RUN: 03/25/19 18:49:55 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

RUN: 03/25/19	16:49:55 DEPARTMEN	OF REALIT AND ROSPITALS - BUREAU OF REALIT SERVICES - F.	INANCING	PAGE: I
		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE		LONG DESCRIPTION	ERROR CODE	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	841	
	CLAIMCHECK RESERVED		834	
	CLAIMCHECK RESERVED		836	
22	REQ NONCOVRD CHARGES PROVIDER NOT ELIG	NON-COVERED CHARGES REQUIRED OR USED FOR PAYMENT	185	NE 7.0
B7			201	N570
B7	PROVIDER NOT COVERED	PROVIDER NOT COVERED FOR SERVICES RENDERED BY MEDICALD	213	N570
B7_	OUT OF DATE RANGE BILL PROV NOT ELIG PROV RATE NOF	SIA/DOS NOT WITHIN LAST 7 DAYS OF LIFE	206	N570
в7	BILL PROV NOT ELIG	BILLING PROVIDER INELIGIBLE ON DATE OF SERV PROVIDER FILE DOES NOT CONTAIN VALID RATE FOR DOS NO DOD ON FILE. SEND 81B FORM TO HOSPICE PA	207	N570
в7			244	N570
в7	NO DOD ON FILE		220	N570
в7	PROV CERT DATE ERROR	PROVIDER CERTIFICATION EXPIRED AS OF DOS	360	N570
в9	HOSPICE MUST BILL	HOSPICE CLIENT -ONLY HOSPICE PROVIDER CAN BILL	382	
в9	NON HOSPICE PROVIDER	SUBMIT JUSTIFICATION FOR SERVICES	493	
B10	PROC SPL REL TO CURR	PROCEDURE SPLIT TO ALLOW PARTIAL PAYMENT/CLAIMCHECK HEMATOLOGY COMPONENT/INDICE/PROFILE BILLED INCORRECTLY	595	
B13	HEMA.COMP/IND/BILLED	HEMATOLOGY COMPONENT/INDICE/PROFILE BILLED INCORRECTLY	614	
B13	CANNOT ADJUST PREPAY		501	
E13	AD.T DENV	ADTICOMENT DENTED OPTO CLAIM DATE CODDECTIV	367	
B13	FY COST SETTLED	FISCAL YEAR COST SETTLED	975	
B14	FY COST SETTLED CONCURRENT CARE VISIT CODE PD/DOS 1 CONSLT/PHYS/HOSP GLOBAL CODE PD	CONCURRENT CARE IS NOT COVERED BY THE PROGRAM	401	M86
B14	VISIT CODE PD/DOS	VISIT CODE ALREADY PAID FOR THIS DATE OF SERVICE	611	M86
B14	1 CONST.T/DHVS/HOSD	ONLY 1 INITIAL CONSULT-SAME PHYS. PER HOSPITALIZATION	642	M86
B15	CLOBAL CODE DD	GLOBAL CODE PD THIS DOS THIS RECIP	678	N20
B15	COMPONENT CODE PD	COMPONENT CODE DO TUTO DOS DECTO	679	N20 N20
B16	NEW PT/EST PT CD CON		702	NZO
		NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT	702	
B16	NEW/EST PT CONFLICT	NEW/ESTABLISHED PATIENT CONFLICT ONGOING CM PRIOR TO INITIAL CM	645	
B16	ONGOING CM PRIOR TO	ONGOING CM PRIOR TO INITIAL CM	776	
B20	PAY ADMIN ONLY NOT PAY W/CLIA CERT	ADMINISTRATION ONLY IS REIMBURSABLE	649	
B23	NOT PAY W/CLIA CERT	NOT PAYABLE WITH CLIA CERT TYPE	386	
B23	CLIA NOT CERT DOS		329	
1	DEDUCT EXCEEDS MAX	DEDUCTIBLE EXCEEDS MAXIMUM	480	
3	PAY REDUCED BY COPAY	PAYMENT REDUCED BY COPAY	662	
4	PRIOR PAYMNT REDUCED	PAYMENT REDUCED BY COPAY PRIOR PAYMENT REDUCED REBILL USING CODE W3340 WITH APPROPRIATE MODIFER	658	N517
4	USE CODE W3340	REBILL USING CODE W3340 WITH APPROPRIATE MODIFER	669	N517
4	VOID PD CLM-SUB W/50	BILATERAL-VOID PAID CLAIM-RESUBMIT WITH MOD-50 ONE UNIT	710	N517
4	RESUB W/MOD-50 1UNIT	BILATERAL-RESUBMIT WITH MODIFIER-50-ONE UNIT	707	N517
4	NOT USED - RESERVED	NOT USED - RESERVED FOR DRG PROJECT	687	N517
4	ADJ PD LINE 51 MOD	ADJUST PAID LINE WITH 51 MODIFIER THEN RESUBMIT MAJOR INAPPROPRIATE PROCEDURE CODE MODIFIER-REBILL QW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE MODIFIER NOT NEEDED-REMOVE AND RESUBMIT	757	N517
4	MODIFIER NOT CORRECT	INAPPROPRIATE PROCEDURE CODE MODIFIER-REBILL	781	N519
4	OW MODIFIER NEEDED	OW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE	475	N517
4	MOD NOT NEEDED-RESUB	MODIFIER NOT NEEDED-REMOVE AND RESUBMIT	430	N517
4	CLAIM-NEEDS-80-MOD	APPEARS TO BE ASSISTANTREBILL WITH 80 MODIFIER USE OF 62/66 MOD INDICATED BY REPORT; RESUB &/OR ADJUST PA MODIFIER DOES NOT MATCH CLAIM MODIFIER	397	
4	USE 62/66 MOD RESUB	USE OF 62/66 MOD INDICATED BY REPORT: RESUB &/OR ADJUST	500	N517
4	PA/CLM MOD NOT SAME	PA MODIFIER DOES NOT MATCH CLAIM MODIFIER	597	N519
-	,	AD I MATOR WITH 62 OF 66 WHEN GROWDEN (G) WILL BE DATE		NE17

566

186

N517

N517

ADJ MAJOR WITH 62/66 ADJ MAJOR WITH 62 OR 66 THEN SECONDARY (S) WILL BE PAID

USE CORRECT MODIFIER CRNA'S MUST BILL CORRECT MODIFIER

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
4	INVLD/MISSNG MODIFR	INVALID OR MISSING MODIFIER MODIFIER NOT USED TO PROCESS CLAIM CLAIM DESCRIPT INDICATES PROC CODE SHOULD HAVE MODIFIER MODIFIER 51 DOES NOT APPLY TO THIS PROC CODE-CLAIMCHECK MODIFIER -50 INVALID/CLAIMCHECK UNITS DO NOT MATCH SITE-SPECIFIC MODIFIER/CLAIMCHECK INVALID PROCEDURE-MODIFIER COMBINATION/CLAIMCHECK MODIFIER 51 INVALID. REMOVED FROM CLAIM-CLAIMCHECK MODIFIER 51 REQUIRED. ADDED TO CLAIM-CLAIMCHECK PROCEDURE CLAIM TYPE CONFLICT PLACE OF TREATMENT MUST BE ICF-I OR ICF-II P/F PLACE RESTRICTION INVALID PLACE OF TREATMENT FOR PROF COMP INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION OUTSIDE LABORATORY SERVICES NOT COVERED RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE EPSDT DENTAL CLAIM - RECIPIENT AGE GREATER THAN 21	002	NE10
4 4	MOD.NOT USED FOR CLM	MODIFIED NOW HESSING MODIFIER	032	NS19 NE10
4	NO SURGERY MODIFIER	MODIFIER NOT USED TO FROCESS CHAIN	039	N519 NE17
4	MOD 51 DOESN'T APPLY	MODIFIED E1 DOES NOW ADDIVISION OF CODE SHOULD HAVE MODIFIED	9/3	NSI /
4	MOD -50 INVALID	MODIFIER SI DUES NOI APPLI TO THIS PROC CODE-CLAIMCHECK	964	N519 NE10
4	MOD -50 INVALID	MODIFIER -30 INVALID/CLAIMCRECK	901	N519 NE10
4	UNITS NOT=SITE MOD INVALID PROC/MOD	UNITS DO NOT MATCH SITE-SPECIFIC MODIFIER/CLAIMCHECK	921	N519
4	MOD 51 INVAL-REMOVED	MODIFIED E1 THISTITE DEMONSTREE FROM CLAIM CLAIMCRECK	933	N519 NE10
4	MOD 51 INVAL-REMOVED	MODIFIER 51 INVALID. REMOVED FROM CLAIM-CLAIMCRECK	930	N519
5	MOD 51 REQ'D-ADDED	MODIFIER SI REQUIRED. ADDED TO CLAIM-CLAIMCHECK	100	NSI/
5 5	PROC/CLAIM TYP CONFL	PROCEDURE CLAIM TIPE CONFLICT	182	1477
	POT NOT ICF-I OR II	PLACE OF TREATMENT MUST BE ICF-I OR ICF-II	243	M / /
5	P/F PLACE RESTRICT	P/F PLACE RESTRICTION	236	M / /
5	PROF COMP INVLD POT	INVALID PLACE OF TREATMENT FOR PROF COMP	2/9	M / /
5	INV POS/MOD COMBO	INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION	578	M77
5	OUTSIDE LAB NOT COVD	OUTSIDE LABORATORY SERVICES NOT COVERED	405	M77
6	RESTOR NOT ALLOW-AGE	RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE	609	N129
6	EPSDT DENT AGE GR 21	PLACE OF TREATMENT MUST BE ICF-I OR ICF-II P/F PLACE RESTRICTION INVALID PLACE OF TREATMENT FOR PROF COMP INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION OUTSIDE LABORATORY SERVICES NOT COVERED RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE EPSDT DENTAL CLAIM - RECIPIENT AGE GREATER THAN 21 ADULT DENTAL CLAIM FILED FOR RECIP UNDER 21 EPSDT AGE OVER 21 PROCEDURE ALLOWED FOR RECIP 0-30 DAYS OLD P/F AGE RESTRICTION STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21 PROC/DX NOT COVERED FOR RECIPIENT THIS AGE P/F SEX RESTRICTION PROCEDURE CODE MISMATCH PROCEDURE CODE MISMATCH PROCVIDER NOT CERTIFIED FOR THIS PROCEDURE	604	N129
6	ADULT DENTAL-UNDER21	ADULT DENTAL CLAIM FILED FOR RECIP UNDER 21	601	N129
6	EPSDT AGE ERROR	EPSDT AGE OVER 21	631	N129
6	PROCEDURE-AGE-RESTRT	PROCEDURE ALLOWED FOR RECIP 0-30 DAYS OLD	263	N129
6	P/F AGE RESTRICTION	P/F AGE RESTRICTION	234	N129
6	STERILIZATION < 21	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	332	N129
6	PROC/DX AGE RESTRICT	PROC/DX NOT COVERED FOR RECIPIENT THIS AGE	956	N129
7	P/F SEX RESTRICTION	P/F SEX RESTRICTION	235	
7	PROC CODE MISMATCH	PROCEDURE CODE MISMATCH	599	
7	PROC/SEX CONFLICT PROV PROC CONFLICT	PROCEDURE CODE/SEX CONFLICT-CLAIMCHECK	584	
8	THOU THOS CONTEST	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	210	1133
8	PROC - PT CONFLICT	PROCEDURE CODE - PROVIDER TYPE CONFLICT	112	N95
9	DIAG AGE RESTRICTION	DIAGNOSIS AGE RESTRICTION	254	N517
10	DIAG SEX RESTRICTION	P/F SEX RESTRICTION PROCEDURE CODE MISMATCH PROCEDURE CODE/SEX CONFLICT-CLAIMCHECK PROVIDER NOT CERTIFIED FOR THIS PROCEDURE PROCEDURE CODE - PROVIDER TYPE CONFLICT DIAGNOSIS AGE RESTRICTION DIAG SEX RESTRICTION DIAGNOSIS/PROCEDURE RESTRICTION DIAGNOSIS/PROCEDURE RESTRICTION	255	N517
11	DIAG PROC RESTRICT	DIAGNOSIS/PROCEDURE RESTRICTION	256	
11	DENY FOR DIAGNOSIS	PROCEDURE DENIED NOT SUSTIFIED BY DIAGNOSIS	231	
11	BILL VISITSSEE CPT	SEE CPT-MEDICAL TREATMENT OF ABORTION USE E AND M CODES		
11	NO ABORTION DONE	ABORTION NOT DONE-FETUS NOT ALIVE AT TIME OF PROCEDURE		
13	RECIP INELIG/DECEASE	RECIPIENT INELIGIBLE/DECEASED	364	
14	DOS LESS THAN DOB	DATE OF SERVICE LESS THAN DATE OF BIRTH	211	
16	PROV/ATTEND NOF	PROVIDER/ATTENDING PROVIDER NOT ON FILE	200	N289
16	NEED SPANNING DOS	MUST HAVE SPANNING DOS IF BILLING FOR TOTAL AUTH AMOUNT	195	N54
16	PA RECIP NO CLM RECI	CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE	196	N382
16	PA PROV NQ CLM PROV	PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID	197	N257
16	PA PROC/NDC NE CLM	PA PROCEDURE/NDC NOT EQ CLAIM PROCEDURE/NDC	198	N54
16	PROC REQUIRES PA	PROCEDURE REQUIRES PRIOR AUTHORIZATION	191	M62
16	DOS NOT COVERED/PA INVALID COVERED DAYS	DATE ON CLAIM NOT COVERED BY PA	193	N54
16	INVALID COVERED DAYS	THE COVERED DAYS WAS NOT A VALID NUMERIC AMOUNT	181	MA32
16	INVALID ADMIT DATE	MUST HAVE SPANNING DOS IF BILLING FOR TOTAL AUTH AMOUNT CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID PA PROCEDURE/NDC NOT EQ CLAIM PROCEDURE/NDC PROCEDURE REQUIRES PRIOR AUTHORIZATION DATE ON CLAIM NOT COVERED BY PA THE COVERED DAYS WAS NOT A VALID NUMERIC AMOUNT THE ADMISSION DATE WAS NOT A VALID DATE	180	MA40

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		HIPAA/LA MEDICAID ERROR CODE CROSSWALK			_
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE		
16	SURGERY PROC NOF	SURGICAL PROCEDURE NOT ON FILE	183	M51	
16	INVALID BLOOD DEDUCT	THE BLOOD DEDUCTIBLE FIGURE MUST BE NUMERIC NO CHARGES/COINS/DEDUCT GIVEN CLAIM DATES MUST MATCH PRIOR AUTHORIZATION DATES LEVEL OF NEED / LEVEL OF CARE NOT MATCHED	178	M49	
16	CHARGES MISSING	NO CHARGES/COINS/DEDUCT GIVEN	175	M54	
16	CLM/PA DTE MUST MTCH	CLAIM DATES MUST MATCH PRIOR AUTHORIZATION DATES	172	N54	
16	LON/LOC NOT MATCHED	LEVEL OF NEED / LEVEL OF CARE NOT MATCHED	172 173	M50	
16	CLM PROV ID NO MATCH	CLAIM PROVIDER ID DOES NOT MATCH ID ON PRECERT FILE	167	N54	
16	DOS NOT PRECERT COVD	CLAIM PROVIDER ID DOES NOT MATCH ID ON PRECERT FILE CLAIM DOS NOT PRECERT COVERED	163	N54	
16	SURG REQUIRES PRECRT	SURGERY REQUIRES PRECERTIFICATION CLAIM RECIP ID DOES NOT MATCH ID ON PRECERT FILE	165	M62	
16	CLM RECIP NO MATCH	CLAIM RECIP ID DOES NOT MATCH ID ON PRECERT FILE	166	N54	
16	LTC PROV NOT MATCHED	LTC PROV NOT MATCHED	159	N257	
16	HOSP STAY REQ PRECRT	HOSP STAY REQUIRES PRECERTIFICATION	161	M62	
16	INV/MISSING HCPCS	INVALID OR MISSING HCPCS	114	M20	
16	BILL-CODE-REQ-MC-CHG	BILL CLASS 2 REQUIRES MEDICARE ALLOWED AMOUNT IN LOC#54		MA04	
16	PROC CD MUST 5 DIGIT	PROCEDURE CODE MUST BE 5 NUMERIC CHARACTERS		M51	
16	NDC PRICE MISSING	NDC PRICE MISSING, CALL MYERS&STAUFFER @ 1-800-591-1183		N65	
16	INVALID SURFACE	INVALID TOOTH SURFACE CODE			
16	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	102 103	N37	
16	INDICTR/CPT CONFLICT		104	N56	
16	REVENUE CODE MISSING	INDICATOR 3 INVALID WITH CPT CODES-PCP REFERRAL REQ REVENUE CODE MISSING/INVALID	104 093	M50	
16	MISSING PINTS BLOOD	MISSING PINTS BLOOD	094	M53	
16	FROM THRU NOT EQUAL	MISSING PINTS BLOOD CONDITION CODE 40 FROM THRU NOT EQUAL REVENUE CHARGE MISSING OR INVALID	095	M52	
16	REVENUE CHG MISSING	REVENUE CHARGE MISSING OR INVALID	096	M79	
16	MISSINVAL COINS DAY	MISSING OR INVALID COINSURANCE DAYS	087	M53	
16	INVALID ORIGIN CODE	INVALID ORIGIN CODE	088	MA42	
16	M/I INCENTIVE AMOUNT	MISSING/INVALID INCENTIVE AMOUNT	089	N190	
16	REF PROV NOF FOR DOS	REFERRING PROVIDER NOT ON FILE FOR DATE OF SERVICE	090	N286	
16	ATTEND MUST=BILLING	REFERRING PROVIDER NOT ON FILE FOR DATE OF SERVICE ATTENDING PROV MUST EQUAL BILLING	077	N77	
16	FOUND NO PSRO CODE	DCDC CCDF MICCINC OD INVXIID	079	M44	
16	INVALID STATUS DATE	INVALID OR MISSING PATTENT STATUS DATE	081	M59	
16	INVALID STATUS CODE	INVALID OR MISSING OR INVALID INVALID PATIENT STATUS DATE INVALID PATIENT STATUS CODE INVALID SERVICE CODE	082	MA43	
16	INVALID SERVICE CODE	INVALID SERVICE CODE	083	M51	
16	INVALID TREAT PLACE	INVALID SERVICE CODE INVALID OR MISSING PLACE OF TREATMENT	084	M77	
16	INVALID UNITS/VISITS	INVALID OR MISSING UNITS, VISITS, AND STUDIES	085	M53	
16	BILL PROV NPI NOF	BILLING PROVIDER NPI MISSING/NOT ON FILE	142	N257	
16	REBILL W/APPROP CODE	ONE ADJUNCT CODE ALLOWED PER DDS: REBILL W/APPROP CODE		N56	
16	REBILL W/ALL DETAILS	ADJUNCT CD RPTD AS ONLY DETAIL LNE: REBILL W/ALL DETAIL			
16	NO ELIG SERVICE PAID	NO ELIGIBLE SERVICE PAID - ENCOUNTER DENIED	138 136	N657	
16	MIXED ICD CODE SETS	CLAIM CONTAIN MIXED ICD CODE SETS	151	N657	
16	OTY EXCEEDS MAX	QUANTITY EXCEEDS MAX MD FAX OVERRIDE FORM 866-797-2329		N378	
16	SITE # INVALD OR NOF	SITE NUMBER INVALID OR NOT ON FILE	154	M77	
16	SERV PROV NPI NOF	SERVING PROVIDER NPI MISSING/NOT ON FILE	154 143	M// N290	
16	REF/PCP PROV NPI NOF	· · · · · · · · · · · · · · · · · · ·	144	N290 N286	
16	BILL PROV NPI NO MAT	BILLING PROVIDER NPI MISSATCH	145	N250 N257	
16	SER PROV NPI NO MATC	SERVICING PROVIDER NPI MISMATCH	146	N237 N290	
16	REF/PCP NPI NO MATCH	REFERRING/PCP NPI MISMATCH	147	N290 N286	
10	REF/FCF NFI NO MATCH	REPERMING/ FOF NEI MISMAICH	14/	NZOO	

