

**BILLING AND ACCOUNTS RECEIVABLE  
(BAR)**

**REJECTION CODES**

**Visit our website at:**  
**<http://training.ucsfmedicalcenter.org>**

**Rejection Code Grid – Alphabetized by Rejection Code**

<b>CODE/ NUMBER</b>	<b>REJECTION</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>ABOVE 12</b>	<b>ABOVE USUAL AND CUSTOMARY</b>	Informed by an insurance carrier that the charges are above the UCR	1. Enter the rejection into IDX	<b>Yes, if the EOB states to bill the patient</b>	<b>If the EOB states there is no patient liability write off as Contractual</b>
<b>ADD 6</b>	<b>ADDITIONAL INFORMATION FROM PATIENT</b>	Informed by an insurance carrier that a claim is pending additional information from the patient	1. Enter the rejection into IDX 2. The patient will receive a statement for this service from the insurance carrier	<b>YES</b>	<b>NO</b>
<b>AFTER 13</b>	<b>INSURANCE EFFECTIVE AFTER SERVICE DATE</b>	Informed by an insurance carrier that the patient's coverage was not in effect until after the date of service	1. Enter the rejection into IDX 2. The patient will receive a statement	<b>YES</b>	<b>NO</b>
<b>ASSIST 14</b>	<b>INSURANCE DENIED- ASSISTANT SURGEON NOT PAYABLE</b>	Informed by an insurance carrier that the assistant surgeon's charge is not payable	1. Enter the rejection into IDX 2. Transfer the invoice FSC Code to ACO (102) 3. Make a copy of the EOB and forward to the Appeals Unit 4. Note the appropriate Comments screen	<b>NO to ACO</b>	<b>NO</b>
<b>AUTH 5</b>	<b>NOT AUTHORIZED</b>	Informed by an insurance carrier that the service was not authorized	1. Enter the rejection into the IDX 2. Try to locate the authorization in the system check Financial and General Comments and the Authorization screen 3. If unable to locate the authorization pull the charge ticket 4. If there is no authorization on the charge ticket send a NOC to the appropriate department 5. Note the appropriate Comments screen	<b>Not until you have verified that the patient is responsible for having not obtained the authorization or referral</b>	<b>YES if the insurance is a HMO and our error in not obtaining the authorization Pay code 824</b>

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
CLAIM 15	NEED SURGEON CLAIM	Informed by an insurance carrier that they can not process the charge until the surgeon's claim is submitted	<ol style="list-style-type: none"> <li>1. Enter the rejection into IDX</li> <li>2. Review the account for surgeon's claim</li> <li>3. If found, reprint both the HCFAs and send to the insurance carrier</li> </ol>	NO	NO
COPAY 16	COPAYMENT	Informed by an insurance carrier that the patient has a co-payment for this service	<ol style="list-style-type: none"> <li>1. Enter the rejection into IDX</li> <li>2. Review the patient's account for possible co-payment credit/transfer</li> <li>3. The patient will receive a statement</li> </ol>	YES	NO
COR 11	CORRECTION	Used to remove a rejection code from the system Used when payment is received and a rejection code has already been post to the invoice	<ol style="list-style-type: none"> <li>1. Enter rejection into IDX by overriding the current rejection code</li> </ol>	N/A	N/A
COV 2	NOT A COVERED BENEFIT	Informed by an insurance carrier that the service is not a covered benefit under the patient's insurance plan	<ol style="list-style-type: none"> <li>1. Enter rejection into IDX</li> <li>2. The patient will receive a statement for this service from the insurance carrier</li> </ol>	YES	NO
DAYS 17	INSURANCE DENIED. FOLLOW UP DAYS INCLUDED IN THE SURGERY	Informed by an insurance carrier that the service performed is pre or post operative and is included in the charge and reimbursement for the surgical procedure	<ol style="list-style-type: none"> <li>1. Enter the rejection into IDX</li> <li>2. Determine if the charge is included in the surgery fee</li> <li>3. <b><u>If the fee is not part of the surgery follow up days:</u></b> <ul style="list-style-type: none"> <li>▪ Transfer the invoice FSC Code to ACO (102)</li> </ul> </li> <li>4. Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>5. Note the appropriate Comments screen</li> <li>6. <b><u>If the fee is part of the surgery follow up days:</u></b> <ul style="list-style-type: none"> <li>▪ Fill out a Charge Correction form and submit it to the appropriate person</li> </ul> </li> <li>7. Note the appropriate Comments screen</li> </ol>	NO	NO- The charge should be corrected off the system

