

WYMF5900-R006  
HEALTH  
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EOB DESCRIPTIONS

KEY ID- 001

THIS IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM.

LI GR RSN/RMK IND  
01 CO B13  
02 CO 18

KEY ID- 002

THIS IS A POSSIBLE DUPLICATE OF A PREVIOUSLY PAID CLAIM.

LI GR RSN/RMK IND  
01 CO B13  
02 CO 18

KEY ID- 003

THE CLAIM IS IN POSSIBLE CONFLICT WITH A PREVIOUSLY PAID CLAIM.

LI GR RSN/RMK IND  
01 CO B13  
02 CO 18

KEY ID- 004

ONLY 3 MONTHS RENTAL OF BREAST PUMPS ALLOWED PER PREGNANCY W/O  
DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 CO 57

KEY ID- 005

OUTPATIENT SERVICES PROVIDED WITHIN 24 HRS OF AN INPATIENT ADMISSION  
MUST BE INCLUDED ON THE INPATIENT CLAIM.

LI GR RSN/RMK IND  
01 CO 60

KEY ID- 006

THE PROCEDURE IS COVERED IN THE SURGERY FOLLOW-UP PERIOD AND WILL NOT BE  
PAID SEPARATELY.

LI GR RSN/RMK IND  
01 M144  
02 CO 97



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EOB DESCRIPTIONS

KEY ID- 007

WYOMING MEDICAID DOES NOT ALLOW AN OFFICE VISIT AND THIS SURGERY ON THE SAME DATE OF SERVICE.

LI GR RSN/RMK IND  
01 M144  
02 M86  
03 CO 96

KEY ID- 008

THE FROM AND THROUGH DATES SPAN MONTHS. THEY MUST BE IN THE SAME MONTH.

LI GR RSN/RMK IND  
01 MA06  
02 CO 96

KEY ID- 009

THE ADMISSION DATE IS AFTER THE FIRST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 MA40  
02 CO 110

KEY ID- 010

THE ACTION CODE OR DISCHARGE DATE IS INVALID.

LI GR RSN/RMK IND  
01 N50  
02 CO A1

KEY ID- 011

THE 1ST, 2ND, 3RD OR 4TH PROCEDURE CODE MODIFIER IS NOT A VALID VALUE FOR WYOMING MEDICAID. RESUBMIT WITH CORRECT MODIFIER.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 012

THE SECOND PROCEDURE CODE MODIFIER IS NOT A VALID VALUE FOR WYOMING MEDICAID. ENTER THE CORRECT MODIFIER AND RESUBMIT THE CLAIM.

KEY ID- 013

THE PROCEDURE CODE IS AN ANESTHESIA SERVICE (00100-01999) AND THERE IS NO ANESTHESIA TIME INDICATED IN THE UNITS OF SERVICE FIELD.

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LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 014

ADMISSION WITHIN 7 DAYS OF PREVIOUS ADMISSION. MEDICAL NECESSITY  
DOCUMENTATION REQUIRED.

LI GR RSN/RMK IND  
01 N29  
02 CO A1

KEY ID- 015

INVALID PROVIDER NUMBER.

LI GR RSN/RMK IND  
01 M57  
02 CO A1

KEY ID- 016

THE SERVICE DATE IS MISSING. ENTER THE CORRECT DATE OF SERVICE AND  
RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 MA06  
02 CO A1

KEY ID- 017

COMPOUND DRUGS WITH AMOUNTS UP TO \$20.00 CAN BE BILLED POS. OTHERWISE  
THEY MUST BE BILLED ON PAPER WITH THE COMPOUND PRESCRIPTION FORM.

LI GR RSN/RMK IND  
01 M23  
02 CO A1

KEY ID- 018

THE FIRST DATE OF SERVICE IS AFTER THE LAST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 MA06  
02 CO A1

KEY ID- 019

CLAIM EXCEEDS THE 12 MONTH TIMELY FILING LIMIT. IF CLAIM MEETS EXCEPTION  
CRITERIA FOR XOVERS OR RETRO ELIGIBILITY RESUBMIT WITH DOCUMENTATION.

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LI GR RSN/RMK IND  
01 CO 29

KEY ID- 020

THE RECIPIENT NUMBER IS MISSING. ENTER THE CORRECT RECIPIENT NUMBER AND  
RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 MA61  
02 CO 31

KEY ID- 021

THE TOTAL CLAIM CHARGE IS ZEROES, OR THE LINE ITEM SUBMITTED CHARGE IS  
ZEROES.

LI GR RSN/RMK IND  
01 M54  
02 CO A1

KEY ID- 022

ONLY CHIP RECIPIENTS ARE COVERED UNDER THIS PROVIDER NUMBER.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 023

THE ADMISSION TYPE IS MISSING OR INVALID. THE VALID VALUES ARE 1 - 4.

LI GR RSN/RMK IND  
01 MA41  
02 CO A1

KEY ID- 024

THE PAYOR CODE IS NOT A VALID VALUE, OR ONE OF THE PAYOR CODES IS NOT  
EQUAL TO 1 INDICATING MEDICAID.

LI GR RSN/RMK IND  
01 M56  
02 CO A1

KEY ID- 025

THE TYPE OF BILL IS NOT A VALID VALUE. REFER TO YOUR BILLING MANUAL TO  
FIND THE CORRECT TYPE OF BILL FOR THE CLAIM AND RESUBMIT.

LI	GR	RSN/RMK	IND
01		MA30	

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02 CO A1

KEY ID- 026

THE LENGTH OF STAY EXCEEDS THE ALLOWABLE LENGTH OF STAY FOR THE  
DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 MA06  
02 MA63  
03 CO A1

KEY ID- 027

THE DISPENSE AS WRITTEN (DAW) INDICATOR IS NOT A VALID VALUE.

KEY ID- 028

THE THERAPUTIC CLASS IS INCOMPATIBLE WITH THE DIAGNOSIS CODE.

KEY ID- 029

THE PATIENT STATUS IS INVALID. PLEASE REFER TO YOUR BILLING MANUAL  
FOR THE VALID VALUES.

LI GR RSN/RMK IND  
01 MA43  
02 CO A1

KEY ID- 030

THE NUMBER OF DAYS BILLED IS NOT EQUAL TO THE ROOM AND BOARD UNITS.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 031

THE DATE OF SERVICE IS AFTER THE DATE ON WHICH THE CLAIM WAS RECEIVED.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 110

KEY ID- 032

THE TRANSPORTATION DESTINATION CODE IS NOT A VALID VALUE. REFER TO YOUR BILLING MANUAL FOR THE VALID DESTINATION CODES.

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LI GR RSN/RMK IND  
01 N157  
02 CO A1

KEY ID- 033

THE TRANSPORTATION FACILITY CODE IS MISSING OR INVALID. REFER TO YOUR BILLING MANUAL FOR VALID FACILITY CODES.

LI GR RSN/RMK IND  
01 N157  
02 CO A1  
03 CO 16

KEY ID- 034

THE ACTION CODE IS INVALID. REFER TO YOUR BILLING MANUAL FOR VALID ACTION CODES.

LI GR RSN/RMK IND  
01 MA43  
02 CO 96

KEY ID- 035

THE LINE ITEM REVENUE CODE IS MISSING.

LI GR RSN/RMK IND  
01 M50  
02 CO A1

KEY ID- 036

THE TPL AMOUNT ENTERED ON THE CLAIM REQUIRES AN INSURANCE EOB ATTACHMENT THAT MATCHES.

LI GR RSN/RMK IND  
01 MA04  
02 CO 96

KEY ID- 037

MEDICARE PAID MONEY ON THE CLAIM. RESUBMIT WITH A MEDICARE EOMB.

LI GR RSN/RMK IND  
01 MA04  
02 CO A1

KEY ID- 038

THE DEA LICENSE NUMBER IS EITHER MISSING OR INVALID. ENTER THE CORRECT  
DEA NUMBER AND RESUBMIT THE CLAIM.

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LI GR RSN/RMK IND  
01 CO 52

KEY ID- 039

THE NDC (DRUG) CODE IS MISSING. ENTER THE CORRECT NDC CODE AND RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 M119  
02 CO A1

KEY ID- 040

THE MANUFACTURER NUMBER OR ITEM NUMBER IN THE NDC IS ZEROS. CORRECT THE NDC CODE AND RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 M119  
02 CO A1

KEY ID- 041

THE PRESCRIPTION NUMBER IS MISSING. ENTER THE PRESCRIPTION NUMBER AND RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 175  
02 CO 16

KEY ID- 042

THE QUANTITY OF THE DISPENSED DRUG IS ZEROES. ENTER THE CORRECT DRUG QUANTITY AND RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 M123  
02 CO A1

KEY ID- 043

THE INPATIENT PSYCH SERVICE REQUIRES PRIOR AUTHORIZATION.

LI GR RSN/RMK IND  
01 CO 15  
02 CO 62

KEY ID- 044

THE TOTAL CLAIM CHARGE AMOUNT AND THE SUM OF THE LINE ITEM CHARGES ARE

NOT EQUAL.

LI GR RSN/RMK IND

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01 M54  
02 M79  
03 CO A1

KEY ID- 045

THE LINE ITEM DIAGNOSIS CODE IS MISSING. CORRECT THE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 47

KEY ID- 046

PROVIDER TYPE 33 CANNOT BILL FOR CHIP RECIPIENTS.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 047

THE TYPE OF BILL IS "72X" (ESRD) AND THIS IS NOT A CROSSOVER CLAIM.

LI GR RSN/RMK IND  
01 MA30  
02 CO A1

KEY ID- 048

THE CROSSOVER DEDUCTIBLE AMOUNT EXCEEDS THE ALLOWED DEDUCTIBLE LIMIT FOR THE YEAR THAT THE SERVICE WAS PERFORMED.

LI GR RSN/RMK IND  
01 CO 42

KEY ID- 049

THE ADMISSION DATE OR ACTION CODE IS INVALID OR ZEROS.

LI GR RSN/RMK IND  
01 MA40  
02 CO A1

KEY ID- 050

THE MEDICARE PAID DATE IS SIX MONTHS BEFORE THE TCN DATE OR THE MEDICARE PAID DATE IS MISSING.

LI	GR	RSN/RMK	IND
01	CO	29	

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KEY ID- 051

POLYCARBONATE LENS NOT ALLOWED WITH ANY OTHER LENS.

LI GR RSN/RMK IND  
01 M15  
02 CO 96

KEY ID- 052

THE PLACE OF SERVICE CODE IS MISSING OR IS NOT A VALID VALUE. REFER TO YOUR BILLING MANUAL FOR VALID PLACE OF SERVICE CODES.

LI GR RSN/RMK IND  
01 M77  
02 CO A1

KEY ID- 053

THE LINE ITEM PROCEDURE CODE IS MISSING OR INVALID.

LI GR RSN/RMK IND  
01 CO A1  
02 CO B18

KEY ID- 054

ANY ONE OF THE SURGICAL PROCEDURE DATES ARE AFTER THE TCN DATE.

LI GR RSN/RMK IND  
01 CO 110

KEY ID- 055

THE ADMISSION SOURCE IS MISSING OR INVALID. VALID VALUES ARE 1 - 9.

LI GR RSN/RMK IND  
01 MA42  
02 CO A1

KEY ID- 056

A LEVEL II DATE IS REQUIRED.

LI GR RSN/RMK IND  
01 M58

02 CO 96

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EOB DESCRIPTIONS

KEY ID- 057

THE RECIPIENT'S LT-101 POINTS ARE LESS THAN 13.

LI GR RSN/RMK IND  
01 CO 50

KEY ID- 058

THE DATE OF SERVICE IS NOT WITHIN TWELVE MONTHS OF THE LEVEL I DATE.

LI GR RSN/RMK IND  
01 MA31  
02 CO A1

KEY ID- 059

ALL SERVICES PROVIDED TO THE RECIPIENT ON THE SAME DATE OF SERVICE MUST  
BE BILLED ON THE SAME CLAIM.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 060

THE TERMINATION CODE IS BLANK AND A DISCHARGE DATE IS ON THE CLAIM.

LI GR RSN/RMK IND  
01 N50  
02 CO A1

KEY ID- 061

ONLY ONE INITIAL HOSPITAL VISIT PER PROVIDER PER HOSPITAL STAY

LI GR RSN/RMK IND  
01 M13  
02 CO B1

KEY ID- 062

THE 1ST SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 MA06  
02 M67

03 CO A1

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KEY ID- 063

THE 2ND SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 MA06  
02 CO A1

KEY ID- 064

THE 3RD SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 110

KEY ID- 065

THE 4TH SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 110

KEY ID- 066

THE 5TH SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 110

KEY ID- 067

THE 6TH SURGERY DATE IS NOT WITHIN THE FROM/THRU DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 110

KEY ID- 068

THE FIRST AND LAST DATES OF SERVICE MUST BE EQUAL ON OUTPATIENT CLAIMS.

LI GR RSN/RMK IND

01 MA31  
02 CO A1

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KEY ID- 069

1ST SURGICAL PROCEDURE CODE IS MISSING & THE REVENUE CODE INDICATES A SURGERY WAS PERFORMED. RESUBMIT THE CLAIM WITH CORRECT SURG. PROC. CODE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 070

THE 1ST SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL DATE. RESUBMIT THE CLAIM WITH THE CORRECT 1ST SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1  
03 CO 16

KEY ID- 071

THE 2ND SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL DATE. RESUBMIT THE CLAIM WITH THE CORRECT 2ND SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1  
03 CO 16

KEY ID- 072

THE 3RD SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL DATE. RESUBMIT THE CLAIM WITH THE CORRECT 3RD SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 073

THE 4TH SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL DATE. RESUBMIT THE CLAIM WITH THE CORRECT 4TH SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 074

PERIODIC ORAL EVALUATIONS ARE LIMITED TO ONE IN A SIX MONTH PERIOD WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI	GR	RSN/RMK	IND
01		M86	

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02 N66  
03 CO B1

KEY ID- 075

THE 5TH SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL  
DATE. RESUBMIT THE CLAIM WITH THE CORRECT 5TH SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 076

THE REFERRING PROVIDER NUMBER IS ZEROES.