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	9F REF AUTH MISSING	9F REFERENCE AUTHORIZATION MISSING IN LOOP 2300	148	M62
16	OTY INVALID/MISSING	QUANTITY INVALID/MISSING IN LOOP 2300 QUANTITY INVALID/MISSING A PRESCRIBING PHYSICIAN NPI OR MEDICAID ID REQUIRED RX DATE MISSING OR INVALID HCPC CODE NOT ON FILE NDC CODE MISSING OR INCORRECT. THE MAC OVERRIDE INDICATOR MUST BE A 'C' PRESCRIBING PROV NPI MISSING/NOT ON FILE ALL PROVIDERS 9999999 TO BE DENY.	120	M53
16	MISS OR INV PRESCRIB	A PRESCRIBING PHYSICIAN NPI OR MEDICAID ID REGUIRED	121	N31
16	INVALID BY DATE	RY DATE MISSING OR INVALID	122	N57
16	HCPC CD NOT ON FILE	HCPC CODE NOT ON FILE	115	N65
16	MISSING NDC	NDC CODE MISSING OR INCORRECT	127	M119
16	TNVALTD MAC INDICATE	THE MAC OVERRIDE INDICATOR MIST BE A 'C'	128	M62
16	PRESCRIB PROV NPT NO	PRESCRIBING PROV NPI MISSING/NOT ON FILE	129	N257
16	DENY PROV. 9999999	ALL PROVIDERS 9999999 TO BE DENY	130	N257
16	PRIMARY DX NOF	PRIMARY DIAGNOSIS NOT ON FILE	131	MA 63
16	SECONDARY DX NOF	SECONDARY DIAGNOSIS NOT ON FILE	132	M64
16	TNVALTD DAYS SUPPLY	DAYS SUPPLY MISSING NOT NUMERIC. OR ZERO	124	M53
16	PRESCRIP NO MISSING	PRESCRIPTION NUMBER MISSING	125	N388
16	INVALID REFILL CODE	REFILL CODE MISSING NOT NUMERIC OR GREATER THAN 11	126	N657
16	DELETED.BILL CURR CD	DELETED BILL CURRENT CODE	248	M20
16	INVAL PROC TOS TRANS	INVALID PROCEDURE TOS FOR TRANSPORTATION	245	N56
16	TNV PAC CALL HELP DK	INVALD PAC VS DOS / CALL HELP DESK	238	N65
16	PRICE MISSING ON P/F	PRICE MISSING FOR DATE OF SERVICE ON P/F CALL HELP DESK	239	N65
16	INPUT SPENDDOWN AMT	110-MNP REQUIRED FOR RECIP LIABILITY AMOUNT	242	N58
16 16	PRICE MISSING ON U/C	U AND C FILE - NO VALID PRICE FOR DOS	240	N65
16	PROCEDURE CODE NOF	PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM	232	N56
16 16	P/F DATE RESTRICTION	PROCEDURE/NDC NOT COVERED FOR SERVICE DATE GIVEN	233	N56
16	NDC NOT ON P/F FILE	NDC CODE NOT ON FILE	231	M119
16 16	INVALID BIRTHDATE	INVALID BIRTHDATE ON RECIPIENT FILE	224	N329
16	PAS-LOS 90TH EQ ZERO	DX CODE REQUIRES 5TH DIGIT TO CALCULATE PAS DAYS	257	м76
16	SPAN DATES/QUANT DIF	DIFFERENCE BETWEEN SERVICE DATES AND QUANT	258	M53
16	DIAGNOSIS NOT ON FIL	DIAGNOSIS NOT ON FILE	252	MA63
16	DIAG DATE RESTRICT	DIAG DATE RESTRICTION	253	M76
16	ANESTHESIA UNITS NOF	ANESTHESIA BASE UNITS ARE NOT ON FILE	260	M53
16	INPUT M-CARE PD AMT.	INSERT PROVIDER PAID AMOUNT BY MEDICARE	261	MA92
16	INVALID AMB SURG REV	REV CODE INVALID FOR AMBULATORY SURG PROC.	266	M50
16	REQ-ICD9-SURGICAL-CD	REVENUE CODE 490 REQUIRES VALID ICD9 SURGICAL PROCEDURE	267	M51
16	SALES TAX NOT ON CLM	SALES TAXES NOT PRESENT ON RX CLAIM WITH TPL	283	M54
16	MANUAL PRICE GR BILL	MANUAL PRICE EXCEEDS BILLED CHARGES	284	M49
16	PAYMENT GR BILLED CH	PAYMENT EXCEEDS BILLED CHARGES/REQUIRES REVIEW	285	M49
16	INVALID-TREATMENT-PL	TREATMENT PLACE IS INCORRECT	268	M77
16	ANES.CPT N/C-M'AID	ANES.CPT NOT COVERED FOR MEDICAID ONLY-BILL SURG+MOD.	269	N34
16	TPL/PRIVATE	3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST	273	MA92
16	PSRO FROM LT ST FROM	NDC CODE MISSING OR INCORRECT. THE MAC OVERRIDE INDICATOR MUST BE A 'C' PRESCRIBING PROV NPI MISSING/NOT ON FILE ALL PROVIDERS 999999 TO BE DENY. PRIMARY DIAGNOSIS NOT ON FILE SECONDARY DIAGNOSIS NOT ON FILE SECONDARY DIAGNOSIS NOT NUMERIC, OR ZERO PRESCRIPTION NUMBER MISSING REFILL CODE MISSING NOT NUMERIC OR GREATER THAN 11 DELETED, BILL CURRENT CODE INVALID PROCEDURE TOS FOR TRANSPORTATION INVALID PROCEDURE TOS FOR TRANSPORTATION INVALID PAC VS DOS / CALL HELP DESK PRICE MISSING FOR DATE OF SERVICE ON P/F CALL HELP DESK 110-MNP REQUIRED FOR RECIP LIABILITY AMOUNT U AND C FILE - NO VALID PRICE FOR DOS PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM PROCEDURE/NDC NOT COVERED FOR SERVICE DATE GIVEN NDC CODE NOT ON FILE INVALID BIRTHDATE ON RECIPIENT FILE DX CODE REQUIRES 5TH DIGIT TO CALCULATE PAS DAYS DIFFERENCE BETWEEN SERVICE DATES AND QUANT DIAGNOSIS NOT ON FILE DIAG DATE RESTRICTION ANESTHESIA BASE UNITS ARE NOT ON FILE INSERT PROVIDER PAID AMOUNT BY MEDICARE REV CODE INVALID FOR AMBULATORY SURG PROC. REVENUE CODE 490 REQUIRES VALID ICD9 SURGICAL PROCEDURE SALES TAXES NOT PRESENT ON RX CLAIM WITH TPL MANUAL PRICE EXCEEDS BILLED CHARGES PAYMENT EXCEEDS BILLED CHARGES/REQUIRES REVIEW TREATMENT PLACE IS INCORRECT ANES.CPT NOT COVERED FOR MEDICAID ONLY-BILL SURG+MOD. 3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST PSRO FROM DATE LESS THAN STATEMENT FROM DATE EXCEEDS MAX DAILY DOSE-MD FAX FORM TO 866-797-2329 >120 MME/DAY-RPH OVRD ALLOWED AFTER REVIEW	321	и300
16	EXCEEDS MAX DOSE	EXCEEDS MAX DAILY DOSE-MD FAX FORM TO 866-797-2329	325	N378
16	>120MME-RPH OVERRIDE	>120 MME/DAY-RPH OVRD ALLOWED AFTER REVIEW	322	MA32
16	PSRO DATES MISSING	PSRO DATES MISSING - DATE PRIOR TO 070183	342	N299
16	MUST SPLIT BILL	SPAN FROM & THRU DATES CONFLICT MUST SPLIT BILL	344	и300
16	INV ZERO BILLED DAYS	DAYS ZERO, PATIENT STATUS NOT 9	345	M53
16	OCCUR DATES CONFLICT	ANES.CPT NOT COVERED FOR MEDICALD ONLY-BILL SURG+MOD. 3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST PSRO FROM DATE LESS THAN STATEMENT FROM DATE EXCEEDS MAX DAILY DOSE-MD FAX FORM TO 866-797-2329 >120 MME/DAY-RPH OVRD ALLOWED AFTER REVIEW PSRO DATES MISSING - DATE PRIOR TO 070183 SPAN FROM & THRU DATES CONFLICT MUST SPLIT BILL DAYS ZERO, PATIENT STATUS NOT 9 OCCUR CODES/DATES CONFLICT	339	M46

HIPAA/LA MEDICAID ERROR CODE CROSSWALK				
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	SPAN DAYS CONFLICT		340	MA33
16	SURG DTE LT SRV FROM	DATE OF SURGERY LESS THAN SERVICE FROM DATE	310	MA31
16	COV DAYS NE ACCOM	COVERED DAYS DO NOT EQUAL ACCOMODATION DAYS	316	MA32
16	STMT DTE/ACCOM CONFL	STATEMENT DATES CONFLICT WITH ACCOMODATION DAYS	317	M53
16	SURG DATE MISSING	DATE OF SURGERY MISSING	309	MA31
16	SURG PROC MISSING	SURGICAL PROCEDURE MISSING	307	M51
16	EXCEEDS 120 MME/DAY	OVR 120 MME/DAY MD FAX OPIOID TX WRKSHT 1-866-797-2329	305	N56
16	HOSPICE DAYS > 5 ADMISN MUST BE EMER	INPATIENT RESPITE DAYS GREATER THAN FIVE EMERGENCY ACCESS HOSP - NATURE OF ADMISN MUST BE EMER INVALID PROCEDURE CODE FOR DATE-OF-SERVICE NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED PROCEDURE CODE (DESCRIPTION COMETICE)	303	MA31
16		EMERGENCY ACCESS HOSP - NATURE OF ADMISN MUST BE EMER	301	MA41
16	INVALID PROC CODE	INVALID PROCEDURE CODE FOR DATE-OF-SERVICE	298	N56
16	TPL RESOURCE REQ EOB	NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED	290	MA04
16	PROC/DESC CONFLICT	PROCEDURE CODE/DESCRIPTION CONFLICT	288	M51
16	INV DENY FOR PROV NO	INVALID PROVIDER NUMBER WHEN DENY APPLIED	289	N77
16	PROC INAPPROPRIATE	INAPPROPRIATE PROCEDURE - SEE CPT FOR VALID CODE	954	N56
16	ANESTH TIME MISSING	ANESTHESIA MINUTES INVALID OR MISSING	949	N203
16	SPEND DOWN FORM	SPEND DOWN FORM 110MNP INVALID/MISSING	943	N58
16	RESUB SURGEONS CODE	RESUBMIT CLAIM USING CODE SURGEON BILLED	959	N56
16	NOT USED - AVAILABLE	NOT USED - AVAILABLE	970	N56
16	PROC/SERV REND CONF	PROCEDURE CODE DOES NOT REFLECT SERVICES RENDERED	968	N56
16	DENY TO BE REBILLED	INVALID PROCEDURE CODE FOR DATE-OF-SERVICE NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED PROCEDURE CODE/DESCRIPTION CONFLICT INVALID PROVIDER NUMBER WHEN DENY APPLIED INAPPROPRIATE PROCEDURE - SEE CPT FOR VALID CODE ANESTHESIA MINUTES INVALID OR MISSING SPEND DOWN FORM 110MNP INVALID/MISSING RESUBMIT CLAIM USING CODE SURGEON BILLED NOT USED - AVAILABLE PROCEDURE CODE DOES NOT REFLECT SERVICES RENDERED MEDICARE DENIED, IF COVERED BILL WITH PROVIDER EOB PLEASE BILL THIRD PARTY CARRIER FIRST BILL ONE PROCEDURE PER LINE FOR EACH DATE OF SERVICE EFF 11/5/10 PAS FOR THIS HCPC REQUIRES CORRECT NDC CODE UNITS DO NOT MATCH DATES OF SERVICE/CLAIMCHECK ADMISSION DATE MISSING OR INVALID ADMISSION DATE GREATER THAN SERVICE FROM DATE ASC,OP FAC/PHYS.BILLED DIFF CODE; REBILL CORRECT HCPC TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC INVALID OR MISSING PROCEDURE CODE ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN NOT USED - RESERVED FOR DRG PROJECT	940	MA04
16	BILL 3RD PARTY CARRI	PLEASE BILL THIRD PARTY CARRIER FIRST	932	MA92
16	BILL ONE PROC.PER L	BILL ONE PROCEDURE PER LINE FOR EACH DATE OF SERVICE	930	N63
16	EFF 11/5/10 NDC REQU	EFF 11/5/10 PAS FOR THIS HCPC REQUIRES CORRECT NDC CODE	924	M119
16	UNITS NOT=SVC DAY	UNITS DO NOT MATCH DATES OF SERVICE/CLAIMCHECK	914	N345
16	INV ADMISSION DATE	ADMISSION DATE MISSING OR INVALID	040	MA40
16	ADMIT DTE GT SERV FM	ADMISSION DATE GREATER THAN SERVICE FROM DATE	041	MA40
16	REBILL CORRECT HCPC	ASC,OP FAC/PHYS.BILLED DIFF CODE; REBILL CORRECT HCPC	035	M20
16	INVALID TOT DOC CHG	TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC	026	M54
16	INVAL/MISS PROC CODE	INVALID OR MISSING PROCEDURE CODE	028	M51
16	ORG CLM W ADJ/VD ICN	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN	013	MA30
16	NOT USED - RESERVED	NOT USED - RESERVED FOR DRG PROJECT	015	N305
16	NOT USED - RESERVED	TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC INVALID OR MISSING PROCEDURE CODE ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN NOT USED - RESERVED FOR DRG PROJECT NOT USED - RESERVED FOR DRG PROJECT SERVICE THRU DATE GREATER THAN DATE OF ENTRY	016	N305
16	SERV THR GT ENTR DTE	SERVICE THRU DATE GREATER THAN DATE OF ENTRY	009 011	MA31
16	INVALID TPL INDICATR	TPL INDICATOR NOT Y, N, OR SPACE	011	MA92
16	ORG CLM W/ADJ/VD CDE	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID REASON CODE	012 018	MA30
16	INVALID PRIM DIAGNOS	PRIMARY DIAGNOSIS AS CODED NOT ON FILE	018	MA63
16	INVALID SECOND DIAG	SECONDARY DIAGNOSIS INVALID	019 020	M64
16	INVAL/MISS DIAG CODE	INVALID OR MISSING DIAGNOSIS CODE	020	MA63
16	INVALID FORMER REFNO	FORMER REFERENCE NUMBER MISSING OR INVALID	021 022	M47
16	INVALID BILLED CHRGS	BILLED CHARGES MISSING OR NOT NUMERIC	022	M79
16	INV PARTIAL RECIP	SECONDARY DIAGNOSIS INVALID INVALID OR MISSING DIAGNOSIS CODE FORMER REFERENCE NUMBER MISSING OR INVALID BILLED CHARGES MISSING OR NOT NUMERIC RECIPIENT NAME IS MISSING BILLING PROVIDER NUMBER NOT NUMERIC	023	MA36
16	INV BILLING PROV NO	BILLING PROVIDER NUMBER NOT NUMERIC	024	N257
16	INVALID/MISSING PROV INVALID/MISS PROC	INVALID OR MISSING ORDERING PROVIDER	047	N265
16	INVALID/MISS PROC	INVALID OR MISSING PROCEDURE CODE	048	M51
16	INV/CONFLIC SURG DTE	INVALID OR MISSING ORDERING PROVIDER INVALID OR MISSING PROCEDURE CODE INVALID/CONFLICT SURGICAL DATE	049	N301