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
DED 1	APPLIED TO DEDUCTIBLE	Informed by an insurance carrier that either the charge or a portion of the charge has been applied to the member's deductible	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO
DEPT 18	NO REPORT WRITE OFF PER DEPARTMENT	Informed by the department that there is no supporting documentation and charges need to be written off	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	NO	YES- Enter Pay code 786
DIAG 19	DIAGNOSIS AND PROCEDURE CODE MISMATCH	Informed by an insurance carrier that the diagnosis does not comply with the procedure billed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO to F/U
DUP 105	DUPLICATE SERVICE	Informed by an insurance carrier the service is a duplicate of a previously processed charge/claim	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Verify if charge really is a duplicate by reviewing the system, medical records in STOR and/or sending a NOC</li> <li>➤ If charge is a duplicate- fill out a Charge Correction form and submit it to remove charge from the patient's account</li> <li>➤ Transfer FSC to DNB</li> </ul>	NO	NO
EXCEED 9	EXCEEDS MAXIMUM BENEFIT ALLOWANCE	Informed by an insurance carrier that the service exceeds the patient's maximum benefit for a specific benefit and is not payable	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO

**Rejection Code Grid – Alphabetized by Rejection Code**

<b>CODE/ NUMBER</b>	<b>REJECTION</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>FAC 102</b>	<b>SERVICE INCLUDED IN FACILITY ALLOWANCE</b>	Informed by an insurance carrier that this service is part of the hospital bill	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Leave the FSC in the INS Pending status</li> </ul>	<b>NO</b>	<b>NO</b>
<b>FORM 20</b>	<b>INSURANCE REQUIRES FORM COMPLETION</b>	A form sent by the insurance carrier that must be completed before the claim can be processed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Send a NOC form to the appropriate department along with a copy of the form</li> <li>➤ Enter comments in the message field indicating the department where the form was sent</li> </ul>	<b>NO</b>	<b>NO</b>
<b>HMO 101</b>	<b>HMO BILL TO MEDICAL GROUP</b>	Informed by an insurance carrier that the claim should be sent to the patient's Medical Group	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Update the visit in ADT and the Invoice FSC to bill the Medical Group</li> </ul>	<b>NO</b>	<b>NO</b>
<b>HOSP CL 22</b>	<b>PENDING HOSPITAL CLM</b>	Informed by an insurance carrier the claim is pending the hospital services	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INCOMP 23</b>	<b>INSURANCE DENIED PROCEDURE AND PLACE INCOMPATIBLE</b>	Informed by an insurance carrier that the place of service (POS) is incompatible with procedure performed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	<b>NO</b>	<b>NO</b>
<b>LATE 24</b>	<b>INSURANCE DENIED BILLED TOO LATE</b>	Informed by an insurance carrier that the service was denied due to untimely filing	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Check the system to determine if the service was previously billed</li> <li>➤ If the claim was billed previously, call the insurance carrier to inform them of timely billing date</li> <li>➤ Offer to fax/send a print screen showing original bill date if needed</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO</b>	<b>YES if it is determined to be a service that we can not receive reimbursement for due to our error  Pay code 820</b>