LI GR RSN/RMK IND  
01 M68  
02 CO A1

KEY ID- 077

THE 6TH SURGICAL PROCEDURE CODE DOES NOT HAVE A CORRESPONDING SURGICAL  
DATE. RESUBMIT THE CLAIM WITH THE CORRECT 6TH SURGICAL PROCEDURE DATE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 078

THE NUMBER OF DAYS BILLED DO NOT MATCH THE FIRST DATE OF SERVICE THROUGH  
THE LAST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 MA06  
02 MA32  
03 CO A1

KEY ID- 079

THE PROVIDER IS NOT ELIGIBLE TO BILL FOR THE LEVEL OF CARE.

KEY ID- 080

THE BILLING PROVIDER ON THE CLAIM IS A TREATING PROVIDER ONLY.

LI GR RSN/RMK IND

01 M57  
02 CO A1

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KEY ID- 081

SERVICE IS COVERED BY MEDICARE AND NO MEDICARE DENIAL ATTACHED OR  
MEDICARE DENIED AND MEDICAID DOES NOT COVER EITHER.

LI GR RSN/RMK IND  
01 MA04  
02 CO A1

KEY ID- 082

ONLY ONE COMPREHENSIVE ORAL EVALUATION IS ALLOWED IN PERIOD OF ONE  
YEAR. YOU MAY RESUBMIT WITH DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M90  
02 N66  
03 CO B1

KEY ID- 083

THE RECIPIENT IS NOT ELIGIBLE FOR THE SERVICE BASED ON THE RECIPIENT  
LONG TERM CARE SPAN.

LI GR RSN/RMK IND  
01 N30  
02 PR A1

KEY ID- 084

ONE DETAILED OR EXTENSIVE ORAL EVALUATION IS ALLOWED IN A TWO YEAR  
PERIOD WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M86  
02 N66  
03 CO B1

KEY ID- 085

THE RECIPIENT NUMBER IS NOT ON FILE. RESUBMIT THE CLAIM WITH THE  
CORRECT RECIPIENT NUMBER.

LI GR RSN/RMK IND  
01 MA61  
02 PR 31

KEY ID- 086

INTRAORAL--COMPLETE X-RAY SERIES IS LIMITED TO ONE PER RECIPIENT IN A  
FIVE YEAR PERIOD WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI	GR	RSN/RMK	IND
01		M86	

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02 N66  
03 CO 96

KEY ID- 087

ONLY ONE BITEWING (1,2, OR 4 FILMS) PER RECIPIENT PER YEAR WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M90  
02 N66  
03 CO 96

KEY ID- 088

ONLY ONE PROPHYLAXIS (ADULT OR CHILD) PER SIX MONTHS WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M90  
02 N66  
03 CO 96

KEY ID- 089

ONLY ONE TOPICAL FLUORIDE TREATMENT PER RECIPIENT IN A SIX MONTH PERIOD WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M86  
02 N66  
03 CO 96

KEY ID- 090

THE RECIPIENT HAS TPL ON FILE AND NO TPL AMOUNT IS INDICATED ON THE CLAIM.

LI GR RSN/RMK IND  
01 MA04  
02 CO 96

KEY ID- 091

ONLY TWO PALLIATIVE (EMERGENCY) TREATMENTS OF DENTAL PAIN ARE ALLOWED IN A PERIOD OF ONE YEAR WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M90  
02 N66  
03 CO 96



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KEY ID- 092

THE RECIPIENT HAS TPL ON FILE, BUT TPL WAS NOT INDICATED ON THE CLAIM  
AND A TPL DENIAL LETTER IS ATTACHED.

LI GR RSN/RMK IND  
01 MA04  
02 CO 96

KEY ID- 093

PULPOTOMY IS NOT ALLOWED IN ADDITION TO ROOT CANAL THERAPY.

LI GR RSN/RMK IND  
01 M80  
02 CO 96

KEY ID- 094

CANNOT BILL FOR MULTIPLE HOSPICE REVENUE CODES WITHIN THE SAME MONTH.

LI GR RSN/RMK IND  
01 M86  
02 CO A1

KEY ID- 095

ONLY ONE X2903 ALLOWED PER RECIPIENT LIFETIME.

LI GR RSN/RMK IND  
01 M86  
02 CO A1

KEY ID- 096

THE RECIPIENT IS NOT MEDICAID ELIGIBLE. THE RECIPIENT IS ELIGIBLE FOR  
CROSSOVER CLAIMS ONLY.

LI GR RSN/RMK IND  
01 N30  
02 CO 96

KEY ID- 097

THE RECIPIENT IS NOT COVERED FOR THE TYPE OF SERVICE BILLED.

LI GR RSN/RMK IND

01 N30  
02 PR 96

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KEY ID- 098

THE RECIPIENT IS IN THE LOCK-IN PROGRAM AND THE PROVIDER IS NOT  
AUTHORIZED TO PROVIDE SERVICES.

LI GR RSN/RMK IND  
01 CO B7  
02 CO 96

KEY ID- 099

YOU MAY NOT BILL 94760-94762 IN ADDITION TO 99141 BY THE SAME PROVIDER  
ON THE SAME DAY WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M80  
02 N66  
03 CO B14

KEY ID- 100

EVALUATION AND MANAGEMENT CODES NOT ALLOWED ON THE SAME DAY OF SERVICE  
AS HEALTH CHECK CODES BY THE SAME PROVIDER.

LI GR RSN/RMK IND  
01 M80  
02 N66  
03 CO B14

KEY ID- 101

THE REFERRING PROVIDER NUMBER IS NOT ON THE PROVIDER MASTER FILE.

LI GR RSN/RMK IND  
01 M68  
02 CO 52

KEY ID- 102

THE BILLING PROVIDER IS NOT ALLOWED TO SUBMIT TAPE CLAIMS FOR THE  
PROVIDER.

LI GR RSN/RMK IND  
01 N34  
02 CO B7

KEY ID- 103

MEDICAID WILL PAY A MAXIMUM OF FOUR UNITS FOR REVENUE CODES IN THE  
760-769 RANGE.

LI	GR	RSN/RMK	IND
01	CO	42	

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KEY ID- 104

WAIVER CASE MANAGEMENT CAN ONLY BILL ONE UNIT PER MONTH.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 105

WAIVER RES HAB WHEN BILLING CAN NOT BILL EXCEED NUMBER OF DAYS IN A  
MONTH

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 106

REV CODES 260-269,274,380-399,420-489,510-519,630-659,720-769,910-922,  
924,926-929,940-949 REQUIRE A HCPCS CODE.

LI GR RSN/RMK IND  
01 M20  
02 CO A1

KEY ID- 107

THERE ARE DOS ON THE CLAIM THAT ARE NOT ON THE SAME DAY AS THE ENCOUNTER  
CODES.

LI GR RSN/RMK IND  
01 M53  
02 CO 151

KEY ID- 108

THIS SERVICE IS NOT COVERED FOR NURSING HOME RECIPIENTS.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 109

A PROVIDER CHARGE RECORD WAS NOT FOUND TO PRICE THIS SERVICE.

LI GR RSN/RMK IND  
01 N65  
02 CO A1



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EOB DESCRIPTIONS

KEY ID- 110

MUST BILL A SINGLE DATE OF SERVICE PER LINE.

LI GR RSN/RMK IND  
01 N21  
02 PR 96

KEY ID- 111

ONLY ONE ER CODE ALLOWED PER DAY BY THE SAME PROVIDER WITH DOC OF  
MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 CO 50

KEY ID- 112

A LAB CLASSIFICATION ON THE PROCEDURE RECORD DOES NOT MATCH A VALID LAB  
CLASSIFICATION ON THE PROVIDER RECORD.

LI GR RSN/RMK IND  
01 MA129  
02 CO 52

KEY ID- 113

A TOOTH MAY BE EXTRACTED ONCE IN A LIFE TIME.

LI GR RSN/RMK IND  
01 M86  
02 CO 119

KEY ID- 114

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 115

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

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EOB DESCRIPTIONS

KEY ID- 117

THE NDC (DRUG) BILLED IS NOT COVERED FOR THE DATE OF SERVICE.

LI GR RSN/RMK IND  
01 M119  
02 CO 96

KEY ID- 118

MONTHLY MAX UNITS EXCEEDED

LI GR RSN/RMK IND  
01 CO 42

KEY ID- 119

MEDICAL NECESSITY IS NEEDED FOR OVER 32 VISITS OF VISION THERAPY.

LI GR RSN/RMK IND  
01 CO B1

KEY ID- 122

THIS IS AN EPSDT DIAGNOSIS CODE AND THE RECIPIENT IS 21 OR OLDER.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 9

KEY ID- 123

THE QUANTITY DISPENSED FOR THE NDC IS BELOW THE MINIMUM QUANTITY.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 124

THE QUANTITY DISPENSED FOR THE NDC IS GREATER THAN THE MAXIMUM QUANTITY.

LI GR RSN/RMK IND  
01 M53  
02 CO A1



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KEY ID- 125

THE RECIPIENT IS YOUNGER THAN THE MINIMUM AGE ALLOWED TO RECEIVE THIS DRUG.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 126

THE RECIPIENT IS OLDER THAN THE MAXIMUM AGE ALLOWED TO RECEIVE THIS DRUG.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 127

THE DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID. PLEASE RESUBMIT WITH A SPECIFIC DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 128

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 129

THE DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 47

KEY ID- 130

"E" CODES NOT ALLOWED AS PRIMARY DIAGNOSIS. PLEASE RESUBMIT WITH CORRECT DIAGNOSIS CODE.

LI	GR	RSN/RMK	IND
01	CO	47	

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KEY ID- 131

PROCEDURE NOT ALLOWED IN A FREESTANDING ACS SETTING.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 132

THE REVENUE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 M50  
02 CO 96

KEY ID- 133

THE NDC IS NOT COVERED, THE MANUFACTURER IS NOT ON THE REBATE PROGRAM,  
OR THE DRUG IS DESI.

LI GR RSN/RMK IND  
01 M119  
02 CO 96

KEY ID- 134

THE NDC REQUIRES MANUAL REVIEW.

KEY ID- 135

THE NDC IS FOR EPSDT DRUGS AND THE RECIPIENT IS 21 OR OLDER.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 136

TWO ER VISITS NOT ALLOWED ON THE SAME DAY WITHOUT DOCUMENTATION OF  
MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 N29  
02 CO A1

KEY ID- 137

EPSDT INDICATOR IS INVALID.

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LI GR RSN/RMK IND  
01 CO A1

KEY ID- 138

THE PROVIDER MASTER RECORD HAS TWO RATES FOR THE DATES OF SERVICE AND  
LEVEL OF CARE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 139

THE DAYS SUPPLY IS MISSING OR INVALID.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 140

THE DAYS SUPPLY FOR THE DRUG DISPENSED IS MORE THAN THE MAXIMUM DAYS  
SUPPLY ALLOWED FOR THE NDC.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 141

THE NDC IS NOT ON THE DRUG FILE.

LI GR RSN/RMK IND  
01 M119  
02 CO A1

KEY ID- 142

THE 1ST PROCEDURE CODE MODIFIER IS NOT VALID WITH THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 143

THE 1ST, 2ND, 3RD AND/OR 4TH PROCEDURE CODE MODIFIER IS NOT VALID WITH  
THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 4

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KEY ID- 144

THE BILLING PROVIDER TYPE IS NOT VALID WITH THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 8

KEY ID- 145

THE PROCEDURE CODE CANNOT BE PERFORMED IN THE PLACE OF SERVICE BILLED.

LI GR RSN/RMK IND  
01 CO 5

KEY ID- 146

PROV SPECIALTY NOT ALLOWED FOR PROCEDURE. IF PAP SMEAR READING, MUST BE  
IND LAB OR PATHOLOGIST. TAKING OF PAP SMEAR IS INCLUDED IN OFFICE VISIT.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 52

KEY ID- 147

THE TREATING PROVIDER TYPE IS NOT VALID WITH THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 8

KEY ID- 148

THERE IS A DATE SPAN, AND THE SUBMITTED CHARGES ARE NOT EVENLY  
DIVISIBLE BY THE UNITS OF SERVICE.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 149

THE REFERRING PROVIDER NUMBER IS REQUIRED.

LI GR RSN/RMK IND  
01 M68  
02 CO A1

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KEY ID- 150

IMMUNIZATION ADMINISTRATION CODES ARE NOT ALLOWED WITH VACCINE CODES

LI GR RSN/RMK IND  
01 M15  
02 CO 97

KEY ID- 151

TPL ATTACH IS MISSING, IS NONMATCHING, DENIAL REASON IS PROPRIETARY AND NO DESCRIPTION PROVIDED, OR DENIAL REASON IS NOT PAID BY WY MEDICAID.

LI GR RSN/RMK IND  
01 MA04  
02 CO 97

KEY ID- 152

PAPER ATTACHMENT NOT RECEIVED WITHIN 30 DAYS.

LI GR RSN/RMK IND  
01 N29  
02 CO A1  
03 CO 16

KEY ID- 153

CODE G0378 AND/OR G0379 APPEARS ON THE SAME CLAIM AND THE BILL TYPE IS NOT 13X OR 85X.

