
- 147** Entity's qualification degree/designation (e.g. RN,PhD,MD)  
*Note: New as of 2/97*
- 148** Entity's social security number.
- 149** Entity's employer id.
- 150** Entity's drug enforcement agency (DEA) number.
- 152** Pharmacy processor number.
- 153** Entity's id number.
- 154** Relationship of surgeon & assistant surgeon.
- 155** Entity's relationship to patient
- 156** Patient relationship to subscriber
- 157** Entity's Gender
- 158** Entity's date of birth
- 159** Entity's date of death
- 160** Entity's marital status
- 161** Entity's employment status
- 162** Entity's health insurance claim number (HICN).
- 163** Entity's policy number.
- 164** Entity's contract/member number.
- 165** Entity's employer name, address and phone.
- 166** Entity's employer name.
- 167** Entity's employer address.
- 168** Entity's employer phone number.
- 169** Entity's employer id.  
*Note: Inactive for version 004060. Duplicates code 149.*
- 170** Entity's employee id.
- 171** Other insurance coverage information (health, liability, auto, etc.).
- 172** Other employer name, address and telephone number.

- 173** Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber.  
*Note: Changed as of 2/00*
- 174** Entity's student status.
- 175** Entity's school name.
- 176** Entity's school address.
- 177** Transplant recipient's name, date of birth, gender, relationship to insured.  
*Note: Changed as of 2/00*
- 178** Submitted charges.
- 179** Outside lab charges.
- 180** Hospital s semi-private room rate.
- 181** Hospital s room rate.
- 182** Allowable/paid from primary coverage.
- 183** Amount entity has paid.
- 184** Purchase price for the rented durable medical equipment.
- 185** Rental price for durable medical equipment.
- 186** Purchase and rental price of durable medical equipment.
- 187** Date(s) of service.
- 188** Statement from-through dates.
- 189** Hospital admission date.
- 190** Hospital discharge date.
- 191** Date of Last Menstrual Period (LMP)  
*Note: New as of 2/97*
- 192** Date of first service for current series/symptom/illness.
- 193** First consultation/evaluation date.  
*Note: New as of 2/97*
- 194** Confinement dates.
- 195** Unable to work dates.
- 196** Return to work dates.
- 197** Effective coverage date(s).
- 198** Medicare effective date.
- 199** Date of conception and expected date of delivery.
- 200** Date of equipment return.
- 201** Date of dental appliance prior placement.
- 202** Date of dental prior replacement/reason for replacement.
- 203** Date of dental appliance placed.
- 204** Date dental canal(s) opened and date service completed.
- 205** Date(s) dental root canal therapy previously performed.
- 206** Most recent date of curettage, root planing, or periodontal surgery.
- 207** Dental impression and seating date.
- 208** Most recent date pacemaker was implanted.
- 209** Most recent pacemaker battery change date.
- 210** Date of the last x-ray.
- 211** Date(s) of dialysis training provided to patient.
- 212** Date of last routine dialysis.
- 213** Date of first routine dialysis.
- 214** Original date of prescription/orders/referral.  
*Note: New as of 2/97*
- 215** Date of tooth extraction/evolution.
- 216** Drug information.
- 217** Drug name, strength and dosage form.
- 218** NDC number.
- 219** Prescription number.
- 220** Drug product id number.
- 221** Drug days supply and dosage.
- 222** Drug dispensing units and average wholesale price (AWP).
- 223** Route of drug/myelogram administration.
- 224** Anatomical location for joint injection.
- 225** Anatomical location.
- 226** Joint injection site.
- 227** Hospital information.

- 228** Type of bill for UB-92 claim.  
*Note: Changed as of 6/01*
- 229** Hospital admission source.
- 230** Hospital admission hour.
- 231** Hospital admission type.
- 232** Admitting diagnosis.
- 233** Hospital discharge hour.
- 234** Patient discharge status.
- 235** Units of blood furnished.
- 236** Units of blood replaced.
- 237** Units of deductible blood.
- 238** Separate claim for mother/baby charges.
- 239** Dental information.
- 240** Tooth surface(s) involved.
- 241** List of all missing teeth (upper and lower).
- 242** Tooth numbers, surfaces, and/or quadrants involved.
- 243** Months of dental treatment remaining.
- 244** Tooth number or letter.
- 245** Dental quadrant/arch.
- 246** Total orthodontic service fee, initial appliance fee, monthly fee, length of service.
- 247** Line information.
- 248** Accident date, state, description and cause.
- 249** Place of service.
- 250** Type of service.
- 251** Total anesthesia minutes.
- 252** Authorization/certification number.
- 253** Procedure/revenue code for service(s) rendered. Please use codes 454 or 455.  
*Note: Deleted as of 2/97*
- 254** Primary diagnosis code.
- 255** Diagnosis code.
- 256** DRG code(s).
- 257** ADMS-III-R code for services rendered.
- 258** Days/units for procedure/revenue code.
- 259** Frequency of service.
- 260** Length of medical necessity, including begin date.  
*Note: New as of 2/97*
- 261** Obesity measurements.
- 262** Type of surgery/service for which anesthesia was administered.
- 263** Length of time for services rendered.
- 264** Number of liters/minute & total hours/day for respiratory support.
- 265** Number of lesions excised.
- 266** Facility point of origin and destination - ambulance.
- 267** Number of miles patient was transported.
- 268** Location of durable medical equipment use.
- 269** Length/size of laceration/tumor.
- 270** Subluxation location.
- 271** Number of spine segments.
- 272** Oxygen contents for oxygen system rental.
- 273** Weight.
- 274** Height.
- 275** Claim.
- 276** UB-92/HCFR-1450/HCFR-1500 claim form.  
*Note: Changed as of 6/01*
- 277** Paper claim.
- 278** Signed claim form.
- 279** Itemized claim.
- 280** Itemized claim by provider.
- 281** Related confinement claim.
- 282** Copy of prescription.
- 283** Medicare worksheet.

