Incoming & Outgoing Transaction
Situational Required, Situational Situational

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	001	OUR MEDICAL RECORDS INDICATE THIS CONDITION EXISTED BEFORE THE MEMBER'S HEALTH COVERAGE WAS EFFECTIVE. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT WRITTEN INFORMATION THAT MAY HELP US BETTER SERVE YOU.	Claim Adjustment Reason Code	51	These are non-covered services because this is a pre-existing condition
Explanation of Change Codes	002	HOSPITAL STAYS PRIMARILY FOR TESTING ARE NOT COVERED	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	003	YOUR HEALTH PLAN COVERS EYE CARE RELATED TO **A MEDICAL CONDITION**, AN ACCIDENT OR SURGERY. CLAIMS FOR ROUTINE EYE CARE SUCH AS REGULAR EYE EXAMS, FRAMES, EYEGLASS AND CONTACT LENSES ARE NOT COVERED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	004	YOUR HEALTH PLAN COVERS ROUTINE EYE EXAMS, HOWEVER, CLAIMS FOR FRAMES, EYE GLASS OR CONTACT LENSES ARE NOT COVERED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	005	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR ALLERGY INJECTIONS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	006	MEDICAL CARE RECEIVED IN A DOCTOR'S OFFICE OR OUTPATIENT DEPARTMENT OF A HOSPITAL IS NOT COVERED BY YOUR HEALTH PLAN.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	007	WE HAVE REQUESTED ADDITIONAL INFORMATION THAT IS NECESSARY TO COMPLETE THE PROCESSING OF THIS CLAIM. WHEN WE RECEIVE THE INFORMATION WE WILL REVIEW IT AND ADVISE YOU ACCORDINGLY.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	008	WE ARE FORWARDING THIS CLAIM TO HEALTH SOUTH ALLIANCE FOR PRICING. WE WILL ADVISE YOU ACCORDINGLY WHEN THE CLAIM HAS BEEN COMPLETED.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	009	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR SERVICES RELATED TO PREGNANCY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	010	THIS PATIENT DOES NOT HAVE MEDICAL OR BLUE SHIELD COVERAGE	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	011	MEMBER NOT EFFECTIVE ON THIS DATE OF SERVICE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	012	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN LIMITS HAVE BEEN MET FOR THESE SERVICES; THEREFORE, WE CANNOT PROVIDE FURTHER BENEFITS.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	013	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE SERVICES RELATED TO PREGNANCY FOR THIS MEMBER.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	014	OUR RECORDS INDICATE THIS MEMBER IS NOT COVERED BY THIS HEALTH PLAN.	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.
Explanation of Change Codes	015	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR IMMUNIZATIONS AND FLU INJECTIONS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	016	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR CHIROPRACTIC SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	017	PLEASE RESUBMIT THIS CHARGE AFTER THE SERVICE IS RENDERED	Claim Adjustment Reason Code	110	Billing date predates service date.
Explanation of Change Codes	018	OUR RECORDS INDICATE THIS MEMBER DOES NOT HAVE HOSPITAL COVERAGE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	019	THESE SERVICES ARE NOT WITHIN THE SCOPE OF PRACTICE OF THIS PROVIDER AND ARE NOT COVERED UNDER YOUR POLICY.	Claim Adjustment Reason Code	52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
Explanation of Change Codes	020	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR LABORATORY AND XRAYS PERFORMED IN A DOCTOR'S OFFICE OR OUTPATIENT DEPARTMENT OF A HOSPITAL.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	021	OUR RECORDS INDICATE THIS MEMBER EXCEEDS THE ALLOWABLE AGE FOR A DEPENDENT.	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	022	MEMBER NOT EFFECTIVE ON THIS DATE OF SERVICE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	023	THESE CHARGES WILL BE CONSIDERED WHEN BILLED AS INPATIENT	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	024	IN ORDER TO PROCESS THIS CLAIM WE NEED THE ESTIMATED AMOUNT DUE, PLEASE RESUBMIT CLAIM WITH THE CONTRACTED REPRICING INFORMATION.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	025	OUR RECORDS INDICATE THE SERVICE PERFORMED IS NOT CONSIDERED USUAL TREATMENT FOR THE DIAGNOSIS SUBMITTED. THEREFORE, IT IS NOT ELIGIBLE FOR BENEFITS.	Claim Adjustment Reason Code	11	The diagnosis is inconsistent with the procedure.
Explanation of Change Codes	026	THIS RESUBMITTED CLAIM CONTAINS MORE OR DIFFERENT, INFORMATION THAN THE ORIGINAL CLAIM. WE WILL REPROCESS THE ORIGINAL, USING THE ADDITIONAL INFORMATION, AND LET YOU KNOW THE OUTCOME.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	027	MAJOR MEDICAL WILL CONSIDER ALL OR A PORTION OF NON COVERED	Claim Adjustment Reason Code	102	Major Medical Adjustment.
Explanation of Change Codes	028	OUR RECORDS INDICATE THE PATIENT ON THIS CLAIM IS NOT COVERED BY THIS POLICY. THE PRIMARY MEMBER NUMBER AND NAME IS DISPLAYED ON YOUR EXPLANATION OF BENEFITS BECAUSE THERE WAS NO RECORD OF THE PATIENT IN OUR FILES.	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.

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BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	029	THIS CLAIM WILL BE PROCESSED WHEN WE RECEIVE THE SURGEON'S BILL FOR PROVIDING THESE SERVICES. WHEN THE SURGEON'S BILL ARRIVES, WE WILL PROCESS THE CLAIM UNDER BLUE CROSS AND BLUE SHIELD OF GEORGIA GUIDELINES.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	030	PLEASE PROVIDE OTHER HEALTH INSURANCE PLAN OR MEDICARE EXPLANATION OF BENEFITS. IN ORDER TO AVOID DELAYS IN PROCESSING PLEASE INCLUDE THIS INFORMATION WHEN FILING CLAIMS.	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	031	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR OUTPATIENT PHYSICAL THERAPY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	032	OUR RECORDS INDICATE THIS SERVICE MUST BE FILED WITH ANOTHER HEALTH INSURANCE CARRIER.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	033	OUR RECORDS INDICATE MEDICARE PAID THE FULL AMOUNT ALLOWED FOR THIS SERVICE.	Claim Adjustment Reason Code	23	Claim adjusted because charges have been paid by another payer.
Explanation of Change Codes	034	WE HAVE RECEIVED YOUR CLAIM WHICH DID NOT INCLUDE ANY AMOUNT(S). TO PROPERLY PROCESS YOUR REQUEST, PLEASE RESUBMIT YOUR CLAIM WITH AN ITEMIZED BILL. IF THERE IS NO CHARGE FOR THIS SERVICE, PLEASE DISREGARD THE NEED TO RESUBMIT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	035	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR PHONE CALLS OR PHONE CONSULTATIONS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	036	OUR RECORDS INDICATE THE OUTPATIENT SERVICE WAS NOT PERFORMED WITHIN THE REQUIRED TIME FRAME OUTLINED IN YOUR HEALTH PLAN.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	037	YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR CANCELLED OR MISSED APPOINTMENTS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	038	YOUR HEALTH PLAN DOES NOT COVER RECREATIONAL THERAPY FOR YOU, YOUR SPOUSE OR FAMILY MEMBERS. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT WRITTEN INFORMATION THAT MAY HELP US BETTER SERVE YOU.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	039	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR DENTAL CARE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	040	OUR RECORDS INDICATE THIS CHARGE WAS SUBMITTED AND IS NOT COVERED UNDER YOUR BASIC HEALTH PLAN. PLEASE RESUBMIT THIS CHARGE UNDER YOUR MAJOR MEDICAL CONTRACT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	041	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS PERFORMED BY A PHYSICIAN'S ASSISTANT ACTING AS AN ASSISTANT SURGEON.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	042	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS PERFORMED BY A PHYSICIAN'S ASSISTANT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	043	OUR RECORDS INDICATE SERVICES PERFORMED BY THIS DOCTOR/HOSPITAL ARE NOT COVERED UNDER THE MEMBER'S HEALTH PLAN.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	044	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR THESE TYPES OF SUPPLIES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	045	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR THIS CONDITION.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	046	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR EDUCATIONAL MATERIALS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	047	THE HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR ANESTHESIA . GIVEN TO A PATIENT BY A SURGEON IN THIS PLACE OF SERVICE. MEMBER IS NOT RESPONSIBLE FOR PAYMENT.	Claim Adjustment Reason Code	58	Claim/service adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
Explanation of Change Codes	048	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR THIS KIND OF CONSULTATION.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	049	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR FACILITY CHARGES WHEN THE SERVICE IS PERFORMED IN A DOCTOR'S OFFICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	050	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR SERVICE CHARGES, INTEREST, TAXES OR SHIPPING AND HANDLING CHARGES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	051	BEFORE WE CAN CONSIDER THESE CHARGES, PLEASE SUBMIT AN ITEMIZED BILL THAT INCLUDES THE PATIENT'S NAME, DIAGNOSIS CODE, CPT-4 CODES AND CHARGES FOR EACH INDIVIDUAL DATE OF SERVICE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	052	OUR RECORDS INDICATE NO EAP APPROVAL WAS OBTAINED FOR THE TREATMENT OF THIS CONDITION; THEREFORE, A PENALTY WAS APPLIED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	053	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR CHARGES BY AN ASSISTANT SURGEON.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	054	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR FITTING OR INSERTING A BIRTH CONTROL DEVICE SUCH AS A DIAPHRAGM OR IUD.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	055	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR PURCHASING MEDICAL EQUIPMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	056	ALL CLAIMS FOR OUTPATIENT RADIOLOGY, LABORATORY AND CARDIOLOGY SERVICES MUST INCLUDE THE PROCEDURE CODE FOR THE SERVICES PERFORMED. YOU ARE NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	057	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR SERVICES OR CONSULTING SESSIONS PERFORMED BY FAMILY MEMBERS.	Claim Adjustment Reason Code	53	Services by an immediate relative or a member of the same household are not covered.

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BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	058	WE HAVE RECEIVED YOUR CLAIM, HOWEVER WE CANNOT PROCESS THIS CLAIM USING THE DATE SPAN SUBMITTED. PLEASE RESUBMIT AN ITEMIZED BILL WITH INDIVIDUAL DATES AND CHARGES.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	059	YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR AMBULANCE OR EMERGENCY VEHICLE SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	060	YOUR HEALTH PLAN INCLUDES BENEFITS FOR BLOOD COLLECTION SERVICES ONLY. OTHER TYPES OF COLLECTION AND HANDLING FEES ARE NOT COVERED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	061	CHARGES FOR COLLECTION AND HANDLING FEES BY AN INDEPENDENT LABORATORY ARE NOT ALLOWABLE, MEMBER IS NOT RESPONSIBLE FOR PAYMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	062	OUR RECORDS INDICATE YOUR HEALTH PLAN COVERS BENEFITS FOR SURGERY ONLY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	063	OUR RECORDS INDICATE THIS IS A CLAIM FOR INJURIES RESULTING FROM AN AUTOMOBILE ACCIDENT. IN ORDER TO COMPLETE THE PROCESSING OF YOUR CLAIM, PLEASE PROVIDE A COPY OF YOUR AUTOMOBILE INSURANCE PAYMENT OR DENIAL FOR THIS ACCIDENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	064	THIS IS A DUPLICATE CLAIM	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	065	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR THIS SURGICAL PROCEDURE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	066	OUR RECORDS SHOW YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR THIS SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	067	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR PREVENTIVE OR WELL-BABY CARE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	068	OUR RECORDS INDICATE MEDICARE DID NOT COVER THIS SERVICE; THEREFORE, WE ARE NOT ABLE TO PROVIDE BENEFITS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	069	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR A ROUTINE PHYSICAL EXAMINATION OR SERVICES RELATED TO A ROUTINE PHYSICAL EXAMINATION.	Claim Adjustment Reason Code	49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
Explanation of Change Codes	070	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR XRAYS OR LABORATORY SERVICES RELATED TO PREGNANCY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	071	DUPLICATE CLAIM LINE	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	072	THE MEMBER IS BEYOND THE AGE LIMITATION FOR ROUTINE BENEFIT COVERAGE.	Claim Adjustment Reason Code	49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
Explanation of Change Codes	073	OUR RECORDS INDICATE THE HOSPITAL THAT PROVIDED TREATMENT IS NOT A MEMBER OF MEDICARE OR BLUE CROSS AND BLUE SHIELD OF GEORGIA; THEREFORE, WE CANNOT PROVIDE BENEFITS FOR SERVICES PERFORMED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	074	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR CUSTODIAL (CARETAKER) SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	075	WE HAVE RECEIVED YOUR CLAIM FOR AMBULANCE SERVICES. TO PROPERLY PROCESS YOUR REQUEST; PLEASE RESUBMIT YOUR CLAIM SHOWING THE ORIGIN AND DESTINATION OF THE AMBULANCE TRIP. WHEN WE RECEIVE THIS ADDITIONAL INFORMATION WE WILL REVIEW IT AND ADVISE YOU ACCORDI	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	076	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED ADDITIONAL INFORMATION. PLEASE ADVISE US IF THERE IS ADDITIONAL HEALTH CARE COVERAGE. AS SOON AS THIS INFORMATION IS RECEIVED, WE WILL CONTINUE THE PROCESSING OF THIS CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	077	CHARGES FOR THIS DATE OF SERVICE FALL WITHIN THE SURGICAL FOLLOW-UP CARE DAYS AND IS INCLUDED IN THE SURGEON'S FEE. WE ARE UNABLE TO PROVIDE ADDITIONAL BENEFITS.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	078	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS RELATED TO COSMETIC SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	079	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR HOSPITAL STAYS RELATED TO PHYSICAL THERAPY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	080	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR HOSPITAL OR DOCTOR OUTPATIENT SERVICES UNLESS THE VISIT IS A MEDICAL EMERGENCY.	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	081	THE BOEING CORPORATION EMPLOYEES AND/OR THEIR DEPENDENTS COVERED BY YOUR HEALTH PLAN MUST FILL OUT A SPECIAL QUESTIONNAIRE (FORM) THAT IS ONLY AVAILABLE THROUGH BOEING. IN ORDER TO PROCESS THIS CLAIM, THE COMPLETED FORM MUST BE RETURNED TO BLUE CROSS AND	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	082	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS RELATED TO THIS SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	083	OUR RECORDS INDICATE AN ASSISTANT SURGEON IS NOT NECESSARY FOR THIS PROCEDURE; THEREFORE, WE CANNOT PROVIDE BENEFITS FOR CHARGES RELATING TO THE ASSISTANT SURGEON. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT WRITTEN INFORMATION THAT MAY HELP	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	084	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR SYRINGES DISPENSED WITHOUT INSULIN.	Claim Adjustment Reason Code	96	Non-covered charge(s).