LI GR RSN/RMK IND  
01 MA30  
02 CO A1

KEY ID- 154

THE TPL DATA INDICATOR IS NOT A VALID VALUE. THE VALID VALUES ARE "Y", "N", OR SPACE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 155

PRO CERTIFIED DAYS REQUIRED ON THE INPATIENT CLAIM. IF PRO CERTIFICATION WAS OBTAINED, PLEASE RESUBMIT CLAIM AND ATTACH THE PRO CERT LETTER.

LI GR RSN/RMK IND

01 CO 15  
02 CO 62

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KEY ID- 156

THE TREATING PROVIDER NUMBER IS ZEROES, AND A GROUP PROVIDER IS BILLING.

LI GR RSN/RMK IND  
01 M68  
02 CO A1

KEY ID- 157

PROVIDER CAN NOT BILL FOR EPIDURAL AND MANAGEMENT OF EPIDURAL WITH SAME DOS

LI GR RSN/RMK IND  
01 CO 46

KEY ID- 158

THE TREATING NPI/PROVIDER NUMBER IS NOT ON THE PROVIDER MASTER FILE.

LI GR RSN/RMK IND  
01 M68  
02 CO A1

KEY ID- 159

EVALUATION MANAGEMENT SERVICES (99201-99499) NOT ALLOWED WITH VENTILATION MANAGEMENT

LI GR RSN/RMK IND  
01 M85  
02 CO A1

KEY ID- 160

THIS SERVICE REQUIRES A REFERRING PROVIDER UPIN. THE REFERRING PROVIDER CANNOT BE THE TREATING PROVIDER.

LI GR RSN/RMK IND  
01 M68  
02 CO 52

KEY ID- 161

AN INDEPENDENT LAB PROVIDER IS BILLING, AND THE PLACE OF SERVICE CODE IS NOT "81" INDICATING THE SERVICE WAS PERFORMED AT AN INDEPENDENT LAB.

LI GR RSN/RMK IND  
01 M77



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KEY ID- 162

ONLY REVENUE CODES 10X AND 18X ARE ALLOWED TO BILL ON A LONG TERM CARE CLAIM.

LI GR RSN/RMK IND  
01 M50  
02 CO 16

KEY ID- 163

THE TREATING PROVIDER IS A "GROUP."

LI GR RSN/RMK IND  
01 M68  
02 CO A1

KEY ID- 164

THE TREATING PROVIDER IS INELIGIBLE FOR THE DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 165

THE TREATING PROVIDER IS NOT A MEMBER OF THE BILLING PROVIDER'S GROUP.

LI GR RSN/RMK IND  
01 M68  
02 CO A1

KEY ID- 166

THE BILLING PROVIDER IS INELIGIBLE FOR THE DATES OF SERVICE.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 167

A TREATING PROVIDER NUMBER IS ON THE CLAIM AND THE BILLING PROVIDER NUMBER IS NOT A GROUP.

LI GR RSN/RMK IND  
01 M57  
02 CO A1



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KEY ID- 168

THE PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 MA66  
02 CO B18

KEY ID- 169

THE PROCEDURE OR REVENUE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO B18  
02 CO 96

KEY ID- 170

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 171

A LAB CODE (80000-89999) CANNOT BE BILLED WITHOUT A VALID CLIA CERTIFICATE TYPE.

LI GR RSN/RMK IND  
01 MA51  
02 CO B7

KEY ID- 172

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 173

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE PROCEDURE CODE.

LI	GR	RSN/RMK	IND
01	CO	7	

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KEY ID- 174

THE PROCEDURE CODE OR REVENUE CODE REQUIRES PRIOR AUTHORIZATION AND THE CORRECT PA NUMBER IS NOT ON THE CLAIM.

LI GR RSN/RMK IND  
01 CO 15  
02 CO 62

KEY ID- 175

INVALID PROCEDURE CODE. PLEASE RESUBMIT WITH CORRECT PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 176

THE WAIVER CASE MANAGER IS NOT ALLOWED TO PERFORM THE PROCEDURE.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 177

THE PROCEDURE CODE IS NOT COVERED FOR THE DATES OF SERVICE OR IS A DELETED CODE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 178

EPSDT REV CODES AND NON-EPSDT REV CODES CANNOT BE BILLED TOGETHER ON THE SAME INDIAN HEALTH SERVICES OUTPATIENT CLAIM.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 179

THE UNITS OF SERVICE ARE EQUAL TO ZERO FOR THE REVENUE CODES 100-219.

LI GR RSN/RMK IND  
01 M67  
02 CO A1

KEY ID- 180

THE PROCEDURE CODE IS FOR EPSDT SERVICES AND THE RECIPIENT IS 21 OR OLDER.

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LI GR RSN/RMK IND  
01 CO 6

KEY ID- 181

THE FIRST DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 182

THE FIRST DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 183

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 184

THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/  
SERVICE ON THIS DATE OF SERVICE.

LI GR RSN/RMK IND  
01 CO A1  
02 CO B7

KEY ID- 185

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FIRST DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 186

THE RECIPIENT'S SEX IS NOT ALLOWED FOR ONE OF THE DIAGNOSIS CODES LISTED ON THE CLAIM.

LI GR RSN/RMK IND  
01 CO 10

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KEY ID- 187

THE DRUG IS LESS THAN EFFECTIVE OR WITHDRAWN FROM THE MARKET.

LI GR RSN/RMK IND  
01 M119  
02 CO 96

KEY ID- 188

THE SECOND DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 189

THE SECOND DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 190

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N66  
03 CO A1

KEY ID- 191

THE RECIPIENT'S DATE OF DEATH IS BEFORE THE LAST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 CO 13

KEY ID- 192

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE SECOND DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

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KEY ID- 193

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE SECOND DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 194

ONLY ONE PHOTOTHERAPY SESSION (E0202) PER RECIPIENT, PER LIFETIME

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 195

THE THIRD DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 196

THE THIRD DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 197

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 198

UNITS GREATER THAN 1 FOR BILATERAL PROCEDURE BILLED WITH MOD 50.  
EDIT 975

LI GR RSN/RMK IND  
01 CO A1



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KEY ID- 199

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE THIRD DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 200

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE THIRD DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 201

TWO OFFICE VISITS ON THE SAME DAY BY THE SAME PROVIDER REQUIRES DOCUMENTATION OF MEDICAL NECESSITY

LI GR RSN/RMK IND  
01 CO B5  
02 CO 46

KEY ID- 202

THE FOURTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 203

THE FOURTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 204

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1



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KEY ID- 205

THIS PROCEDURE CODE IS VALID FOR PERMANENT TEETH ONLY.

LI GR RSN/RMK IND  
01 M67  
02 CO A1

KEY ID- 206

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FOURTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 207

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE FOURTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 208

ITEMS CANNOT BE BILLED WITH RENTAL EQUIPMENT

LI GR RSN/RMK IND  
01 CO A1  
02 CO 46

KEY ID- 209

THE FIFTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 210

THE FIFTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 211

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

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LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 212

EMERGENCY RM REV CODES USED ON OPPTS CLAIMS REQUIRE A VALID PROC CODE.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 213

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FIFTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 214

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE FIFTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 215

DOCUMENTATION REQUIRED FOR MORE THAN 2 OB ULTRASOUNDS PER PREGNANCY-OR-  
A TECH OR PROFESSIONAL COMPONENT IS NOT ALLOWED WITH THE GLOBAL CHARGE.

LI GR RSN/RMK IND  
01 M86  
02 CO 50

KEY ID- 216

THE SIXTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 217

THE SIXTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND

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01 CO 47

KEY ID- 218

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N66  
03 N7  
04 CO A1

KEY ID- 219

MODIFIER FB OR FC IS PRESENT AND STATUS INDICATOR ON PROCEDURE CODE IS NOT S,T,V,OR X.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 220

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE SIXTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 221

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE SIXTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 222

TRAUMA RESPONSE CRITICAL CARE CODE G0390 IS PRESENT WITHOUT REV CODE 068X AND CPT 99291 ON THE SAME DOS.

LI GR RSN/RMK IND  
01 199

KEY ID- 223

THE SEVENTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND

01 CO 47

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KEY ID- 224

THE SEVENTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 225

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N66  
03 N7  
04 CO A1

KEY ID- 227

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE SEVENTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 228

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE SEVENTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 229

YOU MUST USE YOUR EQUALITY CARE PROV #.IF YOU WISH TO USE YOUR NPI, CALL ACS AT 800-251-1268.

LI GR RSN/RMK IND  
01 N77  
02 CO 16

KEY ID- 230

THE PRIOR AUTHORIZATION NUMBER IS NOT ON THE PRIOR AUTHORIZATION FILE.

LI GR RSN/RMK IND  
01 M62

02 CO 15

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KEY ID- 231

THE PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS NOT APPROVED.

LI GR RSN/RMK IND  
01 N54  
02 CO A1  
03 CO 62

KEY ID- 232

THE PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE RECIPIENT ON THE CLAIM DOES MATCH THE RECIPIENT ID ON THE PA.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 233

THE PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE MODIFIER ON THE CLAIM DOES NOT MATCH THE MODIFIER ON THE PA.

LI GR RSN/RMK IND  
01 N54  
02 CO 15  
03 CO 4

KEY ID- 234

THE PRIOR AUTHORIZATION IS FOR WAIVER SERVICES AND A LTC SPAN FOR THE LEVEL OF CARE IS NOT FOUND ON THE DATE OF SERVICE COVERED BY THE PA.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 235

THE PA IS FOR WAIVER SERVICES AND THE APPROVED DOLLAR AMOUNT ON THE PA EXCEEDS \$900.00.

LI GR RSN/RMK IND  
01 N54  
02 CO 62

KEY ID- 236

PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE PROVIDER NUMBER ON THE CLAIM DOES NOT MATCH THE PROVIDER NUMBER ON THE PA.

LI	GR	RSN/RMK	IND
01		N54	

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02 CO 15

KEY ID- 237

THE PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE PROCEDURE CODE ON THE CLAIM DOES NOT MATCH THE PROCEDURE CODE ON THE PA.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 238

PROCEDURE REQUIRES A PA NUMBER AND THE DATES OF SERVICE ON THE CLAIM ARE NOT WITHIN THE EFFECTIVE AND EXPIRATION DATES OF SERVICE ON THE PA.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 239

THE PROCEDURE CODE REQUIRES A PRIOR AUTHORIZATION NUMBER AND THE LINE ITEM ON THE CLAIM IS NOT APPROVED.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 62

KEY ID- 240

THE PRIOR AUTHORIZATION LINE STATUS HAS BEEN USED FOR THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 62

KEY ID- 241

THE PRIOR AUTHORIZATION NUMBER HAS BEEN USED.

LI GR RSN/RMK IND  
01 CO 62

KEY ID- 242

THE RECIPIENT IS 65 OR OLDER AND NO MEDICARE COVERAGE IS PRESENT ON THE RECIPIENT FILE.

KEY ID- 243

YOUR NPI IS EITHER MISSING FROM THE CLAIM OR IS NOT ON FILE WITH ACS OR  
YOU NEED TO BILL WITH AN APPROPRIATE TAXONOMY CODE.

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LI GR RSN/RMK IND  
01 N77  
02 CO 16

KEY ID- 244

MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY CODE.

LI GR RSN/RMK IND  
01 N288  
02 CO A1

KEY ID- 245

ONLY ONE UNIT OF SERVICE IS ALLOWED PER RECIPIENT EVERY 3 YEARS.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 246

THE EIGHTH DIAGNOSIS IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 247

THE EIGHTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 248

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 249

CLIENT MAY ONLY HAVE ONE COMPLETE SET OF DENTURES OR ONE COMPLETE SET OF IMMEDIATE DENTURES, NOT BOTH.

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LI GR RSN/RMK IND  
01 CO 18

KEY ID- 250

TERMINATED BILATERAL PROCEDURE W/UNITS >1. MOD 52 OR 73 IS PRESENT WITH AN INDEPENDANT OR CONDITIONAL BILATERAL PROC W/MOD 50 OR PROC W/UNITS>1.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 251

THE RECIPIENT NUMBER IS NOT ON THE ELIGIBILITY FILE AFTER 30 DAYS IN THE SYSTEM.

LI GR RSN/RMK IND  
01 MA61  
02 CO 31

KEY ID- 252

THIS RECIPIENT WAS NOT ELIGIBLE FOR THESE SERVICES ON THE DATE OF SERVICE.

LI GR RSN/RMK IND  
01 N30

KEY ID- 253

THE NINTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS FILE.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 254

THE NINTH DIAGNOSIS CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 CO 47

KEY ID- 255

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28

02 N3  
03 N66  
04 CO A1

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KEY ID- 256

THIS PROCEDURE CODE IS NOT VALID FOR WYOMING MEDICAID FOR THIS DATE OF SERVICE. PLEASE RESUBMIT WITH THE CORRECT PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 257

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE NINTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 258

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE NINTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 259

THE CAP LIMIT FOR THE RECIPIENT HAS BEEN EXCEEDED. RESUBMIT COVERED DAYS, IF APPLICABLE.

KEY ID- 260

ONE OF THE SURGICAL PROCEDURE CODES SUBMITTED ON THE CLAIM IS NOT ON FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 261

THE FIRST SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 MA66  
02 CO 96

KEY ID- 262

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI	GR	RSN/RMK	IND
01		N28	
02		N3	

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03 N66  
04 CO A1

KEY ID- 263

ABORTIONS, STERILIZATIONS, AND HYSTERECTOMIES MUST BE SUBMITTED ON PAPER WITH THE PROPER DOCUMENTATION ATTACHED.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 264

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FIRST SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 265

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE FIRST SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 266

THE FIRST SURGICAL PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION AND THE PRIOR AUTHORIZATION NUMBER IS ZEROES.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 62

KEY ID- 267

THE SECOND SURGICAL PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 268

THE SECOND SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

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01		MA66	

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02 CO 96

KEY ID- 269

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 270

RECIPIENT IS INELIGIBLE ON THE DATE OF SERVICE.