- 284** Copy of Medicare ID card.
- 285** Vouchers/explanation of benefits (EOB).
- 286** Other payer's Explanation of Benefits/payment information.
- 287** Medical necessity for service.
- 288** Reason for late hospital charges.
- 289** Reason for late discharge.
- 290** Pre-existing information.
- 291** Reason for termination of pregnancy.
- 292** Purpose of family conference/therapy.
- 293** Reason for physical therapy.
- 294** Supporting documentation.
- 295** Attending physician report.
- 296** Nurse's notes.
- 297** Medical notes/report.  
*Note: New as of 2/97*
- 298** Operative report.
- 299** Emergency room notes/report.
- 300** Lab/test report/notes/results.  
*Note: New as of 2/97*
- 301** MRI report.
- 302** Refer to codes 300 for lab notes and 311 for pathology notes  
*Note: Removed prior to 2/97*
- 303** Physical therapy notes. Please use code 297:60 (6 'OH' - not zero)  
*Note: Deleted as of 2/97*
- 304** Reports for service.
- 305** X-ray reports/interpretation.
- 306** Detailed description of service.
- 307** Narrative with pocket depth chart.
- 308** Discharge summary.
- 309** Code was duplicate of code 299  
*Note: Removed prior to 2/97*
- 310** Progress notes for the six months prior to statement date.
- 311** Pathology notes/report.
- 312** Dental charting.
- 313** Bridgework information.
- 314** Dental records for this service.
- 315** Past perio treatment history.
- 316** Complete medical history.
- 317** Patient's medical records.
- 318** X-rays.
- 319** Pre/post-operative x-rays/photographs.  
*Note: New as of 2/97*
- 320** Study models.
- 321** Radiographs or models.
- 322** Recent fm x-rays.
- 323** Study models, x-rays, and/or narrative.
- 324** Recent x-ray of treatment area and/or narrative.
- 325** Recent fm x-rays and/or narrative.
- 326** Copy of transplant acquisition invoice.
- 327** Periodontal case type diagnosis and recent pocket depth chart with narrative.
- 328** Speech therapy notes. Please use code 297:6R  
*Note: Deleted as of 2/97*
- 329** Exercise notes.
- 330** Occupational notes.
- 331** History and physical.
- 332** Authorization/certification (include period covered).  
*Note: New as of 2/97*
- 333** Patient release of information authorization.
- 334** Oxygen certification.
- 335** Durable medical equipment certification.
- 336** Chiropractic certification.