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BCBSGA Data Element Name	Code Value	Code Definition	Data Element Name	Code Value	Code Definition
Explanation of Change Codes	085	WE HAVE NOT RECEIVED REQUESTED MEDICAL INFORMATION	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	086	IT HAS BEEN DETERMINED THAT THIS SERVICE DOES NOT MEET THE CRITERIA FOR PAYMENT (COVERAGE) ACCORDING TO BCBS POLICY GUIDELINES. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT THIS REQUEST IN WRITING.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	087	BENEFITS ONLY FOR AMBULANCE TRIP TO/FROM PAR HOSPITALS	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	088	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR PRESCRIPTION DRUGS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	089	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR NURSING SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	090	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED ADDITIONAL INFORMATION. PLEASE PROVIDE THE DIAGNOSIS AND/OR THE DATE OF THE ACCIDENT. WHEN WE RECEIVE THE INFORMATION WE WILL REVIEW IT AND ADVISE YOU ACCORDINGLY.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	091	OUR RECORDS INDICATE YOUR HEALTH PLAN LIMITS YOUR HOSPITAL STAY FOR THIS SERVICE. BECAUSE THE HOSPITAL STAY EXCEEDED YOUR APPROVED LIMIT, RECERTIFICATION BY YOUR DOCTOR IS NECESSARY. WHEN WE RECEIVE THE RECERTIFICATION WE WILL REVIEW IT AND ADVISE YOU AC	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	092	IT HAS BEEN DETERMINED THAT PREADMISSION CERTIFICATION AND APPROVAL WAS NOT OBTAINED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	093	MEDICARE STATEMENT IS NEEDED TO CONSIDER CLAIM FOR PAYMENT	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	094	OUR RECORDS INDICATE THE TIME LIMIT FOR FILING THIS CLAIM HAS ENDED. THEREFORE WE CANNOT PROCESS THIS CLAIM FOR PAYMENT.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	095	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR PARTIALLY COMPLETED TREATMENT PROGRAMS. THE TREATMENT MUST BE COMPLETED IN FULL FOR US TO BE ABLE TO CONSIDER BENEFITS FOR THIS TREATMENT. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEAS	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	096	YOUR HEALTH PLAN DOES NOT INCLUDE RENTAL BENEFITS BEYOND THE PURCHASE PRICE OF AN ITEM. OUR RECORDS INDICATE YOUR HEALTH PLAN RENTAL LIMITS HAVE BEEN MET FOR THESE SERVICES; THEREFORE, WE CANNOT PROVIDE FURTHER BENEFITS.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	097	OUR RECORDS INDICATE ADDITIONAL INFORMATION IS NECESSARY TO COMPLETE THE PROCESSING OF THIS CLAIM. PLEASE PROVIDE A COPY OF THE MEMBER'S MEDICARE STATEMENT. WHEN WE RECEIVE THIS INFORMATION WE WILL REVIEW IT AND ADVISE YOU ACCORDINGLY.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	098	CHIROPRACTIC CARE COVERED ONLY FOR ACUTE INJURY	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	099	SERVICES BILLED FOR OUTPATIENT OR OFFICE, AUTHORIZATION WAS GIVEN FOR INPATIENT SERVICES. PLEASE VERIFY AND SUBMIT CORRECT BILL FOR SERVICE DATE(S).	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	100	OUR RECORDS INDICATE NO SERVICES WERE PERFORMED; THEREFORE, BENEFITS CAN NOT BE ALLOWED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	101	OUR RECORDS INDICATE IN ORDER FOR US TO PROPERLY PROCESS YOUR CLAIM, WE NEED THE CAUSE OF THE ACCIDENT. SO THAT WE CAN DETERMINE IF FURTHER BENEFITS ARE AVAILABLE UNDER YOUR HEALTH PLAN, PLEASE SUBMIT THIS WRITTEN INFORMATION. WHEN WE RECEIVE THE INFORMAT	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	102	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT PROVIDE BENEFITS FOR SERVICES THAT ARE DETERMINED TO BE NOT MEDICALLY NECESSARY. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT WRITTEN INFORMATION THAT MAY HELP US BETTER SERVE YOU.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	103	OUR RECORDS INDICATE YOUR HEALTH PLAN REQUIRES PRE-CERTIFICATION OR APPROVAL BEFORE BENEFITS ARE PROVIDED FOR THIS SERVICE. PLEASE CALL, IN MICHIGAN, TOLL FREE 1-800 932-3204 TO OBTAIN THIS APPROVAL. AS SOON AS WE RECEIVE THIS INFORMATION WE WILL REVIEW I	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	104	OUR RECORDS INDICATE YOUR HEALTH PLAN PAYS THE MEDICARE PART A DEDUCTIBLE. HOWEVER, MEDICARE DID NOT TAKE THE PART A DEDUCTIBLE ON THIS CLAIM SO NO PAYMENT IS BEING MADE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	105	YOUR HEALTH PLAN DOES NOT COVER THE MEDICARE PART A DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	106	PROCEDURE HAS BEEN DELETED OR CANCELLED FROM THE CURRENT CPT HANDBOOK ISSUED BY THE AMERICAN MEDICAL ASSOCIATION; PLEASE RESUBMIT WITH A VALID CPT CODE FOR FURTHER CONSIDERATION.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	107	THE INFORMATION ON THIS CLAIM SHOWS A PROCEDURE BEING PERFORMED THAT IS INCONSISTENT WITH THE AGE OF THE PATIENT.	Claim Adjustment Reason Code	6	The procedure code is inconsistent with the patient's age.

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BCBSGA Data Element Name	Code Value	Code Definition	Data Element Name	Code Value	Code Definition
Explanation of Change Codes	108	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR PRESCRIPTIONS THAT ARE NOT RELATED TO YOUR PREVIOUS HOSPITAL STAY. THESE PRESCRIPTIONS MUST BE PURCHASES WITHIN A CERTAIN TIME FRAME AFTER YOUR DISCHARGE DATE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	109	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR DOCTORS WHO DO NOT PARTICIPATE IN THE BLUE CROSS AND BLUE SHIELD NETWORK OF PHYSICIANS/HOSPITALS. FURTHER RESEARCH ALSO SHOWS THERE WAS NO APPROVAL FOR THE SERVICE BEFORE IT WAS RECEIVED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	110	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT COVER CAT SCANS WHEN PERFORMED IN THIS PARTICULAR TYPE OF FACILITY.	Claim Adjustment Reason Code	58	Claim/service adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
Explanation of Change Codes	111	OUR RECORDS INDICATE THE ONLY COVERED SERVICES RENDERED BY A CHIROPRACTOR ARE XRAYS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	112	OUR RECORDS INDICATE PHYSICAL THERAPY PERFORMED IN THIS PARTICULAR TYPE FACILITY IS NOT COVERED BY YOUR HEALTH PLAN.	Claim Adjustment Reason Code	58	Claim/service adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
Explanation of Change Codes	113	THE INFORMATION RECEIVED ON THIS CLAIM SHOWS A DIAGNOSIS OR PROCEDURE THAT IS INCONSISTENT WITH THE SEX OF THE PATIENT. THEREFORE, THIS IS AN INVALID PROCEDURE CODE AND WE CANNOT PROCESS THIS CLAIM. PLEASE RESUBMIT YOUR CLAIM WITH THE PROPER WRITTEN INFOR	Claim Adjustment Reason Code	10	The diagnosis is inconsistent with the patient's gender.
Explanation of Change Codes	114	OUR RECORDS INDICATE THE WAITING PERIOD FOR MATERNITY SERVICES HAS NOT BEEN SATISFIED; THEREFORE, BENEFITS CAN NOT BE ALLOWED AT THIS TIME. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	115	THE INFORMATION ON THIS CLAIM SHOWS A PROCEDURE BEING PERFORMED THAT IS INCONSISTENT WITH THE SEX OF THE PATIENT.	Claim Adjustment Reason Code	7	The procedure code is inconsistent with the patient's gender.
Explanation of Change Codes	116	YOUR HEALTH PLAN DOES NOT COVER THE MEDICARE PART B DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	117	THE ACTUAL DATE OF SERVICE FOR THIS PROCEDURE IS NOT WITHIN THE SERVICE DATE RANGE SUBMITTED ON THIS CLAIM. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	118	THE OCCURRENCE DATE ON THIS CLAIM IS INVALID. PLEASE CONTACT OUR OFFICE WITH THE CORRECT DATE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	119	PLEASE CONTACT YOUR PROVIDER AND HAVE HIS OFFICE SUBMIT THESE CHARGES ON A HCFA 1500 CLAIM FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	120	A SPECIAL CHECK WAS ISSUED FOR THIS CLAIM; THEREFORE, NO CHECK IS ENCLOSED AT THIS TIME.	Claim Adjustment Reason Code	63	Correction to a prior claim.
Explanation of Change Codes	121	THESE CHARGES ARE BEING COMBINED WITH OTHER CHARGES AND WILL BE PROCESSED UNDER THAT CLAIM.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	122	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT ALLOW FOR TREATMENT OF THIS CONDITION WHEN RENDERED ON AN OUTPATIENT BASIS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	123	OUR RECORDS INDICATE YOUR POLICY DOES NOT COVER OBSERVATION ROOM CHARGES WHEN BILLED WITH SEPARATE ROOM AND BOARD CHARGES. THIS IS A PROVIDER RESPONSIBILITY AND YOU SHOULD NOT BE BILLED FOR THESE CHARGES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	124	OUR RECORDS INDICATE THIS SERVICE IS NOT COVERED WHEN BILLED BY THIS PROVIDER. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	125	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT COVER TREATMENT RELATED TO WEIGHT REDUCTION OR DIET CONTROL. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	126	OBSERVATION ROOM CHARGES ARE NOT PAYABLE DUE TO A CONTRACTUAL AGREEMENT BLUE CROSS AND BLUE SHIELD OF GEORGIA HAS WITH THE PROVIDER. YOU ARE NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	127	OUR SYSTEM REQUIRES THE PATIENT'S LAST NAME IN ORDER TO PROCESS CLAIMS. PLEASE SUBMIT THE CHARGES WITH THE PATIENT'S FULL NAME.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	128	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT PROVIDE BENEFITS FOR AN AIR AMBULANCE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	129	THE MEMBER IS NOT ELIGIBLE FOR THIS BENEFIT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	130	THIS CLAIM PAYMENT IS INCLUDED IN THE PAYMENT FOR GLOBAL CARDIAC FEES PER CONTRACT. PAYMENT HAS BEEN SENT TO EMORY CLINIC.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	131	OUR RECORDS INDICATE THIS DEPENDENT DOES NOT HAVE COVERAGE FOR THESE SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	132	IN ORDER TO PROCESS THIS CLAIM, WE NEED ADDITIONAL INFORMATION. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT IN-NETWORK HOSPITAL OR DOCTOR TAX ID NUMBER FOR BLUE CROSS AND BLUE SHIELD OF GEORGIA-ALONG WITH THE BILLING ADDRESS. ONCE THE INFORMATION IS RECEIV	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	133	PLEASE SUBMIT PAYMENT INFORMATION FROM THE DEPARTMENT OF MEDICAID IN ORDER FOR THE PROCESSING OF THIS CLAIM TO BE COMPLETED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	134	LINE REBUNDLED	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	135	OUR RECORDS INDICATE THIS PRESCRIPTION WAS NEVER PICKED UP FROM THE PHARMACY; THEREFORE, NO BENEFITS CAN BE PROVIDED.	Claim Adjustment Reason Code	B5	Claim/service adjusted because coverage/program guidelines were not met or were exceeded.
Explanation of Change Codes	136	YOUR HEALTH PLAN INDICATES THIS SERVICE IS NOT PAYABLE TO THIS PROVIDER BECAUSE OF A CONTRACTUAL AGREEMENT. YOU ARE NOT RESPONSIBLE FOR THIS CHARGE.	Claim Adjustment Reason Code	52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
Explanation of Change Codes	137	THIS CLAIM INDICATES THAT THE TYPE OF PROCEDURE PERFORMED AND THE LOCATION WHERE THE SERVICE WAS PROVIDED ARE NOT CONSISTENT. PLEASE RESUBMIT THE CLAIM WITH ANY CORRECTIONS OR ADDITIONAL INFORMATION YOU MAY HAVE. WE WILL REVIEW IT AND ADVISE YOU ACCORDING	Claim Adjustment Reason Code	5	The procedure code/bill type is inconsistent with the place of service.
Explanation of Change Codes	138	THIS CLAIM INDICATES THAT THE TYPE OF PROCEDURE PERFORMED AND THE DIAGNOSIS LISTED ARE NOT CONSISTENT. PLEASE RESUBMIT THE CLAIM WITH ANY CORRECTIONS OR ADDITIONAL INFORMATION YOU MAY HAVE. WE WILL REVIEW IT AND ADVISE YOU ACCORDINGLY.	Claim Adjustment Reason Code	11	The diagnosis is inconsistent with the procedure.
Explanation of Change Codes	139	THIS IS A NONCOVERED SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	140	WE HAVE RECEIVED A STATEMENT OF CHARGES. PLEASE SUBMIT A UB92 FOR FURTHER PROCESSING.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	141	WE HAVE RECEIVED A STATEMENT OF CHARGES. PLEASE SUBMIT A HCFA 1500 FOR FURTHER PROCESSING.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	142	THE PROCEDURE CODE SUBMITTED IS EITHER AN UNLISTED PROCEDURE OR IS INCONSISTENT WITH CPT4 CODING. PLEASE RESUBMIT WITH A VALID CPT4 CODE OR A DETAILED DESCRIPTION, INCLUDING DOSAGE IF APPLICABLE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	143	THIS CLAIM INDICATES THE TYPE OF SERVICE PERFORMED WAS ANESTHESIA. IN ORDER TO COMPLETE PROCESSING, WE NEED THE TIME OF SERVICE AND/OR TIME UNITS. IF DELIVERY TIME & EPIDURAL TIME ARE COMBINED, PLEASE SEPARATE THESE TIME UNITS AND RESUBMIT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	144	THIS CLAIM INDICATES A DENTAL SERVICE WAS PERFORMED. IN ORDER TO DETERMINE BENEFITS, PLEASE RESUBMIT THIS CLAIM INDICATING IF SERVICES WERE RELATED TO IMPACTED TEETH.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	145	THE DIAGNOSIS CODE SUBMITTED IS EITHER MISSING, UNCLEAR, OR INCONSISTENT WITH ICD9 CODING. PLEASE RESUBMIT WITH A VALID ICD9 CODE OR A DETAILED DESCRIPTION OF CONDITION.	Claim Adjustment Reason Code	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
Explanation of Change Codes	146	THE MEMBER'S HEALTH PLAN DOES NOT COVER PROFESSIONAL COMPONENTS FOR THIS SERVICE WHEN BILLED SEPARATELY, REGARDLESS OF THE PLACE OF TREATMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	147	THIS CLAIM PAYMENT WAS INCLUDED IN THE PAYMENT MADE ON THE GLOBAL FEE. IT HAS BEEN SENT TO GOODROE AND ASSOCIATES.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	148	YOUR CLAIM HAS BEEN FORWARDED TO CAMERON AND ASSOCIATES FOR PROCESSING. PLEASE CALL 1-800-334-6014 IF YOU HAVE ANY QUESTIONS.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	149	PHYSICIAN'S ASSISTANT SERVICES SHOULD BE BILLED BY THE SUPERVISING PHYSICIAN.	Claim Adjustment Reason Code	125	Claim/service adjusted due to a submission/billing error(s).
Explanation of Change Codes	150	THE MEMBER'S HEALTH PLAN REQUIRES A REFERRAL FOR SERVICES RENDERED BY A PROVIDER THAT IS NOT THE MEMBER'S PRIMARY CARE PHYSICIAN. THE CHARGES ARE THE RESPONSIBILITY OF THE PROVIDER.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	151	THE MEMBER'S HEALTH PLAN DOES NOT ALLOW BENEFITS FOR SERVICES RENDERED BY AN OUT OF NETWORK PHYSICIAN. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	152	BENEFITS ARE BEING ALLOWED AT A REDUCED LEVEL BECAUSE OUR RECORDS INDICATE A REFERRAL WAS NOT OBTAINED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	153	BLUE CROSS AND BLUE SHIELD IS NO LONGER PROCESSING CLAIMS FOR THIS GROUP. PLEASE REFER CLAIMS TO THE EMPLOYER.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	154	ALL LABORATORY STUDIES MUST BE SENT BY THE MEMBER'S PHYSICIAN TO THE CONTRACTED LABORATORY WITH BLUE CROSS AND BLUE SHIELD OF GEORGIA. THE MEMBER IS NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	155	THESE PROCEDURES ARE INCLUDED IN THE GLOBAL (TOTAL) FEE REIMBURSEMENT FOR MATERNITY SERVICES.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	156	ALL RADIOLOGY CHARGES MUST BE SENT BY YOUR PHYSICIAN TO A RADIOLOGIST THAT IS A PARTICIPATING CONTRACTOR WITH BLUE CROSS AND BLUE SHIELD OF GEORGIA'S NETWORK OF RADIOLOGISTS. YOU ARE NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	157	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED EXACT DATES OF SERVICE FOR EACH PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, CHIROPRACTIC TREATMENT OR RENAL TREATMENT PERFORMED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	158	PLEASE CONTACT YOUR DOCTOR AND ASK THAT HE OR SHE SUBMIT THESE CHARGES ON A UB92 CLAIM FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	159	BENEFITS ARE NOT COVERED FOR THE PROCEDURE FOR THIS PROVIDER.	Claim Adjustment Reason Code	8	The procedure code is inconsistent with the provider type.