LI GR RSN/RMK IND  
01 N30  
02 CO 96

KEY ID- 271

THE RECIPIENT IS INELIGIBLE FOR THE DATE OF SERVICE.

KEY ID- 272

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE SECOND SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 273

THE THIRD SURGICAL PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 274

THE THIRD SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 MA66  
02 CO 96



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KEY ID- 275

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 276

THE PROCEDURE CODE REQUIRES A VALID NATIONAL DRUG CODE (NDC).

LI GR RSN/RMK IND  
01 N60  
02 CO 16

KEY ID- 277

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE THIRD SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 278

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE THIRD SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 279

THE FOURTH SURGICAL PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 280

THE FOURTH SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 MA66

02 CO 96

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KEY ID- 281

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 282

HCPCS/NDC COMBINATION NOT VALID.

LI GR RSN/RMK IND  
01 M119  
02 CO 16

KEY ID- 283

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FOURTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 284

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE FOURTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 285

THE FIFTH SURGICAL PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 286

THE FIFTH SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 MA66

02 CO 96

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KEY ID- 287

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 288

CLAIMS FOR NUCLEAR MEDICINE PROCEDURES MUST CONTAIN A CODE FOR A DIAGNOSTIC RADIOPHARMACEUTICAL TO BE PROCESSED TO PAYMENT.

LI GR RSN/RMK IND  
01 CO B15

KEY ID- 289

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE FIFTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 290

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE FIFTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 291

THE SIXTH SURGICAL PROCEDURE CODE IS NOT ON THE PROCEDURE FILE.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 292

THE SIXTH SURGICAL PROCEDURE CODE IS NOT COVERED BY WYOMING MEDICAID.

LI GR RSN/RMK IND  
01 MA66  
02 CO 96



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KEY ID- 293

ABORTION, STERILIZATION, OR HYSTERECTOMY CONSENT FORM IS MISSING OR INCOMPLETE.

LI GR RSN/RMK IND  
01 N28  
02 N3  
03 N66  
04 CO A1

KEY ID- 294

NATIONAL DRUG CODES (NDC) NOT ELIGIBLE FOR REBATE ARE NOT COVERED.

LI GR RSN/RMK IND  
01 CO 211

KEY ID- 295

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE SIXTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 6

KEY ID- 296

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE SIXTH SURGICAL PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 7

KEY ID- 297

CLAIM REQUIRES MEDICAL NECESSITY ATTACHED. IF CERTIFICATE OF MEDICAL NECESSITY WAS ATTACHED, RECIPIENT WAS DETERMINED INELIGIBLE.

LI GR RSN/RMK IND  
01 N66  
02 CO A1  
03 CO 16

KEY ID- 298

UNLISTED CODES REQUIRE REPORT ATTACHED TO CLAIM EXPLAINING WHAT SERVICE WAS PROVIDED. PLEASE BE SURE CORRECT CODE WAS BILLED.

KEY ID- 299

NDC DAILY DOSE BILLED IS GREATER THAN THE DAILY DOSE ALLOWED.

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LI GR RSN/RMK IND  
01 M123  
02 CO A1

KEY ID- 300

THIS PROVIDER NUMBER IS NOT ELIGIBLE FOR THIS CLAIM TYPE OR LINE ITEM  
FOR THE DATE OF SERVICE. PLEASE VERIFY THE NUMBER ENTERED IS CORRECT.

LI GR RSN/RMK IND  
01 CO A1  
02 CO B7

KEY ID- 301

THE THREE PRESCRIPTION CAP LIMIT FOR THE RECIPIENT HAS BEEN EXCEEDED.

LI GR RSN/RMK IND  
01 PR B5

KEY ID- 302

THE CAP LIMIT FOR THE RECIPIENT HAS BEEN EXCEEDED. IF BILLING A  
DATE SPAN RESUBMIT COVERED DAYS, IF APPLICABLE.

LI GR RSN/RMK IND  
01 PR A1  
02 PR 119

KEY ID- 303

YOUR CLIA CERTIFICATE TYPE IS NOT VALID FOR THIS PROCEDURE CODE.

LI GR RSN/RMK IND  
01 MA129  
02 CO 52

KEY ID- 304

YOUR LICENSE HAS EXPIRED. PLEASE SEND COPY OF CURRENT RENEWAL.

KEY ID- 305

LAB PANELS ARE NOT ALLOWED WITH INDIVIDUAL LAB CODES INCLUDED WITHIN  
THAT PANEL.

LI GR RSN/RMK IND  
01 M15

02 CO 97

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KEY ID- 306

INITIAL AND SUBSEQUENT HOSPITAL VISITS ARE NOT ALLOWED BY THE SAME PROVIDER ON THE SAME DOS.

LI GR RSN/RMK IND  
01 M80  
02 CO B14

KEY ID- 307

ONLY ONE INTENSIVE CHILD TREATMENT SERVICE ALLOWED PER DAY PER TREATING PROVIDER.

LI GR RSN/RMK IND  
01 M63  
02 CO B14

KEY ID- 308

ENCOUNTER CLAIM NEEDS THE PROPER ENCOUNTER REV CODE OR PROCEDURE CODE AND/OR ADDITIONAL DETAIL LINES.

LI GR RSN/RMK IND  
01 M50  
02 M51  
03 CO 16

KEY ID- 309

REVENUE CODE 0681 MUST BE PRESENT FOR INPATIENT ENCOUNTER CLAIMS WITH DOS PRIOR TO 4/1/05.

LI GR RSN/RMK IND  
01 M50  
02 CO 16

KEY ID- 310

THE ADJUSTMENT TCN DATE IS OVER 365 DAYS FROM THE ORIGINAL PAID DATE OF THE CLAIM TO BE ADJUSTED/CREDITED.

LI GR RSN/RMK IND  
01 CO 29

KEY ID- 311

MICROSCOPE IS NOT ALLOWED WITH SURGERY CODES THAT INCLUDE A MICROSCOPE.

LI GR RSN/RMK IND

01 M80  
02 CO 97

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KEY ID- 312

LOCAL CODES NOT ALLOWED WITH CORRESPONDING CPT CODES ON THE SAME DATE OF SERVICE.

LI GR RSN/RMK IND  
01 M86  
02 CO 18

KEY ID- 313

REVENUE CODE 0919 MUST BE PRESENT ON INPATIENT ENCOUNTER CLAIMS WITH DOS GREATER THEN 4/1/05.

LI GR RSN/RMK IND  
01 M50  
02 CO 16

KEY ID- 314

PRIOR AUTHORIZATION IS REQUIRED FOR NURSING HOME HOSPICE CLAIMS. CALL ACS FOR PRIOR AUTHORIZATION.

LI GR RSN/RMK IND  
01 CO 197

KEY ID- 315

RESIDENTIAL TREATMENT CENTERS ARE REQUIRED TO BILL REVENURE CODE 0919 TO RECEIVE THE PER DIEM RATE. PRIOR AUTHORIZATION IS ALSO REQUIRED.

LI GR RSN/RMK IND  
01 M50  
02 CO A1

KEY ID- 316

DUPLICATE TOOTH AND/OR SURFACE CODES ARE NOT ALLOWED ON THE SAME LINE.

LI GR RSN/RMK IND  
01 N37  
02 N75  
03 CO 18

KEY ID- 317

THIS MODIFIER IS NOT VALID FOR THIS DATE OF SERVICE. PLEASE CORRECT AND RESUBMIT.

LI GR RSN/RMK IND

01 CO 18

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KEY ID- 318

INCORRECT BILLING OF REVENUE CODE WITH HCPCS CODE. REBILL USING  
APPROPRIATE HCPCS CODE.

LI GR RSN/RMK IND  
01 199

KEY ID- 320

PROCEDURE CODE NOT VALID FOR CLAIM TYPE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 321

RECIPIENT NOT ELIGIBLE FOR PROCEDURE CODE.

LI GR RSN/RMK IND  
01 N30  
02 PR A1

KEY ID- 322

DRUG NOT COVERED FOR CHILDREN'S HEALTH SERVICE RECIPIENT.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 325

CANNOT PROCESS THIS CLAIM BECAUSE OF TOO MANY ERRORS. CONTACT THE  
PROVIDER RELATIONS DEPARTMENT FOR ASSISTANCE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 326

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE EIGHTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 9

KEY ID- 327

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE SECOND SURGICAL PROCEDURE  
CODE.

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LI GR RSN/RMK IND  
01 CO 6

KEY ID- 328

THE RECIPIENT'S SEX IS NOT ALLOWED FOR THE EIGHTH DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 10

KEY ID- 329

THIS CLAIM IS A SUSPECT DUPLICATE OF A PREVIOUSLY PAID CLAIM. IF CLAIM IS NOT A DUPLICATE, RESUBMIT ON PAPER WITH AN ATTACHED EXPLANATION.

LI GR RSN/RMK IND  
01 CO B13  
02 CO 18

KEY ID- 330

THE LINE ITEM DATE OF SERVICE IS NOT WITHIN THE COVERED DATES. CORRECT THE DATE OF SERVICE AND RESUBMIT.

LI GR RSN/RMK IND  
01 MA31  
02 CO A1

KEY ID- 331

THE CLAIM DATE OF SERVICE IS TOO OLD TO PROCESS.

LI GR RSN/RMK IND  
01 CO 29

KEY ID- 332

AMBULATORY SURGICAL CENTERS CANNOT PERFORM THIS PROCEDURE OR PROVIDE THIS SERVICE.

LI GR RSN/RMK IND  
01 CO 52

KEY ID- 335

THE PROCEDURE CODE IS NOT COVERED BY MEDICARE. RESUBMIT ON THE HCFA-1500 AND ATTACH MEDICARE DENIAL.

LI GR RSN/RMK IND

01 MA04  
02 CO A1

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KEY ID- 336

THE "E" DIAGNOSIS CODES AND SOME "V" DIAGNOSIS CODES CANNOT BE USED AS THE PRIMARY DIAGNOSIS.

LI GR RSN/RMK IND  
01 MA63  
02 CO 47

KEY ID- 350

CLAIM DENIED. THE SYSTEM CALCULATED A NUMBER THAT IS TOO LARGE FOR THE FIELD WHICH IS BEING CALCULATED. PLEASE VERIFY YOUR UNITS AND RESUBMIT.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 351

CLAIM DENIED. YOUR DATE OF SERVICE IS EITHER OLD OR ZEROS. WE ARE UNABLE TO PROCESS CAPS INFORMATION FOR DATE BILLED.

LI GR RSN/RMK IND  
01 PR 119

KEY ID- 352

DENIED. CONTINUOUS HOME CARE MUST BE PROVIDED AT A MINIMUM OF EIGHT (8) HOURS (UNITS).

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 353

DENIED. RECIPIENT IS NOT LOCKED INTO A HOSPICE, OR RECIPIENT IS LOCKED INTO A DIFFERENT HOSPICE THAN THE BILLING PROVIDER.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 354

DENIED. A MAXIMUM OF FIVE (5) CONSECUTIVE DAYS AT A TIME MAY BE BILLED FOR INPATIENT RESPITE CARE.

LI GR RSN/RMK IND  
01 M53  
02 CO 42

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KEY ID- 355

RECIPIENT IS LOCKED INTO A HOSPICE. CLAIMS UNRELATED TO THE RECIPIENTS  
TERMINAL ILLNESS MUST BE SUBMITTED WITH HOSPICE APPROVAL LETTER.

LI GR RSN/RMK IND  
01 CO A1  
02 CO B7

KEY ID- 357

YOU HAVE BILLED A DATE SPAN THAT INDICATES A RENTAL, BUT YOU DID NOT  
BILL WITH THE RENTAL MODIFIER (RR). PLEASE CORRECT CLAIM AND RESUBMIT.

KEY ID- 358

INPATIENT CLAIMS REQUIRE AN ACCOMADATION CODE. IF YOU ARE BILLING FOR  
LATE CHARGES, PLEASE SUBMIT AS AN ADJUSTMENT.

LI GR RSN/RMK IND  
01 M50  
02 CO A1  
03 CO 16

KEY ID- 361

ONLY ONE 50 MODIFIER IS ALLOWED PER SURGICAL PROCEDURE CODE PER DATE  
OF SERVICE.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 366

RECIPIENT IS NOT ELIGIBLE FOR SERVICES AT WYOMING STATE HOSPITAL. CALL  
DFS FIELD OFFICE FRO ELIGIBILITY ASSISTANCE.

LI GR RSN/RMK IND  
01 N30  
02 CO 96

KEY ID- 367

RECIPIENT IS NOT ELIGIBLE FOR SERVICES AT WYOMING STATE TRAINING SCHOOL.  
CALL DFS FIELD OFFICE FOR ELIGIBILITY ASSISTANCE.

LI GR RSN/RMK IND  
01 N30  
02 CO 96

KEY ID- 368

NO LT-MR-104 ON FILE FOR THIS RECIPIENT. SUBMIT LT-MR-104 TO HEALTH CARE FINANCING AND REBILL THE CLAIM.