HIPAA/LA MEDICAID ERROR CODE CROSSWALK ADJ RSN CODE SHORT DESCRIPTION LONG DESCRIPTION ERROR CODE HIPAA REMARK CODE				
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	INVALID UB92 BILL CD	INVALID UB92 TYPE BILL CODE ATTENDING PHYSICIAN NUMBER NOT NUMERIC NATURE OF ADMISSION MISSING OR INVALID PATIENT STATUS CODE INVALID OR MISSING ACCOMODATION DAYS MISSING OR INVALID ACCOMODATION/ANCILLARY CHARGE MISSING OR INVALID ANCILLARY CHARGE INVALID COVERED HOSPITAL DAYS NOT NUMERIC OR MISSING THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK NON COVERED HOSP DAYS NOT NUMERIC OR MISSING INVALID POINT OF ORIGIN QTY EXCEEDS MAX-MD FAX OPIOID TX WKSHT 866-797-2329 NOT A 340B PHARMACY- REBILL REGULAR STOCK THE NET BILLED AMOUNT IS NOT NUMERIC INVALID OCCURRENCE DATE STATEMENT COVERS FROM DATE INVALID STATEMENT COVERS THRU DATE INVALID PRIOR AUTHORIZATION AMOUNT NOT NUMERIC STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU DIAGNOSIS CODE/DESCRIPTION CONFLICT	042	MA30
16	INV ATTENDING PHYS	ATTENDING PHYSICIAN NUMBER NOT NUMERIC	043	N290
16	INV NATURE OF ADMIT	NATURE OF ADMISSION MISSING OR INVALID	044	MA41
16	INV PATIENT STATUS	PATIENT STATUS CODE INVALID OR MISSING	045	MA43
16	INV ACCOMODATION DAY	ACCOMODATION DAYS MISSING OR INVALID	053	M53
16	INV ACCOM/ANCILL CHG	ACCOMODATION/ANCILLARY CHARGE MISSING OR INVALID	055	M79
16	INV ANCILLARY CHARGE	ANCILLARY CHARGE INVALID	056	М79
16	INVALID COVERED DAYS	COVERED HOSPITAL DAYS NOT NUMERIC OR MISSING	060	MA32
16	INVLD SIGNATURE IND	THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK	065	MA75
16	INVALID NON-COVERED	NON COVERED HOSP DAYS NOT NUMERIC OR MISSING	067	MA33
16	INV POINT ORIGIN QTY EXCEEDS MAX	INVALID POINT OF ORIGIN	068	MA42
16	QTY EXCEEDS MAX	QTY EXCEEDS MAX-MD FAX OPIOID TX WKSHT 866-797-2329	062	MA32
16	NOT A 340B PHARMACY	NOT A 340B PHARMACY- REBILL REGULAR STOCK	063	N657
16	INVALID NET AMOUNT	THE NET BILLED AMOUNT IS NOT NUMERIC	064	M54
16	INV OCCUR DATE	INVALID OCCURRENCE DATE	069	M46
16	INV STMT COVERS FROM	STATEMENT COVERS FROM DATE INVALID	071	M52
16	INV STMT COVER THRU	STATEMENT COVERS THRU DATE INVALID	072	м59
16	INV DME PA AMOUNT	PRIOR AUTHORIZATION AMOUNT NOT NUMERIC	076	N54
16	STMT FRM LT SERV FRM	STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE	073	M52
16	STMT THRU GT SRV THR	STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU	074	м59
16	DIA CODE/DESC CONF	DIAGNOSIS CODE/DESCRIPTION CONFLICT	974	MA63
16	DIA CODE/DESC CONF STAMPED SIGNATURE.	STAMPED SIGNATURE NOT ALLOWED.	976	MA70
16	INVALID ADJ REASON SYS CALC NET TOTAL	INVALID ADJUSTMENT REASON	980	MA69
16	SYS CALC NET TOTAL	SYSTEM CALCULATED TOTAL - NET BILLED NOT IN BALANCE	983	M54
16	DENIED TO REBILL/ADJ	DENIED TO BE REBILLED ON ADJUSTMENT FORM.	987	N34
16	COMP A-MODE ECHOENCH	COMPLETE A-MODE ECHOENCHEPHALOGRAPHY-BILL HCPC Z9100	997	M20
16	INVALID CLM/SUBM FRM	CLAIM/SUBMISSION FORMAT IS INVALID	001	N34
16	INVALID PROVIDER NO	PROVIDER NUMBER MISSING OR NOT NUMERIC	002	N77
16	INVAL SERV FROM DATE	SERVICE FROM DATE MISSING/INVALID	005	M52
16	INVAL SERV THRU DATE	INVALID OR MISSING THRU DATE	006	м59
16	SERV THRU LT SERV FM	SERVICE THRU DATE LESS THAN SERVICE FROM DATE	007	MA31
16	TOT/LOC DAYS CONFL	TO-DAY / TOT-DAYS / STATUS CONFLICT	356	M53
16	LTC DAYS/DATES CONFL	LTC LOC DAYS CONFLICT WITH LTC LOC FROM AND THRU DATES	357	M53
16	INVLD RATE FOR LOC LTC SNF/DTE ERR SPAN DATE INVALID EXCEEDS 90 MME/DAY	NO VALID RATE WAS FOUND FOR LTC LEVEL OF CARE	358	N65
16	LTC SNF/DTE ERR	LTC SNF THRU DATE IN ERROR	350	M59
16	SPAN DATE INVALID	SPAN DATE NOT ALLOWED MUST BILL PER DAY	351	N63
16	EXCEEDS 90 MME/DAY	OVR 90 MME/DAY MD FAX OPIOID TX WRKSHT 1-866-797-2329	352	N322
16	MME LIMIT EXCEEDED	MD TO FAX OPIOID TX WORKSHEET TO 1-866-797-2329	353	M52
16	ADJ DAYS CONFL HIST	ADJUSTMENT DAYS CONFLICT WITH HISTORY DAYS	376	M53
16	NO MEDICARE PAID DTE	MEDICARE PAYMENT DATE IS MISSING OR INVALID	378	MA04
16	INSUFFICIENT DATA	STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU DIAGNOSIS CODE/DESCRIPTION CONFLICT STAMPED SIGNATURE NOT ALLOWED. INVALID ADJUSTMENT REASON SYSTEM CALCULATED TOTAL - NET BILLED NOT IN BALANCE DENIED TO BE REBILLED ON ADJUSTMENT FORM. COMPLETE A-MODE ECHOENCHEPHALOGRAPHY-BILL HCPC Z9100 CLAIM/SUBMISSION FORMAT IS INVALID PROVIDER NUMBER MISSING OR NOT NUMERIC SERVICE FROM DATE MISSING/INVALID INVALID OR MISSING THRU DATE SERVICE THRU DATE LESS THAN SERVICE FROM DATE TO-DAY / TOT-DAYS / STATUS CONFLICT LTC LOC DAYS CONFLICT WITH LTC LOC FROM AND THRU DATES NO VALID RATE WAS FOUND FOR LTC LEVEL OF CARE LTC SNF THRU DATE IN ERROR SPAN DATE NOT ALLOWED MUST BILL PER DAY OVR 90 MME/DAY MD FAX OPIOID TX WRKSHT 1-866-797-2329 MD TO FAX OPIOID TX WORKSHEET TO 1-866-797-2329 ADJUSTMENT DAYS CONFLICT WITH HISTORY DAYS MEDICARE PAYMENT DATE IS MISSING OR INVALID UNABLE TO PROCESS/REBILL/ATTENTION P.MISNER PT STATUS CODE 1 REQUIRES HOSPITAL ABSENT DAYS NON-EMER TRANSPORTATION REQUIRES PRIOR AUTHORIZATION REFERRING/ATTENDING PHYSICIAN REQUIRED DENY WHEN INIVALID POA INDICATOR IS REPORTED	374	N657
16	PT STAT REQ HOSP LVE	PT STATUS CODE 1 REQUIRES HOSPITAL ABSENT DAYS	375	M46
16	NONEMER TRANS REQ PA	NON-EMER TRANSPORTATION REQUIRES PRIOR AUTHORIZATION	407	M62
16	REFER PHYSICIAN REQD	REFERRING/ATTENDING PHYSICIAN REQUIRED	400	N286
16	INVALID POA INDICATO	DENY WHEN INIVALID POA INDICATOR IS REPORTED	408	N434

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	HIPAA/LA MEDICAID ERROR CODE CROSSWALK LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
		LICN PREFIX ON ENCOUNTER IS MISSING OR INVALID DME REQUIRES PRIOR AUTHORIZATION PLAN PAYMENT DATE ON ENCOUNTER IS MISSING OR INVALID PROCEDURE MUST BE BILLED WITH VALID HOSPITAL SERVICE MISSING/INVALID RECIPIENT COPAY IN 1ST COB OCCURRENCE CLIA NUMBER SUBMITTED BLANK OR INVALID		
16	ENC PREFIX ERROR	LICN PREFIX ON ENCOUNTER IS MISSING OR INVALID	410	M47
16	DME REQUIRES PA	DME REQUIRES PRIOR AUTHORIZATION	413	M62
16	ENC PLAN PMT DT ERR	PLAN PAYMENT DATE ON ENCOUNTER IS MISSING OR INVALID	414	N480
16	NEED VALID HOSP SVC	PROCEDURE MUST BE BILLED WITH VALID HOSPITAL SERVICE	398	N56
16	MISS/INVLD COPAY	MISSING/INVALID RECIPIENT COPAY IN 1ST COB OCCURRENCE	393	MA04
16	CLIA # BLANK/INVALID	CLIA NUMBER SUBMITTED BLANK OR INVALID	387	MA120
16	MFG NOT IN REBATE			
16	INVALID NDC	INVALID NDC - NOT AVAILABLE	465 462	M119
16	NDC TERMINATED/CMS	CMS NOTIFIED US THAT NDC IS TERMINATED	462	M119
16	DENY FOR FILE REVIEW	DENY FOR REVIEW / CALL POS HELP DESK	459	N65
16	NDC MAY BE OBSOLETE	NDC POSSIBLY OBSOLETE	460	M119
16	M/I PROF SERV CODE	MISSING/INVALID PROFESSIONAL SERVICE CODE	431	N56
16	BILL HR CD PRE 15MIN	BILL CM HOUR CODE BEFORE 15 MIN CODE	426	M20
16	ENC INT PMT ERROR	INTEREST PAYMENT ON PLAN ENCOUNTER IS INVALID	417	M49
16	SUBMIT PROV FEE\$0.10	PROVIDER FEE MUST BE SUBMITTED AS \$0.10	421	M49
16	GIVE DATE FOR TRANSP	TRANSPLANT DISCHARGE DATE OR OTHER DX NEEDED	448	N341
16	QTY OF $1 = 1$ VIAL	DRUG IS A VIAL. QUANTITY OF $1 = 1$ VIAL	437	N378
16	QTY > PACKAGE SIZE	QUANTITY EXCEEDS PACKAGE SIZE	432	N378
16	MISSING/INVALID DIAG	MISSING/INVALID DIAGNOSIS CODE	433	M76
16	PA TOOTH/CAV NQ CLM	PA TOOTH/ORAL CAVITY CODE NOT SAME AS CLAIM	598	N346
16	QTY EXCEEDS MAXIMUM	QTY EXCEEDS MAX-MD FAX OPIOID TX WKSHT 1-866-797-2329	600	N378
16	SURFACE CODE CONF	INVALID NDC - NOT AVAILABLE CMS NOTIFIED US THAT NDC IS TERMINATED DENY FOR REVIEW / CALL POS HELP DESK NDC POSSIBLY OBSOLETE MISSING/INVALID PROFESSIONAL SERVICE CODE BILL CM HOUR CODE BEFORE 15 MIN CODE INTEREST PAYMENT ON PLAN ENCOUNTER IS INVALID PROVIDER FEE MUST BE SUBMITTED AS \$0.10 TRANSPLANT DISCHARGE DATE OR OTHER DX NEEDED DRUG IS A VIAL. QUANTITY OF 1 = 1 VIAL QUANTITY EXCEEDS PACKAGE SIZE MISSING/INVALID DIAGNOSIS CODE PA TOOTH/ORAL CAVITY CODE NOT SAME AS CLAIM QTY EXCEEDS MAX-MD FAX OPIOID TX WKSHT 1-866-797-2329 CLAIM DOES NOT INDICATE CORRECT NUMBER OF SURFACES TOOTH CODE/ORAL CAVITY DESIGNATOR REQUIRED ADULT DENTAL CLAIM MUST BE PRIOR AUTHORIZED NOT ACCEPTING CLAIMS FROM SHARED PLANS SEALANT NOT PAYABLE FOR THIS TOOTH INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR MISSING OR INVALID DIAGNOSIS CODE MISSING OR INVALID DIAGNOSIS CODE	602	N75
16	TOOTH/CAVITY CDE REQ	TOOTH CODE/ORAL CAVITY DESIGNATOR REQUIRED	603	N37
16	ADULT DENTAL REQ PA	ADULT DENTAL CLAIM MUST BE PRIOR AUTHORIZED	606	N54
16	PRVIDERMUSTSUBMIT	NOT ACCEPTING CLAIMS FROM SHARED PLANS	610	N32
16	SEAL.NOT PAY.TOOTH	SEALANT NOT PAYABLE FOR THIS TOOTH	608	N39
16	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	613	N37
16	MISS/INV DIAG CODE	MISSING OR INVALID DIAGNOSIS CODE	575	MA63
16	MISS/INVLD PA/MC COD	MISSING OR INVALID PA/MC CODE OR NUMBER FOR RX OVERRIDE	576 497	M62
16	INV PRESCRIB ID QUAL	INVALID PRESCRIBER ID QUALIFIER MUST BE 01 OR 05	497	N31
16	PROV/HOSPICE NO MTCH	PROV ID NO ON CLAIM MUST MATCH PROV ID NO ON RECI FILE	311	NOZI
16	HCPCS REQ			M20
16	M/I SERV PRV ID QUAL	MISSING/INVALID SERVICE PROVIDER ID QUALIFIER	509	N253
16	INVALID MSA CODE PA REQUIRED PA EXPIRED	MSA CODE IS INVALID	494	M4 9
16	PA REQUIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	485	M62
16	PA EXPIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	486	M62
16	PA-EMERGENCY-OVERRID	EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA	487	N54
16	CANNOT BE ADJUSTED	ADJUSTMENT IS INVALID, VOID AND REBILL	523	N152
16	LOC NOT ON RECI FILE	LEVEL OF CARE NOT ON RECIPIENT FILE	525	N54
16	O/R REQ-SEND TO PA	OVERRIDE REQUIRED-SEND TO DENTAL PA UNIT	515	M76
16	KIDMED FORMAT REQUIR	CLAIM MUST BE SUBMITTED IN KIDMED FORMAT	517	N34
16	KIDMED INFO MISSING	MISSING/INVALID SERVICE PROVIDER ID QUALIFIER MSA CODE IS INVALID MD MUST CALL ULM-PA OPERATIONS STAFF MD MUST CALL ULM-PA OPERATIONS STAFF EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA ADJUSTMENT IS INVALID, VOID AND REBILL LEVEL OF CARE NOT ON RECIPIENT FILE OVERRIDE REQUIRED-SEND TO DENTAL PA UNIT CLAIM MUST BE SUBMITTED IN KIDMED FORMAT IMMUNIZATION AND SUSPECTED CONDITION INFO REQUIRED VACCINES FROM VFC AT NO COST-BILLED ANT MUST BE 0 PRESCRIBING PRVI BILLED IS GROUP USE INDIVIDUAL PRES NO	517 518	N657
16	BILLED AMT MUST BE 0	VACCINES FROM VFC AT NO COST-BILLED AMT MUST BE 0	520	M79
16	USE INDIV PRESC NO	PRESCRIBING PRVI BILLED IS GROUP USE INDIVIDUAL PRES NO	521	N31
16	ONLY LO-LEVEL OFFICE	ONLY LOW LEVEL OFF VISIT ALLOWED	638	M51
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RUN: 03/25/15	9 18:49:55 DEPARTMEN	- FINANCING PAGE:		
AD T DOM CODE	CHODE DECCRIDETON	HIPAA/LA MEDICAID ERROR CODE CROSSWALK	EDDOD CODE	HIPAA REMARK CODE
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	DEDILL VICIN CODE	CRITICAL CARE/CONSULT NOT DOCUMENTED-BILL CORRECT VISIT ONLY A PAID LINE/THE CORRECT PAID LINE CAN BE ADJUSTED NEED SURGEONS NAME IN BLOCK 82 OR 83 ON UB92 NON-PHARMACY BENEFIT PROCEDURE ON EXTRACTED TOOTH NOT PAYABLE UNITS AVAILABLE FOR CODEREBILL USING UNITS NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT ORIG/ADJ BILLING PROVIDER NUMBER DIFFERENT THIS SHOULD BE BILLED AS ADJUST.FOR CNT STAY MCO MISMATCH ON INCOMING ENCOUNTER VOID DELIVERY BILLED AFTER HYSTERECTOMY/STERLIZ WAS DONE AIR TRANSPT CLAIMS REQUIRES STATE APPROVAL MISSING/INVALID PRODUCT/SERVICE ID QUALIFIER IN 436-E1 INVALID COB-1 ID COB-1 PAYER ID MUST BE PLAN ID MISSING/INVALID UNIT OF MEASURE IN NCPDF FIELD 600-28 SUSPCT DUPLICATE ERROR: OUTPATIENT AND TITLE18-PROF SUSPCT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS SUSPECT DUPLICATE ERROR: TOENTICAL PHYSICIAN CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS EXACT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND TITLE18 EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT EXACT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS EXACT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS EXACT DUPLICATE ERROR: IDENTICAL FROME TO THE PROVIDER SUSPECT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS EXACT DUPLICATE ERROR: IDENTICAL TITLE18 INST CLAIMS EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS SUSPCT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS SUSPCT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS SUSPCT DUPLICATE ERROR: IDENTICAL OND-AMBULANCE CLAIMS EXACT DUPLICATE ERROR: IDENTICAL OND-AMBULANCE CLAIMS EXAC	636	NE C
16	ADTHUM DATE TIME	CRITICAL CARE/CONSULT NOT DOCUMENTED-BILL CORRECT VISIT	636	NJO NJEO
16 16	ADJUST PAID LINE	NEED CHOCKONG NAME IN PLOCE 92 OF 92 ON 1992	693	N152
16	NON DUADMACY DENEETS	NEED SURGEONS NAME IN BLOCK 62 OR 63 ON UB92	001 717	NZOI
16 16	DDOC.EVEDCE NOW DAY	NON-PHARMACI DENERII	717	M30
16	PROC:EXTRCT NOT PAI	PROCEDURE ON EXTRACTED TOOTH NOT PATABLE	779	N39
16	REBILL CORRECT UNITS	UNITS AVAILABLE FOR CODEREBILL USING UNITS	780	M53
16	NO ADJ HISTORY	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	799	N152
16	ORIG/ADJ PROV DIFF	ORIG/ADJ BILLING PROVIDER NUMBER DIFFERENT	796	N25 /
16	BILL AS ADJ/CNT STAY	THIS SHOULD BE BILLED AS ADJUST. FOR CAT STAY	755	N50
16	MCO MISMATCH	MCO MISMATCH ON INCOMING ENCOUNTER VOID	747	M56
16	DEL HYST/STER CONFLI	DELIVERY BILLED AFTER HYSTERECTOMY/STERLIZ WAS DONE	749	MA66
16	AIR TRNSPT REQS P/A	AIR TRANSPT CLAIMS REQUIRES STATE APPROVAL	760	N54
16	MISS/INVLD PROD QLFR	MISSING/INVALID PRODUCT/SERVICE ID QUALIFIER IN 436-E1	831	M119
16	INVALID COB ID	INVALID COB-1 ID COB-1 PAYER ID MUST BE PLAN ID	860	MA04
16	MISS/INVLD UNIT MEAS	MISSING/INVALID UNIT OF MEASURE IN NCPDP FIELD 600-28	861	M53
18	SUSPCT DUPE 03 TO 15	SUSPCT DUPLICATE ERROR: OUTPATIENT AND TITLE18-PROF	862	N522
18	SUSPCT DUPE 04 TO 04	SUSPCT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	863	N522
18	SUSPCT DUPE 04 TO 15	SUSPCT DUPLICATE ERROR: PHYSICIAN AND TITLE18-PROF	864	N522
18	SUSPCT DUPE 05 TO 05	SUSPEC DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	865	N522
18	SUSPECT DUPE 05-14	SUSPECT DUPE ERROR-REHAB SERVICES & TITLE 18	871	N522
18	SUSPCT DUPE 06 TO 06	SUSPCT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	872	N522
18	EXACT DUPE 10 TO 10	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	840	N522
18	EXACT DUPE 09 TO 13	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	838	N522
18	EXACT DUPE 09 TO 15	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND TITLE18	839	N522
18	EXACT DUPE 11 TO 11	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	842	N522
18 18 18 18 18 18 18 18	EXACT DUPE 12 TO 12	EXACT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	843	N522
18	EXACT DUPE 13 TO 13	EXACT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	844	N522
18	EXACT DUPE 04 TO 13	EXACT DUPLICATE ERROR: PHYSICIAN AND EPSDT	845	N522
18	EXACT DUPE 14 TO 14	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 INST CLAIMS	846	N522
18	EXACT DUPE 15 TO 15	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS	847	N522
18	EXACT DUPE 12 TO 15	EXACT DUPLICATE ERROR: IDENTICAL DRUG & PARTB MC CLAIMS	848	N522
18	PD SAME ATTEN/DIF BL	ALREADY PAID SAME ATTENDING DIFFERENT BILLING PROVIDER	849	N522
18	UNSPECIF SUSPCT DUPE	SUSPECT DUPLICATE OF PREVIOUSLY PROCESSED CLAIM	850	N522
18	SUSPCT DUPE 01 TO 01	SUSPCT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	851	N522
18	SUSPCT DUPE 01 TO 14	SUSPT DUPLICATE ERROR: HOSPITAL AND TITLE18	852	N522
18	SUSPCT DUPE 02 TO 02	SUSPCT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	853	N522
18	SUSPCT DUPE 02 TO 14	SUSPCT DUPLICATE ERROR LTC AND TITLE18-INSTITUTIONAL	854	N522
18	SUSPCT DUPE 03 TO 03	SUSPCT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	855	N522
18	EXACT DUPE 07 TO 09	EXACT DUPLICATE ERROR: AMBULANCE AND DURABLE-EOUIP	830	N522
18	EXACT DUPE 07 TO 15	EXACT DUPLICATE ERROR: AMBULANCE AND TITLE18	832	N522
18	EXACT DUPE 08 TO 08	EXACT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	833	N522
18	EXACT DUPE 09 TO 09	EXACT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIT CLAIMS	837	N522
18 18	EXACT DUPE 08 TO 13	EXACT DUPLICATE ERRORS: NON-AMBULANCE AND EPSDT	835	N522
18	EXACT DUPE 06 TO 13	EXACT DUPLICATE ERROR: HOME HEALTH AND EPSDT	826	N522
18	EXACT DUPE 06-14	EXACT DUPE ERROR-HOME HEALTH & TITLE 18	827	N522
10	HARCI DOEE OO 14	DARCE DOLL DANOK HOME HEADIN & TITLE TO	027	14222