- 337** Ambulance certification/documentation.
- 338** Home health certification. Please use code 332:4Y  
*Note: Deleted as of 2/97*
- 339** Enteral/parenteral certification.
- 340** Pacemaker certification.
- 341** Private duty nursing certification.
- 342** Podiatric certification.
- 343** Documentation that facility is state licensed and Medicare approved as a surgical facility.
- 344** Documentation that provider of physical therapy is Medicare Part B approved.
- 345** Treatment plan for service/diagnosis
- 346** Proposed treatment plan for next 6 months.
- 347** Refer to code 345 for treatment plan and code 282 for prescription  
*Note: Removed prior to 2/97*
- 348** Chiropractic treatment plan.
- 349** Psychiatric treatment plan. Please use codes 345:5I, 5J, 5K, 5L, 5M, 5N, 5O (5 'OH' - not zero), 5P  
*Note: Deleted as of 2/97*
- 350** Speech pathology treatment plan. Please use code 345:6R  
*Note: Deleted as of 2/97*
- 351** Physical/occupational therapy treatment plan. Please use codes 345:6O (6 'OH' - not zero), 6N  
*Note: Deleted as of 2/97*
- 352** Duration of treatment plan.
- 353** Orthodontics treatment plan.
- 354** Treatment plan for replacement of remaining missing teeth.
- 355** Has claim been paid?
- 356** Was blood furnished?
- 357** Has or will blood be replaced?
- 358** Does provider accept assignment of benefits?
- 359** Is there a release of information signature on file?
- 360** Is there an assignment of benefits signature on file?
- 361** Is there other insurance?
- 362** Is the dental patient covered by medical insurance?
- 363** Will worker's compensation cover submitted charges?
- 364** Is accident/illness/condition employment related?
- 365** Is service the result of an accident?
- 366** Is injury due to auto accident?
- 367** Is service performed for a recurring condition or new condition?
- 368** Is medical doctor (MD) or doctor of osteopath (DO) on staff of this facility?
- 369** Does patient condition preclude use of ordinary bed?
- 370** Can patient operate controls of bed?
- 371** Is patient confined to room?
- 372** Is patient confined to bed?
- 373** Is patient an insulin diabetic?
- 374** Is prescribed lenses a result of cataract surgery?
- 375** Was refraction performed?
- 376** Was charge for ambulance for a round-trip?
- 377** Was durable medical equipment purchased new or used?
- 378** Is pacemaker temporary or permanent?
- 379** Were services performed supervised by a physician?
- 380** Were services performed by a CRNA under appropriate medical direction?  
*Note: Changed as of 10/99*
- 381** Is drug generic?
- 382** Did provider authorize generic or brand name dispensing?
- 383** Was nerve block used for surgical procedure or pain management?
- 384** Is prosthesis/crown/inlay placement an initial placement or a replacement?
- 385** Is appliance upper or lower arch & is appliance fixed or removable?
- 386** Is service for orthodontic purposes?
- 387** Date patient last examined by entity  
*Note: New as of 2/97*
- 388** Date post-operative care assumed  
*Note: New as of 2/97*
- 389** Date post-operative care relinquished