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LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 369

NO LT101 ON FILE FOR THIS RECIPIENT. SUBMIT CURRENT LT101 PERFORMED BY PHN AND REBILL CLAIM FROM LT101 COMPLETION DATE.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 370

LT101 IS EXPIRED. LT101 FOR ADMISSION, TRANSFER OR MEDICAID ELIGIBILITY MUST BE LESS THAN 45 DAYS OLD. SUBMIT CURRENT LT101 AND REBILL CLAIM.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 371

LT101 POINTS ARE LESS THAN 13. RECIPIENT DOES NOT MEET MEDICAL NECESSITY FOR NURSING FACILITY SERVICES.

LI GR RSN/RMK IND  
01 CO 50

KEY ID- 372

PASARR LEVEL I WAS NOT COMPLETED PRIOR TO ADMISSION. REBILL THE CLAIM USING THE LEVEL I DATE AS THE FIRST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 373

PASARR LEVEL II WAS NOT COMPLETED PRIOR TO ADMISSION. REBILL THE CLAIM USING THE LEVEL II DATE AS THE FIRST DATE OF SERVICE.

LI GR RSN/RMK IND  
01 MA40  
02 CO 96

KEY ID- 375

CONVALESCENT CARE PERIOD HAS EXPIRED WITHOUT LEVEL II REFERRAL.

PAYMENT DENIED UNTIL PASARR LEVEL II IS COMPLETED.

LI GR RSN/RMK IND

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01 M58  
02 CO 96

KEY ID- 376

PROVISIONAL CARE PERIOD HAS EXPIRED WITHOUT LEVEL II REFERRAL. PAYMENT IS DENIED UNTILL PASARR LEVEL II IS COMPLETED.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 377

EMERGENCY CARE PERIOD HAS EXPIRED WITHOUT LEVEL II REFERRAL. PAYMENT IS DENIED UNTIL PASARR LEVEL II IS COMPLETED.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 378

LEVEL II DETERMINATION INDICATES PLACEMENT IS NOT AUTHORIZED FOR THIS CLIENT. DO NOT REBILL THE CLAIM. REFER TO PASARR DETERMINATION NOTICE.

LI GR RSN/RMK IND  
01 CO 50

KEY ID- 379

PRE-ADMISSION SCREENING WAS INCOMPLETE DUE TO DISCHARGE OR DEATH. DO NOT REBILL THE CLAIM.

LI GR RSN/RMK IND  
01 CO 13

KEY ID- 380

AWAITING PRE-ADMISSION LEVEL II DETERMINATION.

LI GR RSN/RMK IND  
01 M58  
02 CO 96

KEY ID- 381

YOU BILLED THE CLAIM AS A CROSSOVER AND THERE IS NO MEDICARE ALLOWED AMOUNT. REBILL CLAIM AS STRAIGHT HCFA 1500 WITH MEDCARE EOMB AS ATT.

LI	GR	RSN/RMK	IND
01		MA30	
02		N8	

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03 CO A1

KEY ID- 389

THE RECIPIENT ID NUMBER ON THE CLAIM IS NOT ON FILE. CORRECT RECIPIENT ID NUMBER AND RESUBMIT YOUR CLAIM.

LI GR RSN/RMK IND  
01 M58  
02 CO 31

KEY ID- 390

THERE ARE MULTIPLE ANESHESIA PROCEDURE CODES FOR THE SAME PROVIDER, RECIPIENT, AND DATE OF SERVICE. RESUBMIT WITH SUPPORTING DOCUMENTATION.

LI GR RSN/RMK IND  
01 N29  
02 CO A1

KEY ID- 392

CHS ONLY RECIPIENTS ARE NOT ELIGIBLE FOR COMMUNITY MENTAL HEALTH SERVICES.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 395

DENIED. THE SERVICES YOU ARE BILLING REQUIRE MANUAL PRICING. PLEASE RESUBMIT A PAPER CLAIM WITH PRICING DOCUMENTATION ATTACHED.

LI GR RSN/RMK IND  
01 M23  
02 CO A1

KEY ID- 397

MULTI SPECIALITY ENCOUNTER MAY NOT BE BILLED ON THE SAME DAY AS AN INDIVIDUAL SPECIALTY ENCOUNTER

KEY ID- 399

ONLY ONE IHS SPECIALTY ENCOUNTER CODE MAY BE BILLED FOR EACH DATE OF SERVICE AND CANNOT BE BILLED IN ADDITION TO THE MULTISPECIALTY CODE.

LI GR RSN/RMK IND  
01 M80  
02 CO 97



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KEY ID- 400

TWO OR MORE TESTS ON THE SAME DATE OF SERVICE IS CONSIDERED A LAB  
PROFILE.

LI GR RSN/RMK IND  
01 M15  
02 CO A1

KEY ID- 401

OFFICE VISIT, ER, AND NURSING HOME VISITS NOT ALLOWED ON SAME DATE  
OF SERVICE AS INPATIENT COMPREHENSIVE EXAM.

LI GR RSN/RMK IND  
01 M2  
02 CO 60  
03 CO 96

KEY ID- 402

ONLY ONE INITIAL MATERNITY VISIT DURING ANY PREGNANCY IS ALLOWED  
PER BILLING PROVIDER.

LI GR RSN/RMK IND  
01 M86  
02 CO B1

KEY ID- 403

ONLY ONE HOSPITAL VISIT PER DAY, PER PROVIDER IS ALLOWED WITHOUT  
DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 N66  
02 CO B14

KEY ID- 404

COMPONENT PARTS CANNOT BE BILLED WITH COMPLETE TESTS ON THE SAME DATE  
OF SERVICE.

LI GR RSN/RMK IND  
01 M15  
02 CO 97

KEY ID- 405

THERAPEUTIC INJECTIONS ARE NOT ALLOWED ON THE SAME DAY AS "J" CODE OR  
"X" CODE INJECTIONS.

LI	GR	RSN/RMK	IND
01		N20	
02	CO	97	

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KEY ID- 406

ONLY ONE UNIT OF SERVICE IS ALLOWED PER RECIPIENT PER YEAR.  
PER LIFETIME.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 407

PSYCHOLOGICAL TESTING LIMITED TO 3 HOURS PER DAY PER RECIPIENT AND 90830  
MAY NOT BE BILLED ON THE SAME DAY AS 96100.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 408

LONG TERM CARE VISITS NOT ALLOWED ON SAME DOS AS COMPREHENSIVE MEDICAL  
VISITS BY THE SAME PROVIDER WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 N66  
02 CO B14

KEY ID- 409

SECOND COMPREHENSIVE HOSPITAL VISIT NOT ALLOWED WITHIN 30 DAYS FOR  
SAME DIAGNOSIS WITHOUT SUPPORTING MEDICAL DOCUMENTATION.

LI GR RSN/RMK IND  
01 N66  
02 CO B1  
03 CO 96

KEY ID- 410

ONLY 1 HOUR OF CRITICAL CARE (CPT 99291) ALLOWED PER PROVIDER, PER  
RECIPIENT, PER DAY.

KEY ID- 411

NEONATAL INTENSIVE CARE EXAM LIMITED TO ONE PER ADMISSION, AND LIMITED  
TO DAY OF ADMISSION.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

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KEY ID- 412

INPATIENT VISIT NOT ALLOWED ON SAME DAY AS OFFICE VISIT, EMERGENCY ROOM VISIT OR NURSING HOME VISIT.

LI GR RSN/RMK IND  
01 CO 60

KEY ID- 413

ANTEPARTUM, POSTPARTUM, OR DELIVERY CANNOT BE BILLED WITHIN NINE MONTHS BEFORE OR 45 DAYS AFTER TOTAL OB/C-SECTION CARE.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 414

SERVICES INCLUDED IN CRITICAL CARE CANNOT BE BILLED WITH CRITICAL CARE CODES 99291-99292.

LI GR RSN/RMK IND  
01 M80  
02 CO 97

KEY ID- 415

HEMATOCRIT/URINALYSIS NOT ALLOWED SEPARATELY WITHIN 270 DAYS PRIOR TO TOTAL OB/C-SECTION CARE.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 416

EYE EXAM WITH REFRACTION NOT ALLOWED ON SAME DAY AS EYE EXAM FOR DETERMINATION OF REFRACTIVE STATE.

LI GR RSN/RMK IND  
01 M80  
02 CO 97

KEY ID- 417

ANESTHESIA IS NOT ALLOWED WITH VAGINAL DELIVERY.

KEY ID- 418

ONLY ONE POSTPARTUM CARE ALLOWED PER NINE MONTHS.

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LI GR RSN/RMK IND  
01 M86  
02 CO B1

KEY ID- 419

ONLY ONE COLLECTION OF SPECIMEN FEE ALLOWED PER DAY.

LI GR RSN/RMK IND  
01 M63  
02 CO 96

KEY ID- 420

ANTEPARTUM VISIT NOT ALLOWED ON SAME DAY AS ROUTINE LAB TESTS.

LI GR RSN/RMK IND  
01 M80  
02 CO 96

KEY ID- 421

ELEVEN ANTEPARTUM VISITS ALLOWED PER NINE MONTHS WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M86  
02 N66  
03 CO B1

KEY ID- 422

ONLY ONE CONSULTATION PER DAY PER RECIPIENT PER PERFORMING PROVIDER.

LI GR RSN/RMK IND  
01 M63  
02 CO B1

KEY ID- 423

ONLY ONE INITIAL INPATIENT CONSULTATION ALLOWED PER HOSPITAL STAY, PER PROVIDER.

LI GR RSN/RMK IND  
01 M13  
02 CO B14

KEY ID- 424

NEW PATIENT VISIT NOT ALLOWED WITHIN THREE YEARS OF PREVIOUS NEW PATIENT VISIT BY SAME PROVIDER.

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LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 425

SERVICES BY TWO PSYCHIATRISTS ON SAME DATE OF SERVICE IS NOT ALLOWED  
FOR SAME RECIPIENT.

KEY ID- 426

OFFICE VISIT NOT ALLOWED ON SAME DAY AS INSERTION/REMOVAL OF AN IUD.

LI GR RSN/RMK IND  
01 M80  
02 CO B1

KEY ID- 427

HOME HEALTH REVENUE CODES CANNOT EXCEED \$1200 PER MONTH, COMBINED,  
WITHOUT PRIOR AUTHORIZATION.

LI GR RSN/RMK IND  
01 PR 119

KEY ID- 428

ENTERAL AND PARENTERAL INFUSION PUMPS HAVE A CAPPED RENTAL OF 100  
DAYS. AFTER 100 DAYS RENTAL THE ITEM IS CONSIDERED PURCHASED.

LI GR RSN/RMK IND  
01 CO 108

KEY ID- 429

ITEM IS CAPPED RENTAL DME. AFTER 10 MONTHS OF RENTAL WITHIN A 24 MONTH  
PERIOD THE ITEM IS CONSIDERED PURCHASED.

LI GR RSN/RMK IND  
01 CO 108

KEY ID- 430

ONLY ONE MULTICHANNEL TEST IS ALLOWED PER PROVIDER PER DAY. COMBINE ALL  
TESTS UNDER ONE MULTICHANNEL CODE AND REBILL.

LI GR RSN/RMK IND  
01 M15  
02 CO 97

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KEY ID- 431

HIV-1 DIRECT AND QUANTATIVE NOT ALLOWED TOGETHER.

LI GR RSN/RMK IND  
01 M80  
02 CO 96

KEY ID- 432

THE ENCOUNTER RATE IS INCLUSIVE.

LI GR RSN/RMK IND  
01 M15  
02 CO 97

KEY ID- 434

OFFICE VISIT IS NOT ALLOWED ON SAME DATE OF SERVICE AS REMOVAL/  
INSERTION OF IMPLANTABLE CONTRACEPTIVE.

LI GR RSN/RMK IND  
01 M80  
02 CO B1  
03 CO 97

KEY ID- 436

PRIOR AUTHORIZATION IS REQUIRED FOR ALL SERVICES FOR THIS RECIPIENT'S  
PLAN. PLEASE RESUBMIT WITH A PA # ON THE CLAIM.

LI GR RSN/RMK IND  
01 CO 62

KEY ID- 437

YOUR PROVIDER NUMBER IS NOT ACTIVE FOR BILLING MEDICAID SERVICES FOR  
THE DATES OF SERVICE ON THE CLAIM.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 445

ONLY ONE DELIVERY CAN BE BILLED PER PROVIDER PER RECIPIENT, PER  
PREGNANCY.

LI GR RSN/RMK IND  
01 M86

02 CO 18

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KEY ID- 446

DELIVERY OF PLACENTA/INSERTION OF CERVIAL DILATOR NOT ALLOWED WITH  
DELIVERY.

KEY ID- 450

THIS DRUG WAS DISPENSED AFTER THE EXPIRATION DATE OF THE NDC #. PLEASE  
RESUBMIT WITH CORRECT NDC NUMBER.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 119

KEY ID- 451

THIS RECIPIENT IS NOT ELIGIBLE FOR MEDICAL SUPPLIES.

LI GR RSN/RMK IND  
01 N30  
02 PR 96

KEY ID- 452

DENIED. PROVIDER IS NOT ON FILE WITH THE STATE AUDITOR'S OFFICE. CALL  
CONSULTEC FOR A WIN FORM.

LI GR RSN/RMK IND  
01 CO B7

KEY ID- 453

PHYSICAL THERAPY IS NOT PAID AS A SEPARATE BENEFIT FOR A RECIPIENT IN  
A NURSING HOME. IT IS INCLUDED IN THE NH PER DIEM.

LI GR RSN/RMK IND  
01 N30  
02 PR 96  
03 PR 97

KEY ID- 454

DME ITEM RENTAL IS CAPPED AT 10 MONTHS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 455

ALLOWED ONLY ONCE PER YEAR PER VENTILATOR AND ONLY ON PATIENT OWNED  
VENTILATOR.