RUN: 03/25/19	18:49:55 DEPARTMENT	OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FI	NANCING	PAGE:	9
		HIPAA/LA MEDICAID ERROR CODE CROSSWALK			_
ADJ RSN CODE		LONG DESCRIPTION		HIPAA REMARK CODE	ı
18	EXACT DUPE 07 TO 07	EXACT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	828	N522	
	EXACT DUPE 06 TO 06	EXACT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS		N522	
18 18	EXACT DUPE 06 TO 07	EXACT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS EXACT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	823	N522	
18	SUSPCT DUPE 13 TO 13	SUSPECT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	894	N522	
18 18	SUSPCT DUPE 13 TO 15	SUSPECT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS SUSPECT DUPLICATE ERROR: EPSDT AND TITLE18 CLAIMS	895	N522	
18	SUSPCT DUPE 14 TO 14	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE 18-INST CLAIMS	896	N522	
18	SUSPCT DUPE 15 TO 15	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-INST CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-PROF CLAIMS	897	N522	
18	EXACT DUPE SAME ICN	EXACT DUPE SAME ICN - DROPPED	898	N522 N522 N522 N522 N522 N522 N522 N522	
18	SUSPCT DUPE 10 TO 10	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	898 890	N522	
18	SUSPCT DUPE 11 TO 11	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	892	N522	
18	SUSPCT DUPE 12 TO 12	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	893	N522	
18	SUSPCT DUPE 09 TO 15	SUSPECT DUDI.TCATE ERROR: DME AND TITLE 18 CLAIMS	889	N522	
18	SUSPCT DUPE 09 TO 09	SUSPECT DUPLICATE ERROR: DME AND TITLE18 CLAIMS SUSPECT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	887	N522	
18	SUSPCT DUPE 07 TO 15	SUSPECT DUPLICATE ERROR: AMBULANCE AND TITLE18	882	N522	
18	SUSPCT DUPE 08 TO 08			N522	
18	SUSPCT DUPE 07 TO 07	SUSPECT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS SUSPCT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS SUSPECT DUPE ERROR-HOME HEALTH & TILE 18	878	N522	
18	SUSPECT DUPE 06-14	CUCPET DIDE EDOD_HOME DESITED C TITE 10	070	N522	
18	SAME ATTO PD IP CONS	SUSPECT DUPE ERROR-HOME HEALTH & TILE 18 SAME ATTENDING PROV PAID INPT CONSULTATION SAME STAY FOUND DUPLICATE SERVICE SAME DAY	716	N522	
18	FND DUP SERV SM DAY	SAME ALIENDING FROV FAID INFI CONSULIATION SAME STATE	740	N522	
18	INPT SER PD SAME ATT	TUDE HOLD CERVINE SERVICE SAME DOC TO CAME ADDRESS TO DOV	756	N522	
18	ON-LINE DUPE DENY	FOUND DUPLICATE SERVICE SAME DAY INPT HOSP SERV PAID FOR SAME DOS TO SAME ATTENDING PROV DUPLICATE OF PREVIOUSLY PAID CLAIM	900	N522 N522	
18	DUP ADJ. RECORD	DUPLICATE OF PREVIOUSE! PAID CLAIM DUPLICATE ADJUSTMENT RECORDS ENTERED	797	N522 N522 N522	
18	HIST ALREADY ADJSTED	DUFFICATE ADUSTMENT RECORDS ENTERED	700	NS22	
18	EXACT DUPE 03 TO 09	HISTORY RECORD ALREADY ADJUSTED EXACT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMENT EXACT DUPLICATE ERROR: OUTPATIENT AND EPSDT EXACT DUPLICATE ERROR: OUTPATIENT AND TITLE18 EXACT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS EXACT DUPLICATE ERROR: PHYSICIAN AND TITLE18 EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	010	N522 N522	
18	EXACT DUPE 03 TO 09 EXACT DUPE 03 TO 13	EXACT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMENT	010	N522	
18	EXACT DUPE 03 TO 15	EXACT DUPLICATE ERROR: OUTFAILENT AND EFSDI	011	N522	
18	EXACT DUPE 03 TO 15	EXACT DUPLICATE ERROR: OUTPATIENT AND TITLE18	812	N522	
18	EXACT DUPE 04 TO 04	EXACT DUPLICATE ERROR: IDENTICAL PHISICIAN CLAIMS	813	N522	
	EXACT DUPE 04 TO 15	EXACT DUPLICATE ERROR: PHISICIAN AND TITLE18	814	N522	
18	EXACT DUPE 05 TO 05	EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	815	N522	
18	EXACT DUPE 05 TO 06	EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	816	N522	
18	EXACT DOPE 05 TO 07	EXACT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	817	N522 N522	
18	EXACT DUPE 05 TO 08	EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH EXACT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE EXACT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANCE EXACT DUPLICATE ERROR: REHAB-SERVICES AND DURABLE EQUIP EXACT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	818	N522	
18	EXACT DUPE 05 TO 09	EXACT DUPLICATE ERROR: REHAB-SERVICES AND DURABLE EQUIP	819	N522 N522	
18	EXACT DUPE 01 TO 01	EXACT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	801	N522	
18	EXACT DUPE 01 TO 14	EXACT DUPLICATE ERROR: HOSPITAL AND TITLE18-INSTITUTION	802	N522 N522	
18	EXACT DUPE 02 TO 02	EXACT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	803	N522	
18	EXACT DUPE 02 TO 14	EXACT DUPLICATE ERROR: LTC AND TITLE18-INSTITUTIONAL	804	N522 N522	
18	EXACT DUPE 03 TO 03	EXACT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	805	N522	
18	EXACT DUPE 03 TO 05	EXACT DUPLICATE ERROR: IDENTICAL LTC CHAIMS EXACT DUPLICATE ERROR: LTC AND TITLE18-INSTITUTIONAL EXACT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS EXACT DUPLICATE ERROR: OUTPATIENT AND REHAB SERVICES EXACT DUPLICATE ERROR: OUTPATIENT AND HOME HEALTH EXACT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE FOUND DUPLICATE VISIT SAME DAY COMMEDIATE VISIT SAME DAY	806	N522 N522	
18	EXACT DUPE 03 TO 06	EXACT DUPLICATE ERROR: OUTPATIENT AND HOME HEALTH	807	N522	
18	EXACT DUPE 03 TO 07	EXACT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE	808	N522 N522	
18	2ND. VISIT SAME DAY	FOUND DUPLICATE VISIT SAME DAY	715	N522	
18	SAME SPEC/SUBSP PAID	SAME SPECIALTY/SUBSPECIALTY PAID ON SAME DATE OF SERV ONE INITIAL HOSPITAL INPATIENT SERVICE PAID PER ADMISS	711	N522 N522	
18	INITIAL HOSP INPT PD	ONE INITIAL HOSPITAL INPATIENT SERVICE PAID PER ADMISS	712		
18	PREV PD ANES-SAME RE	PREVIOUSLY PAID ANES.OR SUPERVISING ANES, SAME RECI/DOS	735	N522	

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
		MHR SERVICES ALREADY PAID FOR THIS DATE OF SERVICE ONE HOSPITAL DISCHARGE SERVICE PAID PER ADMISSION PHARMACY CLAIM CANNOT BE REVERSED EXACT DUP ERROR: ADULT DAY CARE AND LTC EXACT DUPE: IDENTICAL ADULT DAY CARE CLAIMS EXACT DUPE: HABILITATION AND HOSPITAL MULTIPLE PROVIDERS WILL NOT BE PAID FOR THIS PROCEDURE SUSPCT DUPE: ADULT DAY CARE AND LTC SUSPCT DUPE: IDENTICAL ADULT DAY CARE CLAIMS DUPLICATE UNILATERAL/BILATERAL SERVICE-CLAIMCHECK DUPLICATE DRUG THERAPY BILL MEDICARE NEBULIZER MED BEO DRIOR USE OF DRUGS 2 CLASSES CA BLKE AR BLK DIURETT		
18	MHR SERV PD THIS DOS	MHR SERVICES ALREADY PAID FOR THIS DATE OF SERVICE	689	N522
18	HOSP DISCHARGE PAID	ONE HOSPITAL DISCHARGE SERVICE PAID PER ADMISSION	695	N522
18	CANNOT REVERSE CLAIM	PHARMACY CLAIM CANNOT BE REVERSED	516	N522
18	EXACT DUPE 16 TO 02	EXACT DUP ERROR: ADULT DAY CARE AND LTC	502	N522
18	EXACT DUPE 16 TO 16	EXACT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	503	N522
18	EXACT DUPE 17 TO 01	EXACT DUPE: HABILITATION AND HOSPITAL	504	N522
18	NO MULTI - PROVIDERS	MULTIPLE PROVIDERS WILL NOT BE PAID FOR THIS PROCEDURE	550	N522
18	SUSPCT DUPE 16 TO 02	SUSPCT DUPE: ADULT DAY CARE AND LTC	552	N522
18	SUSPCT DUPE 16 TO 16	SUSPCT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	553	N522
18	DUPLICATE SERVICES DUP DRUG THERAPY	DUPLICATE UNILATERAL/BILATERAL SERVICE-CLAIMCHECK	554	N522
18	DUP DRUG THERAPY	DUPLICATE DRUG THERAPY	445	N522
22	BILL MEDCARE NEB MED	BILL MEDICARE NEBULIZER MED	434	
22	REQUIRES PRIOR USE	REQ INION ODE OF DROGE 2 CEMBERS ON BERK, MR BER, BIOKETT	227	
22	COV MDCARE IF INSULI	ITEM COVERED BY MEDICARE IF REC IS INSULIN TREATED	467	
22	EDITED FOR MEDICARE	ENTTEN END MENTANDE -CEDU DAVARIE	473	
22	EDITED FOR INSURANCE	EDITED FOR INSURANCE SERV. PAYABLE	474	
22	RECI IS MEDCARETCHOI	EDITED FOR INSURANCE SERV. PAYABLE RECIPIENT IS MEDICARETCHOICE LACHIP AFFORDABLE SUBMIT CLAIM TO BCBS BILL MEDICARE PART D BILL MEDICARE PART B	590	
22	LACHIP AFFORDABLE	LACHIP AFFORDABLE SUBMIT CLAIM TO BCBS	528	
22	BILL MEDICARE PART D	BILL MEDICARE PART D	535	N751
22	BILL MEDICARE PART B	BILL MEDICARE PART B	536	
22	MEDICARE-COVERAGE	CLM VOID/ADJ BY STATE**RECIPIENT HAS MEDICARE COVERAGE	661	
22	REBILL TO MEDICARE BILL LIABLE PARTY	RESUBMIT CORRECTED CLAIM OR ADDITIONAL INFO TO MEDICARE	825	
22	BILL LIABLE PARTY	INJURY/ILLNESS IS RESPONSIBILITY OF ANOTHER LIABLE PART	829	
22	COVERED BY MEDICARE		988	
22	DENIED PER TPL EOB	DENIED PER THE TPL EOB INFORMATION	931	N36
22	BANKRUPT.FILE W/CARR	DECLARED BANKRUPTCY.FILE W/CARRIER FOR POSSIBLE PMTS.	297	
22	NEGATIVE TPL AMT NOT		315	N245
22	DENY TO BE REBILLED	DENY TO BE REBILLED TO MEDICARE	341	
22	BILL MEDICARE PT B/D	BILL MEDICARE B FOR QUALIFIED SERVICE OTHERWISE PART D	346	
22	POSSIBLE TPL	POSSIBLE THIRD PARTY LIABILITY	274	
22	POSSIBLE TPL RECIP MEDICARE ELIG	RECIPIENT IS MEDICARE ELIGIBLE	275	
22	RECIP ELIG MEDICARE	RECIPIENT POSSIBLY ELIGIBLE FOR MEDICARE	278	
22	RECIP ELIG MEDICARE PAYABLE WITH TPL	RECIPIENT POSSIBLY ELIGIBLE FOR MEDICARE GLOBAL SERVICE ONLY PAYABLE IF ALSO COVERED BY TPL PAID PATIENT RESPONSIBILITY AMT PER THE EOB	176	MA92
23	PD PATIENT RESP AMT	PAID PATIENT RESPONSIBILITY AMT PER THE EOB	928	
23	MCAID PD ALLOWABLE	PRIMARY INS NON-COVERED SERVICE - MCAID ALLOWABLE PAID	929	
23	MC-CROSSOVER-ADJVOID		937	
23	REDUCED BY TPL	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	918	
23	MEDICARE PAID 100%		972	
23	NOT PAID BY MEDICARE	NOT DATE BY MEDICADE	944	
23	MC-XOVER-NON-FINANCE	MEDICARE CROSSOVER ADJUSTMENT MON-FINANCIAL	639	
23	OBRA 90 EXCLUDED DRU	MEDICARE CROSSOVER ADJUSTMENT MON-FINANCIAL OBRA 90 EXCUDED DRUG PAID BY MEDICAID	537	
24	ELIG FOR PACE ONLY	CAPITATED-SERVICE MUST BE AUTHORIZE/PAID BY PACE PROVDR	524	
24	SUBMIT CLAIM TO BYU	SUBMIT CLAIM TO BYU HEALTH PLAN	507	
24	UTILIZE HMO	CAPITATED-SERVICE MUST BE AUTHORIZE/PAID BY PACE PROVDR SUBMIT CLAIM TO BYU HEALTH PLAN MUST UTILIZE HMO SERVICES SUBMIT CLAIM TO LBHP SMO	490	
24	SUBMIT CLAIM TO SMO	SUBMIT CLAIM TO LBHP SMO	555	

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RED TO MULTI-SRC MAX PAYMENT REDUCED TO MULTI-SOURCE MAXIMUM

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RUN: 03/25/19	18:49:55 DEPARTMENT	OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FI	LNANCING	PAGE: II
		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
24	SUBMIT CLAIM TO MCIN	SUBMIT CLAIM TO CSOC PROVIDER (MAGELLAN) NEMT FFS SERVICE, SEND CLAIM TO SOUTHEASTRANS CLAIM SUBMITTED TO MOLINA BY BYU UHC (UNITED) CLAIM SUBMITTED TO MOLINA BY BYU CHS (COMMUNITY) SEND CLAIM TO AETNA BETTER HEALTH OF LOUISIANA SEND CLAIM TO UNITED HEALTHCARE OF LOUISIANA-PREPAID SUBMIT CLAIM TO AMERIHEALTH CARITAS LOUISIANA SUBMIT CLAIM TO AMERIGROUP OF LOUISIANA SUBMIT CLAIM TO AMERIGROUP OF LOUISIANA SUBMIT CLAIM TO LOUISIANA HEALTHCARE CONNECTIONS AMG REIMBURSED MEDICAID FOR CLAIM PAYMENT AETNA REIMBURSED MEDICAID FOR CLAIM PAYMENT UHC REIMBURSED MEDICAID FOR CLAIM PAYMENT LHCC REIMBURSED MEDICAID FOR CLAIM PAYMENT ACLA REIMBURSED MEDICAID FOR CLAIM PAYMENT BEHAVIORAL HEALTH CROSSOVER SENT TO SMO(MAGELLAN) NOT HCBS LOCKED IN RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE RECIPIENT INELIGIBLE ON ONE OR MORE SERVICE DATE(S) RECYCLED RECIPIENT INELIG ON DOS RECYCLED RECIPIENT INELIG ON DOS RECIPIENT NOT ELIG FOR THIS SERVICE-ON DATE OF SERVICE NOT USED - RESERVED FOR DRG PROJECT NEW PRESCRIPTION MUST BE FILLED WITHIN 10 DAYS KM CLAIMS SHOULD BE SUBMITTED WITHIN 60 DAYS OF SERVICE	456	
24	NEME FEC CENTED CETT	NEWE DEC CEDVICE CENT OF ATM TO CONTRIBERGEDANC	425	
24	CLAIM EDOM BYILLING	NEMI FFS SERVICE, SEND CHAIM TO SOUTHERSTAND	425	
24	CLAIM FROM BIO OHC	CLAIM SUBMITTED TO MOLINA BY BY CHE (COMMINITY)	667	
24	CEND CLAIM NO AEMNA	CEATH SUBMITTED TO MODINA BY BY COS (COMMUNITY)	007	
24	SEND CLAIM TO AETNA	SEND CLAIM TO ARINA BETTER REALIN OF LOUISIANA	070	
24	SEND CLAIM TO UHC	SEND CLAIM TO UNITED HEALTHCARE OF LOUISIANA-PREPAID	075	
24	SUBMIT CLAIM TO ACLA	SUBMIT CLAIM TO AMERICALITY CARTIAS LOUISIANA	000	
24	SUBMIT CLAIM TO AMG	SUBMIT CLAIM TO AMERICAND OF LOUISIANA	991	
24	SUBMIT CLAIM TO LHC	SUBMIT CLAIM TO LOUISIANA HEALTHCARE CONNECTIONS	001	
24	AMG REIMB MEDICAID	AMG REIMBURSED MEDICAID FOR CLAIM PAIMENT	891	
24	AETNA REIMB MEDICAID	AETNA REIMBURSED MEDICAID FOR CLAIM PAYMENT	820	
24	UHC REIMB MEDICAID	UHC REIMBURSED MEDICAID FOR CLAIM PAYMENT	821	
24	LHCC REIMB MEDICAID	LHCC REIMBURSED MEDICAID FOR CLAIM PAYMENT	926	
24	ACLA REIMB MEDICAID	ACLA REIMBURSED MEDICAID FOR CLAIM PAYMENT	998	
24	BH XOVER SENT TO SMO	BEHAVIORAL HEALTH CROSSOVER SENT TO SMO(MAGELLAN)	133	
26	NOT HCBS LOCKED IN	NOT HCBS LOCKED IN	109	N52
27	RECIPIENT NOT ELIG	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	216	N30
27	SVC OVERLAPS REC ELI	RECIPIENT INELIGIBLE ON ONE OR MORE SERVICE DATE(S)	222	N30
27	RECIP RECYC 3 TIMES.	RECIPIENT INELIGIBLE RECYCLED THREE TIMES	295	N30
27	RECYC RECI INELG DOS	RECYCLED RECIPIENT INELIG ON DOS	293	и30
27 29 29 29 29 29 29	NOT CCM ELIGIBLE	RECIPIENT NOT ELIG FOR THIS SERVICE-ON DATE OF SERVICE	738	N30
29	NOT USED - RESERVED	NOT USED - RESERVED FOR DRG PROJECT NEW PRESCRIPTION MUST BE FILLED WITHIN 10 DAYS	655	
29	NEW PRESC OVER 10 DA	NEW PRESCRIPTION MUST BE FILLED WITHIN 10 DAYS	654	
29	KIDMED TIMELY FILLIN	KM CLAIMS SHOULD BE SUBMITTED WITHIN 60 DAYS OF SERVICE	435	
29	TIMELY FILING REVIEW		371	
29	CLAIM OVER 90 DAYS	CLAIM EXCEEDS 90 DAY FILING LIMIT (PHARMACY)	270	
29	SER HOSPICE RELATED	HOSPICE RELATED/SUB BILL TO HOSPICE 30 DAYS TO APPEAL	271	
29	CLAIM OVER 1 YEAR	CLAIM EXCEEDS 1 YEAR FILING LIMIT	272	
29	SERV MORE THAN 12 MO	CLAIM EXCEEDS 1 YEAR FILING LIMIT SERVICE MORE THAN 12 MONTHS OLD SERV THRU DATE MORE THAN TWO YEARS OLD CLAIM EXCEEDS FILLING LIMIT COIN/DEDUCT. RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS RECYCLED RECIPIENT NOT ON FILE RECIPIENT NOT ON FILE RECYCLED 3 TIMES QMB NOT MEDICAID ELIGIBLE RECIPIENT NOT ON FILE RECIPIENT NOT ON FILE NO MEDICAID ID FOUND FOR MEDICARE ID LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED	029	
29	SERV THRU DT TOO OLD	SERV THRU DATE MORE THAN TWO YEARS OLD	030	
29	MEDICARE CLAIM > 6MO	CLAIM EXCEEDS FILLING LIMIT COIN/DEDUCT.	971	
31 31	RECIPIENT # INVALID	RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS	003	
31	RECYC RECIP N/O FILE	RECYCLED RECIPIENT NOT ON FILE	223	
31	RECYC RECIP NOF	RECIPIENT NOT ON FILE RECYCLED 3 TIMES	294	
31	QMB NOT MED. ELIG.	QMB NOT MEDICAID ELIGIBLE	330	
31 31	RECIPIENT NOT ON FIL	RECIPIENT NOT ON FILE	215	
31	RECIP NOT XREF	NO MEDICAID ID FOUND FOR MEDICARE ID	174	
35	OVER LIFETIME LIMIT	LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED	917	
35	MAX SERVICE LIFETIME	MAXIMUM SERVICES EXCEEDED-LIFETIME/CLAIMCHECK	564	
35	EXCEEDS MAX DURATION	NO MEDICAID ID FOUND FOR MEDICARE ID LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED MAXIMUM SERVICES EXCEEDED-LIFETIME/CLAIMCHECK EXCEEDS MAX DURATION MD FAX OVERRIDE FORM 866-797-2329 PRECERT HAS NOT BEEN APPROVED PA HAS NOT BEEN APPROVED HOSPITAL CUTBACK APPLIED PAYMENT MADE AT STATE MAXIMUM	697	
39	PRECERT NOT APPROVED	PRECERT HAS NOT BEEN APPROVED	162	
39	PA NOT APPROVED	PA HAS NOT BEEN APPROVED	192	
45	HOSP CUTBACK APPLIED	HOSPITAL CUTBACK APPLIED	651	
45	PAY RED TO STATE MAX	PAYMENT MADE AT STATE MAXIMUM	650	
4 =				