Explanation of Change Codes	160	INCREMENTAL NURSING CHARGES ARE INCLUDED WITH ROOM AND BOARD AND SHOULD NOT BE BILLED SEPARATELY.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	161	THE AGREEMENT BETWEEN PROVIDER AND HEALTH PLAN DOES NOT ALLOW PAYMENT FOR THESE SERVICES. MEMBER IS NOT RESPONSIBLE FOR PAYMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	162	WE HAVE A VALID REFERRAL ON FILE FOR THE DATES OF SERVICE SUBMITTED, HOWEVER, THE PROCEDURE BEING PERFORMED REQUIRES PRIOR APPROVAL. SINCE THIS PROCEDURE HAS NOT BEEN PRE AUTHORIZED, IT IS THE RESPONSIBILITY OF THE PROVIDER.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	163	OUR RECORDS INDICATE THIS CLAIM IS FOR INJURIES RESULTING FROM AN AUTOMOBILE ACCIDENT. WE RECENTLY SENT A FORM LETTER REQUESTING INFORMATION REGARDING YOUR AUTOMOBILE INSURANCE. WHEN THIS INFORMATION IS RECEIVED, WE WILL CONTINUE PROCESSING THIS CLAIM.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	164	THIS IS NOT A COVERED SERVICE FOR THIS CONTRACTED PROVIDER. THE PROVIDER IS RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	165	PLEASE FILE THIS (YOUR) CLAIM WITH THE GOODROE ADMINISTRATOR.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	166	THIS CLAIM IS NOT ELIGIBLE FOR BLUECHOICE PLATINUM. PLEASE SUBMIT THIS CLAIM TO YOUR LOCAL MEDICARE FEE-FOR-SERVICE CARRIER.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	167	THESE SERVICES ARE BEING PROCESSED BY CASE MANAGEMENT. PLEASE RESUBMIT THE COMPLETE CLAIM TO THE CASE MANAGER FOR PROCESSING.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	168	PER CONTRACT AGREEMENT BETWEEN PROVIDER AND HEALTH PLAN, THE MAXIMUM AMOUNT HAS BEEN PAID FOR THIS SERVICE. MEMBER IS NOT RESPONSIBLE FOR PAYMENT.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	169	SERVICE RENDERED IS CONSIDERED UNDER A PAYMENT ARRANGEMENT BETWEEN BLUE CROSS BLUE SHIELD OF GEORGIA AND THIS PROVIDER. YOU ARE NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	170	THE NUMBER OF INPATIENT DAYS AUTHORIZED AND THE NUMBER OF DAYS BILLED ARE NOT THE SAME. PLEASE SUBMIT A CORRECTED BILL OR ADDITIONAL INFORMATION.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	171	THE PLACE OF SERVICE ON THIS CLAIM DOES NOT MATCH THE PLACE OF SERVICE OF THE APPROVED PREAUTHORIZATION. PLEASE VERIFY AND SUBMIT A CORRECTED BILL.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	172	PROVIDER INDICATED ON CLAIM WAS NOT THE PROVIDER AUTHORIZED TO PROVIDE CARE.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	173	THESE INPATIENT SERVICES ARE NOT COVERED UNLESS FACILITY RECORDS DOCUMENT THAT THESE SERVICES WERE ACTUALLY PERFORMED BY THE PHYSICIAN.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	174	PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY SERVICES LIMITED TO 60 VISITS PER CONDITION PER YEAR. CHECK HISTORY FOR RELATED CLAIMS AND MANUALLY COMPUTE THE VISITS. PROCESS OR DENY ACCORDINGLY.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	175	LIMITED TO 90 DAYS PER DISABILITY. RENEWABLE AFTER 60 DAYS NONCONFINEMENT. CHECK HISTORY FOR RELATED CLAIMS AND MANUALLY COMPUTE DAYS BETWEEN ADMISSIONS. CUSTODIAL CARE NOT COVERED.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	176	OUR RECORDS INDICATE THIS SERVICE WAS INCLUDED IN A SETTLEMENT, THEREFORE WE CANNOT PROVIDE FURTHER BENFITS.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	177	OUR RECORDS INDICATE THAT THIS IS A DUPLICATE OF A CLAIM THAT HAS ALREADY PROCESSED AND WAS ORIGINALLY APPLIED TO THE MEMBER'S DEDUCTIBLE.	Claim Adjustment Reason Code	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.
Explanation of Change Codes	178	OUR RECORDS INDICATE THAT THIS IS A DUPLICATE OF A CLAIM THAT HAS ALREADY PROCESSED AS AN ENCOUNTER PER YOUR CAPITATED CONTRACT.	Claim Adjustment Reason Code	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.
Explanation of Change Codes	179	THE DRG REIMBURSEMENT FOR THIS INPATIENT CONFINEMENT HAS BEEN CONSIDERED UNDER A DIFFERENT CLAIM. PLEASE REFER TO THAT CLAIM FOR THE TOTAL DRG REIMBURSEMENT.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	180	NOT ELIGIBLE FOR FEE FOR SERVICE PAYMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	181	THIS ENCOUNTER IS BEING PAID UNDER THE CROSS SILO PROVISIONS OF YOUR CONTRACT.	Claim Adjustment Reason Code	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
Explanation of Change Codes	182	BLUE CHOICE PLATINUM PROVIDERS IN THE BLUE NETWORK ARE NOT PERMITTED TO PROVIDE SERVICES TO BLUE CHOICE PLATINUM MEMBERS IN THE RED NETWORK. BLUE CHOICE PLATINUM MEMBERS CANNOT BE HELD LIABLE FOR SERVICES RENDERED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	183	BLUE CHOICE PLATINUM PROVIDERS IN THE RED NETWORK ARE NOT PERMITTED TO PROVIDE SERVICES TO BLUE CHOICE PLATINUM MEMBERS IN THE BLUE NETWORK. BLUE CHOICE PLATINUM MEMBERS CANNOT BE HELD LIABLE FOR SERVICES RENDERED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	184	THE LAST DATE FOR FILING MASTER HEALTH PLAN CLAIMS WAS AUGUST 31, 1998. THIS CLAIM WAS FILED AFTER THAT DATE, THEREFORE THE MEMBER CANNOT BE BILLED FOR THIS SERVICE.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	185	SUBMITTED PRICING DOES NOT COINCIDE WITH OUR PRICING GUIDELINES. PLEASE RESUBMIT CLAIM WITH CORRECT CLAIM PRICING.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	186	WE HAVE RECEIVED A CLAIM FOR HOSPICE SERVICES. HOSPICE SERVICES ARE NOT REIMBURSED BY BLUE CHOICE PLATINUM. THIS SERVICE IS REIMBURSED BY TRADITIONAL/ORIGINAL MEDICARE. PLEASE SUBMIT BILLING TO TRADITIONAL/ORIGINAL MEDICARE FOR PAYMENT.	Claim Adjustment Reason Code	109	Claim not covered th this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	187	PLEASE NOTE FOR THIS DATE OF SERVICE THIS MEMBER HAS CHANGED CONTRACT #'S. MEMBERS NEED TO SUPPLY THEIR PROVIDERS WITH A COPY OF THEIR NEW ID CARD AND EFFECTIVE DATE SO THAT THE MEMBER'S INSURANCE RECORDS CAN BE UPDATED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	188	THIS CHARGE IS INCLUDED IN THE GLOBAL (TOTAL) FEE REIMBURSEMENT FOR THIS SERVICE.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	189	FOR BLUE CHOICE PLATINUM MEMBERS ASSIGNED TO THE RED NETWORK, A REFERRAL IS REQUIRED TO SEE PROVIDERS IN THE BLUE NETWORK.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	190	FOR BLUE CHOICE PLATINUM MEMBERS ASSIGNED TO THE BLUE NETWORK, A REFERRAL IS REQUIRED TO SEE PROVIDERS IN THE RED NETWORK.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	191	THE BILL RECIEVED IS FOR A 23 HOUR OBSERVATION AND AUTHORIZATION WAS GIVEN FOR AN INPATIENT STAY FOR THIS DATE OF SERVICE. PLEASE VERIFY AND SUBMIT A CORRECTED BILL.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	192	THE INTERIM BILL TYPES SUBMITTED ON THIS CLAIM ARE INVALID WHEN BILLING FOR A BOARD OF REGENTS MEMBER. PLEASE REVIEW AND RESUBMIT THE CLAIM WITH THE NECESSARY CORRECTIONS.	Claim Adjustment Reason Code	135	Claim denied. Interim bills cannot be processed.
Explanation of Change Codes	193	THE INTERIM BILL DOES NOT SPAN THE APPROPRIATE NUMBER OF DAYS REQUIRED WHEN BILLING FOR BOARD OF REGENTS MEMBERS. PLEASE REVIEW AND RESUBMIT THE CLAIM WITH THE NECESSARY CORRECTIONS.	Claim Adjustment Reason Code	135	Claim denied. Interim bills cannot be processed.
Explanation of Change Codes	194	THE INTERIM BILL TYPE SUBMITTED ON THIS CLAIM IS INVALID WHEN BILLING FOR A BOARD OF REGENTS BENEFIT PLAN MEMBER. THE INTERIM BILLING PERIOD MUST BE GREATER THAN SIXTY DAYS. PLEASE RESUBMIT THE CLAIM AFTER THE SIXTY DAY PERIOD AS A REPLACEMENT CLAIM (TOB	Claim Adjustment Reason Code	135	Claim denied. Interim bills cannot be processed.
Explanation of Change Codes	195	THE PRINCIPAL DIAGNOSIS IS INVALID AS A DISCHARGE DIAGNOSIS; THEREFORE, WE CANNOT PROCESS THE CLAIM.	Claim Adjustment Reason Code	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
Explanation of Change Codes	196	THE DRG RETURNED IS CONSIDERED UNGROUPABLE; THEREFORE, WE CANNOT PROCESS THE CLAIM.	Claim Adjustment Reason Code	A8	Claim denied; ungroupable DRG
Explanation of Change Codes	197	THERE IS NO DRG PRESENT FOR THIS INPATIENT CLAIM; THEREFORE, WE CANNOT PROCESS THE CLAIM. PLEASE REVIEW AND RESUBMIT THE CLAIM WITH THE NECESSARY CORRECTIONS.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	198	THIS CLAIM HAS BEEN PROCESSED ACCORDING TO DRG PAYMENT GUIDELINES AND HAS BEEN IDENTIFIED AS A POTENTIAL OUTLIER. ADDITIONAL REVIEW IS AVAILABLE BY CALL THE PLAN'S MEDICAL CERTIFICATION PROGRAM AT 800-762-4534 EXTENSION 4443.	Claim Adjustment Reason Code	70	Cost outlier amount.
Explanation of Change Codes	199	THE PROCESSING SYSTEM HAS DETERMINED THAT THIS CLAIM IS RELATED TO A CLAIM PREVIOUSLY PROCESSED AND PAID WITH A SIMILAR DRG. NO ADDITIONAL PAYMENT WILL BE MADE.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	200	THIS CLAIM WAS SUBMITTED WITH INVALID OR MISSING CPT CODES. ALL CLAIMS FOR OUTPATIENT SURGERY, RADIOLOGY, LABORATORY AND OTHER DIAGNOSTIC PROCEDURES MUST INCLUDE THE PROCEDURE CODE (CPT4) FOR EACH SERVICE PERFORMED. DELETED AND NOT OTHERWISE CLASSIFIED CO	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	201	THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED. SERVICES PERFORMED BY BOARD OF REGENTS PLAN NETWORK HOSPITALS MUST BE FILED WITHIN 120 DAYS OF THE SERVICE DATE.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	202	IN ORDER TO CORRECTLY PROCESS A MATERNITY CLAIM FOR A BOARD OF REGENTS MEMBER ACCORDING TO DRG PROCESSING GUIDELINES THE MOTHER'S AND THE BABY'S CHARGES MUST BE FILED SEPARATELY. PLEASE RESUBMIT THE SEPARATE CLAIMS FOR PROCESSING.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	203	OUR RECORDS INDICATE THE MAXIMUM USUAL, CUSTOMARY, REASONABLE FEE HAS BEEN ALLOWED FOR THE SERVICES RENDERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	204	OUR RECORDS INDICATE THE AVERAGE SEMI-PRIVATE ROOM RATE FOR THIS PROVIDER HAS BEEN ALLOWED TOWARD THE CHARGE FOR THE OBSERVATION ROOM. YOU SHOULD NOT BE HELD RESPONSIBLE FOR THE DIFFERENCE IN THE CHARGE AND THE ALLOWED AMOUNT.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	205	VESTIBULAR THERAPY IS A NON-COVERED SERVICE	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	206	OUR RECORDS INDICATE THE TOTAL AVERAGE SEMI-PRIVATE ROOM RATE HAS BEEN ALLOWED FOR THIS ADMISSION.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	207	OUR RECORDS INDICATE NO PRE-ADMISSION CERTIFICATION WAS OBTAINED FOR THIS INPATIENT STAY OR WAS NOT OBTAINED WITHIN THE REQUIRED TIMEFRAME; THEREFORE, A PENALTY WAS APPLIED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	208	THIS CHARGE IS INCLUDED IN THE GLOBAL (TOTAL) FEE REIMBURSEMENT FOR THIS SERVICE.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	209	YOUR HEALTH PLAN DOES NOT COVER PERSONAL CONVENIENCE ITEMS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	210	OUR RECORDS INDICATE THE MAXIMUM BENEFITS HAVE BEEN ALLOWED FOR THIS INPATIENT STAY.	Claim Adjustment Reason Code	35	Benefit maximum for this time period has been reached.