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
MOD 25	INVALID MODIFIER INSURANCE DENIED	Informed by an insurance carrier that the modifier used for billing is invalid	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
NDEPEN 26	INSURANCE DENIED- NO DEPENDENT COVERAGE	Informed by an insurance carrier that this service is denied due to no coverage for a dependent	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO
NOINCL 27	NOT INCLUDED ON AUTHORIZATION	Informed by an insurance carrier that the service was not included with the original authorization	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Try to locate the authorization in the system check Financial and General Comments and the Authorization screen</li> <li>➤ If not found- pull the charge ticket</li> <li>➤ If there is no authorization on the charge ticket send a NOC to the appropriate department</li> <li>➤ Note the appropriate Comments screen</li> </ul>	Not until you have verified that the patient is responsible for having not obtained the authorization or referral	YES if the insurance is a HMO and it is our error in not obtaining the authorization Pay code 824
NOMBR 8	INSURANCE CANNOT IDENTIFY PATIENT	Informed by an insurance carrier that they can not locate the patient in their system	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Send the "Request for Insurance Information" letter to the patient with a copy of the insurance Explanation of Benefits (EOB) from the insurance carrier</li> <li>➤ Include an envelope addressed with ATTN: Your Name" to ensure that you will receive the patient's response</li> <li>➤ Note the appropriate Comments screen</li> </ul>	YES	NO

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
NPARTC 28	NON-PARTICIPATING PROVIDER	Informed by an insurance carrier that the claim was denied because the provider is non-participating	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
NSPOUS 29	INSURANCE DENIED- NO SPOUSE COVERAGE	Informed by an insurance carrier that service is denied due to no coverage for spouse	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO
PMTPT 10	INSURANCE PAID PATIENT	Informed by an insurance carrier the insurance payment has been sent to the subscriber/patient	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Enter the dollar amount paid by the insurance carrier in the message field</li> </ul>	YES	NO
POS 103	INSURANCE DENIED DUE TO PLACE OF SERVICE (POS)	Informed by an insurance carrier that the claim is not payable due to the place of service (POS)	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Leave the FSC in the INS Pending status</li> </ul>	NO	NO
PREV 100	PREVIOUSLY PROCESSED	Informed by an insurance carrier that this service has been processed previously	<ul style="list-style-type: none"> <li>➤ If denial or payment is on the invoice, the correspondence has already been worked</li> <li>➤ If not, enter the rejection into IDX</li> <li>➤ Call the carrier to determine how the claim was processed</li> <li>➤ Follow appropriate Follow Up procedures based on how the claim was processed</li> </ul>	Follow appropriate guidelines based upon how the claim was processed	Follow appropriate guidelines based upon how the claim was processed
PREXIS 30	PRE-EXISTING CONDITION	Informed by an insurance carrier that the service is denied due to a pre-existing condition	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
PRIMRY 31	NOT PRIMARY CARRIER PER EXPLANATION OF BENEFITS (EOB)	Informed by an insurance carrier that they are <b>NOT</b> the primary insurance payer for this patient	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Determine the correct insurance information by checking the system or by sending a letter to the patient</li> <li>➤ Locate the correct FSC Code in the IMF</li> <li>➤ Update the insurance information for the appropriate visit(s) in ADT</li> </ul>	<b>NO</b>	<b>NO</b>
PYMT 32	INSURANCE PAYMENT SENT NOT RECORDED	Informed by an insurance carrier that payment was sent for the claim, however it has not yet been posted to the patient's account	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Fill out the Missing Payment form</li> <li>➤ Forward to Cash Posting</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO</b>	<b>NO</b>
REV 7	INSURANCE PENDING MEDICAL REVIEW	Informed by an insurance carrier that the claim has been received and is in Medical Review	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Enter any specific information in the message field</li> </ul>	<b>NO</b>	<b>NO</b>
RPT 4	INSURANCE REQUEST REPORT	Informed by an insurance carrier that a medical report is needed before the claim can be processed	<ul style="list-style-type: none"> <li>➤ Enter rejection into IDX</li> <li>➤ Check STOR for the appropriate report</li> <li>➤ If unable to find the appropriate report pull the charge ticket</li> <li>➤ If there is no report on the charge ticket send a NOC to the appropriate department</li> </ul>	<b>NO</b>	<b>NO</b>
SAMDAY 34	PAYMENT INCLUDED WITH OTHER PROCEDURE ON THE SAME DAY	Informed by an insurance carrier that the payment for this service is included in another procedure performed on the same day	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>