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		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
49	PAN & IND CODE/ PANE	BILLED PANEL AND INDIVIDUAL CODE WITHIN PANEL	619	M86
50	MED NEC INSUFFICIENT		625	N661
50	LEERS DATA CONFLICT	CONFILCT W LEEPS DATA VERIEV INFORMATION ON RIPTH REC	496	N661
50	DG USE NOT WARRANTED	DRIG ISE NOT WARRANTED	531	N180
50	DME COVERAGE ONLY	THEM COVERED LINDER DIBARLE MED FOLLD DROG ONLY	099	N180
50	PROC/DIAG NO MED NEC	PROCEDURE DIAGNOSIS NOT MEDICALLY NECESSARY	957	N163
50	PSRO/UR CLAIM DENIED	PSPO/ HP CLAIM DENIED	070	N10
54	ASSIST SURG INVALID	ASSISTANT SURGEON INVALID FOR THIS PROCEDURE/CLAIMCHECK	558	1120
54	SUR ASST NOT NEEDED	PROCEDIRE DOES NOT WARRANT SIRGICAL ASSIST	721	
55	INVEST, EXPER, OR NOT	NOT COVERED-IS INVESTIG EXPERT OR NOT MED NECESSARY	119	
59	DENY SPANDATE/UVS >1		168	
59	SUB VOID, REBILL ANES	SUBMIT VOID THEN REBILL ANESTHESIA	036	
59	CCI:HIST VOIDED-INC	CCI:HISTORY PROCEDURE INCIDENTAL TO CURRENT-HIST VOIDED		
59				
59	INVALID W/O PET PP PREVIOUSLY PAID	ISOTOPE INVALID W/O PAID PET/CLAIMCHECK POSTPARTUM CARE PREVIOUSLY PAID-EXCEEDS MAX/CLAIMCHECK	977	
59	INVALID W/O PRIMARY	ADD-ON PROCEDURE INVALID WITHOUT PRIMARY/CLAIMCHECK	945	
59	PP CARE INCL IN DEL			
59	INVALID W/O PRIMARY	PROCEDURE INVALID W/O PRIMARY PD/CLAIMCHECK		
59	CCI: INCIDENTAL-CURR		731	
59	CCI:UNITS EXCEED MUE	CCI: UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT	809	
59	CCI: INCIDENTAL-HIST	CCI: PROCEDURE INCIDENTAL TO PROCEDURE IN HISTORY	759	
59	ALL BUT MAJ. NEED 51	CANNOT PAY MAJOR UNTIL SECONDARY IS PAID AT 50%	560	
59	HST PROC VOIDED-REB	HISTORY PROC VOIDED DUE TO REBUNDLING/CLAIMCHECK	549	
59	INCIDENTAL PROC/CURR	PROCEDURE INCIDENTAL TO PROC ON CURR CLAIM-CLAIMCHECK	567	
59	INCIDENTAL PROC/HIST	HISTORY PROC VOIDED DUE TO REBUNDLING/CLAIMCHECK PROCEDURE INCIDENTAL TO PROC ON CURR CLAIM-CLAIMCHECK PROCEDURE INCIDENTAL TO PROC IN HISTORY-CLAIMCHECK	573	
59	HIST PROC VOIDED-INC		574	
59	LINE ADDED-SPL	CLAIM LINE ADDED AS A RESULT OF CLAIM CHECK SPLIT	596	
59	LINE ADDED-REB	CLAIM LINE ADDED AS A RESULT OF CLAIMCHECK REBUNDLING MULTIPLE SURGERY - PENDED FOR MANUAL PRICING	546	
59	MULTIPLE SURGERY	MULTIPLE SURGERY - PENDED FOR MANUAL PRICING	403	
60	EXACT DUPE 01 TO 03	OUTPATIENT AND INPATIENT HOSPITAL SERVICES ON SAME DAY	622	
95	SEE MED SERV MANUAL	MATERNITY ANES. SEE PG. 10-5 OF MEDICAL SERVICES MANUAL	637	
95	DUR DATA UNNECESSARY	DUR DATA UNNECESSARY FOR CONFLICT, INTERVENTION, OUTCOME PROVIDER NOT APPROVED FOR EMC BY STATE OFS	479	
95	NOT EMC ELIGIBLE	PROVIDER NOT APPROVED FOR EMC BY STATE OFS	031	
96	REBILL-BABYS INFO	REBILL-BABYS MID & MOTHERS D/C DATE AS BABYS ADMIT DATE	986	N15
96	2 PROC SAME TOTH/DAY	EMERGENCY/DEFINITIVE NOT PAYABLE ON SAME TOOTH/SAME DAY	990	м86
96	NOT COVERED BE HH	SERVICE NOT COVERED BY HOME HEALTH PROGRAM	965	N174
96	DENY, NOT TO REBILL DISCH DATE NOT COV	DENIED BY MEDICARE, NOT COVERED BY MEDICAID	942	N425
96	DISCH DATE NOT COV	DATE OF DISCHARGE NOT COVERED	951	N174
96	ICF-MR LIMIT OVER 45	ICF-MR HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (45)	910	N43
96	DENIED PER SURS	DENIED PER SURS GUIDELINES	941	N35
96	CUTBACK PER SURS	CUTBACK PER SURS GUIDELINES	939	N35
96	POST-OP XRAY REQUIRE	EMERGENCY/DEFINITIVE NOT PAYABLE ON SAME TOOTH/SAME DAY SERVICE NOT COVERED BY HOME HEALTH PROGRAM DENIED BY MEDICARE, NOT COVERED BY MEDICAID DATE OF DISCHARGE NOT COVERED ICF-MR HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (45) DENIED PER SURS GUIDELINES CUTBACK PER SURS GUIDELINES POST-OP XRAY REPORT REQUIRED SEND TO DENTAL PA UNIT	177	N435
96	PROV MUST BE INDIV	ATTENDING PROVIDER MUST BE INDIVIDUAL	212	NJJ
96	EPSDT REFER OVER 21	ATTENDING PROVIDER MUST BE INDIVIDUAL EPSDT REFERRAL FOR RECIPIENT OVER 21		
96	PRESCRIB PROV ONLY	PRESCRIBER ONLY-CALL 1-800-473-2783 FOR INFO	208	N95

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		HIPAA/LA MEDICAID ERROR CODE CROSSWALK			
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE	
96	GRP MST BILL FOR PRV	GROUP MUST BILL FOR PROVIDER	209	N55	
96	GRP NOT ON INDIV REC	BILLING DROW NOT ON ATTENDING DROW DECORD ON DOS	204	N55	
96	NOT IN GROUP ON DOS	BILLING PROV NOT ON ATTENDING PROV RECORD ON DOS ATTENDING PROV NOT IN GROUP ON DATE OF SERV	205	N55	
96		DEST INFERENTIVE NOT DAVABLE	1/0	N448	
96	DESI-NOT PAYABLE LTC CERT DTE BAD	DESI INEFFECTIVE-NOT PAYABLE LTC CERTIFICATION DATE INVALID OR MISSING PATIENT NOT COVERED FOR PHARMACY SERVICE PROV TYPE SERVICES NOT COVERED FOR RECIPIENT THIS AGE	150	N351	
96	PATIENT NOT COVERED	DATTENE NOT COMPLET FOR DUADMACY CEDITION	135	N30	
96	PRV TYPE AGE RESTRIC	DOON TWO CEDUTORS NOT COMPOR FOR DECIDIENT THIS ACE	108	N30	
96	CHANGING AGAIN	THIS IS A CHANGED FOROD	111	N10	
96	PROC NOT COV BY FP	THIS IS A CHANGED ERROR PROCEDURE IS NOT COVERED BY THE FAMILY PLANNING PROGRAM NOT COVERED FOR RECIPIENT IN NH/ICF	001	N30	
96	NH/ICF NOT COVERED	NOT COVERED FOR RECIPIENT IN NH/ICF	328	M97	
96	S/C EXCDS 80% C-CARE	NOT COVERED TON INCESTIGNIES IN MILY TOT	348	N372	
96	INVALID TYPE CASE	RECIPIENT NOT COVERED FOR THIS SERVICE	240		
96	PROC/DRUG NOTCOVERED	PROC/DRUG NOT COVERED BY MEDICAID	349 299	N643	
96		CUDWIN CLAIM NO ELECAL INNERHABILIARY NOW BYLLOD LEND DIN	299	N643	
96 96	SUBMIT TO FI	SUBMIT CLAIM TO FISCAL INTERMEDIARY, NOT BYU OR LBHP PLN STATE ONLY ASSISTANCE - SERVICE NOT COVERED	313	N52	
	GEN ASST - NOT COVRD		221	N30	
96	P.E NOT COVERED	CLAIM NOT COVERED FOR PRESUM ELIG RECIP	225 237	N30	
96	P/F PROV SPEC RESTRT				
96	HIGH VARIANCE ERROR	HIGH VARIANCE ERROR	276	N372	
96	DRUG-DRUG INTERACTIO	DRUG TO DRUG INTERACTION-DENY	471	M80	
96	SCH2 NARC OVER 5 DAY	SCHEDULE 2 NARCOTIC NOT FILLED WITHIN 5 DAYS	453	N410	
96	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	452	N410	
96	REFILLS NOT PAYABLE NDC OBSOLETE/MFTR	HIGH VARIANCE ERROR DRUG TO DRUG INTERACTION-DENY SCHEDULE 2 NARCOTIC NOT FILLED WITHIN 5 DAYS SCHEDULE 2 NARCOTIC CANNOT BE REFILLED REFILLS NOT PAYABLE	461	N410	
96				N448	
96	NO PRIOR OPIOID USE	NO PRIOR USE OF SHORT OR LONG OPIOID IN LAST 90 DAYS NOT PAYABLE FOR MED NEEDY PROGRAM	427	N130	
96	NOT PAY FOR MED NEED	NOT PAYABLE FOR MED NEEDY PROGRAM	429	N30	
96	ADDITIVE TOXICITY	NOT PAYABLE FOR MED NEEDY PROGRAM POTENTIAL ADDITIVE TOXICITY NOT COVERED FOR NURSING HOME RESIDENT DIABETIC SUPPLIES NOT COVERED FOR LTC RECIPIENT LTC HOSP LEAVE DAYS IN EXCESS OF MAXIMUM-5-BUDGET CUT	423	M86	
96	NOT COVERED NH RESID	NOT COVERED FOR NURSING HOME RESIDENT	384	N174	
96	NOT COVERED NH RESID	DIABETIC SUPPLIES NOT COVERED FOR LTC RECIPIENT	385	N174	
96	LTC LV DAYS OVER MAX	LTC HOSP LEAVE DAYS IN EXCESS OF MAXIMUM-5-BUDGET CUT	391	N43	
96	RECIP NOT COVER, DRUG	RECIPIENT NOT COVERED FOR THIS DRUG	388	N30	
96	ICF-MR LV OVER MAX	ICF-MR HOME LEAVE IN EXCESS OF MAXIMUM 22/30 BUDGET CUT	392	N43	
96	REHAB CTR SRV NOT CO	REHAB CENTER SERVICES NOT COVERED-NURSING HOME RESIDENT	394	N174	
96	HOSP LEAVE DAYS > 7	HOSPITAL LEAVE DAYS EXCEED 7	395	N43	
96	HOME LEAVE DAYS > 15	HOME LEAVE DAYS EXCEED 15	396 379	N43	
96	HOME LEAVE DAY REDUC	HOME LEAVE DAYS REDUCED TO ONE/HALF PER DIEM	379	N43	
96	PAYABLE QMB RECIP LTC-MED-LOA-OVER-10	PAYABLE ONLY FOR QMB RECIP	377 381	N30	
96	LTC-MED-LOA-OVER-10	LTC LEAVE DAYS EXCEED LIMIT - 10 PER HOSPITAL STAY	381	N43	
96	OFS 24 NOT ON FILE CT NOT COV FP	OFS 24 NOT ON FILE	363	N194	
96	CT NOT COV FP	CLAIM TYPE/FORMAT NOT COVERED BY THE FP PROGRAM	544	N30	
96	IP SERV NOT COV FP	INPATIENT SERVICES ARE NOT COVERED BY THE FP PROGRAM	541	N30	
96	OTC NOT COVERED LTC	INPATIENT SERVICES ARE NOT COVERED BY THE FP PROGRAM OTC DRUGS ARE PART OF PER DIEM FOR LTC RECIPIENT PRIOR AUTHORIZATION APPROVED PRIOR TO DELETION OF CODE	533	N174	
96	PA APRVD PROC DELETD	PRIOR AUTHORIZATION APPROVED PRIOR TO DELETION OF CODE	534	N448	
96	MOTH/NEWBRN BILL SEP	MOTHER/NEWBORN MUST BE BILLED SEPARATE	522	NID	
96	NOT HOSPICE ELIGIBLE	NOT HOSPICE ELIGIBLE THERAPEUTIC DUPLICATION DENIAL, LIMITED TO SPECIFIC CLAS	495	N30	
96	THERAPEUTIC DUP DENY	THERAPEUTIC DUPLICATION DENIAL, LIMITED TO SPECIFIC CLAS	482	м86	

RUN: 03/25/19 18:49:55 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

96

96

ONLY EXM&XRAY ON DOS

SUSPCT DUPE 01 TO 06

HIPAA/LA MEDICAID ERROR CODE CROSSWALK ERROR CODE HIPAA REMARK CODE ADJ RSN CODE SHORT DESCRIPTION LONG DESCRIPTION ______ 508 м2 96 SVC NOT PAID FOR IP SVC NOT PAYABLE WHILE INPATIENT 96 PULPOTOMY NO PAY-PER PULPOTOMY NOT PAYABLE FOR PERMANENT TOOTH 611 N174 96 PIN NOT PAY THIS TOO PIN NOT PAYABLE FOR THIS TOOTH 612 N174 96 NOT LTC ELIGIBLE NOT LTC ELIGIBLE 568 N30 96 HOSP LEAVE DAY ADJ. HOSP LEAVE DAY ADJ. REL TO MEDICAID SPENDING RED PLAN 569 N130 96 ADJ. REL BUDGET CUTS ADJUSTMENT RELATED TO MEDICAID SPENDING REDUCTION PLAN 570 N130 NH OFFSET ADJ. REL TO M'CAID SPEND REDUCT PLAN \$1.11 571 96 NH OFFSET N130 96 ER TRANSPORT OFFSET ER TRANSPORT OFFSET REL TO M'CAID SPEND RED PLAN 572 N130 REQ AT LEAST 90 DAYS OF METFORMIN USE IN LAST 180 DAYS 563 96 PRIOR USE METFORMIN N130 96 PRE-PAY REVIEW 0-PAY ZERO PAID DUE TO PRE-PAYMENT REVIEW 551 N10 96 COMPOUND NOT ALLOWED LA POS DOES NOT PROCESS COMPOUND PRESCRIPTIONS 561 N643 96 URINALYSIS NOT BILLE URINEALYSIS BILLED INCORRECTLY 618 M86 96 THIS SERV NOT PAYABL THIS CHIROPRACTIC SERVICE NO LONGER PAYABLE 624 N30 659 96 REBIL W/ONE PRIM CDE REBILL.ONLY ONE PRIMARY VACCINE ADMIN CODE ALLOWED/DAY N362 96 1 INP HSP VST PER DA ONE INP HOSP INITIAL/SUBSEQ CARE VISIT ALLOWED PER DAY 730 N640 EXCEEDS DAILY SERVICE MAXIMUM 727 96 EXCEEDS DAILY MAX N362 1-INTRAOCULAR-LEN-AL ONLY ONE PROCEDURE V2630, V2631, V2632 ALLOWED PER RECIP 740 96 M86 EMERGENCY CANNOT BE COMBINED WITH CODES OTHER THAN XRAY 722 96 BILL EMERG OV/XRAY M80 96 EMERG COMB XRAY ONLY EMERGENCY CAN BE COMBINED WITH X-RAY ONLY 719 M80 96 TO BE BILLED BY PROV MUST BE BILLED BY PROVIDER OF SERVICE 720 N32 NOT USED - RESERVED NOT USED - RESERVED FOR DRG PROJECT 96 714 N362 96 PROBLEM CODE PD 2YRS PROBLEM ORIENTED CODE PAID WITHIN 2 YEARS 696 N357 96 REPR DENIED 1 YEAR REPAIR DENIED FOR 1 YR POST INSERTION 699 M86 ER VISIT/INP HOS SER ER VISIT ON DATE OF INP HOS SERVICES 704 96 M2 96 AID/RN/PT NO SAME DY AIDE/RN/PT VISIT SAME DAY NOT ALLOWED/H.HEALTH 705 N20 96 REFERRED TO P.A. TO BE REVIEWED BY PRIOR AUTHORIZATION: DO NOT RESUBMIT 769 N10 96 REBILL-DELIVERY REBILL DELIVERY (DELIVERY-SURGERY) CODE & OFFICE VISIT 753 N61 96 3 HOSP VISIT SERV PD 3 HOSPITAL INPATIENT SERV PAID FOR SAME DATE OF SERVICE 790 M86 96 SUSPCT DUPE 12 TO 15 SUSPCT DUPLICATE ERROR: DRUG AND PART B MC CLAIMS 899 M80 96 LTC MED-LOA OVER 7 LTC LEAVE DAYS EXCEED LIMIT-15 PER HOSPITAL STAY 905 N43 96 LTC HOME LV OVER MAX LTC LEAVE DAYS EXCEED LIMIT 902 N43 LTC HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (9) 96 LTC HOME LVD OVER 9 909 N43 96 SUSPCT DUPE 09 TO 13 SUSPECT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT 888 M80 96 SUSPCT DUPE 08 TO 09 SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND DME CLAIMS 884 M80 96 SUSPCT DUPE 08 TO 13 SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND EPSDT CLAIMS 885 M80 SUSPCT DUPE 07 TO 08 SUSPCT DUPLICATE ERROR: AMBULANCE AND NON-AMBULANCE 879 M80 96 96 SUSPCT DUPE 06 TO 13 SUSPCT DUPLICATE ERROR: HOME HEALTH AND DME 876 M80 96 SUSPCT DUPE 06 TO 08 SUSPCT DUPLICATE ERROR: HOME HEALTH AND NON-AMBULANCE 874 M80 SUSPCT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE 96 SUSPCT DUPE 06 TO 07 873 M80 96 SUSPCT DUPE 05 TO 06 SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH 866 M80 SUSPCT DUPE 05 TO 07 SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE 96 867 M80 SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANC 96 SUSPCT DUPE 05 TO 08 868 M80 SUSPCT DUPE 05 TO 09 SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND DME 96 869 M80