*Note: New as of 2/97*

**390** Date of most recent medical event necessitating service(s)

*Note: New as of 2/97*

**391** Date(s) dialysis conducted

*Note: New as of 2/97*

**392** Date(s) of blood transfusion(s)

*Note: New as of 2/97*

**393** Date of previous pacemaker check

*Note: New as of 2/97*

**394** Date(s) of most recent hospitalization related to service

*Note: New as of 2/97*

**395** Date entity signed certification/recertification

*Note: New as of 2/97*

**396** Date home dialysis began

*Note: New as of 2/97*

**397** Date of onset/exacerbation of illness/condition

*Note: New as of 2/97*

**398** Visual field test results

*Note: New as of 2/97*

**399** Report of prior testing related to this service, including dates

*Note: New as of 2/97*

**400** Claim is out of balance

*Note: New as of 2/97*

**401** Source of payment is not valid

*Note: New as of 2/97*

**402** Amount must be greater than zero

*Note: New as of 2/97*

**403** Entity referral notes/orders/prescription

*Note: New as of 2/97*

**404** Specific findings, complaints, or symptoms necessitating service

*Note: New as of 2/97*

**405** Summary of services

*Note: New as of 2/97*

**406** Brief medical history as related to service(s)

*Note: New as of 2/97*

**407** Complications/mitigating circumstances

*Note: New as of 2/97*

**408** Initial certification

*Note: New as of 2/97*

**409** Medication logs/records (including medication therapy)

*Note: New as of 2/97*

**410** Explain differences between treatment plan and patient's condition

*Note: New as of 2/97*

**411** Medical necessity for non-routine service(s)

*Note: New as of 2/97*

**412** Medical records to substantiate decision of non-coverage

*Note: New as of 2/97*

**413** Explain/justify differences between treatment plan and services rendered.

*Note: New as of 2/97*

**414** Need for more than one physician to treat patient

*Note: New as of 2/97*

**415** Justify services outside composite rate

*Note: New as of 2/97*

**416** Verification of patient's ability to retain and use information

*Note: New as of 2/97*

**417** Prior testing, including result(s) and date(s) as related to service(s)

*Note: New as of 2/97*

**418** Indicating why medications cannot be taken orally

*Note: New as of 2/97*

**419** Individual test(s) comprising the panel and the charges for each test

*Note: New as of 2/97*

**420** Name, dosage and medical justification of contrast material used for radiology procedure

*Note: New as of 2/97*

**421** Medical review attachment/information for service(s)

*Note: New as of 2/97*

**422** Homebound status

*Note: New as of 2/97*

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| <b>423</b> | Prognosis<br><i>Note: Inactive for 004030, since 10/99. LOINC codes have the ability to ask for prognosis.</i>  |
| <b>424</b> | Statement of non-coverage including itemized bill<br><i>Note: New as of 2/97</i>  |
| <b>425</b> | Itemize non-covered services<br><i>Note: New as of 2/97</i>   |
| <b>426</b> | All current diagnoses<br><i>Note: New as of 2/97</i>  |
| <b>427</b> | Emergency care provided during transport<br><i>Note: New as of 2/97</i>   |
| <b>428</b> | Reason for transport by ambulance<br><i>Note: New as of 2/97</i>  |
| <b>429</b> | Loaded miles and charges for transport to nearest facility with appropriate services<br><i>Note: New as of 2/97</i>   |
| <b>430</b> | Nearest appropriate facility<br><i>Note: New as of 2/97</i>   |
| <b>431</b> | Provide condition/functional status at time of service<br><i>Note: New as of 2/97</i>   |
| <b>432</b> | Date benefits exhausted<br><i>Note: New as of 2/97</i>  |
| <b>433</b> | Copy of patient revocation of hospice benefits<br><i>Note: New as of 2/97</i>   |
| <b>434</b> | Reasons for more than one transfer per entitlement period<br><i>Note: New as of 2/97</i>  |
| <b>435</b> | Notice of Admission<br><i>Note: New as of 2/97</i>  |
| <b>436</b> | Short term goals<br><i>Note: New as of 2/97</i>   |
| <b>437</b> | Long term goals<br><i>Note: New as of 2/97</i>  |
| <b>438</b> | Number of patients attending session<br><i>Note: New as of 2/97</i>   |
| <b>439</b> | Size, depth, amount, and type of drainage wounds<br><i>Note: New as of 2/97</i>   |
| <b>440</b> | why non-skilled caregiver has not been taught procedure<br><i>Note: New as of 2/97</i>  |
| <b>441</b> | Entity professional qualification for service(s)<br><i>Note: New as of 2/97</i>   |
| <b>442</b> | Modalities of service<br><i>Note: New as of 2/97</i>  |
| <b>443</b> | Initial evaluation report<br><i>Note: New as of 2/97</i>  |
| <b>444</b> | Method used to obtain test sample<br><i>Note: New as of 2/97</i>  |
| <b>445</b> | Explain why hearing loss not correctable by hearing aid<br><i>Note: New as of 2/97</i>  |
| <b>446</b> | Documentation from prior claim(s) related to service(s)<br><i>Note: New as of 2/97</i>  |
| <b>447</b> | Plan of teaching<br><i>Note: New as of 2/97</i>   |
| <b>448</b> | Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC12 when this code is used.<br><i>Note: New as of 2/97</i> |
| <b>449</b> | Projected date to discontinue service(s)<br><i>Note: New as of 2/97</i>   |
| <b>450</b> | Awaiting spend down determination<br><i>Note: New as of 2/97</i>  |
| <b>451</b> | Preoperative and post-operative diagnosis<br><i>Note: New as of 2/97</i>  |
| <b>452</b> | Total visits in total number of hours/day and total number of hours/week<br><i>Note: New as of 2/97</i>   |
| <b>453</b> | Procedure Code Modifier(s) for Service(s) Rendered<br><i>Note: New as of 2/97</i>   |
| <b>454</b> | Procedure code for services rendered.<br><i>Note: New as of 2/97</i>  |
| <b>455</b> | Revenue code for services rendered.   |