Explanation of Change Codes	211	THE MEMBER'S HEALTH PLAN DOES NOT ALLOW BENEFITS FOR AMBULANCE USE WHEN IT IS NOT RELATED TO AN EMERGENCY.	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	212	OUR RECORDS INDICATE TREATMENT ROOM CHARGES ARE NOT ELIGIBLE FOR BENEFITS WHEN BILLED ALONG WITH ROOM AND BOARD CHARGES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	213	YOUR HEALTH PLAN PAYS BENEFITS AT A REDUCED LEVEL WHEN SERVICES ARE RENDERED BY A NONPARTICIPATING BLUE CROSS AND BLUE SHIELD OF GEORGIA PROVIDER. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	214	OUR RECORDS INDICATE THE MAXIMUM BENEFITS HAVE BEEN ALLOWED FOR THIS AMBULANCE SERVICE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	215	YOUR HEALTH PLAN PAYS BENEFITS AT A REDUCED LEVEL WHEN SERVICES ARE RENDERED BY A NON ELIGIBLE BLUE CROSS AND BLUE SHIELD OF GEORGIA PROVIDER. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	216	OUR RECORDS INDICATE YOUR HEALTH PLAN ALLOWS A MAXIMUM OF $50.00 FOR THIS SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	217	OUR RECORDS INDICATE YOUR HEALTH PLAN REQUIRES A SEPARATE DRUG DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	218	OUR RECORDS INDICATE THIS PROVIDER IS NOT A MEMBER OF SOUTHCARE ALLIANCE; THEREFORE, BENEFITS HAVE BEEN REDUCED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	219	OUR RECORDS INDICATE THE MAXIMUM HAS BEEN ALLOWED FOR THIS SERVICE. THE ALLOWED AMOUNT WAS BASED ON THE MEDICARE ALLOWED AMOUNT.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	220	OUR RECORDS INDICATE YOUR HEALTH PLAN REQUIRES AN INPATIENT HOSPITAL DEDUCTIBLE EACH CALENDAR YEAR.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	221	YOUR HEALTH PLAN REQUIRES AN EMERGENCY ROOM DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	222	YOUR HEALTH PLAN REQUIRES AN INPATIENT HOSPITAL DEDUCTIBLE TO BE TAKEN FOR EACH ADMISSION.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	223	CHARGES FOR NEWBORN NURSERY MUST BE FILED IN COMBINATION WITH THE MOTHER'S CHARGES.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	224	WE HAVE A VALID REFERRAL ON FILE FOR AN OV, HOWEVER YOU HAVE REACHED YOUR MAX FOR THIS PROCEDURE. IF ADDITIONAL TREATMENT IS NEEDED PLEASE CONTACT YOUR OB/GYN.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	225	OUR RECORDS SHOW YOU HAVE TWO OTHER INSURANCE CARRIERS. IN ORDER TO PROCESS YOUR CLAIM, WE NEED AN EXPLANATION OF BENEFITS FROM BOTH. PLEASE RESUBMIT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	226	PAYMENT WAS REDUCED BECAUSE A PANEL PROVIDER WAS NOT USED AND NO APPROVAL WAS OBTAINED FROM CENTRAL DIAGNOSTIC AND REFERRAL AGENCY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	227	OUR RECORDS INDICATE A PANEL PROVIDER WAS NOT USED FOR THIS SERVICE AND THE DATES DO NOT MATCH THE APPROVAL GRANTED; THEREFORE, BENEFITS CAN NOT BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	228	OUR RECORDS INDICATE PRE SERVICE REVIEW WAS NOT OBTAINED FOR THIS OUTPATIENT SURGICAL PROCEDURE; THEREFORE, A 50% PENALTY WAS APPLIED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	229	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT COVER SERVICES FOR SPEECH THERAPY FOR THIS DIAGNOSIS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	230	OUR RECORDS INDICATE THIS HOSPITALIZATION EXCEEDED THE NUMBER OF PRE-APPROVED DAYS. THE UN-APPROVED DAYS HAVE BEEN DENIED NOT MEDICALLY NECESSARY. PLEASE SUBMIT MEDICAL RECORDS TO APPEAL THE UNAPPROVED DAYS.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	231	WE SUGGEST PURCHASE OF THIS DURABLE MEDICAL EQUIPMENT. WE WILL ALLOW RENTAL OF THIS DURABLE MEDICAL EQUIPMENT UNTIL THE PURCHASE PRICE HAS BEEN REACHED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERV	Claim Adjustment Reason Code	108	Claim/service reduced because rent/purchase guidelines were not met.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	232	MEMBER NOT EFFECTIVE ON THIS DATE OF SERVICE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	233	WE HAVE RECEIVED A CLAIM FOR SERVICES PROVIDED IN A SKILLED NURSING FACILITY. IN ORDER TO COMPLETE THE PROCESSING OF THE CLAIM, WE NEED THE CHARGES FOR ROOM AND BOARD. PLEASE RESUBMIT THE CLAIM, INCLUDING ROOM AND BOARD AMOUNTS CHARGED. WE WILL REVIEW IT	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	234	OUR RECORDS INDICATE THERE IS NO CRO APPROVAL FOR THIS ADMISSION. YOU ARE RESPONSIBLE FOR THESE CHARGES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	235	OUR RECORDS INDICATE CRO APPROVAL WAS DENIED FOR THIS ADMISSION. YOU ARE RESPONSIBLE FOR THESE CHARGES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	39	Services denied at the time authorization/pre-certification was requested.
Explanation of Change Codes	236	OUR RECORDS INDICATE A SECOND SURGICAL OPINION WAS NOT OBTAINED FOR THIS SERVICE, YOU ARE RESPONSIBLE FOR THE PENALTY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	61	Charges adjusted as penalty for failure to obtain second surgical opinion.
Explanation of Change Codes	237	OUR RECORDS INDICATE A SECOND SURGICAL OPINION WAS NOT OBTAINED FOR THIS SERVICE, YOU ARE NOT RESPONSIBLE FOR THE PENALTY.	Claim Adjustment Reason Code	61	Charges adjusted as penalty for failure to obtain second surgical opinion.
Explanation of Change Codes	238	OUR RECORDS INDICATE THE SURGICAL CHARGE MUST BE FILED BEFORE THE PRE/POST SURGICAL CARE IS ELIGIBLE FOR PAYMENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	239	OUR RECORDS INDICATE THE MAXIMUM AMOUNT WAS ALLOWED BASED ON THE ARCHCARE CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	240	THIS CONTRACT DOES NOT ALLOW BENEFITS FOR PREGNANCY - RELATED DIAGNOSES WITHIN THE FIRST TWELVE MONTHS OF COVERAGE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	241	OUR RECORDS INDICATE THE MAXIMUM DIAGNOSTIC OUTPATIENT LABORATORY/XRAY BENEFIT HAS BEEN MET WITH THIS PAYMENT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	242	OUR RECORDS INDICATE THE MAXIMUM MATERNITY BENEFIT HAS BEEN MET WITH THIS PAYMENT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	243	WE HAVE FORWARDED THIS SECOND SURGICAL CLAIM TO MICHIGAN FOR PROCESSING.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	244	PROVIDER RESPONSIBLE FOR COINSURANCE AMOUNT SINCE EMORY RTP	Claim Adjustment Reason Code	2	Coinsurance Amount
Explanation of Change Codes	245	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT REQUIRE A DEDUCTIBLE FOR PEDIATRIC OUTPATIENT CARE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	246	OUR RECORDS INDICATE THIS SERVICE IS RELATED TO AN AUTO ACCIDENT. PLEASE FILE THE CHARGES WITH YOUR AUTO INSURANCE.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	247	MEDICAL RECORDS OR OFFICE NOTES ARE NEEDED IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM. WHEN WE RECEIVE THE INFORMATION WE WILL REVIEW IT AND ADVISE YOU ACCORDINGLY.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	248	WE HAVE FORWARDED YOUR CLAIM TO BLUE CROSS AND BLUE SHIELD OF ALABAMA FOR PROCESSING. PLEASE CALL 1-800-828-6451 FOR ANY QUESTIONS.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	249	OUR RECORDS INDICATE THERE IS A THIRD PARTY PAYMENT INVLOLVED. WE HAVE COORDINATED THESE PAYMENTS TO ALLOW THE MAXIMUM BENEFITS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	250	OUR RECORDS INDICATE NO PRIOR APPROVAL WAS OBTAINED FOR THIS SURGICAL PROCEDURE. A PENALTY HAS BEEN APPLIED. PLEASE SUBMIT MEDICAL RECORDS FOR AN APPEAL.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	251	THE BILL RECEIVED IS FOR AN INPATIENT STAY AND AUTHORIZATION WAS GIVEN FOR SKILLED NURSING FACILITY SERVICES FOR THIS DATE OF SERVICE. PLEASE VERIFY AND SUBMIT A CORRECTED BILL.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	252	WE HAVE FORWARDED THESE CHARGES TO SOUTHERN COMPANY SERVICES FOR PROCESSING.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	253	WE HAVE ALLOWED THE MAXIMUM AMOUNT BASED ON A CONTRACTUAL AGREEMENT WITH THE PROVIDER. YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	254	OUR RECORDS INDICATE A PRESERVICE REVIEW WAS NOT OBTAINED FOR THESE SERVICES. THERE HAS EITHER BEEN A PENALTY APPLIED OR THE CHARGES DENIED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	255	OUR RECORDS INDICATE NO APPROVAL WAS OBTAINED FOR THESE SERVICES. THERE HAS EITHER BEEN A PENALTY APPLIED OR THE CHARGES DENIED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	256	OUR RECORDS INDICATE FOR THESE CHARGES TO BE CONSIDERED, THEY NEED TO BE FILED BY THE ATTENDING PHYSICIAN.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.

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BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	257	OUR RECORDS INDICATE THESE SERVICES MUST BE RENDERED BY A CONTRACTED LABORATORY. YOU ARE NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	258	FOR BLUE CHOICE PLATINUM MEMBERS NON PLAN SERVICES ARE NOT COVERED UNLESS A PRIOR APPROVAL WAS OBTAINED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	259	FOR BLUE CHOICE PLATINUM MEMBER NON EMERGENCY, NON URGENT CARE SERVICES ARE NOT COVERED WHEN RENDERED BY NON BLUE CHOICE PLATINUM PROVIDERS.	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	260	THE RATES AND SERVICES SUBMITTED ON THIS CLAIM DO NOT MATCH THE NEGOTIATED RATES AND SERVICES THAT WERE PREAUTHORIZED FOR THIS PROVIDER. PLEASE SUBMIT A CORRECTED BILL FOR THE NEGOTIATED PROCEDURES. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	261	THE MEMBER'S BLUE CHOICE PLATINUM HEALTH PLAN DOES NOT ALLOW BENEFITS FOR PRIMARY CARE PLAN SERVICES WHEN RENDERED BY A PRIMARY CARE PHYSICIAN OTHER THAN THE MEMBER'S SELECTED PRIMARY CARE PHYSICIAN.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	262	FOR BLUE CHOICE PLATINUM MEMBERS THE PLAN SERVICES ARE NOT COVERED UNLESS A PRIOR APPROVAL WAS OBTAINED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	263	THE SERVICE DATE ON THE CLAIM IS BEFORE THE MEMBER'S BLUE CHOICE PLATINUM COVERAGE BEGAN. THIS MEMBER MAY BE COVERED BY TRADITIONAL MEDICARE FOR THIS DATE OF SERVICE.	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	264	THE SERVICE DATE ON THE CLAIM IS AFTER THE MEMBER'S BLUE CHOICE PLATINUM COVERAGE ENDED. THIS MEMBER MAY BE COVERED BY TRADITIONAL MEDICARE FOR THIS DATE OF SERVICE.	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	265	THE HOSPITAL HAS AGREED TO BILL FOR EACH 30 DAYS OF CONTINUOUS INPATIENT HOSPITALIZATION DURING THE SAME ADMISSION. YOUR ADMISSION WAS MORE THAN 30 DAYS BUT THE CLAIM WE RECEIVED WAS LESS THAN 30 DAYS. WE ARE ASKING THE HOSPITAL TO REFILE THESE CHARGES AC	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	266	THE HOSPITAL HAS AGREED TO BILL ONE COMPLETE CLAIM PER ADMISSION IF THE ADMISSION IS LESS THAN 30 DAYS. YOUR ADMISSION WAS FOR LESS THAN 30 DAYS AND WE HAVE RECEIVED MORE THAN ONE CLAIM. WE ARE ASKING THE HOSPITAL TO REFILE THESE CHARGES IN ONE COMPLETE	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	267	WE HAVE FORWARDED THIS CLAIM TO YOUR EMPLOYER	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	268	FOR BLUE CHOICE PLATINUM MEMBERS PLAN SERVICES ARE COVERED WHEN RENDERED BY BLUE CHOICE PLATINUM NETWORK PROVIDERS. A REFERRAL IS REQUIRED TO SEE PROVIDERS OUTSIDE THE BLUE CHOICE PLATINUM NETWORK.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	269	PLEASE PROVIDE OTHER HEALTH INSURANCE PLAN EXPLANATION OF BENEFITS. IN ORDER TO AVOID DELAYS IN PROCESSING PLEASE INCLUDE THIS INFORMATION WHEN FILING CLAIMS.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	270	OUR RECORDS INDICATE THIS IS A CLAIM FOR INJURIES RESULTING FROM AN AUTOMOBILE ACCIDENT. IN ORDER TO COMPLETE THE PROCESSING OF YOUR CLAIM, PLEASE PROVIDE A COPY OF YOUR AUTOMOBILE INSURANCE PAYMENT FOR THIS ACCIDENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	271	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE BENEFITS PERFORMED BY A PROFESSIONAL NURSE ACTING AS AN ASSISTANT SURGEON.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	272	ADDITIONAL BILLED AMOUNTS HAVE BEEN ADDED TO THIS CLAIM FROM A SEPARATE CLAIM(S) SUBMITTED.	Claim Adjustment Reason Code	94	Processed in excess of charges.
Explanation of Change Codes	273	ANESTHESIA FOR THE CODE SUBMITTED. A PRIMARY PROCEDURE ANESTHESIA FOR THE CODE SUBMITTED. A PRIMARY PROCEDURE CODE WAS NOT BILLED FOR ANESTHESIA. PLEASE RESUBMIT WITH AN APPROPRIATE CODE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	274	PLEASE SUBMIT AN INVOICE FOR REV CODE 0274.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	275	PLEASE SUBMIT AN INVOICE FOR REV CODE 0275.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	276	PLEASE SUBMIT AN INVOICE FOR REV CODE 0276.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	278	PLEASE SUBMIT AN INVOICE FOR REV CODE 0278.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	279	PLEASE SUBMIT AN INVOICE FOR REV CODE 0279.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	280	PLEASE SUBMIT AN INVOICE FOR REVENUE CODES 0300-0399.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	281	COVERAGE FOR SURGICAL REMOVAL OF IMPACTED WISDOM TEETH COVERED ONLY BY THE DENTAL CONTRACT YOU HAVE WITH CIGNA.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	282	PLEASE SUBMIT YOUR EXPLANATION OF BENEFITS FROM YOUR CIGNA DENTAL PLAN SO THAT WE MAY COORDINATE COVERAGE WITH CIGNA.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	283	THIS SERVICE NOT COVERED WHEN PERFORMED AS PART OF A WELL WOMAN EXAM.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	284	PMT HAS BEEN REDUCED BECAUSE SECOND SURGICAL OPINION WAS REQUIRED HOWEVER NOT OBTAINED.	Claim Adjustment Reason Code	61	Charges adjusted as penalty for failure to obtain second surgical opinion.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	285	THE CODE BILLED IS ONLY VALID FOR UB92 CLAIMS. PLEASE RESUBMIT THE CLAIM WITH THE HCPCS/CPT CODE FOR HCFA 1500 CLAIM FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	286	THE MEMBER'S HEALTH PLAN REQUIRES A REFERRAL FOR SERVICES RENDERED BY A PROVIDER THAT IS NOT THE MEMBER'S PRIMARY CARE PHYSICIAN. THE CHARGES ARE THE RESPONSIBILITY OF THE MEMBER.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	287	THIS SERVICE IS COVERED ONLY IF RELATED TO A ROUTINE PHYSICAL EXAMINATION.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	288	BENEFITS ARE BEING ALLOWED AT A REDUCED LEVEL BECAUSE THIS IS AN OUT OF NETWORK PROVIDER. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	**289**	THIS CLAIM IS BEING PROCESSED BY THE EXECUTIVE MEDICAL REIMBURSEMENT PLAN	Claim Adjustment Reason Code	100	Payment maded to patient/insured/responsible party.