ONLY EXAM&XRAY MAY BE ON SAME DOS AS FULL MOUTH DEBRIDE

SUSPCT DUPLICATE ERROR: OUTPATIENT AND HOME-HEALTH

856

857

M80

M80

15

RUN: 03/25/19	9 18:49:55 DEPARTMEN	LNANCING	PAGE: I		
		HIPAA/LA MEDICAID ERROR CODE CROSSWALK			
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE	
96	NOT COVERED BY TCP	SERVICE NOT COVERED BY TAKE CHARGE PLUS	858	N30	
96	SUSPCT DUPE 03 TO 08	SUSPCT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE			
97	CLM BYPASS CC EDITS	SUSPCT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE CLAIM BYPASSED THE CLAIMCHECK EDITS	792	N130	
97	CLM BYPASS PAM EDITS	CLAIM BYPASSED THE PAM EDITS/CLAIMCHECK	795	N130	
97	IN TRANSPLANT FEE	INCLUDED IN GLOBAL FEE FOR TRANSPLANT	773	M144	
97	INC IN RELATED SERV	INCLUDED IN RELATED SERVICE	774	м80	
97	SEPARATE NB CARE CHG	FOLLOWUP NB CARE BILLED SEPARATELY	706	M86	
97	SEPARATE CHGS EPIS.	EPISIOTOMY INCLUDED IN DELIVERY CHARGE	703	N19	
97	NOT USED - RESERVED	NOT USED - RESERVED FOR DRG PROJECT	708	M144	
97	INCLD TOTAL OB CARE	INCLUDED IN FEE FOR TOTAL OB CARE.	700	M144	
97	FOLLOW UP VS CHG	CONSULT FOLLOW-UP VISITS NOT ALLOWED.	701	M86	
97	PAYMENT IN SURG FEE	PAYMENT INCLUDED IN SURGERY FEE	690	M144	
97	ICFMR RESPONSIBILITY	CLAIM BYPASSED THE CLAIMCHECK EDITS CLAIM BYPASSED THE PAM EDITS/CLAIMCHECK INCLUDED IN GLOBAL FEE FOR TRANSPLANT INCLUDED IN RELATED SERVICE FOLLOWUP NB CARE BILLED SEPARATELY EPISIOTOMY INCLUDED IN DELIVERY CHARGE NOT USED - RESERVED FOR DRG PROJECT INCLUDED IN FEE FOR TOTAL OB CARE. CONSULT FOLLOW-UP VISITS NOT ALLOWED. PAYMENT INCLUDED IN SURGERY FEE ICFMR FACILITY IS REQUIRED TO PROVIDE THIS SERVICE VISIT PAID IN GSP.VOID VISIT; REBILL SURGERY PANEL AUTOMATED MULTICHANNEL TEST PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	688	M97	
97	REBILL SURGERY	VISIT PAID IN GSP. VOID VISIT: REBILL SURGERY	691	M80	
97	MULTI-CHANN TEST SEP	PANEL AUTOMATED MULTICHANNEL TEST	713	N20	
97	PROC INCLUDED IN OV	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	716	N122	
97	NOT USED - AVAILABLE	NOT USED - AVAILABLE	716 718	N20	
97	D&C/BIOP-CERVIX CRG	SEE CPT-CODE 57520 INCLUDES D&C/DO NOT BILL CODE 58120	725	N122	
97	FEE IN SCREEN. FEE	FEE INCLUDED IN SCREENING FEE	737	N20	
97	BLOOD COMP + PANEL			N122	
97	URINE COMP + PANEL	URINE COMPONENT BILLED ALONG WITH PANEL CODE	729	N122	
97	VOID REBILL VISIT	BLOOD COMPONENT BILLED ALONG WITH PANEL CODE URINE COMPONENT BILLED ALONG WITH PANEL CODE VOID PAID URINALYSIS REBILL VISIT INCLUDED IN PAID PRE/POSTNATAL CAREVISIT DO NOT REBILL.	670	N20	
97	PAID. DO NOT REBILL	INCLUDED IN PAID PRE/POSTNATAL CAREVISIT. DO NOT REBILL	670 671	м80	
97	SERVICE IN PD 77427	SERVICE INCLINED IN DAID 77427	672	M80	
97	EVAL & MGT PD DOS	EVAL AND MGT CODE PAID FOR THIS DOS	673	м80	
97	HIGH CODE TRIAD PAID	EVAL AND MGT CODE PAID FOR THIS DOS HIGHER CODE IN TRIAD ALREADY PAID VOID COMPONENTS, REBILL PANEL CODE VOID PAID CODE; REBILL HIGHER CODE IN TRIAD PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CLAIMCHECK PROCEDURE REBUNDLED DUE TO HISTORY CLAIM/CLAIMCHECK COMBINE CHARGES AND ADJUST THIS LINE INTO THE PAID LINE	635	N20	
97	VOID COMPON, REBILL	VOID COMPONENTS. REBILL PANEL CODE	633	M15	
97	VOID REBILL HIGH COD	VOID PAID CODE: REBILL HIGHER CODE IN TRIAD	634		
97	PROC REB REL TO CURR	PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CLAIMCHECK	547		
97	PROC REB REL TO HIST	PROCEDURE REBUNDLED DUE TO HISTORY CLAIM/CLAIMCHECK	548		
97	ADJ INTO PAID LINE	COMBINE CHARGES AND ADJUST THIS LINE INTO THE PAID LINE	580	M15	
97	HIST PROC VOIDED-PST	HISTORY PROC VOIDED-POST-OP PERIOD OF CURR/CLAIMCHECK E&M CODE NOT PAYABLE SAME DAY-CURR/CLAIMCHECK E&M CODE NOT PAYABLE SAME DAY-HIST/CLAIMCHECK HISTORY PROC VOIDED-E&M NOT PAYABLE/CLAIMCHECK	591	M144	
97	E&M NOT PAYABLE/CURR	E&M CODE NOT PAYABLE SAME DAY-CURR/CLAIMCHECK	592	N20	
97	E&M NOT PAYABLE/HIST	E&M CODE NOT PAYABLE SAME DAY-HIST/CLAIMCHECK	593	N20	
97	HIST PROC VOIDED/VIS	HISTORY PROC VOIDED-E&M NOT PAYABLE/CLAIMCHECK	594	N20	
97	PRE-OP PROC/CURR	PROCEDURE DENTED IN PRE-OP PERIOD-CURR/CLAIMCHECK	585	M1 4 4	
97	PRE-OP PROC/HIST	PROCEDURE DENTED IN PRE-OP PERIOD-HIST/CLAIMCHECK	586	M144	
97	HIST PROC VOIDED-PRE	HISTORY PROC VOIDED-PRE-OP PERIOD OF CURR/CLAIMCHECK	587	M144	
97	POST-OP PROC/CURR	PROCEDURE DENIED IN POST-OP PERIOD-CURR/CLAIMCHECK	588	M144	
97	POST-OP PROC/HIST	PROCEDURE DENIED IN PRE-OP PERIOD-HIST/CLAIMCHECK HISTORY PROC VOIDED-PRE-OP PERIOD OF CURR/CLAIMCHECK PROCEDURE DENIED IN POST-OP PERIOD-CURR/CLAIMCHECK PROCEDURE DENIED IN POST-OP PERIOD-HIST/CLAIMCHECK SERVICE INCLUDED IN MED SCREENING	589	M144	
97	SERV. IN MED SCREEN.	SERVICE INCLUDED IN MED SCREENING	383	N390	
97	VISIT INC. SURG CHGS	OFFICE VISIT CONS. BILLED SEP. FROM SURG FEE	281	N390	
97	PRE-OP INC IN SURG.	PRE-OP INCLUDED IN TOTAL SURGICAL FEE	282	M144	
97	INC IN OV/RELAT PROC	OFFICE VISIT CONS. BILLED SEP. FROM SURG FEE PRE-OP INCLUDED IN TOTAL SURGICAL FEE INCLUDED IN OFFICE VISIT/RELATED PROCEDURE INCLUDED IN MAJOR SURGICAL PROCEDURE	952	M80	
97	INC IN MAJ SUR PROC	INCLUDED IN MAJOR SURGICAL PROCEDURE	948	N19	
٥.	ING IN PING BOIL INGC	Included in thous bond included	240	1117	

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		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
		LONG DESCRIPTION		HIPAA REMARK CODE
97	PROCEDURE IN PANEL	PROCEDURE INCLUDED IN PANEL	991	N122
106			995	NIZZ
107	CLAIMCHECK RESERVED CLAIM REQ DETAIL	CLAIM DECUIDED DESCRIPTION	539	
107	REBIL W/APP PRIM CDE	MICH BE DILLED MINH ADDODDERAME DRIMADY CODE	615	
107	RESTORATIVE/SURG REO	RESTORATIVE AND/OR SURGICAL SERVICE REQ ON SAME DOS	613	
107	VACCINE/ADM CONFLICT	RESIDEATIVE AND/OR SURGICAL SERVICE REQ ON SAME DOS	675	
107	PRIMARY CODE DENIED	VACC & ADM MUST PAY/AGREE; IF ONLY ONE PAYS TOTAL DENIES PAYABLE ONLY IF PRIMARY CODE IS PAID	676	
109	ENC DENIED BY PLAN			N36
110	SERV FRM GT ENTR DTE	DENIED ENCOUNTER SUBMITTED BY PLAN SERVICE FROM DATE LATER THAN DATE PROCESSED PREGNANCY PRECAUTION-DENIAL-FDA CATEGORY X	134	NSO
		SERVICE FROM DATE LATER THAN DATE PROCESSED	403	N623
114	PREGNANCY DENIAL		483	N623
115	2A,2B-RX NOT FILLED			
115	TRIP CANC BY DISPTCH	TRIP CANCELED BY DISPATCH (CLAIM VOIDED)	188	
115	TRIP CANCELED NONPAY	TRIP CANCELED NON PAYABLE	188 199	
119	PROV ALLOW 1 PROC/CM	PROVIDER ALLOWED I SERVICE PER RECIPIENT PER DAY	214	N362
119	EXCEEDS LIMIT OF 8	EXCEEDS LIMIT OF 8 CO-INS DAYS	157	N362
119	DEFRA REDUCTION	PAYMENT REDUCED TO MEDICARE MAXIMUM	116	N45
119	MAX: 2DAYS TRSFR MHIS	MAXIMUM OF 2 DAYS ALLOWED TO TRANSFER MHISA PATIENTS	117	N362
119	ONE ER CDE PER VISIT	ONLY ONE ER REVENUE (450/459) CODE PER VISIT	113	N362
119	O.P.AUTH. EXT. NEED	PROVIDER ALLOWED 1 SERVICE PER RECIPIENT PER DAY EXCEEDS LIMIT OF 8 CO-INS DAYS PAYMENT REDUCED TO MEDICARE MAXIMUM MAXIMUM OF 2 DAYS ALLOWED TO TRANSFER MHISA PATIENTS ONLY ONE ER REVENUE (450/459) CODE PER VISIT FOUND NO DOC/EDIT OVERRIDE CODE OUTPATIENT EXTENSION EXCEPTS MAXIMUM MOMBULY DAYS	247	N435
119	EXCEEDS MAX-23 DAYS	EXCEEDS MAXIMUM MONTHLY DAYS	347	N362
119	MC-PAYMENT-REDUCED	EXCEEDS MAXIMUM MONTHLY DAYS DEDUCTIBLE & OR CO-INSURANCE REDUCED TO MAX ALLOWABLE PAID ACCORDING TO MEDICAL REVIEW	996	N45
119	PAID ACC TO MED REV	PAID ACCORDING TO MEDICAL REVIEW MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK HOSPITAL DAYS EXCEED ANNUAL MAXIMUM ALLOWED PENICILLIN/BICILLIN INJCTNS EXCEED ANNUAL ALLOWED (12) PHYSICIAN HOSPITAL VISITS EXCEED ANNUAL MAXIMUM EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	955	N45
119	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	962	N362
119	HOSP DAYS OVER MAX	HOSPITAL DAYS EXCEED ANNUAL MAXIMUM ALLOWED	911	м86
119	PENICL INJ OVER 12	PENICILLIN/BICILLIN INJCTNS EXCEED ANNUAL ALLOWED (12)	912	м86
119	PHY/HOSP VIS OVER MX	PHYSICIAN HOSPITAL VISITS EXCEED ANNUAL MAXIMUM	913	м86
119	EMERG OP OVER 3	EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	915	M86
119	NOT USED - AVAILABLE	NOT USED - AVAILABLE MORE THAN 5 REFILLS PER PRESCRIPTION NOT REIMBURSABLE CHIROPPACTIC F 6 M VISIT MAY PRACHED	916	м86
119	OVER 5 REFILLS	MORE THAN 5 REFILLS PER PRESCRIPTION NOT REIMBURSABLE	920	м86
119	CHIROP E&M VISIT MAX	CHIROPRACTIC E & M VISII MAX REACHED	923	м86
119	EYEWEAR DENIED	LIMITATION MET - SUBMIT JUSTIFICATION FOR ADD'L EYEWEAR	923 469	N435
119	JUSTIFY OVER 1/A/YR		477	N435
119	RECIP EXCD HM/LV DYS	RECIPIENT HAS USED THE MAXIMUM HOME LEAVE DAYS OF 25	361	N362
119	SERV, MAX 1 PER MO	SERVICE EXCEEDS MAXIMUM ALLOWABLE OF 1 PER MONTH NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPLIED	390	м86
119	NO SERV EXCEEDS MAX	NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPLIED	402	N362
119	EXCEEDS 3 TREATMENTS	EXCEEDS THREE CHIRO TREATMENTS SAME DAY	406	м86
119	ALLOW 1 PER 7 YEARS	EXCEEDS THREE CHIRO TREATMENTS SAME DAY ONLY 1 OF THESE PROCS IN 7 YEARS PER RECIP/PROVIDER	510	M86
119	CLM RECD NO CC EDITS	CIXIM DID NOT DECETUE CIXIMCUECE EDITE	505	NT / E
119	NO OF RX GR THAN LIM	NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT	498	N362
119	FP VISIT OVER MAX	FP VISIT EXCEEDS ANNUAL MAXIMUM ALL OWED	540	M86
119	UNITS > DAILY MAX	NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT FP VISIT EXCEEDS ANNUAL MAXIMUM ALL OWED UNITS EXCEED MAXIMUM DAILY ALLOWED LIMIT UNITS PAID BETWEEN 33 AND 47	542	N362
119	UNITS 33-47	IINTEC DATE DEPRESENT 22 AND 47	E/12	N4 5
119	KATRINA EVACUE/CAT11	HURRICAN KATRINA EVACUEE/AID CAT 11	526	N4 5
119	KATRINA EVACU/PARISH	HURRICANE KATRINA EVACUEE/PARISH	527	N45
119	SERVICE ALREADY PAID	HURRICAN KATRINA EVACUEE/AID CAT 11 HURRICANE KATRINA EVACUEE/PARISH RECIPIENT WAS REIMBURSED FOR THIS SERVICE	530	N111