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|            | <i>Note: New as of 2/97</i>  |
| <b>456</b> | Covered Day(s)<br><i>Note: New as of 2/97</i>  |
| <b>457</b> | Non-Covered Day(s)<br><i>Note: New as of 2/97</i>  |
| <b>458</b> | Coinsurance Day(s)<br><i>Note: New as of 2/97</i>  |
| <b>459</b> | Lifetime Reserve Day(s)<br><i>Note: New as of 2/97</i>   |
| <b>460</b> | NUBC Condition Code(s)<br><i>Note: New as of 2/97</i>  |
| <b>461</b> | NUBC Occurrence Code(s) and Date(s)<br><i>Note: New as of 2/97</i>   |
| <b>462</b> | NUBC Occurrence Span Code(s) and Date(s)<br><i>Note: New as of 2/97</i>  |
| <b>463</b> | NUBC Value Code(s) and/or Amount(s)<br><i>Note: New as of 2/97</i>   |
| <b>464</b> | Payer Assigned Claim Control Number<br><i>Note: New as of 2/97, Changed as of 10/04</i>  |
| <b>465</b> | Principal Procedure Code for Service(s) Rendered<br><i>Note: New as of 2/97</i>  |
| <b>466</b> | Entities Original Signature<br><i>Note: New as of 2/97</i>   |
| <b>467</b> | Entity Signature Date<br><i>Note: New as of 2/97</i>   |
| <b>468</b> | Patient Signature Source<br><i>Note: New as of 2/97</i>  |
| <b>469</b> | Purchase Service Charge<br><i>Note: New as of 2/97</i>   |
| <b>470</b> | Was service purchased from another entity?<br><i>Note: New as of 2/97</i>  |
| <b>471</b> | Were services related to an emergency?<br><i>Note: New as of 2/97</i>  |
| <b>472</b> | Ambulance Run Sheet<br><i>Note: New as of 2/97</i>   |
| <b>473</b> | Missing or invalid lab indicator<br><i>Note: New as of 6/98</i>  |
| <b>474</b> | Procedure code and patient gender mismatch<br><i>Note: Changed as of 2/00</i>  |
| <b>475</b> | Procedure code not valid for patient age<br><i>Note: Changed as of 2/00</i>  |
| <b>476</b> | Missing or invalid units of service<br><i>Note: New as of 6/98</i>   |
| <b>477</b> | Diagnosis code pointer is missing or invalid<br><i>Note: New as of 6/98</i>  |
| <b>478</b> | Claim submitter's identifier (patient account number) is missing<br><i>Note: New as of 6/98</i>  |
| <b>479</b> | Other Carrier payer ID is missing or invalid<br><i>Note: New as of 6/98</i>  |
| <b>480</b> | Other Carrier Claim filing indicator is missing or invalid<br><i>Note: New as of 6/98</i>  |
| <b>481</b> | Claim/submission format is invalid.<br><i>Note: New as of 10/98</i>  |
| <b>482</b> | Date Error, Century Missing<br><i>Note: New as of 2/99</i>   |
| <b>483</b> | Maximum coverage amount met or exceeded for benefit period.<br><i>Note: New as of 6/99</i>   |
| <b>484</b> | Business Application Currently Not Available<br><i>Note: New as of 2/00</i>  |
| <b>485</b> | More information available than can be returned in real time mode. Narrow your current search criteria.<br><i>Note: New as of 2/01</i> |
| <b>486</b> | Principle Procedure Date<br><i>Note: New as of 10/01</i>   |
| <b>487</b> | Claim not found, claim should have been submitted to/through 'entity'<br><i>Note: New as of 2/02</i>                                   |
| <b>488</b> | Diagnosis code(s) for the services rendered.<br><i>Note: New as of 6/02</i>  |

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| <b>489</b> | Attachment Control Number<br><i>Note: New as of 10/02</i>  |
| <b>490</b> | Other Procedure Code for Service(s) Rendered<br><i>Note: New as of 2/03</i>  |
| <b>491</b> | Entity not eligible for encounter submission<br><i>Note: New as of 2/03</i>  |
| <b>492</b> | Other Procedure Date<br><i>Note: New as of 2/03</i>  |
| <b>493</b> | Version/Release/Industry ID code not currently supported by information holder<br><i>Note: New as of 2/03</i>  |
| <b>494</b> | Real-Time requests not supported by the information holder, resubmit as batch request<br><i>Note: New as of 2/03</i>   |
| <b>495</b> | Requests for re-adjudication must reference the newly assigned payer claim control number for this previously adjusted claim. Correct the payer claim control number and re-submit.<br><i>Note: New as of 9/03</i> |
| <b>496</b> | Submitter not approved for electronic claim submissions on behalf of this entity<br><i>Note: New as of 2/04</i>  |
| <b>497</b> | Sales tax not paid<br><i>Note: New as of 6/04</i>  |
| <b>498</b> | Maximum leave days exhausted<br><i>Note: New as of 6/04</i>  |
| <b>499</b> | No rate on file with the payer for this service for this entity<br><i>Note: New as of 6/04</i>   |
| <b>500</b> | Entity's Postal/Zip Code<br><i>Note: New as of 6/04</i>  |
| <b>501</b> | Entity's State/Province<br><i>Note: New as of 6/04</i>   |
| <b>502</b> | Entity's City<br><i>Note: New as of 6/04</i>   |
| <b>503</b> | Entity's Street Address<br><i>Note: New as of 6/04</i>   |
| <b>504</b> | Entity's Last Name<br><i>Note: New as of 6/04</i>  |
| <b>505</b> | Entity's First Name<br><i>Note: New as of 6/04</i>   |
| <b>506</b> | Entity is changing processor/clearinghouse. This claim must be submitted to the new processor/clearinghouse<br><i>Note: New as of 6/04</i>   |
| <b>507</b> | HCPCS<br><i>Note: New as of 10/04</i>  |
| <b>508</b> | ICD9<br><i>Note: New as of 10/04</i>   |
| <b>509</b> | E-Code<br><i>Note: New as of 10/04</i>   |
| <b>510</b> | Future date<br><i>Note: New as of 10/04</i>  |
| <b>511</b> | Invalid character<br><i>Note: New as of 10/04</i>  |
| <b>512</b> | Length invalid for receiver's application system<br><i>Note: New as of 10/04</i>   |
| <b>513</b> | HIPPS Rate Code for services Rendered<br><i>Note: New as of 10/04</i>  |
| <b>514</b> | Entities Middle Name<br><i>Note: New as of 10/04</i>   |
| <b>515</b> | Managed Care review<br><i>Note: New as of 10/04</i>  |
| <b>516</b> | Adjudication or Payment Date<br><i>Note: New as of 10/04</i>   |
| <b>517</b> | Adjusted Repriced Claim Reference Number<br><i>Note: New as of 10/04</i>   |
| <b>518</b> | Adjusted Repriced Line item Reference Number<br><i>Note: New as of 10/04</i>   |
| <b>519</b> | Adjustment Amount<br><i>Note: New as of 10/04</i>  |
| <b>520</b> | Adjustment Quantity<br><i>Note: New as of 10/04</i>  |
| <b>521</b> | Adjustment Reason Code<br><i>Note: New as of 10/04</i>   |