### Rejection Code Grid – Alphabetized by Rejection Code

CODE/ NUMBER	REJECTION	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
SCODE 35	INSURANCE DENIED- SUPPLY CODE 99070 NOT ALLOWED	Informed by an insurance carrier that the HCPC 99070 is invalid	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
SEPARA 36	CAN NOT BE BILLED AS A SEPARATE PROCEDURE	Informed by an insurance carrier that the procedure can not be billed separately	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
SUPPLI 37	INSURANCE DENIED SUPPLIES/MATERIALS NOT PAYABLE	Informed by an insurance carrier that the supply billed is not payable	<ul style="list-style-type: none"> <li>➤ Enter Rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO	NO
SURG 38	INCLUDED IN SURGERY	Informed by an insurance carrier that the procedure is part of the surgery and can not be billed as a separate procedure	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
TRM 3	INSURANCE TERMINATED PRIOR TO SERVICE DATE	Informed by an insurance carrier that the patient's coverage terminated prior to the date of service	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>ABOVE USUAL AND CUSTOMARY</b>	<b>ABOVE 12</b>	Informed by an insurance carrier that the charges are above the UCR	➤ Enter the rejection into IDX	<b>Yes, if the EOB states to bill the patient</b>	<b>If the EOB states there is no patient liability write off as Contractual</b>
<b>ADDITIONAL INFORMATION FROM PATIENT</b>	<b>ADD 6</b>	Informed by an insurance carrier that a claim is pending additional information from the patient	➤ Enter the rejection into IDX ➤ The patient will receive a statement for this service from the insurance carrier	<b>YES</b>	<b>NO</b>
<b>APPLIED TO DEDUCTIBLE</b>	<b>DED 1</b>	Informed by an insurance carrier that either the charge or a portion of the charge has been applied to the member's deductible	➤ Enter the rejection into IDX ➤ The patient will receive a statement	<b>YES</b>	<b>NO</b>
<b>CAN NOT BE BILLED AS A SEPARATE PROCEDURE</b>	<b>SEPARA 36</b>	Informed by an insurance carrier that the procedure can not be billed separately	➤ Enter the rejection into IDX ➤ Transfer the invoice FSC Code to ACO (102) ➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit ➤ Note the appropriate Comments screen	<b>NO to ACO</b>	<b>NO</b>
<b>COPAYMENT</b>	<b>COPAY 16</b>	Informed by an insurance carrier that the patient has a co-payment for this service	➤ Enter the rejection into IDX ➤ Review the patient's account for possible co-payment credit/transfer ➤ The patient will receive a statement	<b>YES</b>	<b>NO</b>
<b>CORRECTION</b>	<b>COR 11</b>	Used to remove a rejection code from the system Used when the payment is received and a rejection code has already been post the invoice	➤ Enter rejection into IDX by overriding the current rejection code	<b>N/A</b>	<b>N/A</b>