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
119	OVER LMT PER PREG	EXCEEDS LIMIT PER PREGNANCY	605	M86 N45 N362 N45
119	OVERRIDE OF RX LIMIT		577	N45
119	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	565	N362
119	HOME LEAVE DAYS ADJ	HOME LEAVE DAYS AT 75%	559	N45
119	1 PAYABLE/180 DAYS	ONLY ONE (1) PAYABLE PER 180 DAYS	664	м86
119	OVER MAX DURATION ONE PANEL/PREGNANCY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK HOME LEAVE DAYS AT 75% ONLY ONE (1) PAYABLE PER 180 DAYS EXCEEDS MAXIMUM DURATION OF THERAPY ONLY ONE PRENATAL LAB PANEL PER PREGNANCY ONE URINALYSIS, PER PREGNANCY PAYABLE ONLY 1 OF THESE PROCES IN 8 YEARS PER RECIP/PROVIDER EXCEEDS MAXIMUM ALLOWED BY SAME PHYSICIAN W/I 3 YEARS EXCEEDS MAXIMUM ALLOWED PER HOSPITALIZATION EXCEEDS DAILY MAXIMUM VISITS PER PROVIDER/SPECIALTY EXCEEDS DAILY MAXIMUM ALLOWED VISITS	656	N362
119	ONE PANEL/PREGNANCY	ONLY ONE PRENATAL LAB PANEL PER PREGNANCY	616	M86
119	PAN & IND CODE/ PANE	ONE URINALYSIS, PER PREGNANCY PAYABLE	620	M86
119	ALLOW 1 PER 8 YEARS	ONLY 1 OF THESE PROCES IN 8 YEARS PER RECIP/PROVIDER	629	M86
119	EXCEEDS MAX, PHYS, YRS	EXCEEDS MAXIMUM ALLOWED BY SAME PHYSICIAN W/I 3 YEARS	640	M86
119	EXCEEDS MAX/HOSPITAL	EXCEEDS MAXIMUM ALLOWED PER HOSPITALIZATION	641	м86
119	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM VISITS PER PROVIDER/SPECIALTY	646	N362
119	EXCEEDS DAY MAX VISI		643 733 734 739	M86
119	95165-90 DAYS	95165-90 DAYS	733	м86
119	EXCEEDS-MAX-UNITS-AL		734	м86
119	EXCEEDS-MAX-UNITS-AL		739	м90
119	ONLY 1 PER YEAR/RECI	ONLY 1 D0120/D0272/D1110/D1120/D1203/D1204 PER YR/RECI ONLY 1 OF THESE PROCS ALLOWED IN 5 YEARS PER RECIP/PROV	741 742	M90
119	ALLOW 1 PER 5 YEARS	ONLY 1 OF THESE PROCS ALLOWED IN 5 YEARS PER RECIP/PROV	742	M86
119	PROV RESPONSIBLE/SVC	PROVIDER RESPONSIBLE FOR THIS SERVICE	723	N362 N45
119	ABORT PD MOTHER LIFE	ABORTION PAID MOTHERS LIFE ENDANGERED	680	N45
119	PREG EXCEEDED	MAX PER PREGNANCY EXCEEDED	743	M86
119	1 DEL.ALLOW. 6MTH.SP	ABORTION PAID MOTHERS LIFE ENDANGERED MAX PER PREGNANCY EXCEEDED ONLY 1 DELIVERY ALLOWED IN 6 MONTH SPAN	748	M86
119	PCA SERV LIMIT EXCEE	PCA SERVICE LIMIT EXCEEDED	793	M86
119	ABORTION INCEST-PAID	ABORTION DUE TO INCEST PAID	789	N45
119	CODE CONFLICT	BILLED CODE CONFLICTS WITH CODE ALREADY PAID	791	M86
119	ABORTION RAPE-PAID	BILLED CODE CONFLICTS WITH CODE ALREADY PAID ABORTION DUE TO RAPE PAID EXCEEDS SONOGRAMS/PREGNANCY IN 270 DAYS EXCEEDS MONTHLY LIMIT HOME HEALTH VISITS EXCEEDS ANNUAL MAXIMUM ALLOWED (50)	777	N45
119	SEND DATED NOTES	EXCEEDS SONOGRAMS/PREGNANCY IN 270 DAYS	782	M86
119	EXCEEDS MO LIMIT	EXCEEDS MONTHLY LIMIT	784	M86
119	HH VISITS OVER 50	HOME HEALTH VISITS EXCEEDS ANNUAL MAXIMUM ALLOWED (50)	908	м86
119	EXCEEDS MAX ALLOWED	EXCEEDS MAMIMUM ALLOWED	906	м86
119	PHY/CLINIC OVER MAX	PHYSICIAN/CLINIC VISITS EXCEEDS ANNUAL MAXIMUM	907	м86
119	NEEDS MANUAL CUTBACK	PHYSICIAN/CLINIC VISITS EXCEEDS ANNUAL MAXIMUM DAILY LIMITS EXCEEDED - MANUALLY APPLY PARTIAL PAYMENT	903	N362
119	SVC BEYOND TIME LIM	SERVICE PERFORMED BEYOND REQUIRED TIME SPECIFICATIONS ONLY 1 NEWBORN HOSPITAL CARE PER RECIPIENT ALLOWED	904 900	N362
119	TTEETTME TTMTTC_ONE	ONLY 1 NEWBORN HOSPITAL CARE PER RECIPIENT ALLOWED	900	M80
119	UNITS WERE CUTBACK	SERVICE LIMITS EXCEEDED - PARTIAL/FULL CUTBACK APPLIED	901	N45
128	NEWBORN ZERO PD	NEWBORN CLAIM ZERO PAID	519	
128	REBILL-MOTHERS INFO	REBILL UNDER MOTHERS NAME & MID NUMBER	985	
129	ADMIN CORRECTION	ADMINISTRATIVE CORRECTION	999	MA67
129	MISSING CARC	CARC REQUIRED ON PLAN ENC	046	MA130
133	INV BLOOD NOT REPL	SERVICE LIMITS EXCEEDED - PARTIAL/FULL CUTBACK APPLIED NEWBORN CLAIM ZERO PAID REBILL UNDER MOTHERS NAME & MID NUMBER ADMINISTRATIVE CORRECTION CARC REQUIRED ON PLAN ENC BLOOD NOT REPLACED AMOUNT INVALID BLOOD CHARGE PER PINT INVALID SUSPECTED CONDITIONS ARE MISSING AND REQUIRED	050	
133	INV BLOOD/PINT CHG	BLOOD CHARGE PER PINT INVALID	051	
133	SUSP COND MISSNG/REQ	SUSPECTED CONDITIONS ARE MISSING AND REQUIRED	059	
133	WERE SUSP COND -MISS	WERE THERE SUSPECTED CONDITIONS-MISSING	057	
133	SUSP COND DISCRPANCY	WERE THERE SUSPECTED CONDITIONS IS NO BUT COND EXISTS	058	
133	INVALID TYPE SERVICE	TYPE SERVICE FOR AMBULANCE MUST BE 3 OR 9	075	

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HIPAA/LA MEDICAID ERROR CODE CROSSWALK ADJ RSN CODE SHORT DESCRIPTION LONG DESCRIPTION ERROR CODE HIPAA REMARK CODE

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
133	INVALID PSRO DATE	A PSRO DATE IS NOT A VALID DATE IMMUN NOT COMPLETE AND CURRENT REASON CODE MISSING NOT USED - RESERVED FOR DRG PROJECT PRIOR AUTHORIZATION DATE NOT NUMERIC	061	
133 133	IMM NOT COMP RSN MIS	IMMUN NOT COMPLETE AND CURRENT REASON CODE MISSING	025	
	NOT USED - RESERVED	NOT USED - RESERVED FOR DRG PROJECT	017	
133 133	INV PRIOR AUTH DATE	PRIOR AUTHORIZATION DATE NOT NUMERIC	010	
133	IMM COMPL MISS/INVLD	IMMUN COMPLETE AND CURRENT FOR THIS AGE PATIENT MISSING	014	
133	INVALID OPERATOR CDE	OPERATOR CODE MISSING	004	
133	CAL.PRICE IS ZERO	CALCULATED PRICING IS ZERO	978	
133	CLAIM IN PROCESS	CLAIM IN PROCESS	979	
133	HYSTER REQ REVIEW	ACKNOWLEDGEMENT REQUIRES REVIEW	338	
133	SERVICE LIMIT REVIEW	ATTACHMENT REVIEW SERVICE LIMITS	335	
133	AB REQUIRES REVIEW	ABORTION REQUIRES REVIEW	336	
133	CONSENT FORM REVIEW	STERILIZATION OFS FORM 96 REQUIRES REVIEW	337	
133	INV BABY ADMISSION	BABY ONLY / PENDING FOR REVIEW.	306	
133	CLAIM SPANS FISCL YR	CLAIM SPANS FISCAL YEAR	300	
133	CAR-CODE REQ REVIEW	CARRIER CODE REQUIRES REVIEW/POSS NO MATCH	296	
133	FOUND MULT RESOURCES	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCES	291	
133	FOUND NO TPL AMOUNT	NO TPL AMOUNT INDICATED ON CLAIM/REQUIRES REVIEW	292	
133	STAND BY NEC.	PROLONGED ATTENDANCE BILLED; PENDED FOR REVIEW	246	
133	SURG REQ MED REV	SURGERY REQUIRES REVIEW FOR ATTACHMENTS	249	
133	DIAG/PROC REQ REVIEW	DIAGNOSIS/PROCEDURE REQUIRES REVIEW	250	
133	CLAIM IN PROCESS	CLAIM HELD FOR PRE-PAYMENT REVIEW	241	
133	POSSIBLE 707	IMMUN COMPLETE AND CURRENT FOR THIS AGE PATIENT MISSING OPERATOR CODE MISSING CALCULATED PRICING IS ZERO CLAIM IN PROCESS ACKNOWLEDGEMENT REQUIRES REVIEW ATTACHMENT REVIEW SERVICE LIMITS ABORTION REQUIRES REVIEW STERILIZATION OFS FORM 96 REQUIRES REVIEW BABY ONLY / PENDING FOR REVIEW. CLAIM SPANS FISCAL YEAR CARRIER CODE REQUIRES REVIEW/POSS NO MATCH CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCES NO TPL AMOUNT INDICATED ON CLAIM/REQUIRES REVIEW PROLONGED ATTENDANCE BILLED; PENDED FOR REVIEW SURGERY REQUIRES REVIEW FOR ATTACHMENTS DIAGNOSIS/PROCEDURE REQUIRES REVIEW CLAIM HELD FOR PRE-PAYMENT REVIEW CLAIM IN PROC REQUIRES REVIEW CLAIM IN CLAIM IN MANUAL PRICING REQUIRED/HARD COPY BILL LOW VARIANCE ERROR PA-01 FORM REQUIRES REVIEW FOR VALIDITY PROVIDER'S ADJUSTMENTS ON REVIEW ANESTHESIA UNITS/MINUTES REQUIRE MED REVIEW NON-COVERED CHARGES EXCEED BILLED CHARGES CLAIM PENDED FOR FUTURE RECYCLE LABORATORY INDICATOR MUST BE Y, N, OR BLANK PRECERT REVIEW PROVIDER ON REVIEW PROVIDER	227	
133	PROC REVIEW	PROC REQUIRES REVIEW	230	
133	POSSIBLE 713	CLAIM IN	228	
133	POSSIBLE 714	CLAIM IN	229	
133	MANUAL PRICE REQ	MANUAL PRICING REQUIRED/HARD COPY BILL	280	
133	LOW VARIANCE ERROR	LOW VARIANCE ERROR	277	
133	PA-01 REQUIRES REVIE	PA-01 FORM REQUIRES REVIEW FOR VALIDITY	264	
133	ADJ-REQUIRES-REVIEW	PROVIDER'S ADJUSTMENTS ON REVIEW	262	
133	ANESTH REQ REVIEW	ANESTHESIA UNITS/MINUTES REQUIRE MED REVIEW	259	
133	NON-COVCHG > BILLCHG	NON-COVERED CHARGES EXCEED BILLED CHARGES	097	
133	PEND FOR RECYCLE	CLAIM PENDED FOR FUTURE RECYCLE	086	
133	INVALID LAB INDICATR	LABORATORY INDICATOR MUST BE Y, N, OR BLANK	080	
133	PRECERT REVIEW PROVIDER ON REVIEW REV MED NECESSITY HMO REVIEW	PRECERT REVIEW	170	
133	PROVIDER ON REVIEW	PROVIDER ON REVIEW	203	
133	REV MED NECESSITY	REV DIAGNOSIS AND/OR ATTACHMENT FOR MEDICAL NECESSITY HMO EOB REOUIRES REVIEW	538 492	
	1110 1111111	HMO EOB REQUIRES REVIEW	492	
133	PA AMOUNT GR LEVEL3 UNABLE TO CALCU COS	PRIOR AUTHORIZED AMOUNT GREATER THAN LEVEL 3 CHARGE	415	
133 133		CLAIM IN PROCESS	370	
133	INVALID LEAVE CODE INVALID LEAVE DATE	ADSENT DAY AND OD HOME DAYS CONFITCH	372	
133	MAC OVERRIDE NOT NEE	ADSENT DAT AND/OR TOTAL DATS CONFLICT	3/3	
133	MAC/FUL COST IS ZERO		403 460	
133	PRESC DENTAL AGE ERR	PENCY FOR COST TO ABROYCED DECEDENT 21 OD OVED	450 451	
133	OFS REV PA DT GT DOS	OFS TO REVIEW-PA DATE GREATER THAN SERVICE DATE	419	
100	010 100 111 21 01 200	CLU LU LELLE MILL CHEMILLIN IMM, CHINICOL DALL		

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NO PRESCRIPTIVE AUTH

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		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION			HIPAA REMARK CODE
133	ADMIN DEND	ADMINISTRATIVE PEND SERVICE LIMIT REVIEW BY CHIROPRACTIC CONSULTANT PEND FOR REVIEW OF READMIT/DISCHARGE DIAGNOSIS MULTIPLE SURGERY-PENDED FOR REVIEW	128	
133	CEDY DEV/CUIDO CNCIT	ADMINISTRATIVE FEND DV CUIDODDACHIC CONCUITANH	705	
133 133	DERV REV/CHIRO CHOLI	DENU DOD DEVIEW OF DEDMIN DECLARDED DISCUSSION	763	
133	NUL WILDLE CUDGEDY	MINITED AND AND THE TOP DESIGNATION	734	
133	DECID NAME ATOMATICA	MULTIPLE SURGERI-FENDED FOR REVIEW	720	
140	RECIP NAME MISMATCH	NAME AND/OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD	217	
140	MID CORRECTED.	MID HAS BEEN CORRECTED/PLEASE UPDATE TOUR FILES.	993	147.C
146	INV ICD CODE ON DOS	MULTIPLE SURGERY-PENDED FOR REVIEW NAME AND/OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD MID HAS BEEN CORRECTED/PLEASE UPDATE YOUR FILES. INVALID ICD CODE SET FOR CLAIM DATES OF SERVICE PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT 22 MOD.SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE 99297-52 NICU PAID AT REDUCED RATE	152	м76
150	PROC NEEDS DOCUMENT.	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	027	
150 150	22 MOD.NOT JUSTIFIED	22 MOD. SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	034	
150	99297-52 NICU REDUCE	99297-52 NICU PAID AT REDUCED RATE	038	
	DENY BY MED REVIEW	DENIED ACCORDING TO MED REVIEW GUIDELINES	958	
153	DRUG/DRUG INTERACT		442	
153	THERAPEUTIC OVERLAY		443	
153	PREGNANCY PRECAUTION		446	
153	DRUG IS KIT/VERF.QTY	DRUG UNIT OF MEASUREMENT IS A KIT.PLEASE VERIFY QUANTIT		
153	EXCEEDS MAX DOSE	EXCEEDS MAXIMUM DAILY DOSE	529	
154	QTY OVER PROGRAM MAX		457	
154	MON.EARLY/LATE REFIL		447	
154	DAYS SUPPLY OVER MAX	DAYS SUPPLY >100 EXCEEDS PROGRAM MAXIMUM	436	
154	QTY OVER PROGRAM MAX	QUANTITY EXCEEDS PROGRAM MAXIMUM	657	
154	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	652	
163	NEED-AUTH-AND-REPORT	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED ATTACH BHSF AUTHORIZATION LETTER AND OPERATIVE REPORT	960	M29
166	PROCESSED FOR CHS PROCESSED FOR UHC SUBMIT TO DBPM	CHS CLAIM PROCESSED BY MOLINA	653	
166	PROCESSED FOR UHC	UHC CLAIM PROCESSED BY MOLINA	632	
166	SUBMIT TO DBPM	SUBMIT TO DENTAL BENEFITS PLAN	369	
166	SUB PROV NON PAR BYU	SUBMIT TO RECIPIENTS SHARED PLAN	506	
170	SPECIALTY RESTRICTED	PROVIDER IS RESTRICTED TO DESIGNATED PROCEDURES PER OFS	420	N 95
170	HOSP LIMITED TO EMER	HOSP LIMITED TO EMERG CARE & TRANSFER OF MHISA PATIENTS	118	N 95
170	PROV CLAIM TYP CONFL	PROVIDER CANNOT SUBMIT THIS TYPE CLAIM	202	N95
171	PARTIAL HOSP NOT PAY	HOSP LIMITED TO EMERG CARE & TRANSFER OF MHISA PATIENTS PROVIDER CANNOT SUBMIT THIS TYPE CLAIM PARTIAL HOSP NOT PAYABLE FOR MEDICAID ONLY COMPONENTS OF SURGERY PAID ONLY TO TEACHING FACILITIES	107	N428
171	INV SURGERY MODIFIER	COMPONENTS OF SURGERY PAID ONLY TO TEACHING FACILITIES	226	N428
171	SITE N/ALLW BILL/DOS	PROV SITE NOT ALLWD TO BILL SCR TYPE ON DATE OF SERVICE	440	N428
174	RX > SERVICE DATE	RX DATE WAS AFTER DATE FILLED	123	
176	REFILL OVR 12 MONTHS	REFILL NOT FILLED WITHIN 12 MONTHS	141	ท592
176	C-II EXPIRED 90 DAYS	C-II EXPIRED-GREATER THAN 90 DAYS	141 311	ท592
176	NEW PRESC OVER 12 MO	NEW PRESCRIPTION NOT FILLED WITHIN 12 MO OF DATE PRESC	422	N592
176	NEW PRESC OVER 6 MOS	NEW PRESCRIPTION NOT FILLED WITHIN 6 MOS. OF DATE PRESC	454	
176	REFILL OVER 6 MONTHS	REFILL NOT FILLED WITHIN 6 MONTHS	455	
178	PAT LIAB EXCEEDS CHG	PATIENT LIABILITY EXCEEDS BILLED CHARGES		
178	REDUCED BY SPENDDOWN	MEDICAID ALLOWABLE AMOUNT REDUCED BY RECIPIENT SPENDOWN		
183	REF MUST BE MGR	REFERRING MUST BE CASE MANAGER	105	
184	LOCK IN RECIPIENT	RECIPIENT IS MD, PHARM RESTRICTED-MD INVALID	218	
184		PRESCRIBING PROVINER NOT ON FILE	450	
184	PRESCRIBER ENROLL	PRESCRIBER NEEDS TO ENROLL CALL 225-216-6370	354	
104	TRESCRIBER ENROLL	THEOCREDIA REEDS TO ENROLL CALL 223 210 0370	334	

PRESCRIBING PROVIDER DOES NOT HAVE PRESCRIPTIVE AUTHORI

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LAM5M113 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-77-R RUN: 03/25/19 18:49:55 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 20