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| <b>522</b> | Anesthesia Modifying Units<br><i>Note: New as of 10/04</i>                      |
| <b>523</b> | Anesthesia Unit Count<br><i>Note: New as of 10/04</i>                           |
| <b>524</b> | Arterial Blood Gas Quantity<br><i>Note: New as of 10/04</i>                     |
| <b>525</b> | Begin Therapy Date<br><i>Note: New as of 10/04</i>                              |
| <b>526</b> | Bundled or Unbundled Line Number<br><i>Note: New as of 10/04</i>                |
| <b>527</b> | Certification Condition Indicator<br><i>Note: New as of 10/04</i>               |
| <b>528</b> | Certification Period Projected Visit Count<br><i>Note: New as of 10/04</i>      |
| <b>529</b> | Certification Revision Date<br><i>Note: New as of 10/04</i>                     |
| <b>530</b> | Claim Adjustment Indicator<br><i>Note: New as of 10/04</i>                      |
| <b>531</b> | Claim Disproportionate Share Amount<br><i>Note: New as of 10/04</i>             |
| <b>532</b> | Claim DRG Amount<br><i>Note: New as of 10/04</i>                                |
| <b>533</b> | Claim DRG Outlier Amount<br><i>Note: New as of 10/04</i>                        |
| <b>534</b> | Claim ESRD Payment Amount<br><i>Note: New as of 10/04</i>                       |
| <b>535</b> | Claim Frequency Code<br><i>Note: New as of 10/04</i>                            |
| <b>536</b> | Claim Indirect Teaching Amount<br><i>Note: New as of 10/04</i>                  |
| <b>537</b> | Claim MSP Pass-through Amount<br><i>Note: New as of 10/04</i>                   |
| <b>538</b> | Claim or Encounter Identifier<br><i>Note: New as of 10/04</i>                   |
| <b>539</b> | Claim PPS Capital Amount<br><i>Note: New as of 10/04</i>                        |
| <b>540</b> | Claim PPS Capital Outlier Amount<br><i>Note: New as of 10/04</i>                |
| <b>541</b> | Claim Submission Reason Code<br><i>Note: New as of 10/04</i>                    |
| <b>542</b> | Claim Total Denied Charge Amount<br><i>Note: New as of 10/04</i>                |
| <b>543</b> | Clearinghouse or Value Added Network Trace<br><i>Note: New as of 10/04</i>      |
| <b>544</b> | Clinical Laboratory Improvement Amendment<br><i>Note: New as of 10/04</i>       |
| <b>545</b> | Contract Amount<br><i>Note: New as of 10/04</i>                                 |
| <b>546</b> | Contract Code<br><i>Note: New as of 10/04</i>                                   |
| <b>547</b> | Contract Percentage<br><i>Note: New as of 10/04</i>                             |
| <b>548</b> | Contract Type Code<br><i>Note: New as of 10/04</i>                              |
| <b>549</b> | Contract Version Identifier<br><i>Note: New as of 10/04</i>                     |
| <b>550</b> | Coordination of Benefits Code<br><i>Note: New as of 10/04</i>                   |
| <b>551</b> | Coordination of Benefits Total Submitted Charge<br><i>Note: New as of 10/04</i> |
| <b>552</b> | Cost Report Day Count<br><i>Note: New as of 10/04</i>                           |
| <b>553</b> | Covered Amount<br><i>Note: New as of 10/04</i>                                  |
| <b>554</b> | Date Claim Paid<br><i>Note: New as of 10/04</i>                                 |
| <b>555</b> | Delay Reason Code   |