Explanation of Change Codes	**290**	THIS CLAIM HAS BEEN FORWARDED TO BEECH STREET FOR PRICING. YOU WILL BE NOTIFIED WHEN THESE CHARGE(S) HAVE BEEN PROCESSED.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	**291**	CHIROPRACTIC SERVICES ARE PROCESSED BY ASHN CHIROPRACTIC NETWORK	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	292	MEDICARE COVERAGE GUIDELINES CONSIDERS THIS SERVICE A NON COVERED BENEFIT UNDER THE PLAN. THE MEMBER IS NOT LIABLE FOR THESE SERVICES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	293	CLAIM HAS BEEN FILED WITH AN INCORRECT MEMBER NUMBER PREFIX.	Claim Adjustment Reason Code	140	Patient/Insured health identification number and name do not match.
Explanation of Change Codes	294	THESE SERVICES ARE A COMPONENT OF THE GLOBAL AMBULANCE TRANSPORT CODE. OUR RECORDS SHOW THAT THIS CODE WAS NOT BILLED AND AS RESULT THESE CHARGES ARE BEING DENIED. MEMBER IS NOT RESPONSIBLE.	Claim Adjustment Reason Code	B15	Claim/service adjusted because this procedure/service is not paid separately.
Explanation of Change Codes	**295**	CHARGES FOR THIS NEWBORN MUST BE FILED SEPARATELY FROM THE MOTHER'S CHARGES FOR REIMBURSEMENT. PLEASE RESUBMIT MOTHER AND BABY'S CHARGES ON TWO SEPARATE CLAIMS.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**296**	THIS MEMBER HAS MET THE MEDICAL LIFETIME MAXIMUM BENEFIT.	Claim Adjustment Reason Code	35	Lifetime benefit maximum has been reached..
Explanation of Change Codes	**297**	OUR RECORDS INDICATE MEMBER HAS TWO BCBSGA POLICIES. WE ARE AWAITING PAYMENT INFORMATION ON THE PRIMARY POLICY. DETAILED INFORMATION CAN BE FOUND IN THE COORDINATION OF BENEFITS SECTION OF YOUR CERTIFICATE BOOKLET.	Claim Adjustment Reason Code	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	298	THIS PROVIDER IS NOT COVERED UNDER THIS TAX ID NUMBER FOR THIS DATE OF SERVICE THEREFORE, NO BENEFIT CAN BE ALLOWED. THE MEMBER SHOULD NOT BE HELD RESPONSIBLE FOR THE AMOUNT LISTED IN THE MEMBER LIABILITY COLUMN.	Claim Adjustment Reason Code	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.
Explanation of Change Codes	299	THE LEVEL OF SERVICE HAS BEEN DOWN-CODED TO REFLECT THE USUAL INTENSITY OF SERVICE FOR THE SUBMITTED DIAGNOSIS.	Claim Adjustment Reason Code	57	Claim/service adjusted because the payer deems the information submitted does not support this level of service, this many services, this length of service, or this dosage.
Explanation of Change Codes	300	OUR RECORDS INDICATE THIS MEMBER HAD NOT SELECTED A PRIMARY CARE PHYSICIAN AT THE TIME THIS SERVICE WAS RENDERED.	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	301	THE AGREEMENT WE HAVE WITH YOUR PROVIDER DOES NOT INCLUDE BENEFITS FOR THIS SERVICE IN THIS SETTING. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	58	Claim/service adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
Explanation of Change Codes	302	OUR RECORDS INDICATE THE PROVIDER OF SERVICE ON YOUR CLAIM IS NOT THE SAME AS THE PROVIDER YOUR PRIMARY CARE PHYSICIAN LISTED ON YOUR REFERRAL. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	303	THE PRIMARY CARE PHYSICIAN ON YOUR FILE IS NOT VALID. PLEASE CONTACT CUSTOMER SERVICE SO WE CAN UPDATE OUR RECORDS.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	304	OUR RECORDS INDICATE YOU HAVE USED THE MAXIMUM NUMBER OF VISITS AUTHORIZED BY YOUR PRIMARY CARE PHYSICIAN. IF YOU NEED ADDITIONAL TREATMENT PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	305	OUR RECORDS INDICATE THERE IS NO REFERRAL FROM YOUR PRIMARY CARE PHYSICIAN ON FILE AND ACCORDING TO YOUR HEALTH PLAN YOU ARE RESPONSIBLE FOR THE DEDUCTIBLE AND COINSURANCE THAT IS DUE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	306	SUSPECT FOR INPATIENT AUTHORIZATION	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	307	THE PAYMENT FOR THESE SERVICES IS INCLUDED IN THE MONTHLY CAPITATION PAYMENT MADE TO YOUR PROVIDER BASED ON HIS/HER AGREEMENT WITH US. NO ADDITIONAL PAYMENT CAN BE MADE ON THIS CLAIM.	Claim Adjustment Reason Code	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
Explanation of Change Codes	308	YOUR PRIMARY CARE PHYSICIAN WAS PAID AT 80% OF THE ALLOWANCE BECAUSE THE COVERING PHYSICIAN DOES NOT PARTICIPATE WITH BLUE CROSS AND BLUE SHIELD OF GEORGIA.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	309	SUSPECT FOR OUTPATIENT AUTHORIZATION	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	310	NUMBER OF VISITS EXCEEDS NUMBER AUTHORIZED ON REFERRAL	Claim Adjustment Reason Code	B1	Non-covered visits.
Explanation of Change Codes	311	THE MEMBER'S HEALTH PLAN ONLY COVERS THE USE OF AN EMERGENCY ROOM FOR AN ACCIDENT OR A MEDICAL EMERGENCY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE. YOU CAN AVOID THE INCONVENIENCE OF UNNECES	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	312	THE PAYMENT FOR THIS SERVICE IS INCLUDED IN A MONTHLY PAYMENT MADE TO YOUR PRIMARY CARE PHYSICIAN. IT IS THE RESPONSIBILITY OF THE PRIMARY CARE PHYSICIAN TO PROVIDE PAYMENT TO THE PHYSICIAN WHO RENDERED THE SERVICE.	Claim Adjustment Reason Code	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
Explanation of Change Codes	313	ENCOUNTER DATE AFTER REFERRAL EXPIRATION	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	314	THE MEMBER'S HEALTH PLAN ONLY COVERS THE USE OF THE EMERGENCY ROOM AT HUTCHESON MEDICAL CENTER FOR AN ACCIDENT OR MEDICAL EMERGENCY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE. YOU CAN AVOID T	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	315	OUR RECORDS INDICATE THE MEMBER'S CLAIM WAS RECEIVED AFTER THE TIME LIMIT FOR FILING CLAIMS OUTLINED IN THE PROVIDER'S CONTRACT. THE MEMBER IS NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	316	REIMBURSED AT LOWER BENEFITS LEVEL DUE TO OUT OF NETWORK	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	317	CHARGES ARE NOT ELIGIBLE - DO NOT BILL MEMBER	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	318	OUR RECORDS INDICATE THE PREAUTHORIZATION WAS DENIED FOR THESE SERVICES; THEREFORE, NO BENEFITS CAN BE ALLOWED.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	319	OUR RECORDS INDICATE THE SERVICE BEGIN DATE SHOWN ON THE CLAIM IS BEFORE THE DATE SHOWN ON THE PREAUTHORIZATION.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	320	OUR RECORDS INDICATE THE SERVICE END DATE ON THE CLAIM IS AFTER THE SERVICE END DATE SHOWN ON THE PREAUTHORIZATION.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	321	THE BENEFITS PAID BY THE PRIMARY CARRIER EQUAL OR EXCEED THE AMOUNT THAT WOULD HAVE BEEN PAID BY BLUE CROSS AND BLUE SHIELD OF GEORGIA. THEREFORE, NO BENEFITS WILL BE PAID ON THIS CLAIM.	Claim Adjustment Reason Code	23	Claim adjusted because charges have been paid by another payer.
Explanation of Change Codes	322	PER PLAN POLICY, BENEFITS ARE NOT PROVIDED FOR THIS SERVICE WHEN PERFORMED IN OTHER THAN AN OFFICE SETTING.	Claim Adjustment Reason Code	58	Claim/service adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
Explanation of Change Codes	323	THESE SERVICES ARE FOR DENTAL CARE AND HAVE BEEN FILED UNDER YOUR DENTAL BENEFITS FOR YOU. YOU WILL RECEIVE NOTIFICATION WHEN THE CLAIM IS COMPLETE.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	324	THIS CLAIM IS BEING PROCESSED AGAINST YOUR GROUP BENEFITS PRIOR TO BEING EFFECTIVE WITH BLUE CROSS AND BLUE SHIELD OF GEORGIA.	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	**326**	THIS CLAIM HAS BEEN FORWARDED TO UNITED BEHAVIORAL HEALTH (UBH) FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-**877**-237-8575.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	327	WE HAVE REQUESTED ADDITIONAL INFORMATION THAT IS NECESSARY TO COMPLETE PROCESSING OF THIS CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	328	WE HAVE NEGOTIATED A FEE WITH THIS PROVIDER FOR THESE SERVICES. YOU ARE NOT RESPONSIBLE FOR ANY DIFFERENCE BETWEEN THE CHARGE AND THE ALLOWED AMOUNT.	Claim Adjustment Reason Code	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
Explanation of Change Codes	329	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED THE FULL NAME AND TAX ID OF THE PROVIDER WHO RENDERED THE SERVICE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	330	PATIENT DOES NOT HAVE VISION BENEFITS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	331	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN INCLUDES COVERAGE FOR ONE VISION EXAM PER CALENDAR YEAR. THE MEMBER HAS ALREADY REACHED THIS LIMIT.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	332	OUR RECORDS INDICATE YOUR HEALTH PLAN INCLUDES COVERAGE FOR THE PURCHASE OF ONE PAIR OF EYE GLASS LENSES, CONTACT LENSES OR FRAMES PER YEAR. YOU HAVE ALREADY REACHED THIS LIMIT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	333	NON-EMERGENCY USE OF THE EMERGENCY ROOM IS NOT COVERED UNDER THE TERMS OF YOUR CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	40	Charges do not meet qualifications for emergent/urgent care.
Explanation of Change Codes	334	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR NON-CORRECTIVE EYE GLASS LENSES OR CONTACT LENSES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	335	YOUR CLAIM HAS BEEN FORWARDED TO GREEN SPRING FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-292-2879.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	336	YOUR CLAIM HAS BEEN FORWARDED TO NATIONAL PRESCRIPTION ADMINISTRATORS FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-467-2006.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	337	YOUR CLAIM HAS BEEN FORWARDED TO VALUEOPTIONS FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-680-6333.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	338	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY BEHAVIORAL HEALTH SYSTEMS. WE WILL FORWARD THE CLAIM TO THEM. IF YOU HAVE ANY QUESTION ON THIS CLAIM, PLEASE CALL 1-800-245-1150.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	339	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY VALUE BEHAVIORAL HEALTH. IF YOU HAVE ANY QUESTIONS PLEASE CALL 1-800-528-3917.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	340	YOUR IN NETWORK PARTICIPATING PROVIDER IS ANY LENSCRAFTER'S DOCTOR. ANY OTHER DOCTOR IS CONSIDERED OUT OF NETWORK AND YOU ARE RESPONSIBLE FOR THE DIFFERENCE IN THE CHARGE AND THE OUT OF NETWORK ALLOWED AMOUNT. YOU ARE RESPONSIBLE TO PAY ANY AMOUNT DISPLAY	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	341	IN ORDER TO COMPLETE PROCESSING OF THIS CLAIM, WE ARE REQUESTING ADDITIONAL HEALTHCARE COVERAGE INFORMATION FROM THE MEMBER.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	342	PRESCRIPTION DRUGS ARE EXCLUDED UNDER YOUR BLUE CROSS AND BLUE SHIELD CONTRACT. PLEASE SUBMIT THESE CHARGES TO PCS, INC. FOR PROCESSING, PO 52116, PHOENIX, ARIZONA, ZIP CODE 85072-2116.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	343	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY VALUE RX DRUGS. IF YOU HAVE ANY QUESTIONS PLEASE CALL 1-800-969-4843.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	344	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY VALUE BEHAVIORAL HEALTH. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-333-6557.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	345	OUR RECORDS INDICATE THIS CLAIM SHOULD BE REFERRED TO VINCAM HUMAN RESOURCES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-962-4404.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	346	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY CIGNA BEHAVIORAL HEALTH. WE HAVE FORWARDED THE CLAIM TO CIGNA BEHAVIORAL HEALTH FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-554-6931.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	347	OUR RECORDS INDICATE THIS CLAIM SHOULD BE REFERRED TO YOUR EMPLOYER GROUP FOR PROCESSING.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	348	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY METLIFE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-888-529-8474.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	349	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY DAVIS VISION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-433-9375.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	350	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED THE CORRECT CPT CODE FOR THIS SERVICE. PLEASE MAKE THE NECESSARY CORRECTIONS AND REFILE THE CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	351	IN ORDER TO COMPLETE THE PROCESSING OF THIS CLAIM, WE NEED THE CORRECT AGREED FEE FOR THE SERVICE RENDERED. PLEASE MAKE THE NECESSARY CORRECTIONS AND REFILE THE CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	352	OUR RECORDS INDICATE THIS SERVICE IS AT NO ADDITIONAL CHARGE TO BLUE CROSS AND BLUE SHIELD OF GEORGIA OR TO THE MEMBER. PLEASE CREDIT THIS ACCOUNT AND DO NOT BILL THE MEMBER.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	353	OUR RECORDS INDICATE THE SERVICE LISTED IS A MEMBER RESPONSIBILITY AND SHOULD BE COLLECTED AT THE POINT OF SALE. PLEASE CREDIT THIS ACCOUNT AND DO NOT BILL THE MEMBER.	Claim Adjustment Reason Code	3	Co-payment amount.
Explanation of Change Codes	354	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY MERCK-MEDCO. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-355-4379.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	355	OUR RECORDS INDICATE THIS NEWBORN IS NOT COVERED BY THIS HEALTH PLAN. THE PRIMARY MEMBER NUMBER AND NAME IS DISPLAYED ON YOUR EXPLANATION OF BENEFITS BECAUSE THERE WAS NO RECORD OF THIS NEWBORN IN OUR FILES. IF YOU WISH TO ADD THIS DEPENDENT TO YOUR HEALT	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.