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>DIAGNOSIS AND PROCEDURE CODE MISMATCH</b>	<b>DIAG 19</b>	Informed by an insurance carrier that the diagnosis does not comply with the procedure billed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO to F/U</b>
<b>DUPLICATE SERVICE</b>	<b>DUP 105</b>	Informed by an insurance carrier the service is a duplicate of a previously processed charge/claim	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Verify if charge really is a duplicate by reviewing the system, medical records in STOR and/or sending a NOC</li> <li>➤ If charge is a duplicate- fill out a Charge Correction form and submit it to remove charge from the patient's account</li> <li>➤ Transfer FSC to DNB</li> </ul>	<b>NO</b>	<b>NO</b>
<b>EXCEEDS MAXIMUM BENEFIT ALLOWANCE</b>	<b>EXCEED 9</b>	Informed by an insurance carrier that the service exceeds the patient's maximum benefit for a specific benefit and is not payable	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	<b>YES</b>	<b>NO</b>
<b>HMO BILL TO MEDICAL GROUP</b>	<b>HMO 101</b>	Informed by an insurance carrier that the claim should be sent to the patient's Medical Group	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Update the visit in ADT and the Invoice FSC to bill the Medical Group</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INCLUDED IN SURGERY</b>	<b>SURG 38</b>	Informed by an insurance carrier that the procedure is part of the surgery and can not be billed as a separate procedure	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>

**BAR – Rejection Code Grid – Alphabetized by Rejection**

REJECTION	NUMBER/ CODE	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
				YES	NO
INSURANCE CAN NOT IDENTIFY PATIENT	NOMBR 8	Informed by an insurance carrier that they can not locate the patient in their system	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Send the “Request for Insurance Information” letter to the patient with a copy of the insurance Explanation of Benefits (EOB) from the insurance carrier</li> <li>➤ Include an envelope addressed with ATTN: Your Name” to ensure that you will receive the patient’s response</li> <li>➤ Note the appropriate Comments screen</li> </ul>	YES	NO
INSURANCE DENIED-ASSISTANT SURGEON NOT PAYABLE	ASSIST 14	Informed by an insurance carrier that the assistant surgeon’s charge is not payable	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO to ACO	NO
INSURANCE DENIED-BILLED TOO LATE	LATE 24	Informed by an insurance carrier that the service was denied due to untimely filing	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Check the system to determine if the service was previously billed</li> <li>➤ If the claim was billed previously, call the insurance carrier to inform them of timely billing date</li> <li>➤ Offer to fax/send a print screen showing original bill date if needed</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO	YES if it is determined to be a service that we can not receive reimbursement for due to our error  Pay code 820
INSURANCE DENIED DUE TO PLACE OF SERVICE (POS)	POS 103	Informed by an insurance carrier that the claim is not payable due to the place of service (POS)	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Leave the FSC in the INS Pending status</li> </ul>	NO	NO

**BAR – Rejection Code Grid – Alphabetized by Rejection**

REJECTION	NUMBER/ CODE	DEFINITION	FOLLOW UP PROCEDURE	CHANGE INVOICE TO SELF-PAY?	WRITE OFF? (CODE)
INSURANCE DENIED FOLLOW UP DAYS INCLUDED IN THE SURGERY	DAYS 17	Informed by an insurance carrier that the service performed is pre or post operative and is included in the charge and reimbursement for the surgical procedure	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Determine if the charge is included in the surgery fee</li> <li>➤ <b><u>If the fee is not part of the surgery follow up days:</u></b></li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> <li>➤ <b><u>If the fee is part of the surgery follow up days:</u></b></li> <li>➤ Fill out a Charge Correction form and submit it to the appropriate person</li> <li>➤ Note the appropriate Comments screen</li> </ul>	NO	NO- The charge should be corrected off the system
INSURANCE DENIED- NO DEPENDENT COVERAGE	NDEPEN 26	Informed by an insurance carrier that this service is denied due to no coverage for a dependent	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO
INSURANCE DENIED- NO SPOUSE COVERAGE	NSPOUS 29	Informed by an insurance carrier that service is denied due to no coverage for spouse	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	YES	NO
INSURANCE DENIED- PROCEDURE AND PLACE INCOMPATIBLE	INCOMP 23	Informed by an insurance carrier that the place of service (POS) is incompatible with procedure performed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	NO	NO