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KEY ID- 466

ONLY ONE MEDICAL CASE MANAGEMENT FOR DD KIDS PER PROVIDER PER  
CALENDAR MONTH. PROCEDURE CODE X3127.

LI GR RSN/RMK IND  
01 M86  
02 N66  
03 CO B1

KEY ID- 467

DME RENTAL ITEMS MUST HAVE AN "RR" MODIFIER.

KEY ID- 468

A LINE ITEM ON THE OUTPATIENT SURGICAL CLAIM HAS BEEN DENIED, THEREFORE,  
THE ENTIRE CLAIM MUST BE DENIED.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 477

INPATIENT CLAIMS FOR CONTRACT REHAB SERVICES MUST BE BILLED WITH  
REVENUE CODE 682.

LI GR RSN/RMK IND  
01 M50  
02 CO 16

KEY ID- 478

NEGATIVE LENGTH OF STAY. THE DISCHARGE HOUR IS LESS THAN THE ADMIT  
HOUR.

LI GR RSN/RMK IND  
01 N46  
02 N50  
03 CO A1

KEY ID- 479

ALIENS ARE ONLY ELIGIBLE FOR EMERGENCY SERVICES. IF THE RECIPIENT IS  
ENROLLED IN THE PRESUMPTIVE ELIGIBILITY PROGRAM, CALL ACS.

LI GR RSN/RMK IND  
01 N30  
02 CO 96

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KEY ID- 480

THIS SERVICE IS COVERED IN THE PER DIEM RATE.

LI GR RSN/RMK IND  
01 CO 97

KEY ID- 497

SERVICE NOT ALLOWED ON THE SAME DAY OR WITHIN SIX MONTHS ON THE SAME  
TOOTH/SAME SURFACE BY THE SAME PROVIDER.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 499

THIS IS A SWING BED CLAIM AND THE REVENUE CODES ARE NOT ACCOMADATION  
CODES.

LI GR RSN/RMK IND  
01 M50  
02 CO A1

KEY ID- 500

THE REVENUE CODE REQUIRES A PROCEDURE CODE.

LI GR RSN/RMK IND  
01 MA66  
02 CO A1

KEY ID- 501

THE SERVICE IS COVERED IN THE SURGERY RATE.

LI GR RSN/RMK IND  
01 M80  
02 CO A1  
03 CO 97

KEY ID- 502

REVENUE CODES 25X,27X,29X, AND 380 CANNOT BE BILLED BY THEMSELVES. IF  
THERE IS AN EMERGENCY ROOM/CLINIC CHARGE, PLEASE RESUMIT.

LI GR RSN/RMK IND

01 M50  
02 CO 96

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KEY ID- 503

THE HCPCS PROCEDURE CODE IS NOT A VALID CODE FOR OUTPATIENT CLAIMS.

LI GR RSN/RMK IND  
01 CO B18

KEY ID- 504

THE SURGERY BILLED IS ONLY ALLOWED IN AN INPATIENT SETTING.

LI GR RSN/RMK IND  
01 CO 5

KEY ID- 505

THIS IS A NON-PAYABLE SURGERY. THE ASC GROUP INDICATOR IS N, NON PAYABLE SURGERY.

LI GR RSN/RMK IND  
01 CO 175

KEY ID- 506

THE HCPCS CODE IS CONSIDERED A NON-SPECIFIC OR UNLISTED PROCEDURE CODE. PLEASE RECODE THE HCPCS TO MAKE IT MORE SPECIFIC.

LI GR RSN/RMK IND  
01 M20  
02 CO B18

KEY ID- 507

THE SURGICAL PROCEDURE CODE (10000-69999) OR X5846 REQUIRES A REVENUE CODE OF 36X, 45X, 49X, OR 76X.

LI GR RSN/RMK IND  
01 M50  
02 CO 96

KEY ID- 508

THE REVENUE CODES 36X OR 49X REQUIRE A HCPCS CODE IN THE RANGE OF 10000-69999 OR X5846.

LI GR RSN/RMK IND  
01 M20  
02 CO A1

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KEY ID- 509

THE REVENUE CODES 32X-35X, 40X AND 61X REQUIRE A HCPCS PROCEDURE CODE.  
CONSULT THE UNIFORM BILLING EDITOR FOR THE APPROPRIATE CODES.

LI GR RSN/RMK IND  
01 M20  
02 CO 16  
03 CO 96

KEY ID- 510

AN OP SURG CLM HAS ALREADY BEEN PAID FOR THIS DTE OF SVC. THE SVC YOU  
ARE BILLING IS INCLUDED IN SURG RATE. FILE AN ADJUSTMENT FOR THE SURG.

LI GR RSN/RMK IND  
01 M144  
02 CO 18

KEY ID- 511

THE PATIENT STATUS ON THE LEVEL OF CARE CLAIM IS 30 (STILL A PATIENT).  
YOU MUST BILL AFTER THE PATIENT IS DISCHARGED.

LI GR RSN/RMK IND  
01 MA43  
02 CO 135

KEY ID- 512

A LINE ITEM ON THE INPATIENT CLAIM HAS BEEN DENIED, THEREFORE, THE  
ENTIRE CLAIM MUST BE DENIED.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 513

THIS IS AN EXTENDED PSYCH SERVICE AND THE CLAIM DOES NOT CONTAIN A  
REVENUE CODE OF 100 OR 680.

LI GR RSN/RMK IND  
01 M50  
02 CO A1

KEY ID- 514

THE SERVICE IS EXTENDED PSYCH, NICU OR TRANSPLANTS AND THE PROVIDER HAS  
NOT CONTRACTED TO PROVIDE THESE SERVICES OR PA # WAS NOT ON CLAIM.

LI GR RSN/RMK IND

01 CO B7

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KEY ID- 515

THERE IS A TRANSPLANT REVENUE CODE OF 362 AND A TRANSPLANT ICD-9-CM SURGICAL PROCEDURE CODE IS NOT ON THE CLAIM.

LI GR RSN/RMK IND  
01 M67  
02 CO A1  
03 CO 16

KEY ID- 516

POSSIBLE INTERIM CLAIM. THE FIRST DATE OF SERVICE HAS TO BE EQUAL TO THE DATE OF ADMISSION ON A LEVEL OF CARE CLAIM.

LI GR RSN/RMK IND  
01 CO 135

KEY ID- 517

THE DATES OF SERVICE ON THE CLAIM DO NOT MATCH THE DATES ON THE PRIOR AUTHORIZATION.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 518

THE SERVICE ON THE CLAIM DOES NOT MATCH THE PRIOR AUTHORIZATION SERVICE.

LI GR RSN/RMK IND  
01 N54  
02 CO 15

KEY ID- 519

NICU, TRANSPLANTS, EXTENDED PSYCH, LEVEL OF CARE 3 (PSYCH) AND LEVEL OF CARE 4 (REHAB) REQUIRE PRIOR AUTHORIZATION.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 62

KEY ID- 520

HEAVY CARE CLAIMS REQUIRE PRIOR AUTHORIZATION. REVENUE CODES 670 - 679.

LI GR RSN/RMK IND

01 CO A1  
02 CO 62

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KEY ID- 521

A NON-SURGERY CLM HAS ALREADY BEEN PAID FOR THIS DTE OF SVC AND YOU ARE  
SUBMITTING A SURGERY CLAIM. FILE AN ADJUSTMENT FOR THE NON-SURGERY CLM.

LI GR RSN/RMK IND  
01 M144  
02 CO 18

KEY ID- 522

ONLY ONE HOSPITAL DISCHARGE MANAGEMENT CODE MAY BE BILLED.

LI GR RSN/RMK IND  
01 M86  
02 CO 96

KEY ID- 523

MORE THAN 1 CONSULTATION WITHIN 365 DAYS NOT SUPPORTED BY DOCUMENTATION.  
RESUBMIT WITH ADDITIONAL DOCUMENTATION OR WITH APPROPRIATE E&M CODE.

LI GR RSN/RMK IND  
01 M90  
02 N66  
03 CO 96

KEY ID- 550

RECIPIENT HAS EXCEEDED THEIR LIMIT OF 14 BILLED LEAVE DAYS PER CALENDAR  
YEAR.

KEY ID- 551

RECIPIENT HAS EXCEED THEIR LIMIT OF 20 PHYSICAL THERAPY VISITS PER  
CALENDAR YEAR.

LI GR RSN/RMK IND  
01 PR A1  
02 PR 119

KEY ID- 552

RECIPIENT HAS EXCEEDED THEIR LIMIT OF 12 OFFICE VISITS PER CALENDAR  
YEAR.

LI GR RSN/RMK IND  
01 PR A1  
02 PR 119

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KEY ID- 553

RECIPIENT HAS EXCEEDED THEIR LIMIT OF 14 BILLED LEAVE DAYS PER CALENDAR YEAR.

LI GR RSN/RMK IND  
01 PR A1  
02 PR 119

KEY ID- 578

CHIP RECIPIENT'S ELIGIBILITY GOES THROUGH THE END OF THE MONTH OF THEIR 19TH BIRTHDAY.

LI GR RSN/RMK IND  
01 N30  
02 PR 27

KEY ID- 600

PROCEDURE CODE IS NOT REIMBURSED MORE THAN ONCE PER MOUTH QUADRANT.

LI GR RSN/RMK IND  
01 M86  
02 CO 97

KEY ID- 601

PROCEDURE BILLED FOR INVALID TOOTH SURFACE.

LI GR RSN/RMK IND  
01 N7  
02 CO A1

KEY ID- 602

ONLY ONE UNIT ALLOWED PER LINE ITEM FOR MULTIPLE TOOTH CODES.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 603

PROCEDURE BILLED FOR AN INVALID TOOTH CODE.

LI GR RSN/RMK IND  
01 N37

02 CO A1

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KEY ID- 604

CANNOT BILL BOTH TOOTH NUMBER AND TOOTH CHARACTER ON SAME LINE.

LI GR RSN/RMK IND  
01 N37  
02 CO A1

KEY ID- 605

MOUTH QUADRANT BILLED IS INVALID.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 606

TOOTH NUMBER AND/OR TOOTH CHARACTER IS MISSING.

LI GR RSN/RMK IND  
01 N37  
02 CO A1

KEY ID- 607

TOOTH SURFACE IS MISSING.

LI GR RSN/RMK IND  
01 N75  
02 CO A1

KEY ID- 608

MOUTH QUADRANT IS NOT IDENTIFIED ON THE CLAIM.

LI GR RSN/RMK IND  
01 N37  
02 CO A1

KEY ID- 657

OCE INVALID DIAGNOSIS CODE.

LI GR RSN/RMK IND  
01 CO 47



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EOB DESCRIPTIONS

KEY ID- 658

OCE INVALID PROCEDURE CODE.

LI GR RSN/RMK IND

01 M51

02 CO A1

KEY ID- 659

MULTIPLE BILATERAL PROCEDURES WITHOUT MODIFIER 50.

LI GR RSN/RMK IND

01 CO 4

KEY ID- 660

INAPPROPRIATE SPECIFICATION OF BILATERAL PROCEDURE.

LI GR RSN/RMK IND

01 CO 4

KEY ID- 661

INPATIENT PROCEDURES AND INPATIENT SEPARATE PROCEDURES NOT PAID.

LI GR RSN/RMK IND

01 M51

02 CO A1

KEY ID- 662

MUTUALLY EXCLUSIVE PROC OR SECOND CODE OF A PAIR THAT IS NOT ALLOWED  
EVEN IF APPROPRIATE MODIFIER IS PRESENT.

LI GR RSN/RMK IND

01 M15

02 CO A1

KEY ID- 663

MEDICAL VISIT ON SAME DAY AS TYPE T OR S PROCEDURE WITHOUT MODIFIER 25.

LI GR RSN/RMK IND

01 CO 4

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EOB DESCRIPTIONS

KEY ID- 664

OCE INVALID MODIFIER.

LI GR RSN/RMK IND  
01 M78  
02 CO A1

KEY ID- 665

SERVICE IS NOT SEPARATELY PAYABLE OR ALL SERVICES HAVE STATUS INDICATOR  
N (PACKAGED).

LI GR RSN/RMK IND  
01 CO B15

KEY ID- 666

IMPLANT DEVICE PROCEDURE MISSING.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 667

MUTUALLY EXCLUSIVE PROCEDURE OR SECOND CODE OF A PAIR THAT IS ALLOWED  
IF APPROPRIATE MODIFIER IS PRESENT.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 668

MULTIPLE MEDICAL VISITS ON SAME DAY WITH SAME REVENUE CODE WITHOUT  
CONDITION CODE G0.

LI GR RSN/RMK IND  
01 M44  
02 CO A1

KEY ID- 669

TRANSFUSION OR BLOOD PRODUCT EXCHANGE WITHOUT SPECIFICATION OF BLOOD  
PRODUCT.

LI GR RSN/RMK IND  
01 M20  
02 CO 16



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EOB DESCRIPTIONS

KEY ID- 670

OBSERVATION DOES NOT MEET MINIMUM HOURS, QUALIFYING DIAGNOSIS, AND/OR  
T PROCEDURE CONDITIONS.

LI GR RSN/RMK IND  
01 M53  
02 CO A1

KEY ID- 671

MULTIPLE CODES FOR THE SAME SERVICE.

LI GR RSN/RMK IND  
01 N19  
02 CO A1

KEY ID- 672

E/M CONDITION NOT MET AND LINE ITEM DATE FOR OBSERVATION CODE G0244  
IS NOT 12/31 OR 1/1.

LI GR RSN/RMK IND  
01 M51  
02 N301  
03 CO A1

KEY ID- 673

E/M CONDITION NOT MET AND LINE ITEM DATE FOR OBSERVATION CODE G0244 IS  
12/31 OR 1/1.