Explanation of Change Codes	356	ALL OR PART OF THIS HOSPITAL STAY WAS DENIED THEREFORE, ALL RELATED PHYSICIAN AND ANCILLARY CHARGES ARE DENIED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	357	ALL OR PART OF THIS HOSPITAL STAY WAS DENIED. THEREFORE, ALL RELATED CROSS SILO PHYSICIAN CHARGES ARE DENIED. MEMBER IS NOT RESPONSIBLE FOR THE PAYMENT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	358	DUPLICATE CLAIM. ADDITIONAL INFORMATION WAS REQUESTED ON ORIGINAL CLAIM. INFORMATION MUST BE SUBMITTED FOR CLAIM TO BE PROCESSED.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	**359**	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY BCBS OF ROCHESTER, CUSTOMER SERVICE #1-800-724-4101. PAC THROUGH BMP #1-800-363-4658.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	360	YOUR MEDICAL POLICY PROVIDES COVERAGE FOR ACCIDENTAL DENTAL CARE FOR 6 MONTHS IF TREATMENT BEGAN WITHIN ONE YEAR FROM THE DATE OF THE ACCIDENT. OUR RECORDS INDICATE THAT YOUR ACCIDENT OCCURRED MORE THAN ONE YEAR AGO AND TREATMENT DID NOT BEGIN WITHIN SPEC	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	361	YOUR MEDICAL POLICY PROVIDES COVERAGE FOR ACCIDENTAL DENTAL CARE FOR 6 MONTHS AFTER THE ACCIDENT OCCURRED. OUR RECORDS INDICATE THAT YOUR ACCIDENT OCCURRED MORE THAN 6 MONTHS AGO; THEREFORE, SERVICES RELATED TO THIS ACCIDENT WILL NO LONGER BE CONSIDERED F	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	362	SERVICES NOT PROVIDED BY GRADY OR GRADY-AFFILIATED PROVIDERS ARE NOT COVERED BY THIS CONTRACT.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	363	ORTHODONTIC SERVICES COVERED FOR FULL TIME STUDENT DEPENDENTS ONLY WHEN SERVICES BEGAN BEFORE THE AGE OF 19.	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	364	THE MEMBER'S HEALTH PLAN INCLUDES COVERAGE FOR THE REMOVAL OF IMPACTED WISDOM TEETH ONLY. PLEASE SUBMIT THESE CHARGES TO YOUR DENTAL CARRIER.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	365	THERE IS A REFERRAL ON FILE FOR THIS DATE OF SERVICE; HOWEVER. THE SERVICE BILLED IS NOT ONE THAT CAN UTILIZE THIS REFERRAL. PLEASE VERIFY THE CORRECT PROCEDURE AND REBILL IF NECESSARY.	Claim Adjustment Reason Code	15	Claim/service adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
Explanation of Change Codes	366	THE BEHAVIORAL HEALTH SERVICES BILLED ARE NOT COVERED BY THE PROVIDER CONTRACT WITH MAGELLAN.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	367	ALL BEHAVIORAL HEALTH SERVICES MUST BE RENDERED BY A MAGELLAN PROVIDER IN ORDER TO BE COVERED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	368	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR A ROUTINE PHYSICAL EXAMINATION WHEN PERFORMED BY AN OUT OF NETWORK PROVIDER.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	369	OUTPATIENT PROFESSIONAL SERVICES AND INPATIENT PROFESSIONAL PSYCHIATRIC TESTING ARE REQUIRED TO BE BILLED AS PART OF THE FACILITY PER DIEM.	Claim Adjustment Reason Code	125	Claim/service adjusted as procedure postponed or canceled.
Explanation of Change Codes	370	THESE CHARGES HAVE BEEN DENIED. PLEASE SUBMIT AN INVOICE FOR SUPPLY/DME CHARGE. DETAILED INFORMATION CAN BE FOUND IN THE GENERAL INFORMATION SECTION OF YOUR CERTIFICATE BOOKLET.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	371	BLUE CHOICE PLATINUM PROVIDERS IN THE BLUE NETWORK ARE NOT PERMITTED TO PROVIDE SERVICES TO BLUE CHOICE PLATINUM MEMBERS IN THE GREEN NETWORK. BLUE CHOICE PLATINUM MEMBERS CANNOT BE HELD LIABLE FOR SERVICES RENDERED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	372	BLUE CHOICE PLATINUM PROVIDERS IN THE GREEN NETWORK ARE NOT PERMITTED TO PROVIDE SERVICES TO BLUE CHOICE PLATINUM MEMBERS IN THE BLUE NETWORK. BLUE CHOICE PLATINUM MEMBERS CANNOT BE HELD LIABLE FOR SERVICES RENDERED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	373	FOR BLUE CHOICE PLATINUM MEMBERS ASSIGNED TO THE BLUE NETWORK, A REFERRAL IS REQUIRED TO SEE PROVIDERS IN THE GREEN NETWORK.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	374	FOR BLUE CHOICE PLATINUM MEMBERS ASSIGNED TO THE GREEN NETWORK, A REFERRAL IS REQUIRED TO SEE PROVIDERS IN THE BLUE NETWORK.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	375	NO MEDICARE PAYMENT CAN BE MADE FOR THE TREATMENT ROOM SERVICES BECAUSE THEY ARE COVERED AND REIMBURSED AS PART OF THE OUTPATIENT SURGICAL OR DIAGNOSTICE SERVICES BILLED FOR THIS SAME TIME PERIOD.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	376	MEDICARE GUIDELINES DO NOT PERMIT SEPARATE BILLING FOR THIS PROCEDURE WHEN NOT PERFORMED IN ASSOCIATION WITH ANESTHESIA CODES 00100 THROUGH 01999. THE MEMBER IS NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	B15	Claim/service adjusted because this procedure/service is not paid separately.
Explanation of Change Codes	377	THE DIAGNOSIS CODE SUBMITTED IS NOT CONSISTENT WITH THE AGE OF THE PATIENT. PLEASE RESUBMIT THE CLAIM WITH ANY CORRECTIONS OR ADDITIONAL INFORMATION YOU MAY HAVE. WE WILL REVIEW AND ADVISE ACCORDINGLY.	Claim Adjustment Reason Code	9	The diagnosis is inconsistent with the patient's age.
Explanation of Change Codes	378	INTEREST AMOUNT PAID IN ACCORDANCE WITH GEORGIA HOUSE BILL 159	Claim Adjustment Reason Code		
Explanation of Change Codes	379	YOUR CLAIM HAS BEEN FORWARDED TO HORIZON BEHAVIORAL SERVICES FOR PROCESSING. PLEASE CALL 1-800-872-7322 IF YOU HAVE ANY QUESTIONS. DETAILED INFORMATION CAN BE FOUND IN THE BENEFITS SECTION OF YOUR CERTIFICATE BOOKLET.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	380	ANY CLAIMS FOR DATES OF SERVICE INCURRED PRIOR TO JULY 1, 2000, HAVE BEEN RESOLVED IN ACCORDANCE WITH THE SETTLEMENT AGREEMENT AND RELEASE BETWEEN DCH AND BCBSGA DATED MAY 9, 2001, AND ARE THEREFORE NOT CONSIDERED FOR REIMBURSEMENT.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	381	THESE CHARGES HAVE BEEN DENIED. THIS PROCEDURE IS INCLUDED IN THE GLOBAL (TOTAL) FEE REIMBURSEMENT FOR CARDIOLOGY SERVICES.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	**382**	CLAIM MEETS THE SAME DAY/ONE DAY STAY CRITERIA: PAYMENT LIMITED TO OPERATING COST + ADDON.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	**383**	CLAIM MEETS THE SAME DAY/ONE DAY STAY CRITERIA: PAYMENT LIMITED TO DRG.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	**385**	CLAIM MEETS SAME DRG TRANSFER CRITERIA: PAYMENT LIMITED TO OPERATING COST + ADDON.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	**386**	ANESTHESIA SERVICES MUST BE BILLED WITH CPT ANESTHESIA CODES. PLEASE RESUBMIT WITH THE APPROPRIATE CPT ANESTHESIA CODE.	Claim Adjustment Reason Code	B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.
Explanation of Change Codes	**387**	PRODUCT/SERVICE NOT APPROPRIATE FOR THIS LOCATION PLEASE CALL 1-800-295-2779 FOR FURTHER INFORMATION	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	**388**	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY CIGNA BEHAVIORAL HEALTH. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-888-734-3453	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	390	YOUR MEDICAL POLICY PROVIDES COVERAGE FOR ACCIDENTAL DENTAL CARE IF TREATMENT BEGAN WITHIN ONE YEAR FROM THE DATE OF THE ACCIDENT. OUR RECORDS INDICATE THAT YOUR ACCIDENT OCCURRED MORE THAN ONE YEAR AGO AND TREATMENT DID NOT BEGIN WITHIN SPECIFIED TIME LIMIT; THEREFORE, SERVICES RELATED TO THIS ACC WILL NOT BE CONSIDERED FOR PAYMENT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	391	OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY COMPSYCH. IF YOU HAVE ANY QUESTIONS PLEASE CALL 1-888-243-8917.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	392	WE CANNOT COMPLETE PROCESSING THIS CLAIM UNTIL WE RECEIVE THE NECESSARY CLAIM FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**393**	THESE CHARGES HAVE BEEN DENIED. PLEASE VERIFY THE NUMBER OF SERVICES BILLED. DETAILED INFORMATION CAN BE FOUND IN THE GENERAL INFORMATION SECTION OF YOUR CERTIFICATE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**394**	THESE CHARGES HAVE BEEN DENIED. OUR RECORDS INDICATE THIS CLAIM SHOULD BE PROCESSED BY AVESIS.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	400	GENERIC DRUGS CAN SAVE YOU MONEY/ASK FOR DETAILS	Claim Adjustment Reason Code	131	Claim specific negotiated discount.
Explanation of Change Codes	401	IF YOU USE A PARTICIPATING PHARMACY, IT MAY REDUCE YOUR EXPENSE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	402	WHEN YOU USE A NON PARTICIPATING PHARMACY, A PENALTY MAY BE APPLIED.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	403	YOUR PRESCRIPTION IS NOT CONSIDERED A FORMULARY DRUG. PLEASE ASK YOUR PHYSICIAN FOR FURTHER EXPLANATION.	Claim Adjustment Reason Code	B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
Explanation of Change Codes	404	OUR RECORDS INDICATE THE NUMBER OF DAYS SUPPLY DISPENSED EXCEEDS THE NUMBER OF DAYS AVAILABLE BY YOUR HEALTH PLAN.	Claim Adjustment Reason Code	B5	Claim/service adjusted because coverage/program guidelines were not met or were exceeded.
Explanation of Change Codes	405	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR ORAL CONTRACEPTIVES.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	406	OUR RECORDS INDICATE YOUR PRESCRIPTION DRUG PLAN DOES NOT INCLUDE COVERAGE FOR OVER THE COUNTER DRUGS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	407	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR EXPERIMENTAL DRUGS THAT HAVE NOT BEEN APPROVED BY THE FOOD AND DRUG ADMINISTRATION. IF YOU DISAGREE WITH DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	114	Procedure/product not approved by the Food and Drug Administration.
Explanation of Change Codes	408	OUR RECORDS INDICATE YOUR HEALTH PLAN DOES NOT INCLUDE COVERAGE FOR THIS DRUG. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	410	OUR RECORDS INDICATE THE METRIC QUANTITY OF DISPENSED DRUG EXCEEDS THE METRIC QUANTITY AVAILABLE THROUGH YOUR HEALTH PLAN. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	B5	Claim/service adjusted because coverage/program guidelines were not met or were exceeded.
Explanation of Change Codes	411	THE AMOUNT CHARGED EXCEEDS THE CONTRACTED ALLOWED AMOUNT. PLEASE SEE YOUR PHARMACY FOR A REFUND FOR THE DIFFERENCE BETWEEN THE ALLOWED AMOUNT AND THE AMOUNT CHARGED.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	412	CHARGE EXCEEDS REIMBURSEMENT RATE/USE ID CARD-PAR PHARMACY	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	413	YOUR HEALTH PLAN REQUIRES YOU PURCHASE GENERIC DRUGS WHEN AVAILABLE. THE GENERIC AMOUNT HAS BEEN ALLOWED AND YOU ARE RESPONSIBLE FOR THE DIFFERENCE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
Explanation of Change Codes	414	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR ANOREXIANTS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	415	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR FERTILITY DRUGS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	416	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR ROGAINE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	417	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR RETIN-A. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	418	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR DRUGS TO AID SMOKING CESSATION. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	419	YOUR PRESCRIPTION DRUG PLAN DOES NOT ALLOW COVERAGE FOR GROWTH HORMONES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	Code Value	Code Definition	Data Element Name	Code Value	Code Definition
Explanation of Change Codes	420	THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT. THIS PROCEDURE HAS BEEN PERFORMED MORE THAN ONCE WITHIN THE THIRTY-DAY TIME LIMITATION AS DETERMINED BY THE AMA (AMERICAN MEDICAL ASSOCIATION). PLEASE CONSULT THE AMA CPT DESCRIPTION FOR DETAILS CONCERNING PROPER UTILIZATION OF THIS CODE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	466	YOUR HEALTH PLAN DOES NOT PROVIDE BENEFITS FOR NON-NETWORK PHARMACIES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	471	OUR RECORDS INDICATE YOUR ANNUAL MAXIMUM FOR SMOKING CESSATION GUM IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	472	OUR RECORDS INDICATE YOUR LIFETIME MAXIMUM FOR SMOKING CESSATION GUM IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	473	OUR RECORDS INDICATE YOUR ANNUAL MAXIMUM FOR SMOKING CESSATION PATCHES IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	474	OUR RECORDS INDICATE YOUR LIFETIME MAXIMUM FOR SMOKING CESSATION PATCHES IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	476	THIS SERVICE HAS BEEN PROCESSED IN ACCORDANCE WITH THE CONTINUATION OF CARE PROVISION OF SENATE BILL 476.	Claim Adjustment Reason Code		
Explanation of Change Codes	477	OUR RECORDS INDICATE YOUR ANNUAL MAXIMUM FOR SMOKING CESSATION DRUGS IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	478	OUR RECORDS INDICATE YOUR LIFETIME MAXIMUM FOR SMOKING CESSATION DRUGS IS MET AND NO FURTHER BENEFITS CAN BE PROVIDED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	500	MEMBERSHIP CANNOT BE FOUND UNDER ID/PREFIX. PLEASE REVIEW ID CARD AND RESUBMIT.	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.
Explanation of Change Codes	501	THIS CLAIM WILL BE PROCESSED BY MEMBERS HOME PLAN	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	502	UNABLE TO OBTAIN AN APPROVAL FROM YOUR HOME PLAN	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	503	WE WILL PROCESS CHARGES AS AN INTERPLAN BANK CLAIM	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	504	WE WILL PROCESS CHARGES AS A CENTRAL CERTIFICATION CLAIM	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	505	NOT CENTRAL CERT WILL PROCESS CLAIM AS GEORGIA MEMBER	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	506	NOT INTERPLAN BANK WILL PROCESS CLAIM AS GEORGIA MEMBER	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	507	USG/MCG ONLY; IF DIAG SUBMITTED IS V703 - V709, CHANGE TO V700 AND PROCESS.	Claim Adjustment Reason Code	B3	Covered charges.
Explanation of Change Codes	508	NOT COVERED IF WORKMANS COMPENSATION COVERS CHARGES	Claim Adjustment Reason Code	19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.
Explanation of Change Codes	509	COVER CHARGES FOR DRUGS RU-486, IN THE OFFICE SETTING, ONLY. THIS SERVICE CATEGORY WAS CREATED TO COVER THIS DRUG ONLY.	Claim Adjustment Reason Code	5	The procedure code/bill type is inconsistent with the place of service.
Explanation of Change Codes	510	THIS CLAIM FORWARDED TO THE HOME PLAN FOR CONSIDERATION	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**511**	SF SUBMITTED WITH INCORRECT PAYMENT DISPOSITION CODE	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	512	PRE-CERTIFICATION APPROVED/DENIED NOT MEDICALLY NECESSARY	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	513	SERVICES MUST BE RENDERED IN PAR HOSPITAL/SENT TO HOME PLAN	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	514	THE NON-COVERED AMOUNT MAY BE ELIGIBLE ON MAJOR MEDICAL	Claim Adjustment Reason Code	102	Major Medical Adjustment.
Explanation of Change Codes	515	CLAIM SENT TO THE PLAN IN THE STATE WHERE PROVIDER LOCATED	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	516	BENEFITS NOT PROVIDED SINCE THE OTHER COVERAGE PAID IN FULL	Claim Adjustment Reason Code	23	Claim adjusted because charges have been paid by another payer.
Explanation of Change Codes	517	THERE IS NO RECORD OF PRE-ADMISSION CERTIFICATION ON FILE	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	518	AUTO ACCIDENT CARE NOT ELIGIBLE, CONTACT AUTO INSURANCE	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	519	CLAIM BEING PROCESSED THROUGH THE PLAN SERVICES SYSTEM	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	521	DISCOUNT= PROVIDER LIABILITY/PATIENT RESPONSIBILTY=PATIENT	Claim Adjustment Reason Code	103	Provider promotional discount (i.e. Senior citizen discount).
Explanation of Change Codes	522	INVALID CPT CODE (SERVICE REFERRED TO PAR PLAN)	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	523	CONCURRENT MEDICAL FOR DIFFERENT PHYSICIAN.	Claim Adjustment Reason Code	B14	Claim/service denied because only one visit or consultation per physician per day is covered.
