


# Health Plus Explanations of Common EOP Codes

| <b>Code</b>  | <b>Explanation</b>   |
|--|--|
| <b>H65</b> Services to be billed on HCFA 1500 Form | Services should be billed on a HCFA 1500 form.                                       |
| <b>H25</b> No Authorization                        | Claim denied because services were not pre-authorized as required.                   |
| <b>H40</b> Servicing Prov/Attnd not on Claim       | Servicing Provider/Attending information is not included on the claim form.          |
| <b>H71</b> Please submit appeal with updated W9    | Submit appeal with an updated W9 or application for the servicing provider.          |
| <b>CDD</b> Definite Duplicate Claim                | This claim is a duplicate of a previously submitted claim.                           |
| <b>N01</b> Subset Procedure Disallow               | Procedure is considered incidental to or a part of the primary procedure.            |
| <b>N02</b> Redundant Procedure Disallow            | This procedure is considered redundant to the primary procedure.                     |
| <b>N03</b> Secondary Procedure Disallow            | This procedure is considered secondary to the primary procedure.                     |
| <b>N04</b> Follow-Up Service Disallow              | This service is considered to be part of the original surgical procedure.            |
| <b>N05</b> Same Day Procedure Disallow             | Service not covered when performed on same day as a surgical procedure.              |
| <b>N13</b> Invalid Procedure Disallow              | This procedure is not a covered service under the member's plan.                     |
| <b>PAL</b> Charges exceed contracted rate          | The charges exceed the contracted rate for this service.                             |
| <b>PGE</b> Exceeds DRG Rate                        | The charge exceeds the DRG rate for this confinement.                                |
| <b>PR1</b> Dr. on NYSDOH/Medicaid Sanctions List   | Dr. is on the NYSDOH/Medicaid Sanctions List.  |
| <b>PR2</b> Dr. did not meet HP Standards           | Dr. did not meet Health Plus Credentialing Standards.                                |
| <b>PS</b> Max Allowed Prov not Contracted          | Maximum allowed was paid or provider not contracted for this service.                |
| <b>PS0</b> Not a Covered Service                   | This service is not covered under the member's plan.                                 |
| <b>TF0</b> Submitted after plan filing limit       | Claim was submitted after the filing limit (within 120 days of the date of service). |
| <b>UM0</b> Provider Rescinded Request              | Services were disallowed by Utilization Management (UM).                             |
| <b>UM1</b> Units exceed UM authorization           | Units billed exceed the Utilization Management (UM) authorization.                   |



# Health Plus Explanations of Common EOP Codes

| <b>Code</b>   | <b>Explanation</b>  |
|---|---|
| <b>H50</b> Denied, No Authorization                 | Service denied for no authorization   |
| <b>H41</b> Inappropriate Coding                     | Disallowed for inappropriate coding   |
| <b>H68</b> Global OB Payment Reduction              | Global OB Payment Reduced. Member not eligible for entire pregnancy.                    |
| <b>H70</b> Incorrect TIN, Re-submit with proper TIN | Incorrect Tax ID. Please resubmit claim with proper Tax ID.                             |
| <b>H14</b> Information requested                    | Information requested was not received within 30 days of request.                       |
| <b>H08</b> Maximum allowed services paid            | Maximum allowed services have already been paid.  |
| <b>CNV</b> Member not eligible on date of service   | Member not eligible on date of service.   |
| <b>H35</b> Missing/Invalid Diagnosis Code           | Missing/Invalid Diagnosis Code. Please submit corrected claim.                          |
| <b>H36</b> Missing/Invalid Procedure Code           | Missing/Invalid Procedure Code. Please submit corrected claim.                          |
| <b>H37</b> Missing/Invalid Place of Service         | Missing/Invalid Place of Service. Please submit corrected claim.                        |
| <b>H38</b> Missing/Invalid Revenue Code             | Missing/Invalid Revenue Code. Please submit corrected claim.                            |
| <b>MSD</b> Multiple Same Day Surgery Reductions     | Multiple same day surgery reduction guidelines applied.                                 |
| <b>H62</b> or <b>H44</b> Newborn Case Rate          | Payment of newborn claim included in mother's case rate.                                |
| <b>H99</b> Pls use HP member ID when sbmtng clms    | Please use Health Plus member ID number in future submissions, not the Medicaid number. |
| <b>H76</b> Non CLIA Waived                          | Provider not permitted to perform non-CLIA waived test.                                 |
| <b>H61</b> Pvdr Refund Received and Processed       | Provider refund has been received and processed.  |
| <b>H15</b> Service Covered under Medicaid           | Service is covered under general Medicaid.  |
| <b>H28</b> Vaccine covered through V.F.C.           | Bill for vaccine through the Vaccine for Children (VFC) Program.                        |
| <b>H56</b> Adjustment; Incorrect Payee              | Claim paid to incorrect payee   |
| <b>056</b> Multiple Surgery Disallowed              | Multiple surgery disallowed pursuant to multiple surgery guideline.                     |