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>INSURANCE DENIED SUPPLIES/MATERIALS NOT PAYABLE</b>	<b>SUPPLI 37</b>	Informed by an insurance carrier that the supply billed is not payable	<ul style="list-style-type: none"> <li>➤ Enter Rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INSURANCE DENIED- SUPPLY CODE 99070 NOT ALLOWED</b>	<b>SCODE 35</b>	Informed by an insurance carrier that the HCPC 99070 is invalid	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>
<b>INSURANCE EFFECTIVE AFTER SERVICE DATE</b>	<b>AFTER 13</b>	Informed by an insurance carrier that the patient's coverage was not in effect until after the date of service	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	<b>YES</b>	<b>NO</b>
<b>INSURANCE PAID PATIENT</b>	<b>PMTPT 10</b>	Informed by an insurance carrier the insurance payment has been sent to the subscriber/patient	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Enter the dollar amount paid by the insurance carrier in the message field</li> </ul>	<b>YES</b>	<b>NO</b>
<b>INSURANCE PAYMENT SENT-NOT RECORDED</b>	<b>PYMT 32</b>	Informed by an insurance carrier that payment was sent for the claim, however it has not yet been posted to the patient's account	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Fill out the Missing Payment form</li> <li>➤ Forward to Cash Posting</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INSURANCE PENDING MEDICAL REVIEW</b>	<b>REV 7</b>	Informed by an insurance carrier that the claim has been received and is in Medical Review	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Enter any specific information in the message field</li> </ul>	<b>NO</b>	<b>NO</b>

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>INSURANCE REQUEST REPORT</b>	<b>RPT 4</b>	Informed by an insurance carrier that a medical report is needed before the claim can be processed	<ul style="list-style-type: none"> <li>➤ Enter rejection into IDX</li> <li>➤ Check STOR for the appropriate report</li> <li>➤ If unable to find the appropriate report pull the charge ticket</li> <li>➤ If there is no report on the charge ticket send a NOC to the appropriate department</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INSURANCE REQUIRES FORM COMPLETION</b>	<b>FORM 20</b>	A form sent by the insurance carrier that must be completed before the claim can be processed	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Send a NOC form to the appropriate department along with a copy of the form</li> <li>➤ Enter comments in the message field indicating the department where the form was sent</li> </ul>	<b>NO</b>	<b>NO</b>
<b>INSURANCE TERMINATED PRIOR TO SERVICE DATE</b>	<b>TRM 3</b>	Informed by an insurance carrier that the patient's coverage terminated prior to the date of service	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	<b>YES</b>	<b>NO</b>
<b>INVALID MODIFIER-INSURANCE DENIED</b>	<b>MOD 25</b>	Informed by an insurance carrier that the modifier used for billing is invalid	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the EOB and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>
<b>NEED SURGEON CLAIM</b>	<b>CLAIM 15</b>	Informed by an insurance carrier that they can not process the charge until the surgeon's claim is submitted	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Review the account for the surgeon's claim</li> <li>➤ If found, reprint both the HCFAs and send to the insurance carrier</li> </ul>	<b>NO</b>	<b>NO</b>
<b>NO REPORT-WRITE OFF PER DEPARTMENT</b>	<b>DEPT 18</b>	Informed by the department that there is no supporting documentation and charges need to be written off	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	<b>NO</b>	<b>YES- Enter Pay code 786</b>