Explanation of Change Codes	525	SERVICES PROVIDED PRIOR TO DATE OF BIRTH.	Claim Adjustment Reason Code	14	The date of birth follows the date of service.
Explanation of Change Codes	526	CLOSE OUT FOR ADJUSTMENT SF.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	527	HOME PLAN REQUESTS HOST PLAN TO SPLIT CLAIM. (NOT FOR EOB)	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	528	FOR CLAIMS WHERE THE SUBSCRIBER IS NOT HELD HARMLESS, SUBSCRIBER CANNOT BE HELD HARMLESS FOR PROVIDER DISCOUNTS. SUBSCRIBER MAY BE BALANCE BILLED.	Claim Adjustment Reason Code	103	Provider promotional discount (i.e. Senior citizen discount).
Explanation of Change Codes	529	POLICYHOLDER'S PREMIUMS NOT PAID TO DATE.	Claim Adjustment Reason Code	30	Claim/Service adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
Explanation of Change Codes	530	PROVIDER CONTRACTS WITH BOTH THE HOME AND HOST PLANS, CLOSE OUT CLAIM AND INSTRUCT PROVIDER TO BILL HOME PLAN DIRECTLY.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	531	CLOSE OUT CLAIM AND REPROCESS IT LOCALLY UNDER NATIONAL ACCOUNT ARRANGEMENT.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	532	SERVICES DENIED BY MEDICARE DUE TO INCORRECT OR MISSING INFORMATION AND CHARGES FOR WHICH THE PATIENT IS NOT RESPONSIBLE ARE NOT PAYABLE TO BLUE CROSS AND BLUE SHIELD OF GEORGIA. IF FUTURE PAYMENT IS MADE BY MEDICARE, RESUBMIT THE EXPLANATION OF BENEFITS.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	533	CLAIMS FOR THIS MEMBER SHOULD BE FILED WITH THE PROVIDER'S LOCAL BCBS PLAN. PLEASE FORWARD A COPY OF THE CLAIM TO THE LOCAL BCBS PLAN FOR PROCESSING THROUGH THE BLUECARD PROGRAM.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	534	MEMBER IS NO LONGER COVERED UNDER BLUE CROSS AND BLUE SHIELD OF GEORGIA. CLAIM HAS BEEN FORWARDED TO ITS FOR PROCESSING. FOR FUTURE CLAIMS, PLEASE SUBMIT USING THE MEMBER'S NEW ALPHA PREFIX.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	535	THIS CLAIM HAS BEEN FORWARDED TO BLUE POWER HEALTHFUND FOR POSSIBLE PROCESSING.	Claim Adjustment Reason Code		
Explanation of Change Codes	**536**	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	Claim Adjustment Reason Code	4	The procedure code is inconsistent with the modifier used or a required modifier is missing.
Explanation of Change Codes	**537**	CHARGES FOR OUTPATIENT SERVICES WITH THIS PROXIMITY TO INPATIENT SERVICES ARE NOT COVERED.	Claim Adjustment Reason Code	60	Charges for outpatient services with this proximity to inpatient services are not covered.
Explanation of Change Codes	**538**	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.	Claim Adjustment Reason Code	111	Not covered unless the provider accepts assignment.
Explanation of Change Codes	**539**	PAYMENT DENIED BECAUSE SERVICE/PROCEDURE WAS PROVIDED OUTSIDE THE UNITED STATES OR AS A RESULT OF WAR.	Claim Adjustment Reason Code	157	Payment denied/reduced because the service/procedure was provided outside the United States or as a result of war.
Explanation of Change Codes	**540**	PAYMENT ADJUSTED BECAUSE TRANSPORTATION IS ONLY COVERED TO THE CLOSEST FACILITY THAT CAN PROVIDE THE NECESSARY CARE.	Claim Adjustment Reason Code	117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.
Explanation of Change Codes	**541**	CLAIM ADJUSTED. PLAN PROCEDURES OF A PRIOR PAYER WERE NOT FOLLOWED.	Claim Adjustment Reason Code	136	Claim Adjusted. Plan procedures of a prior payer were not followed.
Explanation of Change Codes	**542**	CLAIM/SERVICE DENIED. APPEAL PROCEDURES NOT FOLLOWED OR TIME LIMITS NOT MET.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	**543**	CONTRACTED FUNDING AGREEMENT - SUBSCRIBER IS EMPLOYED BY THE PROVIDER OF SERVICES.	Claim Adjustment Reason Code	139	Contracted funding agreement - Subscriber is employed by the provider of services.
Explanation of Change Codes	**544**	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET.	Claim Adjustment Reason Code	A6	Prior hospitalization or 30 day transfer requirement not met.
Explanation of Change Codes	**545**	CLAIM/SERVICE NOT COVERED/REDUCED BECAUSE ALTERNATIVE SERVICES WERE AVAILABLE AND SHOULD HAVE BEEN UTILIZED.	Claim Adjustment Reason Code	B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
Explanation of Change Codes	**546**	SERVICES NOT COVERED BECAUSE THE PATIENT IS ENROLLED IN A HOSPICE.	Claim Adjustment Reason Code	B9	Services not covered because the patient is enrolled in a Hospice.
Explanation of Change Codes	**547**	SERVICES NOT DOCUMENTED IN PATIENT'S MEDICAL RECORDS.	Claim Adjustment Reason Code	B12	Services not documented in patients' medical records.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	**548**	PAYMENT ADJUSTED BECAUSE NEW PATIENT QUALIFICATIONS WERE NOT MET.	Claim Adjustment Reason Code	B16	Payment adjusted because `New Patient' qualifications were not met.
Explanation of Change Codes	**549**	SERVICES ARE PART OF A GLOBAL FEE. PLEASE SUBMIT WITH GLOBAL FEE MESSAGE CODE AND PRICING (NOT FOR USE ON EOB).	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**550**	CLAIM INCORRECTLY SUBMITTED AS BEING PART OF A GLOBAL FEE. PLEASE RESEND WITH NORMAL PRICING (NOT FOR USE ON EOB).	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**551**	HIGH DOLLAR CLAIM - REVIEWED AND REJECTED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**552**	THE CLAIM IS A DUPLICATE OF A CLAIM/SERVICE THAT HAS ALREADY BEEN PROCESSED AND PAID TO THE MEMBER DIRECTLY.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	**553**	THE CLAIM IS A DUPLICATE OF A CLAIM/SERVICE THAT HAS ALREADY BEEN PROCESSED AND PAID TO THE PROVIDER DIRECTLY.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	600	MEMBER NOT EFFECTIVE ON THIS DATE OF SERVICE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	601	THIS PATIENT IS NOT COVERED ON THIS CONTRACT	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.
Explanation of Change Codes	602	THIS DRUG/SUPPLY IS NOT COVERED BY THE CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	603	THIS IS A DUPLICATE CLAIM	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	604	PRESCRIPTION NUMBER IS REQUIRED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	605	METRIC QUANTITY IS REQUIRED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	606	REFILL 1 YR AFTER ORIGINAL PRESCRIPTION DATE - NONCOVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	607	DATE OF SERVICE GREATER THAN RECEIVE DATE OR TODAYS DATE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	110	Billing date predates service date.
Explanation of Change Codes	608	MAXIMUM COVERAGE HAS BEEN USED FOR THIS DRUG CATEGORY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	609	THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	610	THIS COVERAGE HAS BEEN CANCELLED	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	611	LIFETIME BENEFITS FOR THIS DRUG CATEGORY HAVE BEEN USED	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	612	SYRINGES/NEEDLES ARE NONCOVERED UNLESS DISPENSED W/INSULIN. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	613	THE DRUG DEDUCTIBLE IS NOT COVERED BY THIS CONTRACT.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	614	THIS CONTRACT DOES NOT HAVE FREESTANDING DRUG COVERAGE	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	615	NO FREESTANDING DRUG COVERAGE-CLM FILED ON HEALTH BENEFITS	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	616	ONLY A 34-DAY SUPPLY OF A NON-MAINTENANCE DRUG IS ALLOWED	Claim Adjustment Reason Code	B5	Claim/service adjusted because coverage/program guidelines were not met or were exceeded.
Explanation of Change Codes	617	NO CHARGE INCURRED SINCE PRESCRIPTION WAS NOT PICKED UP	Claim Adjustment Reason Code	B5	Claim/service adjusted because coverage/program guidelines were not met or were exceeded.
Explanation of Change Codes	618	THIS CLAIM HAS BEEN FORWARDED TO THE APPROPRIATE AGENCY	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**619**	YOUR CLAIM HAS BEEN FORWARDED TO PARAGON FOR PROCESSING. FOR FUTURE CLAIMS, PLEASE SEND GA BANKERS CLAIMS FOR THIS MEMBER TO: PARAGON BENEFITS, PO BOX 12288, COLUMBUS, GA 31917	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**620**	YOUR CLAIM HAS BEEN FORWARDED TO WALMART FOR PROCESSING. FOR FUTURE CLAIMS, PLEASE SEND WALMART CLAIMS FOR THIS MEMBER TO: WALMART, 922 W. WALNUT ST, ROGERS, AR 72756-3206. ATTN: JULIE WOOTEN.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**622**	THE PROCEDURE CODE SUBMITTED IS AN UNLISTED PROCEDURE. SO THAT WE CAN DETERMINE PROPER REIMBURSEMENT, PLEASE SUBMIT A COPY OF THE OPERATIVE REPORT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	**623**	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT INCLUDE BENEFITS FOR DENTAL CARE. DENTAL RELATED SURGERY OR ANESTHESIA MUST BE PRE APPROVED TO DETERMINE ELIGIBILITY FOR COVERAGE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE. DETAILED INFORMATION CAN BE FOUND IN THE PRE-CERTIFICATION SECTION OF YOUR CERTIFICATE BOOKLET.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	**624**	PRE-AUTHORIZATION WAS NOT OBTAINED FOR SERVICES RENDERED BY THE PARTICIPATING HOSPITAL BASED OR CONSULTING PHYSICIAN. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	**625**	CHARGES HAVE BEEN DENIED. TO PROPERLY PROCESS YOUR CLAIM, A MANUFACTURING INVOICE IS NEEDED INDICATING THE MANUFACTURER'S SUGGESTED RETAIL PRICING OF ALL K-CODES LISTED.		16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	645	REVIEW OF THIS SERVICE IS NOT POSSIBLE BECAUSE ANOTHER CARRIER, UNIVERSAL STANDARD MANAGED CARE, INC., HANDLES CLAIMS FOR THIS TYPE SERVICE FOR THIS GROUP. PLEASE SEND THIS CLAIM TO UNIVERSAL STANDARD MANAGED CARE, INC.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	**646**	IN ORDER TO COMPLETE PROCESSING OF THIS CLAIM, WE ARE REQUESTING ADDITIONAL HEALTHCARE COVERAGE INFORMATION FROM THE TRANSPLANT DONOR. PLEASE PROVIDE THE NAME AND ADDRESS OF THE TRANSPLANT DONOR'S HEALTH INSURANCE PLAN AND/OR THE CARRIERS EXPLANATION OF BENEFITS. PLEASE PROVIDE THIS INFORMATION IN ORDER TO AVOID ADDITIONAL DELAYS IN PROCESSING.	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	**647**	THESE CHARGES HAVE BEEN DENIED. THE SERVICES LISTED ON THE EXPLANATION OF BENEFITS DO NOT MATCH THE SERVICES LISTED ON THE CLAIM. PLEASE RESUBMIT THE CORRECT HEALTH INSURANCE PLAN OR MEDICARE EXPLANATION OF BENEFITS FOR ADDITIONAL CONSIDERATION. PLEASE PROVIDE THIS INFORMATION IN ORDER TO AVOID ADDITIONAL DELAYS IN PROCESSING.	Claim Adjustment Reason Code	17	Payment adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	700	NO BENEFITS ALLOWED, THE BRIDGE PROGNOSIS IS UNFAVORABLE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	701	NO BENEFITS ALLOWED, THE CROWN PROGNOSIS IS UNFAVORABLE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	702	CANTILEVER BRIDGES ARE NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	703	SVCS NOT PRE-CERTIFIED - WHEN RENDERED FILE UNDER MEDICAL	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	704	BENEFITS CANNOT BE PROVIDED - ALTERNATE PLAN WAS APPROVED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
Explanation of Change Codes	705	BENEFITS ARE ALLOWED FOR SEALANTS ON PERMANENT MOLARS ONLY	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	706	CLEANING/ORAL EXAM/FLOURIDE TRTMNT LIMIT - 2 PER BEN PERIOD	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	707	THIS IS NOT A COVERED LAB TEST UNDER THE DENTAL CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	708	BENEFITS NOT AVAILABLE FOR A TEMPORARY PARTIAL OR DENTURES	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	709	MAXIMUM BENEFITS HAVE BEEN PROVIDED FOR THIS ORTHO CASE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	710	THIS CHARGE CANNOT BE CONSIDERED UNTIL DENTAL INFO RECEIVED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	711	THIS SERVICE IS BEING CONSIDERED UNDER THE MEDICAL CONTRACT	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	712	THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	713	REPLACEMENT OF TEETH MISSING PRIOR TO EFF DATE NOT COVERED	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	714	THESE SERVICES RENDERED AFTER DENTAL COVERAGE TERMINATION	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	715	THESE SERVICES RENDERED PRIOR TO DENTAL COVERAGE EFF DATE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	716	THE PATIENT IS NOT COVERED BY A DENTAL CONTRACT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	717	MEDICATIONS OR INJECTIONS NOT COVERED BY DENTAL CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	Code Value	Code Definition	Data Element Name	Code Value	Code Definition
Explanation of Change Codes	718	PERSONAL CONVENIENCE ITEMS NOT COVERED BY DENTAL CONTRACT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	719	DEPENDENT'S AGE EXCEEDS MAXIMUM AGE ALLOWED BY CONTRACT	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	720	PATIENT'S AGE EXCEEDS MAXIMUM AGE LIMIT FOR THIS PROCEDURE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	6	The procedure code is inconsistent with the patient's age.
Explanation of Change Codes	721	TEMP FILLING NOT CVD WHEN PERMANENT FILLING DONE SAME DAY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	722	PROVIDER OF THIS SERVICE IS NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	723	CONTRACT DOESN'T ALLOW FOR COB WITH ANOTHER DENTAL CONTRACT	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	724	REPLACEMENT OF LOST OR BROKEN ORTHO APPLIANCES NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	725	PATIENT'S MAX BENEFITS FOR BENEFIT PERIOD HAVE BEEN USED	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	726	PATIENT'S LIFETIME BENEFITS FOR ORTHO SVCS HAVE BEEN USED	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	727	FULL MOUTH X-RAYS LIMITED TO ONE PER THREE-YEAR PERIOD	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	728	REPLACEMENT OF MISSING TEETH MUST OCCUR IN 1 YR OF EXTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	729	24-MONTH WAIT FOR INITIAL PLACEMENT OF PROSTHETIC APPLIANCE IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	730	THIS TYPE SERVICE IS LIMITED TO ONE PER LIFETIME. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	149	Lifetime benefit maximum has been reached for this service/benefit.