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|            | <i>Note: New as of 10/04</i>  |
| <b>556</b> | Demonstration Project Identifier<br><i>Note: New as of 10/04</i>              |
| <b>557</b> | Diagnosis Date<br><i>Note: New as of 10/04</i>                                |
| <b>558</b> | Discount Amount<br><i>Note: New as of 10/04</i>                               |
| <b>559</b> | Document Control Identifier<br><i>Note: New as of 10/04</i>                   |
| <b>560</b> | Entity's Additional/Secondary Identifier<br><i>Note: New as of 10/04</i>      |
| <b>561</b> | Entity's Contact Name<br><i>Note: New as of 10/04</i>                         |
| <b>562</b> | Entity's National Provider Identifier (NPI)<br><i>Note: New as of 10/04</i>   |
| <b>563</b> | Entity's Tax Amount<br><i>Note: New as of 10/04</i>                           |
| <b>564</b> | EPSDT Indicator<br><i>Note: New as of 10/04</i>                               |
| <b>565</b> | Estimated Claim Due Amount<br><i>Note: New as of 10/04</i>                    |
| <b>566</b> | Exception Code<br><i>Note: New as of 10/04</i>                                |
| <b>567</b> | Facility Code Qualifier<br><i>Note: New as of 10/04</i>                       |
| <b>568</b> | Family Planning Indicator<br><i>Note: New as of 10/04</i>                     |
| <b>569</b> | Fixed Format Information<br><i>Note: New as of 10/04</i>                      |
| <b>570</b> | Free Form Message Text<br><i>Note: New as of 10/04</i>                        |
| <b>571</b> | Frequency Count<br><i>Note: New as of 10/04</i>                               |
| <b>572</b> | Frequency Period<br><i>Note: New as of 10/04</i>                              |
| <b>573</b> | Functional Limitation Code<br><i>Note: New as of 10/04</i>                    |
| <b>574</b> | HCPCS Payable Amount Home Health<br><i>Note: New as of 10/04</i>              |
| <b>575</b> | Homebound Indicator<br><i>Note: New as of 10/04</i>                           |
| <b>576</b> | Immunization Batch Number<br><i>Note: New as of 10/04</i>                     |
| <b>577</b> | Industry Code<br><i>Note: New as of 10/04</i>                                 |
| <b>578</b> | Insurance Type Code<br><i>Note: New as of 10/04</i>                           |
| <b>579</b> | Investigational Device Exemption Identifier<br><i>Note: New as of 10/04</i>   |
| <b>580</b> | Last Certification Date<br><i>Note: New as of 10/04</i>                       |
| <b>581</b> | Last Worked Date<br><i>Note: New as of 10/04</i>                              |
| <b>582</b> | Lifetime Psychiatric Days Count<br><i>Note: New as of 10/04</i>               |
| <b>583</b> | Line Item Charge Amount<br><i>Note: New as of 10/04</i>                       |
| <b>584</b> | Line Item Control Number<br><i>Note: New as of 10/04</i>                      |
| <b>585</b> | Line Item Denied Charge or Non-covered Charge<br><i>Note: New as of 10/04</i> |
| <b>586</b> | Line Note Text<br><i>Note: New as of 10/04</i>                                |
| <b>587</b> | Measurement Reference Identification Code<br><i>Note: New as of 10/04</i>     |
| <b>588</b> | Medical Record Number<br><i>Note: New as of 10/04</i>                         |

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| <b>589</b> | Medicare Assignment Code<br><i>Note: New as of 10/04</i>                         |
| <b>590</b> | Medicare Coverage Indicator<br><i>Note: New as of 10/04</i>                      |
| <b>591</b> | Medicare Paid at 100% Amount<br><i>Note: New as of 10/04</i>                     |
| <b>592</b> | Medicare Paid at 80% Amount<br><i>Note: New as of 10/04</i>                      |
| <b>593</b> | Medicare Section 4081 Indicator<br><i>Note: New as of 10/04</i>                  |
| <b>594</b> | Mental Status Code<br><i>Note: New as of 10/04</i>                               |
| <b>595</b> | Monthly Treatment Count<br><i>Note: New as of 10/04</i>                          |
| <b>596</b> | Non-covered Charge Amount<br><i>Note: New as of 10/04</i>                        |
| <b>597</b> | Non-payable Professional Component Amount<br><i>Note: New as of 10/04</i>        |
| <b>598</b> | Non-payable Professional Component Billed Amount<br><i>Note: New as of 10/04</i> |
| <b>599</b> | Note Reference Code<br><i>Note: New as of 10/04</i>                              |
| <b>600</b> | Oxygen Saturation Qty<br><i>Note: New as of 10/04</i>                            |
| <b>601</b> | Oxygen Test Condition Code<br><i>Note: New as of 10/04</i>                       |
| <b>602</b> | Oxygen Test Date<br><i>Note: New as of 10/04</i>                                 |
| <b>603</b> | Old Capital Amount<br><i>Note: New as of 10/04</i>                               |
| <b>604</b> | Originator Application Transaction Identifier<br><i>Note: New as of 10/04</i>    |
| <b>605</b> | Orthodontic Treatment Months Count<br><i>Note: New as of 10/04</i>               |
| <b>606</b> | Paid From Part A Medicare Trust Fund Amount<br><i>Note: New as of 10/04</i>      |
| <b>607</b> | Paid From Part B Medicare Trust Fund Amount<br><i>Note: New as of 10/04</i>      |
| <b>608</b> | Paid Service Unit Count<br><i>Note: New as of 10/04</i>                          |
| <b>609</b> | Participation Agreement<br><i>Note: New as of 10/04</i>                          |
| <b>610</b> | Patient Discharge Facility Type Code<br><i>Note: New as of 10/04</i>             |
| <b>611</b> | Peer Review Authorization Number<br><i>Note: New as of 10/04</i>                 |
| <b>612</b> | Per Day Limit Amount<br><i>Note: New as of 10/04</i>                             |
| <b>613</b> | Physician Contact Date<br><i>Note: New as of 10/04</i>                           |
| <b>614</b> | Physician Order Date<br><i>Note: New as of 10/04</i>                             |
| <b>615</b> | Policy Compliance Code<br><i>Note: New as of 10/04</i>                           |
| <b>616</b> | Policy Name<br><i>Note: New as of 10/04</i>                                      |
| <b>617</b> | Postage Claimed Amount<br><i>Note: New as of 10/04</i>                           |
| <b>618</b> | PPS-Capital DSH DRG Amount<br><i>Note: New as of 10/04</i>                       |
| <b>619</b> | PPS-Capital Exception Amount<br><i>Note: New as of 10/04</i>                     |
| <b>620</b> | PPS-Capital FSP DRG Amount<br><i>Note: New as of 10/04</i>                       |
| <b>621</b> | PPS-Capital HSP DRG Amount<br><i>Note: New as of 10/04</i>                       |
| <b>622</b> | PPS-Capital IME Amount   |