10 T DOM GODE	CHORE RECORDERAN	HIPAA/ LA MEDICATI ERROR CODE CROSSWALK		DELVIDE CODE
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
184	INVALID PRESCRIBERNO	PROVIDER TYPE NOT AUTHORIZED TO PRESCRIBE	489	
184	PRESCRIBER IS GROUP	PRESCRIBER NUMBER NOT FOR INDIVIDUAL PRESCRIBER	491	
185	ATND PRV NOT LNK BYU	BILLING/ATTENDING/SERVICING/PROVIDER NOT LINKED TO PLAN	556	
185	LOCK-IN RECIPIENT	RECIP IS MD, PHARM RESTRICTED-PHARMACY INVALID	389	
185	NOT PROV OF RECORD	BILLING PROVIDER IS NOT THE DESIGNTED PROV. OF RECORD		
197	NEW RX REQUIRES PA	NEW RX WILL REQUIRE PA	484	
197	OOS SRVC REQ APPRVL	OUT OF STATE SERVICES REQUIRE DHH APPROVAL LETTER	532	
197	CLIN PRE-AUTH REQ'D	CLINICAL PRE-AUTH REQUIRED MD FAX FORM TO 866-797-2329		
198	>12 MONTH QTY LIMIT	> 12 MONTH QTY LIMIT MD FAX OVERRIDE FORM 866-797-2329	052	N351
198	CLAIM OVER PA LIMITS			N54
198	DAYS CUT TO PRECERT	DAYS CHTBACK TO PRECERT APPROVED DAYS	169	N54
198	CLAIM > PRECERT LOS	CLAIM EXCEEDS PRECERT AUTHORIZED DAYS	164	N54
198	ADJ > ORIG COV'D DYS	ADJUSTED COVERED DAYS > ORIGINAL COVERED DAYS	327	N54
198	PA DATE GR SERV DATE	DA DATE CREATER THAN SERVICE DATE	607	N351
199	REV CODE INVALID NDC	REVENUE CODE INVALID FOR REPORTING NDC INFO	545	11331
200	SPLIT BILL FOR PART.	SPLIT BILL FOR PARTIAL FLIGHBILITY	946	
206	M/I SERVICE PROVIDER	CLAIM EXCEEDS PRIOR AUTHORIZED LIMITS DAYS CUTBACK TO PRECERT APPROVED DAYS CLAIM EXCEEDS PRECERT AUTHORIZED DAYS ADJUSTED COVERED DAYS > ORIGINAL COVERED DAYS PA DATE GREATER THAN SERVICE DATE REVENUE CODE INVALID FOR REPORTING NDC INFO SPLIT BILL FOR PARTIAL ELIGIBILITY. MISSING/INVALID SERVICE PROVIDER ALLOW ADJUST/VOID FOR PREPAY ZERO-PAID CLAIM FOUND PROC. 2 X INDICATES STERILIZATION	444	
216	PRE-PAY REV OVERRIDE	ALLOW ADJUST/VOID FOR PREPAY ZERO-PAID CLAIM	557	MA67
216	STERILIZATION INDIC	FOUND PROC. 2 X INDICATES STERILIZATION	750	1210 /
231	MUTUALLY EXCLU-CURR	PROC MUTUALLY EXCLUSIVE TO ANOTHER CURR PROC/CLAIMCHECK		
231	HIST PROC VOIDED-ME	HIST PROC VOIDED-MUTUALLY EXCLUSIVE TO CURR/CLAIMCHECK	583	
231	MUTUALLY EXCLU-HIST	PROCEDURE MUTUALLY EXCLUSIVE TO PAID PROC/CLAIMCHECK	582	
231	CCI:HX VOIDED-MUT EX	CCI:HISTORY PROC MUTUALLY EXCLUSIVE TO CURR-HIST VOIDED	992	
231	CCI:MUT EXCLUS-CURR	CCI: PROCEDURE MUTUALLY EXCLUSIVE TO ANOTHER CURRENT PRO	984	
231	CCI:MUT EXCLUS-HIST	CCI:PROCEDURE MUTUALLY EXCLUSIVE TO PROCEDURE IN HISTOR	989	
233	CONDITION NOT PAYABL	PROVIDER PREVENTABLE CONDITION NOT PAYABLE	054	
234	PYMNT INCDL DELV FEE	PAYMENT INCLUDED IN DELIVERY FEE	617	N20
242	BILL PRV NOT PCP	BILLING PROVIDER NOT PCP OR SERVICE NOT AUTHOR BY PCP		N450
243	RECIP NOT ENROLL BYU	RECIPIENT NOT ENROLLED WITH BYU HEALTH PLAN	187	N130
243	RECIP NOT IN DBP	RECIPIENT EXCLUDED FROM DBP	304	N130
250	MUST HAVE EPI INJ RX	MUST HAVE EPINEPHRINE INJ RX WITHIN THE LAST YEAR	668	N667
251	DOCUMENT NAME CHANGE	96/96ADOC.NAME CHANGE-PG28 PROF SERV 2000 TRAIN PACK	674	N28
251	DOC/FAILED RESTORATI	RESUBMIT WITH DOCUMENTATION OF PREV FAILED RESTORATION	630	N683
251	96A INCOMPLETE/INCOR	96A INCOMPLETE OR INCORRECT	682	N28
251	96A DATED AFTER HYST	96A DATED AFTER HYST-RESUB WITH EMERGENCY DOCUMENTATION	683	N28
251	NEED EDC ON FORM 96	NEED EDC ON 96-SIGNATURE LESS THAN 30 DAYS FROM TUBAL	684	N28
251	STERIL CONSENT	STERILIZATION CONSENT FORM INCORRECT/ILLEGIBLE	709	N28
251	HYST REO ACK	HYST REQ ACKNOWLEDGEMENT OR PROOF PREVIOUSLY STERILE	751	N28
251	TL NEEDS OFS 96	CHERTITANION DECUTEE OEC EODM 06	750	N28
251	DOC/READMIT SAME DAY	RESUBBIT WITH DOCUMENTATION OF DISC/READMIT SAME DATE	756	N222
251	CORRECT OFS 96 SEC 1	RESUBMIT WITH DOCUMENTATION OF DISC/READMIT SAME DATE OFS 96 CORRECTABLE ERROR IN SECTION 1 OFS 96 CORRECTABLE ERROR IN SECTION 2 OFS 96 CORRECTABLE ERROR IN SECTION 3	763	N28
251	CORRECT OFS 96 SEC 2	OFS 96 CORRECTABLE ERROR IN SECTION 2	764	N28
251	CORRECT OFS 96 SEC 3	OFS 96 CORRECTABLE ERROR IN SECTION 2 OFS 96 CORRECTABLE ERROR IN SECTION 3	765	N28
251	CORRECT OFS 96 SEC 4	OFS 96 CORRECTABLE ERROR IN SECTION 4	766	N28
251	OFS96 NONCORRECTABLE	OFS 96 ERROR IN 7 8 10 11 14 15-DO NOT RESUBMIT	767	N28
201	JI JI O HOHOOMADIADID	order of the state		1120

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SEND L & D RECORDS RESUBMIT WITH LABOR AND DELIVERY RECORDS

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HIPAA/LA MEDICAID ERROR CODE CROSSWALK					
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE	
251	UNKNOWN ABBREVATION	RESUBMIT WITH ABBREVATION LEGEND	786	N705	
251 251	CIRCLE UNLISTED DESC				
251	ENC RCV DT ERROR	CIRCLE UNLISTED CODE DESCRIPTION IN-OPERATIVE REPORT	116	N233 N446	
251 251	JUSTIFY EYEGLASSES	PLAN RECEIVE DATE ON ENCOUNTER IS MISSING OR INVALID SEND DOCUMENTATION FOR MORE THAN 3 EYEGLASSES PER YEAR	410	N705	
251	CONSENT 30/180 DAYS	SEND DOCUMENTATION FOR MORE THAN 3 EIEGLASSES PER TEAR	224	N705 N28	
251 251	•	MURDADENIE O DIDITATION DIERREDENIE DESCRIPER	140	MA81	
251 251	THERAPEUTIC DUP-MD	THERAPEUTC DUPLICATION-DIFFERENT PRESCRIBER	140	N4	
	EOB/CARR.CD MISMATCH	CONSENT MUST BE AT LEAST 30 BUT NO MORE THAN 180 DAYS THERAPEUTIC DUPLICATION-DIFFERENT PRESCRIBER EOB(S) ATTACHED/CARRIER CODE DOES NOT MATCH NEED EOB FOR EACH CARRIER INDICATED ON RESOURCE FILE	032	N4 N4	
251	NEED EOB-CARR/RECIP.	NEED EOB FOR EACH CARRIER INDICATED ON RESOURCE FILE	033	N4 N205	
251	DOCUMENT NOT LEGIBLE	DOCUMENTS NOT LEGIBLE, PLEASE RESUBMIT	994 922 927	N2U5	
251	EOMB MUST ATTACH	MEDICARE EOMB INVALID/OR MISSING.	922	N4	
251	OFS FORMS MISSING	OFS FORMS 158B & ACKNOWLEDGEMENT REQUIRED	927	N28	
252	SEND RECORDS FOR DOS	SEND OFFICE RECORDS FOR DATE OF SERVICE RESUBMIT WITH JUSTIFICATION FOR USE OF 22 MODIFIER	925	M127	
252	JUSTIFY 22 MOD		953	M29	
252	OPER & HIST REPT REQ	ATTACH BOTH OPERATIVE AND HISTORY REPORT	950 963	M29	
252	PROC./DIAG. DESP.REQ	PROCEDURE/DIAGNOSIS DESCRIPTION REQUIRED.			
252	CLAIM HARD COPY NEED	SUBMIT HARD COPY OF CLAIM	966	N706	
252	MEDICARE ADJUSTMENT	MEDICARE ADJUSTMENT/VOID, ADJUST OR ADJUST MEDICARE CLAI	037	N4	
252	MEDICARE REPLACEMENT	MEDICARE REPLACEMENT; SUBMIT HARDCOPY ADJ OR VOID CLAIM	131		
252	REBILL OB/ABORT D&C	REBILL OB OR ABORTION D & C CPT CODE WITH REPORTS	110	N714	
252	RESUB W/ DOCUMENTS	RESUB W/DOCUMENTS	078	N706	
252	SHARED PLAN DOC MISS	RESUB W/DOCUMENTS BYU SHARED PLAN DID NOT SUBMIT DOCUMENTATION TO MOLINA NO HOSP PRECERT ON FILE RESUB WITH DOCUMENTATION	189	N706	
252	NO PRECERT RESUB DOC	NO HOSP PRECERT ON FILE RESUB WITH DOCUMENTATION	171	N706	
252	AUTH MINOR UNM MO	FOUND NO DOCUMENT/OVERRIDE CODE MINOR UNM MOTHER/UNBORN	333	N706	
252	SURG REQUIRES PA-0	SURGERY DONE AS IP REQUIRES VALID PA-01 FORM	265	N706	
252	HRD COPY REQ-FERTILI	SURGERY DONE AS IP REQUIRES VALID PA-01 FORM HARD COPY REQUIRED-FERTILITY PREPARATION ATTACH ANESTHESIA RECORD AND DOCUMENT MEDICAL NECESSITY	466	M127	
252	ANES AND MED DOC REQ	ATTACH ANESTHESIA RECORD AND DOCUMENT MEDICAL NECESSITY	470	N439	
252	SONOGRAM-AND REPORTS	SEND WRITTEN SONOGRAM RESULTS WITH OP, PATH AND HISTORY	478	M29	
252	NO 51 NH	SEND WRITTEN SONOGRAM RESULTS WITH OP, PATH AND HISTORY NO 51 NH ATTACHED OR ADMIT CODE MUST BE A '6'	355	N473	
252	SND PLAN PROOF STERL	HYSTERECTOMY REQUIRES PROOF OF PRIOR STERILE TO PLAN	362	M29	
252	ANESTH REP REQ	ANESTHESIOLOGY REPORT REQUESTED	365	N439	
252	SEND OP&PATH REPORT	SEND BOTH OPERATIVE AND PATHOLOGY REPORT	366	M29	
252	AMBULANCE-REQ-ATTACH	CLAIM REQUIRES MD CERTIFICATION ATTACHED AFTER 2/14/87	380	M60	
252	HURRICANE-REL WO ATT	HURRICANE RELATED CLAIMS ALLOWED TO PROCESS W/O ATTACHM		N706	
252	EDC ON 96 AND NOTES	LESS THAN 30 DAYS NEED EDC ON 96 AND RECORDS TO SUPPORT	562 481	N28	
252	JUSTIFY LAB TEST	SEND DOCUMENTS TO JUSTIFY SPECIFIC LAB TEST	481	N467	
252	VNS REPROGRAMMING	SUBMIT MEDICAL DOCUMENTATION TO JUSTIFY REPROGRAMMING	512	N706	
252	JUSTIFY PATH CONSULT			M29	
252	EXCEEDS SONOS/270DAY	SEND DOCUMENT TO JUSTIFY PATH CONSULT JUSTIFY ADDITIONAL SONOGRAMS W PERTINENT DATED NOTES INADEQUATE DOCUMENTATION-SEE FEB 94 & AUG 93 UPDATES DAILY NOTES (TREATMENT, PROGRESS) NEEDED NO DOCUMENTATION FOR 62/66; CORRECT/RESUBMIT	783	N710	
252	SEND ALL DOCUMENTS	INADEOUATE DOCUMENTATION-SEE FEB 94 & AUG 93 UPDATES	787	N683	
252	DAILY NOTES NEEDED	DAILY NOTES (TREATMENT, PROGRESS) NEEDED	788	N710	
252	RESUB/CORRECT MOD	NO DOCUMENTATION FOR 62/66; CORRECT/RESUBMIT	768	N706	
252	SEND DATED OP REPORT	SEND DATED OPERATIVE REPORT FOR DATE BILLED	761	M29	
252	SEND DATED NOTES	SEND SPECIFIC DATED NOTES FOR EACH DATE BILLED	762	N710	
252	PERTINENT HIST/REQ	SEND SPECIFIC DATED NOTES FOR EACH DATE BILLED RESUBMIT WITH PERTINENT HISTORY	770	N683	
252		ADDOMIN WITH TEXT AND THE TOTAL TOTA	770	14005	

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M127

		HIPAA/LA MEDICAID ERROR CODE CROSSWALK		
ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
		SEND NOTES JUSTIFYING # OF UNITS BILLED 13 ALLOWED PER PREGNANCY; 158-A NEEDED FOR EXTENSION ONE ALLOWED/PREG.;158-A NEEDED FOR UNUSUAL SITUATIONS RESUBMIT WITH SPECIFIC RELATED REPORT		
252	JUSTIFY/#UNITS 13/PREG-158A NEEDED	SEND NOTES JUSTIFYING # OF UNITS BILLED	772	N710
252		13 ALLOWED PER PREGNANCY; 158-A NEEDED FOR EXTENSION	744	M42
252	1/PREG-158A NEEDED	ONE ALLOWED/PREG.;158-A NEEDED FOR UNUSUAL SITUATIONS	745	N170
252	NEED SPECIFIC REPORT	RESUBMIT WITH SPECIFIC RELATED REPORT	685	N714
252	ADMIT HIST, PHY, DISCH	RESUBMIT WITH ADMIT HISTORY, PHYSICAL, DISCHARGE SUMMARY	686	N221
252	SEND TEST AND RESULT	VISUAL FIELD TEST AND RESULTS NEEDED FOR REVIEW REQUESTED DOCUMENTS WERE NOT SUBMITTED ATTACH DETAILED DESCRIPTION OF DIAGNOSIS ATTACH DETAILED DESCRIPTION OF PROCEDURE SEND PROOF OF MEDICAL NECESSITY AND EPSDT REFERRAL NEED EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	692 694	M29
252	DID NOT SUB REQ DOC	REQUESTED DOCUMENTS WERE NOT SUBMITTED	694	N706
252	ATTACH DET.DESCR DX	ATTACH DETAILED DESCRIPTION OF DIAGNOSIS	736	N457
252	ATTACH DETAIL.DESCR.	ATTACH DETAILED DESCRIPTION OF PROCEDURE	732	N706
252	SEND MED NECESSITY	SEND PROOF OF MEDICAL NECESSITY AND EPSDT REFERRAL	627	N706
252	NEED EPSDT & MED NEC	NEED EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	628	N706
252	EXCEEDS ONE PER YEAR	SEND DOCUMENTAION TO JUSTIFY MORE THAN ONE PER YEAR	623	N706
252	SEND EPSDT REFERRAL	SEND DOCUMENTAION TO JUSTIFY MORE THAN ONE PER YEAR SEND EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	623 626	N706
252	NEED OP/PATH/HISTORY	RESUBMIT WITH OPERATIVE AND PATH REPORTS AND HISTORY MEDICARE ADJ/VOID; RESUBMIT HARDCOPY ADJ OR VOID CLAIM	621	M29
252	RESUB HRDCPY ADJ/VOI	MEDICARE ADJ/VOID; RESUBMIT HARDCOPY ADJ OR VOID CLAIM	665	N706
252	DOC REQ CONCUR CARE	RESUBMIT W/DOCUMENTATION SUBSTANTIATING CONCURRENT CARE		N4
256	RECOVER DUP PMPM	RECOVERED PMPM FOR INVALIDATED MEMBER ID	409	
256	PMPM RECOUP FOR DOD	PMPM RECOVERY FOR DECEASED MEMBERS BASED ON DATEOFDEATH	404	
256	PMPM RECOUP - DOC	PMPM RECOVERY FOR INCARCERATED MEMBERS	418	
272	MFT SAYS FOOD SUPPLM	MANUFACTURER HAS IDENTIFIED PRODUCT AS FOOD SUPPLEMENT	439	
272	QTLY CSOC PMPM RETRO	QUARTERLY CSOS PMPM RETROS, ADJUSTMENTS AND RECOVERIES	824	
272	ABORTION JUST	DOES NOT MEET PROGRAM CRITERIA FOR ABORTION	331	
273	MAX # CLM LINES EXC	MAX EXCEEDED FOR ADDED CLAIM LINES-RESUBMIT/CLAIMCHECK	947	
273	BATCHED INCORRECTLY	BATCHED INCORRECTLY/RE-ENTER	935	
273	PROCESSING ERROR	PROCESSING ERROR	936	
273	PAY CUT SAME TOOTH	PAYMENT CUTBACK SAME TOOTH	775	
273	RXNO USE GR THAN LIM	USAGE OF SAME RX NUMBER GREATER THAN SYSTEM LIMIT	647	
273	EXCEEDS MAX DOLLAR	EXCEEDS MAXIMUM DOLLAR AMOUNT PER TOOTH	724	
273	CUTBACK-SERV 1 YEAR	CUTBACK-REPAIR MUST YIELD DENTURE SERVICEABLE FOR 1 YR	698	
273	ONLY-1ST DIAG, VS PD	KELOID TREATMENT-ONLY FIRST DIAGNOSTIC VISIT IS PAID	488	
284	PRECERT NOT ON FILE	PRECERT NUMBER NOT ON FILE	160	N517
284	PA NO NOT ON FILE	PA NUMBER NOT ON FILE	190	M62
288	REF MISS/REQ-HEARING	PRECERT NUMBER NOT ON FILE PA NUMBER NOT ON FILE REFERRAL MISSING AND REQUIRED FOR HEARING REFERRAL MISSING AND REQUIRED FOR MEDICAL	158	N489
288	REF MISS/REQ-MEDICAL	REFERRAL MISSING AND REQUIRED FOR MEDICAL	155	N489
288	REF MISS/REQ-VISION	REFERRAL MISSING AND REQUIRED FOR VISION REFERRAL MISSING AND REQUIRED FOR NUTRITIONAL	156	N489
288	REF MISS/REQ-NUTRITN	REFERRAL MISSING AND REQUIRED FOR NUTRITIONAL	184	N489
288	REF MISS/REQ-DENTAL	REFERRAL MISSING AND REQUIRED FOR DENTAL	179	N489
288	APP DATE MIS/REQ-RF1	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #1	326 323	N475
288	REF ASST MIS/REQ-RF2	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 2	323	N475
288	REF ASST MIS/REQ-RF3	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 3	324	N475
288	REF ASST MIS/REQ-RF1	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 1	32 4 320	N475
288	SUSP CON MIS/REQ-RF2	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 2	318	N475
288	SUSP CON MIS/REQ-RF3	SUSPECTED CONDITION MISSING REQUIRED FOR REFERRAL 3	318 319	N475
288	APP DATE MIS/REQ RF2		343	N475
288	REF MISS/REQ-AB/NEGL	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #2 REFERRAL MISSING AND REQUIRED FOR ABUSE/NEGLECT	343 302	N489
	- ·	-		

LAM5M113 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-77-R RUN: 03/25/19 18:49:55 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 23

ADJ RSN CODE	SHORT DESCRIPTION	HIPAA/LA MEDICAID ERROR CODE CROSSWALK LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
288	REF MISS/REO-PSY/SOC	REFERRAL MISSING AND REQUIRED FOR PSYCHOLOGICAL/SOCIAL	308	N489
288	REF MISS/REO-SPEECH	REFERRAL MISSING AND REQUIRED FOR SPEECH/LANGUAGE	312	N489
288	SUSP CON MIS/REQ-RF1	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 1	314	N475
288	REF MISS/REQ-DEVELOP	REFERRAL MISSING AND REQUIRED FOR DEVELOPMENTAL	286	N489
288	REF NAME MIS/REQ-RF1	REFERRED TO NAME IS MISSING AND REQUIRED FOR REFERRAL 1	411	N475
288	REF NAME MIS/REQ-RF2	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #2	412	N475
288	REF REAS MIS/REQ-RF2	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 2	399	N475
288	REF REAS MIS/REQ-RF1	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 1	368	N475

APP DATE MIS/REQ-RF3 APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #3

359

N475

288

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SUMMARY REPORT OF ERRTXT CODES HIPAA/LA MEDICAID ERROR CODE CROSSWALK

ERRTXT CODES READ 999