LI GR RSN/RMK IND  
01 M51  
02 N301  
03 CO A1

KEY ID- 674

G0263 ONLY ALLOWED WITH PAYABLE G0244 OR G0379 IS ONLY ALLOWED WITH  
PAYABLE G0378.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 675

USE OF MODIFIER CA WITH MORE THAN ONE PROCEDURE IS NOT ALLOWED.

LI GR RSN/RMK IND  
01 CO 4

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EOB DESCRIPTIONS

KEY ID- 676

DATE OUT OF OCE RANGE.

LI GR RSN/RMK IND  
01 M52  
02 CO A1

KEY ID- 677

INVALID DATE.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 678

PARTIAL HOSPITALIZATION CONDITION CODE 41 NOT APPROVED FOR TYPE OF BILL.

LI GR RSN/RMK IND  
01 M44  
02 CO A1

KEY ID- 679

CA MODIFIER REQUIRES PATIENT STATUS CODE 20.

LI GR RSN/RMK IND  
01 MA43  
02 CO A1

KEY ID- 680

CLAIM LACKS REQUIRED DEVICE CODE OR ALLOWED PROC CODE FOR DEVICE CODE.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 681

THE STATUS INDICATOR IS Y FOR DME NOT IMPLANTABLE.

LI GR RSN/RMK IND

01 M51  
02 CO A1

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KEY ID- 682

THE STATUS INDICATOR IS C FOR INPATIENT PROCEDURE.

LI GR RSN/RMK IND  
01 M51  
02 CO A1

KEY ID- 683

THE STATUS INDICATOR IS W FOR INVALID HCPCS OR INVALID REVENUE CODE WITH NO HCPCS.

LI GR RSN/RMK IND  
01 M50  
02 M51  
03 CO A1

KEY ID- 684

THE TAXONOMY IS NOT ON THE ALLOWED LIST OR IS ON THE NOT ALLOWED LIST FOR THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO 8

KEY ID- 685

THE TAXONOMY IS NOT ON THE ALLOWED LIST OR IS ON THE NOT ALLOWED LIST FOR THE REVENUE CODE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 686

REVENUE CODE NOT ALLOWED.

LI GR RSN/RMK IND  
01 M50  
02 CO A1

KEY ID- 687

INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS.

LI GR RSN/RMK IND  
01 M50

02 M51  
03 CO A1

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EOB DESCRIPTIONS

KEY ID- 688

THE PROCEDURE INDICATES PARTIAL HOSPITALIZATION.

LI GR RSN/RMK IND

01 M51

02 CO A1

KEY ID- 689

OBSERVATION REVENUE CODE ON LINE ITEM WITH NON-OBSERVATION HCPCS CODE.

LI GR RSN/RMK IND

01 M50

02 M51

03 CO A1

KEY ID- 690

SERVICE ON SAME DAY AS INPATIENT PROCEDURE CODE.

LI GR RSN/RMK IND

01 M51

02 CO A1

KEY ID- 691

REVENUE CODE REQUIRES HCPCS.

LI GR RSN/RMK IND

01 M51

02 CO A1

KEY ID- 693

OB OBSERVATION IS LESS THAN 8 HOURS.

LI GR RSN/RMK IND

01 M53

02 CO A1

KEY ID- 694

MODIFIER IS NOT VALID.

LI	GR	RSN/RMK	IND
01		M78	
02	CO	A1	

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EOB DESCRIPTIONS

KEY ID- 698

CLAIM NOT PROCESSED BY OCE. CONDITION CODE 21 IS PRESENT.

LI GR RSN/RMK IND  
01 M44  
02 CO A1

KEY ID- 700

INVALID BILL TYPE FOR OUTPATIENT SERVICES.

LI GR RSN/RMK IND  
01 MA30  
02 CO A1

KEY ID- 701

MODIFIER IS NOT VALID.

LI GR RSN/RMK IND  
01 M78  
02 CO A1

KEY ID- 702

MISSING OR INVALID VERSION NUMBER. CONTACT YOUR SOFTWARE VENDOR.

KEY ID- 703

MISSING OR INVALID TRANSACTION CODE. CONTACT YOUR SOFTWARE VENDOR.

KEY ID- 704

MISSING OR INVALID PROCESSOR CONTROL NUMBER. CONTACT YOUR SOFTWARE VENDOR.

KEY ID- 705

MISSING OR INVALID PHARMACY NABP NUMBER.

LI GR RSN/RMK IND  
01 M57  
02 CO A1

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EOB DESCRIPTIONS

KEY ID- 706

MISSING OR INVALID GROUP NUMBER. RECIPIENT PLAN MUST HAVE 1906530.

KEY ID- 708

MISSING OR INVALID PERSON CODE. CONTACT YOUR SOFTWARE VENDOR.

KEY ID- 709

MISSING OR INVALID BIRTHDATE.

KEY ID- 710

MISSING OR INVALID SEX CODE.

KEY ID- 711

MISSING OR INVALID RELATIONSHIP CODE.

KEY ID- 712

MISSING OR INVALID CUSTOMER LOCATION CODE.

KEY ID- 713

MISSING OR INVALID OTHER COVERAGE CODE.

KEY ID- 714

MISSING OR INVALID ELIGIBILITY OVERRIDE CODE.

KEY ID- 715

MISSING OR INVALID DATE FILLED.

LI GR RSN/RMK IND  
01 N57  
02 CO A1

KEY ID- 717

MISSING OR INVALID NEW/REFILL INDICATOR.

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EOB DESCRIPTIONS

KEY ID- 719

MISSING DAYS SUPPLY OR MAXIMUM DAYS SUPPLY EXCEEDED.

KEY ID- 720

MISSING OR INVALID COMPOUND CODE.

KEY ID- 723

MISSING OR INVALID INGREDIENT COST.

KEY ID- 724

MISSING OR INVALID SALES TAX.

KEY ID- 728

MISSING OR INVALID DATE PRESCRIPTION WRITTEN.

KEY ID- 729

MISSING OR INVALID NUMBER OF REFILLS AUTHORIZED.

KEY ID- 730

MISSING OR INVALID MED. CERT. CODE.

KEY ID- 732

MISSING OR INVALID LEVEL OF SERVICE. NOT USED FOR WYOMING.

KEY ID- 733

MISSING OR INVALID PRESCRIPTION ORIGIN CODE. NOT USED FOR WYOMING.

KEY ID- 734

MISSING OR INVALID PRESCRIPTION DENIAL OVERRIDE. NOT USED FOR WYOMING.

KEY ID- 735

MISSING OR INVALID PRIMARY PRESCRIBER. NOT USED FOR WYOMING.

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EOB DESCRIPTIONS

KEY ID- 736

MISSING OR INVALID CLINIC ID. NOT USED FOR WYOMING.

KEY ID- 738

MISSING OR INVALID BASIS OF COST.

KEY ID- 739

MISSING OR INVALID DIAGNOSIS CODE.

KEY ID- 741

THIRD PARTY INSURANCE ON RECIPIENT FILE AND NOT ON CLAIM. CLAIM SET TO PAY.

KEY ID- 751

NON-MATCHED GROUP NUMBER - MUST USE 1906530; OR DATE OF SERVICE IS TOO OLD.

KEY ID- 753

NON-MATCHED PERSON CODE.

KEY ID- 755

NON-MATCHED NDC PACKAGE SIZE.

KEY ID- 757

NON-MATCHED PA/MC NUMBER.

KEY ID- 758

NON-MATCHED PRIMARY PRESCRIBER.

KEY ID- 759

NON-MATCHED CLINIC ID

KEY ID- 760

DRUG NOT COVERED FOR RECIPIENT AGE.

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EOB DESCRIPTIONS

KEY ID- 761

DRUG NOT COVERED FOR RECIPIENT GENDER.

KEY ID- 762

PATIENT/CARD HOLDER ID NAME MISMATCH.

KEY ID- 763

INSTITUTIONALIZED PATIENT. NDC NOT COVERED.

KEY ID- 764

CLAIM SUBMITTED DOES NOT MATCH PRIOR AUTHORIZATION.

KEY ID- 766

RECIPIENT AGE EXCEEDS MAXIMUM AGE.

KEY ID- 767

RECIPIENT NOT ELIGIBLE FOR DATE OF SERVICE. PLEASE SUBMIT PAPER CLAIM.

KEY ID- 768

FILLED AFTER COVERAGE EXPIRED.

KEY ID- 769

FILLED AFTER COVERAGE TERMINATED.

KEY ID- 770

NDC NOT COVERED.

KEY ID- 771

PRESCRIBER IS NOT COVERED.

KEY ID- 772

PRIMARY PRESCRIBER IS NOT COVERED.

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EOB DESCRIPTIONS

KEY ID- 773

REFILLS ARE NOT COVERED.

KEY ID- 774

THIRD PARTY PAYOR AMOUNT IS GREATER THAN ALLOWED.

KEY ID- 775

PRIOR AUTHORIZATION REQUIRED.

KEY ID- 778

USE NDC 008880330 (00-20) AND ATTACH COMPLETED COMPOUND PRESCRIPTION  
FORM TO PAPER CLAIM WHEN CHARGES EXCEED \$20.00.

KEY ID- 779

DOCUMENTATION IS INCOMPLETE/DOES NOT SUPPORT REFILL TOO SOON. REFER TO  
PHARMACY BULLETIN 96-004 FOR INSTRUCTION.

KEY ID- 780

DRUG-DIAGNOSIS MISMATCH.

KEY ID- 783

THIS IS A DUPLICATE OF A PREVIOUSLY PAID CLAIM.

KEY ID- 784

REVERSAL NOT PROCESSED. COULD NOT FIND ORIGINAL CLAIM BASED ON THE  
CRITERIA SUBMITTED.

KEY ID- 785

CLAIM NOT PROCESSED.

KEY ID- 786

SUBMIT MANUAL RESERVE.

KEY ID- 787

REVERSAL NOT PROCESSED. CLAIM HAS ALREADY BEEN ADJUSTED.



THE UNITS REPORTED ARE INCORRECT. CORRECT THE UNIT AMOUNT AND RESUBMIT THE CLAIM.

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EOB DESCRIPTIONS

KEY ID- 904

THE BILLED AMOUNT IS NOT APPROPRIATE FOR UNITS CLAIMED. CORRECT CLAIM & RESUBMIT OR SUBMIT PAPER CLAIM WITH ATTACHED EXPLANATION OF BILLED AMT.

KEY ID- 905

LENGTH OF STAY IS LONGER THAN AUTHORIZED. REBILL FOR THE AUTHORIZED DATES OF SERVICE.

KEY ID- 906

CONSENT FORM FOR STERILIZATION, ABORTION, OR HYSTERECTOMY HAS EXPIRED.

KEY ID- 907

SERVICES WERE PERFORMED BEFORE THE MINIMUM 30 DAY WAITING PERIOD.

KEY ID- 908

YOU MUST RE-ENROLL WITH WYOMING MEDICAID TO BE PAID AFTER 11/1/93. CALL 1-800-251-1268 FOR ASSISTANCE.

KEY ID- 909

TRIP REPORT INCOMPLETE OR UNREADABLE OR THE DATES, TIMES, DESTINATION, METHOD OF TRANSPORT, ETC. ARE MISSING OR UNCLEAR.

LI GR RSN/RMK IND

01 N66

02 CO 16

KEY ID- 910

NON-DME SUPPLIERS MUST BILL SUPPLIES WITH CPT CODE 99070. CURRENT INVOICE IS REQUIRED FOR CHARGES OVER \$10.00.

LI GR RSN/RMK IND

01 CO A1

KEY ID- 911

BASE RATE AND MILEAGE REIMBURSED ONLY ONCE IN CASES OF MULTIPLE PERSON TRANSPORT.

LI GR RSN/RMK IND

01 M86

02 CO 97

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KEY ID- 912

WYOMING MEDICAID POLICY DOES NOT ALLOW THIS PROCEDURE WITH THIS  
DIAGNOSIS.

LI GR RSN/RMK IND  
01 CO 11

KEY ID- 913

RECIPIENT INELIGIBLE FOR DATE(S) OF SERVICE. ELIGIBILITY HAS BEEN  
ESTABLISHED THROUGH ANOTHER STATE'S MEDICAID PROGRAM.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 914

OFFICE VISITS MUST BE BILLED AS ENCOUNTER CODES UNDER RHC NUMBER.  
HOSPITAL VISITS MUST BE BILLED AS CPT CODES UNDER PHYSICIAN NUMBER.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 915

PROVIDER CANNOT BILL AS PRIMARY SURGEON AND ASSISTANT SURGEON FOR  
SAME PROCEDURE.

LI GR RSN/RMK IND  
01 CO B7  
02 CO 52

KEY ID- 916

CHILDRENS SPECIAL HEALTH SERVICES MAXIMUM ANNUAL BENEFIT HAS BEEN MET.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 917

BILATERAL PROCEDURES WHICH HAVE NO SPECIFIC BILATERAL CODE REQUIRE  
A -50 MODIFIER ON THE SECOND PROCEDURE.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 918

PROVIDER LISTED ON CLAIM NOT THE SAME AS ON SUBMITTED DOCUMENTATION.

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LI GR RSN/RMK IND  
01 CO A1

KEY ID- 919

INVALID MODIFIER FOR PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 920

WHEN BILLING SWING BED, YOU MUST USE REVENUE CODE 100 FOR ROOM AND BOARD.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 921

REVENUE CODE 681 MUST BE USED WHEN BILLING FOR RTC ROOM AND BOARD.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 922

DATES OF SERVICE AND/OR DOLLAR AMOUNTS ON EOB DO NOT MATCH THE CLAIM.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 923

OPERATIVE REPORT DOES NOT SUPPORT USE OF THIS PROCEDURE CODE.