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>NON-PARTICIPATING PROVIDER</b>	<b>NPARTC 28</b>	Informed by an insurance carrier that the claim was denied because the provider is non-participating	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>
<b>NOT A COVERED BENEFIT</b>	<b>COV 2</b>	Informed by an insurance carrier that the service is not a covered benefit under the patient's insurance plan	<ul style="list-style-type: none"> <li>➤ Enter rejection into IDX</li> <li>➤ The patient will receive a statement for this service from the insurance carrier</li> </ul>	<b>YES</b>	<b>NO</b>
<b>NOT AUTHORIZED</b>	<b>AUTH 5</b>	Informed by an insurance carrier that the service was not authorized	<ul style="list-style-type: none"> <li>➤ Enter the rejection into the IDX</li> <li>➤ Try to locate the authorization in the system check Financial and General Comments and the Authorization screen</li> <li>➤ If unable to locate the authorization pull the charge ticket</li> <li>➤ If there is no authorization on the charge ticket send a NOC to the appropriate department</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>Not until you have verified that the patient is responsible for having not obtained the authorization or referral</b>	<b>YES if the insurance is a HMO and our error in not obtaining the authorization Pay code 824</b>
<b>NOT INCLUDED ON AUTHORIZATION</b>	<b>NOINCL 27</b>	Informed by an insurance carrier that the service was not included with the original authorization	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Try to locate the authorization in the system check Financial and General Comments and the Authorization screen</li> <li>➤ If not found- pull the charge ticket</li> <li>➤ If there is no authorization on the charge ticket send a NOC to the appropriate department</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>Not until you have verified that the patient is responsible for having not obtained the authorization or referral</b>	<b>YES if the insurance is a HMO and it is our error in not obtaining the authorization Pay code 824</b>

**BAR – Rejection Code Grid – Alphabetized by Rejection**

<b>REJECTION</b>	<b>NUMBER/ CODE</b>	<b>DEFINITION</b>	<b>FOLLOW UP PROCEDURE</b>	<b>CHANGE INVOICE TO SELF-PAY?</b>	<b>WRITE OFF? (CODE)</b>
<b>NOT PRIMARY CARRIER PER EXPLANATION OF BENEFITS (EOB)</b>	<b>PRIMRY 31</b>	Informed by an insurance carrier that they are <b>NOT</b> the primary insurance payer for this patient	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Determine the correct insurance information by checking the system or by sending a letter to the patient</li> <li>➤ Locate the correct FSC Code in the IMF</li> <li>➤ Update the insurance information for the appropriate visit(s) in ADT</li> </ul>	<b>NO</b>	<b>NO</b>
<b>PAYMENT INCLUDED WITH OTHER PROCEDURE ON THE SAME DAY</b>	<b>SAMDAY 34</b>	Informed by an insurance carrier that the payment for this service is included in another procedure performed on the same day	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Transfer the invoice FSC Code to ACO (102)</li> <li>➤ Make a copy of the Explanation of Benefits (EOB) and forward to the Appeals Unit</li> <li>➤ Note the appropriate Comments screen</li> </ul>	<b>NO to ACO</b>	<b>NO</b>
<b>PENDING HOSPITAL CLM</b>	<b>HOSP CL 22</b>	Informed by an insurance carrier the claim is pending the hospital services	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> </ul>	<b>NO</b>	<b>NO</b>
<b>PRE-EXISTING CONDITION</b>	<b>PREXIS 30</b>	Informed by an insurance carrier that the service is denied due to a pre-existing condition	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ The patient will receive a statement</li> </ul>	<b>YES</b>	<b>NO</b>
<b>PREVIOUSLY PROCESSED</b>	<b>PREV 100</b>	Informed by an insurance carrier that this service has been processed previously	<ul style="list-style-type: none"> <li>➤ If denial or payment is on the invoice, the correspondence has already been worked</li> <li>➤ If not, enter the rejection into IDX</li> <li>➤ Call the carrier to determine how the claim was processed</li> <li>➤ Follow appropriate Follow Up procedures based on how the claim was processed</li> </ul>	<b>Follow appropriate guidelines based upon how the claim was processed</b>	<b>Follow appropriate guidelines based upon how the claim was processed</b>
<b>SERVICE INCLUDED IN FACILITY ALLOWANCE</b>	<b>FAC 102</b>	Informed by an insurance carrier that this service is part of the hospital bill	<ul style="list-style-type: none"> <li>➤ Enter the rejection into IDX</li> <li>➤ Leave the FSC in the INS Pending status</li> </ul>	<b>NO</b>	<b>NO</b>