*Note: New as of 10/04*

**623** PPS-Operating Federal Specific DRG Amount

*Note: New as of 10/04*

**624** PPS-Operating Hospital Specific DRG Amount

*Note: New as of 10/04*

**625** Predetermination of Benefits Identifier

*Note: New as of 10/04*

**626** Pregnancy Indicator

*Note: New as of 10/04*

**627** Pre-Tax Claim Amount

*Note: New as of 10/04*

**628** Pricing Methodology

*Note: New as of 10/04*

**629** Property Casualty Claim Number

*Note: New as of 10/04*

**630** Referring CLIA Number

*Note: New as of 10/04*

**631** Reimbursement Rate

*Note: New as of 10/04*

**632** Reject Reason Code

*Note: New as of 10/04*

**633** Related Causes Code

*Note: New as of 10/04*

**634** Remark Code

*Note: New as of 10/04*

**635** Repriced Approved Ambulatory Patient Group

*Note: New as of 10/04*

**636** Repriced Line Item Reference Number

*Note: New as of 10/04*

**637** Repriced Saving Amount

*Note: New as of 10/04*

**638** Repricing Per Diem or Flat Rate Amount

*Note: New as of 10/04*

**639** Responsibility Amount

*Note: New as of 10/04*

**640** Sales Tax Amount

*Note: New as of 10/04*

**641** Service Adjudication or Payment Date

*Note: New as of 10/04*

**642** Service Authorization Exception Code

*Note: New as of 10/04*

**643** Service Line Paid Amount

*Note: New as of 10/04*

**644** Service Line Rate

*Note: New as of 10/04*

**645** Service Tax Amount

*Note: New as of 10/04*

**646** Ship, Delivery or Calendar Pattern Code

*Note: New as of 10/04*

**647** Shipped Date

*Note: New as of 10/04*

**648** Similar Illness or Symptom Date

*Note: New as of 10/04*

**649** Skilled Nursing Facility Indicator

*Note: New as of 10/04*

**650** Special Program Indicator

*Note: New as of 10/04*

**651** State Industrial Accident Provider Number

*Note: New as of 10/04*

**652** Terms Discount Percentage

*Note: New as of 10/04*

**653** Test Performed Date

*Note: New as of 10/04*

**654** Total Denied Charge Amount

*Note: New as of 10/04*

**655** Total Medicare Paid Amount

*Note: New as of 10/04*

**656** Total Visits Projected This Certification Count  
*Note: New as of 10/04*

**657** Total Visits Rendered Count  
*Note: New as of 10/04*

**658** Treatment Code  
*Note: New as of 10/04*

**659** Unit or Basis for Measurement Code  
*Note: New as of 10/04*

**660** Universal Product Number  
*Note: New as of 10/04*

**661** Visits Prior to Recertification Date Count CR702  
*Note: New as of 10/04*

**662** X-ray Availability Indicator  
*Note: New as of 10/04*

**663** Entity's Group Name  
*Note: New as of 10/04*

**664** Orthodontic Banding Date  
*Note: New as of 10/04*

**665** Surgery Date  
*Note: New as of 10/04*

**666** Surgical Procedure Code  
*Note: New as of 10/04*

**667** Real-Time requests not supported by the information holder, do not resubmit  
*Note: New as of 2/05*

**668** Missing Endodontics treatment history and prognosis  
*Note: New as of 6/05*

**669** Dental service narrative needed.  
*Note: New as of 10/05*