LI GR RSN/RMK IND  
01 N66  
02 CO 18

KEY ID- 924

DATES OR NAMES ON CLAIM DO NOT MATCH THE DATES OR NAMES ON THE SUBMITTED DOCUMENTATION.

LI GR RSN/RMK IND  
01 N66

02 CO 16

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EOB DESCRIPTIONS

KEY ID- 925

DIAGNOSIS INAPPROPRIATE FOR SERVICE BILLED. PLEASE RESUBMIT WITH  
APPROPRIATE DIAGNOSIS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 926

CPT/ICD-9 CODING FOR ABORTION NOT COMPLIED WITH. PLEASE REVIEW CODING  
AND MEDICAID POLICY RE: ABORTION CERTIFICATION FORM REQUIREMENTS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 927

ONLY ONE HOUR OF CRITICAL CARE (99291) IS ALLOWED PER DAY. TO REPORT  
ADDITIONAL UNITS BILL 99292.

LI GR RSN/RMK IND  
01 CO B14

KEY ID- 928

CODES X3001 AND X3003 CANNOT BE BILLED WITH AN OFFICE VISIT.

LI GR RSN/RMK IND  
01 M80  
02 CO 96

KEY ID- 929

DOCUMENTATION DOES NOT SUPPORT THE MEDICAL NECESSITY OF THE SERVICE  
BILLED.

LI GR RSN/RMK IND  
01 CO 50

KEY ID- 930

INCORRECT RECIPIENT ID NUMBER. PLEASE REBILL WITH THE  
CORRECT RECIPIENT ID NUMBER.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 931

CIRCLE THE PORTION OF THE DOCUMENTATION THAT DESCRIBES THE MISCELLANEOUS  
PROCEDURE.

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LI GR RSN/RMK IND  
01 N66  
02 CO 16

KEY ID- 932

PLEASE USE APPROPRIATE CPT/HCPCS CODE.

LI GR RSN/RMK IND  
01 M20  
02 CO 16

KEY ID- 933

THESE SERVICES ARE INCLUDED IN THE TRANSPLANT CONTRACTED RATE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 934

TRANSPLANT CLAIMS MUST INCLUDE REVENUE CODE 367 OR 362. PLEASE RESUBMIT CLAIM WITH ONE OF THESE REV CODES.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 935

ASSISTANT SERVICE FOR C-SECTION CANNOT BE BILLED AS GLOBAL CARE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 936

UNLISTED CODES REQUIRE REPORT ATTACHED TO CLAIM EXPLAINING WHAT SERVICE WAS PROVIDED.

LI GR RSN/RMK IND  
01 N66  
02 CO 16

KEY ID- 937

HOME HEALTH REV CODE 270 MUST BE BILLED WITH LOCAL CODES Z0029-Z0036.

LI	GR	RSN/RMK	IND
01	CO	A1	

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KEY ID- 938

CLAIM IS A DUPLICATE OF SERVICES PREVIOUSLY SUBMITTED AND PAID.

LI GR RSN/RMK IND  
01 M86  
02 CO 18

KEY ID- 939

RENTAL OF THIS ITEM IS NOT ALLOWED. IT MUST BE PURCHASED.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 940

AMBULANCE TRANSPORT FOR A NON-COVERED SERVICE IS NOT ALLOWED.

LI GR RSN/RMK IND  
01 CO 96

KEY ID- 941

MEDICAID POLICY REQUIRES INPATIENT/OUTPATIENT ADMISSION AS A CONDITION OF PAYMENT FOR AMBULANCE SERVICES AND NO SUCH CLAIM HAS BEEN SUBMITTED.

LI GR RSN/RMK IND  
01 CO 96

KEY ID- 942

CLAIM MUST BE SUBMITTED AFTER SERVICE IS COMPLETE. DATE SPAN MUST COVER FIRST THRU LAST DATES OF SERVICE AND MUST CORRESPOND TO NUMBER OF UNITS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 943

SERVICES BILLED FOR AN ASSISTANT REQUIRE THE APPROPRIATE MODIFIER.

LI GR RSN/RMK IND  
01 M78  
02 CO 4

KEY ID- 944

NUMBER OF UNITS BILLED DO NOT MATCH DOCUMENTATIONS.

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LI GR RSN/RMK IND  
01 M53  
02 CO 16

KEY ID- 945

PROCEDURE CODE IS MANUALLY PRICED. A MANUFACTURER'S INVOICE MUST BE ATTACHED TO THE CLAIM.

LI GR RSN/RMK IND  
01 M23  
02 CO 16

KEY ID- 946

INVOICE ILLEGIBLE, ITEMS ARE NOT MARKED IN PEN, DATE OF INVOICE IS TOO OLD OR UNITS ARE NOT SPECIFIED IN GRAMS, ML, CALORIES, ETC.

LI GR RSN/RMK IND  
01 M23  
02 M58  
03 CO A1  
04 CO 16

KEY ID- 947

PROCEDURE CODE REQUIRES THAT DRUG AND DOSAGE BE INDICATED ON THE CLAIM.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 16

KEY ID- 948

INVOICE DOES NOT MATCH CLAIM--UNITS, DATES, ETC.

LI GR RSN/RMK IND  
01 M23  
02 M58  
03 CO A1  
04 CO 16

KEY ID- 949

YOU HAVE BILLED 2 LINES WHICH WHEN COMBINED EQUAL MORE THAN \$10.00 FOR MISC. SUPPLIES PER AMBULANCE TRIP. RESUBMIT ON ONE LINE.

LI GR RSN/RMK IND  
01 M86

02 CO 18

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KEY ID- 950

MULTIPLE PROCEDURES REQUIRE OPERATIVE/PROCEDURE REPORTS ATTACHED  
TO CLAIM.

LI GR RSN/RMK IND  
01 M29  
02 N66  
03 CO 16

KEY ID- 951

AMBULANCE SERVICE IS CONTRACTED WITH THE TERTIARY FACILITY FOR THIS  
PATIENT AND MAY NOT BE BILLED SEPARATELY.

LI GR RSN/RMK IND  
01 CO 96

KEY ID- 952

INSUFFICIENT DOCUMENTATION TO WARRANT USE OF MODIFIERS 22 OR 62.

LI GR RSN/RMK IND  
01 N66  
02 CO 16

KEY ID- 953

DOCUMENTATION MUST FOLLOW CPT GUIDELINES.

LI GR RSN/RMK IND  
01 N66  
02 CO 16

KEY ID- 954

DOCUMENTATION OF SURGICAL ASSISTANT REQUIRED ON THE OPERATIVE REPORT.

LI GR RSN/RMK IND  
01 N66  
02 CO 16

KEY ID- 955

AMBULANCE CLAIMS REQUIRE AN ATTACHED TRIP REPORT.

LI GR RSN/RMK IND

01 N29  
02 CO 16

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EOB DESCRIPTIONS

KEY ID- 956

BILLING FOR THESE TWO PROCEDURES SEPARATELY IS CONSIDERED UNBUNDLING  
AND IS NOT ALLOWED BY WYOMING MEDICAID. PLEASE REBILL W/PROPER CODE.

LI GR RSN/RMK IND  
01 M15  
02 M86  
03 CO 97

KEY ID- 957

CO SURGEONS MUST BILL WITH A 62 MODIFIER

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 958

PLEASE USE YOUR DD PROVIDER NUMBER WHEN BILLING DD SERVICES. USE YOUR  
LTC PROVIDER NUMBER WHEN BILLING FOR LTC SERVICES.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 959

CLIENT HAS MET HIS/HER \$1000.00 CAP LIMIT FOR THE MARGINAL DENTAL  
PROGRAM

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 960

MULTIPLE PROCEDURES MUST BE BILLED WITH A -51 MODIFIER.

LI GR RSN/RMK IND  
01 M78  
02 CO 5

KEY ID- 961

THIS PROCEDURE IS NOT ALLOWED BY WYOMING MEDICAID FOR THIS DATE OF  
SERVICE

LI GR RSN/RMK IND  
01 CO B18

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KEY ID- 962

CLIENT WAS INCARCERATED FOR THE DATE(S) OF SERVICE BILLED, THEREFORE  
WYOMING MEDICAID IS NOT RESPONSIBLE FOR PAYMENT.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 963

PLACE OF SERVICE OR REV CODE IS NOT VALID FOR PROCEDURES PERFORMED

LI GR RSN/RMK IND  
01 M77  
02 CO 6

KEY ID- 964

PLEASE REPROCESS CLAIM THROUGH INSURANCE CARRIER. DENIAL REASON CODE  
INVALID.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 965

PURCHASE OF THIS ITEM IS NOT ALLOWED.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 966

THIS PROCEDURE APPEARS TO BE A DUPLICATE BILLING.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 967

THIS PROVIDER IS NOT ALLOWED TO PERFORM THESE SERVICES.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 968

CRITICAL ACCESS HOSPITALS MUST BILL OUTPATIENT SERVICES WITH REVENUE  
683 AND OUTPATIENT BILL TYPE

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LI GR RSN/RMK IND  
01 CO A1

KEY ID- 969

THIS CODE REQUIRES A DIABETIC EDUCATION CERTIFICATE ATTACHED TO CLAIM.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 970

OPERATIVE REPORT DOCUMENTS TWO SEPARATE PROCEDURES; MODIFIER 62  
INAPPROPRIATE.

LI GR RSN/RMK IND  
01 M78  
02 CO 4

KEY ID- 971

TRIP REPORT DOCUMENTATION DOES NOT SUPPORT LEVEL OF SERVICE BILLED.

LI GR RSN/RMK IND  
01 N29  
02 CO 16

KEY ID- 972

PROCEDURE PRICED OFF PA AND PA IS USED, DENIED OR MISSING

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 973

MEDICAID RECEIVED PAYMENT FROM THE RECIPIENT'S INSURANCE CARRIER  
FOR CLAIMS NOT PAID BY MEDICAID.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 974

CRITICAL ACCESS HOSPITALS MUST BILL OUT PATIENT SERVICES WITH REV CODES  
970-986 AND BILL TYPE 85X

LI GR RSN/RMK IND

01 CO A1

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KEY ID- 975

PLEASE BILL WITH THE APPROPRIATE PROVIDER NUMBER WHEN GIVING SERVICES  
TO BCC RRECIPIENTS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 976

MEDICARE IS PRIMARY AND MUST BE BILLED FIRST.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 977

PLEASE BILL WITH THE APPROPRIATE PROVIDER NUMBER WHEN GIVING SERVICES TO  
EQUALITY CARE RECIPIENTS.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 978

MULTIPLES OF THIS PROCEDURE CODE MUST BE BILLED ON ONE LINE WITH APPROP.  
NUMBER OF UNITS.

LI GR RSN/RMK IND  
01 M53  
02 CO 16

KEY ID- 979

PROCEDURE/ITEM REQUIRES PA, AND NO PA# IS ON FILE. RESUBMIT WITH  
DOCUMENTATION OF PA.

LI GR RSN/RMK IND  
01 M62  
02 CO 62

KEY ID- 980

RENTAL ITEMS REQUIRE AN RR MODIFIER.

LI GR RSN/RMK IND  
01 CO 4

KEY ID- 981

THIS CLAIM/SERVICE LACKS INFORMATION NEEDED FOR FURTHER PROCESSING OR  
THE INFORMATION PROVIDED IS ILLEGIBLE. PLEASE RESUBMIT.

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LI GR RSN/RMK IND  
01 CO A1  
02 CO 16

KEY ID- 982

MUST INCLUDE DOSAGE GIVEN IN MILLIGRAMS FOR CORRECT PRICING.

LI GR RSN/RMK IND  
01 CO A1  
02 CO 16

KEY ID- 983

CANNOT RECIEVE PAYMENT FOR NEW ADMISSIONS PER OHCF.

LI GR RSN/RMK IND  
01 MA40  
02 CO A1

KEY ID- 985

INVALID CODE. PLEASE RESUBMIT WITH APPROPRIATE CPT,HCPCS OR  
REVENUE CODE.

LI GR RSN/RMK IND  
01 M20  
02 CO B18

KEY ID- 987

99070 INAPPROPRIATELY BILLED ON A DAY WHEN THERE WAS  
NO OFFICE VISIT.

LI GR RSN/RMK IND  
01 N59  
02 CO 96

KEY ID- 989

MULTIPLE ANESTHESIA PROCEDURES NOT ALLOWED ON SAME DATE OF SERVICE  
FOR THE SAME RECIPIENT WITHOUT DOCUMENTATION OF MEDICAL NECESSITY.

LI GR RSN/RMK IND  
01 M80  
02 N66  
03 CO 96

KEY ID- 990

PROVIDER CANNOT BE PAID FOR NEW ADMITS.

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LI GR RSN/RMK IND  
01 CO A1

KEY ID- 994

THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE PROCEDURE CODE.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 995

ONLY ONE GLOBAL OB OR DELIVERY CODE MAY BE BILLED FOR MULTIPLE BIRTHS  
WHEN ALL DELIVERED BY SAME METHOD.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 997

RECIPIENT NOT ELLIGIBLE FOR DD SERVICES FOR DATE OF SERVICE BILLED.

LI GR RSN/RMK IND  
01 CO A1

KEY ID- 998

PROCEDURE/ITEM REQUIRES PRIOR AUTHORIZATION AND NO PA NUMBER IS ON FILE  
OR LINE ITEM BILLED DOES NOT MATCH PRIOR AUTHORIZATION NUMBER ON CLAIM.

LI GR RSN/RMK IND  
01 CO A1

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