Explanation of Change Codes	731	DEFINITIVE TREATMENT PERFORMED - EMERGENCY EXAM NOT COVERED IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	732	PROCEDURE HAS NOT MET TIME LIMITATION BETWEEN TREATMENTS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	733	THIS SERVICE IS NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	734	COSMETIC SERVICES ARE NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	735	PROSTHETIC SERVICES ARE NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	736	THIS TOOTH WAS PREVIOUSLY EXTRACTED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	737	OTHER COVERAGE INFO IS NEEDED BEFORE CLAIM CAN BE PROCESSED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	738	SERVICE SHOULD BE FILED WITH THE HEALTH INSURANCE CARRIER	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	739	24 MONTH PE WAIT REQUIRED/PROSTHETIC APPLIANCE REPLACEMENT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	740	THREE OCCURANCES MAXIMUM MET FOR TISSUE CONDITIONING	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	741	THE 12 MONTH WAITING PERIOD HAS NOT BEEN SERVED	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	742	A CHARGE FOR A COMPLETED CLAIM FORM IS NOT COVERED	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	743	DISTAL EXTENSION POSTERIOR CANTILEVER PONTICS - NOT COVERED IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	744	REPLACEMENT OF CROWNS/INLAYS/ONLAYS W/I 10 YRS-NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	745	REPLACEMENT OF PROSTH APP/INLAY/CROWN W/I 5 YRS NOT COVERED IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	746	REPLACEMENT OF PROST APP/INLAY/CROWN W/I 10 YRS NOT COVERED IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.
Explanation of Change Codes	747	THE USUAL, CUSTOMARY AND REASONABLE AMOUNT WAS ALLOWED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	748	THIS PATIENT'S DENTAL LIFETIME MAX HAS BEEN MET	Claim Adjustment Reason Code	35	Lifetime benefit maximum has been reached..
Explanation of Change Codes	749	THE PATIENTS DENTAL YEARLY MAXIMUM HAS BEEN MET	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	**75A**	AMBULANCE COVERAGE IS LIMITED TO $75 PER TRIP.	Claim Adjustment Reason Code	42	Charges exceed our fee schedule or maximum allowable amount.
Explanation of Change Codes	750	PARTIAL BENEFITS ALLOWED/PROGNOSIS FOR BRIDGE UNFAVORABLE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	751	PRUDENT BUYER PROVISION ALLOWS FOR ALTERNATE TREATMENT PLAN	Claim Adjustment Reason Code	B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
Explanation of Change Codes	752	PROGNOSIS FOR BRIDGE UNFAVORABLE. ALLOW BENEFITS FOR DENTURE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	753	PROGNOSIS FOR CROWNS UNFAVORABLE. ALLOW BENEFITS FOR DENTURE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	754	PROGNOSIS FOR CROWNS UNFAVORABLE. ALLOW BENEFITS FOR PARTIAL. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	755	MAXIMUM BENEFITS FOR THIS ORTHODONTIC CASE HAVE BEEN USED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	35	Lifetime benefit maximum has been reached..
Explanation of Change Codes	756	SERVICES RELATED TO AUTO ACCIDENT. NEED NO-FAULT PAYMENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	757	SPECIAL CHECK SENT	Claim Adjustment Reason Code	63	Correction to a prior claim.
Explanation of Change Codes	758	SEALANTS COVERED ON PERMANENT TEETH ONLY.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	759	MEMBER NOT EFFECTIVE ON THIS DATE OF SERVICE	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	760	DATE OF SERVICE GREATER THAN RECEIVED DATE AND/OR TODAYS DT	Claim Adjustment Reason Code	125	Claim/service adjusted due to a submission/billing error(s).
Explanation of Change Codes	761	APPLICATIONS OF SEALANTS ARE NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	762	MEMBERS AGE IS INVALID FOR ADA PROCEDURE CODE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	6	The procedure code is inconsistent with the patient's age.
Explanation of Change Codes	763	BENEFITS FOR TEMPORARY PROSTHESIS WERE PREVIOUSLY ALLOWED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.
Explanation of Change Codes	764	PERIODONTAL SPLINTING IS NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	765	PRECISION ATTACHMENTS ARE NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	766	CANAL PREPARATION-NOT-COVERED- IF BILLED WITH POST AND CORE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	767	IMPLANTS AND RELATED SERVICES ARE NOT COVERED	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	768	CK MEMBER'S AGE, RECODE ADA 1201 TO 1203/1204	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	769	DENTURE REPLACEMENT DUE TO LOSS OR THEFT IS NOT COVERED	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	770	REPLACEMENT OF CONGENITALLY MISSING TEETH IS NOT COVERED	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	771	SERVICES COVERED BY WORKER'S COMPENSATION ARE NOT COVERED. IF YOU HAVE NO WORKER'S COMPENSATION BENEFITS OR YOUR CLAIM HAS BEEN DENIED, PLEASE RETURN DOCUMENTATION SO THAT WE CAN CONTINUE PROCESSING OF YOUR CLAIM.	Claim Adjustment Reason Code	19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	772	THIS IS A DUPLICATE CLAIM	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	773	PROCEDURES STARTED PRIOR TO DENTAL EFFECT DATE ARE N/C	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	774	TOOTH DID NOT REQUIRE FULL CROWN CVG - BENEFITS NOT ALLOWED IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	775	REPLACEMENT OF MISSING TEETH NOT CVD WHEN SPACE INADEQUATE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	776	TO CONSIDER THIS CLAIM SUBMIT THE PRIMARY CARRIER STATEMENT	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	777	THIS CLAIM WAS SUBMITTED WITHOUT AN AMOUNT CHARGED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	778	ORTHODONTIA SERVICES ARE NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	779	BEFORE WE CAN PROCESS YOUR CORRECTED CLAIM, WE MUST RECEIVE REIMBURSEMENT FOR THE DIFFERENCE IN PAYMENT. A REFUND REQUEST WILL FOLLOW.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Explanation of Change Codes	**780**	CROWNS AND INLAYS ARE ELIGIBLE WHEN NEEDED FOR THE TREATMENT OF DECAY OR TRAUMATIC INJURY AND WHEN THE TOOTH CANNOT BE OTHERWISE RESTORED WITH FILLING MATERIALS. ALLOWANCE HAS BEEN MADE FOR AN ALTERNATE BENEFIT OF A FILLING.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	**781**	UNDER YOUR DENTAL PLAN, PROCEDURES REQUIRING APPLIANCES OR RESTORATIONS THAT ARE NECESSARY TO ALTER, RESTORE, OR MAINTAIN OCCLUSION ARE NOT COVERED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	**782**	YOUR DENTAL PLAN DOES NOT ALLOW BENEFITS FOR SERVICES ON A TOOTH THAT HAS A POOR PROGNOSIS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	**783**	THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE NEED FOR REQUESTED SERVICE THUS TREATMENT IS NOT COVERED. FOR RECONSIDERATION, ADDITIONAL SUPPORTIVE DOCUMENTATION IS REQUIRED.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	**784**	YOUR PLAN DOES NOT COVER SERVICES THAT ARE NOT CONSIDERED REASONABLY NECESSARY OR CUSTOMARILY PERFORMED.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	**785**	THE SUBMITTED RADIOGRAPHS ARE INADEQUATE AND/OR NON- DIAGNOSTIC. APPROPRIATE, MOUNTED, DIAGNOSTIC X-RAYS ARE NECESSARY, SHOWING TEETH FOR WHICH DENTAL SERVICES ARE REQUESTED.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	**786**	PERIO CHARTING AND FULL MOUTH X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH CHARTING AND X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**787**	DIAGNOSIS CANNOT BE MADE WITH BITEWINGS. PLEASE SUBMIT RADIOGRAPHS SHOWING THE APEX OF THE TOOTH.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**788**	RADIOGRAPHS SHOWING THIS TOOTH ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**789**	FULL LOWER ARCH X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**790**	FULL UPPER ARCH X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**791**	PRE-OPERATIVE X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**792**	PRE-OPERATIVE AND POST-OPERATIVE X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**793**	FULL MOUTH X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**794**	POST-OPERATIVE X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**795**	BITEWINGS X-RAYS ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH X-RAYS TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**796**	PERIO PROGNOSIS AND MOBILITY ASSESSMENT ARE REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH NARRATIVE AND PERIODONTAL POCKET CHARTING TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**797**	A NARRATIVE IS REQUIRED BEFORE THIS SERVICE CAN BE CONSIDERED. PLEASE ATTACH NARRATIVE TO THIS FORM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**798**	THIS PROCEDURE IS CONSIDERED A COMPONENT OF ANOTHER PROCEDURE AND IS NOT PAYABLE.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	**799**	WE HAVE REQUESTED ADDITIONAL INFORMATION FROM THE PROVIDER THAT IS REQUIRED BEFORE WE CAN PROCESS THIS CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	800	ADD PAY DUE TO AN ACCIDENT	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	801	PART A DEDUCTIBLE IS DUE	Claim Adjustment Reason Code	1	Deductible Amount

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	802	ADDITIONAL INFORMATION RECEIVED	Claim Adjustment Reason Code	125	Payment adjusted due to a submission/billing error(s).
Explanation of Change Codes	803	ACCOUNTS RECEIVABLE (REFUND REQUEST)	Claim Adjustment Reason Code	123	Payer refund due to overpayment.
Explanation of Change Codes	804	PAID IN FULL BY BASIC	Claim Adjustment Reason Code	102	Major Medical Adjustment
Explanation of Change Codes	805	THIS ADJUSTMENT IS A RESULT OF A CORRECTED CLAIM RECEIPT.	Claim Adjustment Reason Code	125	Payment adjusted due to a submission/billing error(s).
Explanation of Change Codes	806	THE PATIENT'S COVERAGE TERMINATED PRIOR TO THE SERVICE DATE.	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	807	CARRY OVER DEDUCTIBLE	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	808	COSMETIC - IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLED CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	809	CUSTODIAL - IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	810	ORIGINAL DENIED IN ERROR	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	811	THIS IS A DUPLICATE CLAIM.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	812	REVISION ON DCZ DENIAL	Claim Adjustment Reason Code	63	Correction to a prior claim.
Explanation of Change Codes	813	MEDICARE EOB RECEIVED	Claim Adjustment Reason Code	23	Claim adjusted because charges have been paid by another payer.
Explanation of Change Codes	814	ELIGIBLE DEPENDENT	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	815	HISTORY REVISION ONLY	Claim Adjustment Reason Code	63	Correction to a prior claim.
Explanation of Change Codes	816	THE CLAIM PROCESSED UNDER THE INCORRECT MEMBER NUMBER.	Claim Adjustment Reason Code	140	Patient/Insured health identification number and name do not match.
Explanation of Change Codes	817	ADD PAY DUE TO MEDICAL EMERGENCY	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	818	THE MEDICAL REVIEW DEPARTMENT DETERMINED THE CLAIM PAID INCORRECTLY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	819	THE PATIENT DID NOT RECEIVE THE SERVICES DESCRIBED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	115	Claim/service adjusted as procedure postponed or canceled.
Explanation of Change Codes	820	ADJUST AND VOIDS ONLY/FFS CAP INDICATOR CHANGE/VENDOR ACCNT	Claim Adjustment Reason Code	A7	Presumptive Payment Adjustment
Explanation of Change Codes	821	OUR RECORDS INDICATE THIS PATIENT HAS PRIMARY COVERAGE WITH ANOTHER CARRIER.	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	822	THE REFUND WAS REQUESTED IN ERROR.	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	823	THIS CONTRACT DOES NOT COVER PRE-EXISTING CONDITIONS. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	51	These are non-covered services because this is a pre-existing condition
Explanation of Change Codes	824	PRO-FEE/ROOM DIFFERENCE DUE (MEDICARE)	Claim Adjustment Reason Code	78	Non-Covered days/Room charge adjustment.
Explanation of Change Codes	825	ROOM DIFFERENCE/COINSURANCE (MEDICARE)	Claim Adjustment Reason Code	78	Non-Covered days/Room charge adjustment.
Explanation of Change Codes	826	RETURNED CHECK	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Explanation of Change Codes	827	MEDICAL REIMBURSEMENT	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	828	REFUND CHECK	Claim Adjustment Reason Code	123	Payer refund due to overpayment.
Explanation of Change Codes	829	CONTRACT REINSTATED	Claim Adjustment Reason Code	A2	Contractual adjustment.
Explanation of Change Codes	830	COB NOT ON THE ORIGINAL CLAIM	Claim Adjustment Reason Code	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	831	SPLIT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	832	TIMELINESS OF FILING	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	833	UNDERPAID BENEFITS	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	834	UCR INFORMATION RECEIVED	Claim Adjustment Reason Code	63	Correction to a prior claim.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	835	ITEMIZED BILL AUDIT PERFORMED, RESULTING IN OVERPAYMENT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	836	INCORRECT BENEFITS WERE PAID.	Claim Adjustment Reason Code	129	Claim denied - Prior processing information appears incorrect.
Explanation of Change Codes	837	THE WRONG PROVIDER WAS PAID FOR THIS CLAIM.	Claim Adjustment Reason Code	B20	Charges adjusted because procedure/service was partially or fully furnished by another provider.
Explanation of Change Codes	838	INTERNAL PAYMENT ADJUSTMENT (NO REFUND)	Claim Adjustment Reason Code	63	Correction to a prior claim.
Explanation of Change Codes	839	THE SERVICES WERE NOT PREAUTHORIZED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	840	THESE SERVICES SHOULD HAVE BEEN COVERED BY WORKER'S COMPENSATION.	Claim Adjustment Reason Code	19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.
Explanation of Change Codes	841	PLEASE REFUND TOTAL PAID AMOUNT. THE HOME PLAN IS PROCESSING THE CLAIM.	Claim Adjustment Reason Code	123	Payer refund due to overpayment.
Explanation of Change Codes	842	THE PATIENT DID NOT RECEIVE THE PRESCRIPTION DRUGS.	Claim Adjustment Reason Code	115	Claim/service adjusted as procedure postponed or canceled.
Explanation of Change Codes	843	MAXIMUM BENEFIT FOR MENTAL HEALTH HAS BEEN REACHED	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	844	THE MAXIMUM BENEFIT ALLOWED FOR THIS SERVICE WAS REACHED.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	845	REFUND DUE TO SUBROGATION	Claim Adjustment Reason Code	20	Claim denied because this injury/illness is covered by the liability carrier.
Explanation of Change Codes	846	SERVICE RELATED TO AUTO ACCIDENT/PAYABLE BY AUTO INSURANCE	Claim Adjustment Reason Code	21	Claim denied because this injury/illness is the liability of the no-fault carrier.
Explanation of Change Codes	847	THE PATIENT IS NOT COVERED BY THIS CONTRACT.	Claim Adjustment Reason Code	31	Claim denied as patient cannot be identified as our insured.
Explanation of Change Codes	848	THIS ADJUSTMENT IS THE RESULT OF A HOSPITAL CHARGE AUDIT	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	849	THE PATIENT'S DEDUCTIBLE WAS APPLIED INCORRECTLY.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	850	ADJUST AND VOIDS ONLY, NO VENDOR ACCT-CHECKS-REMITS OR EOBS	Claim Adjustment Reason Code	A7	Presumptive Payment Adjustment
Explanation of Change Codes	851	THIS REFUND REQUEST WAS INITIATED BY AN INTERNAL AUDIT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	852	THIS CLAIM PAID THE WRONG BENEFIT AMOUNT OR PERCENTAGE.	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	853	THIS AMOUNT REFLECTS ADDITIONAL COINSURANCE THAT IS DUE BY THE MEMBER	Claim Adjustment Reason Code	2	Coinsurance Amount
Explanation of Change Codes	854	CLAIM ADJUSTED AS RESULT OF ROI INVESTIGATION.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	855	THE BENEFIT PAYMENT IS ASSIGNED TO THE PROVIDER.	Claim Adjustment Reason Code	106	Patient payment option/election not in effect.
Explanation of Change Codes	856	THE MEMBER DID NOT ASSIGN PAYMENT TO THE PROVIDER.	Claim Adjustment Reason Code	106	Patient payment option/election not in effect.
Explanation of Change Codes	857	THIS REFUND REQUEST IS A RESULT OF AN EQUIFAX AUDIT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	858	THIS INTERPLAN TELEPROCESSING SERVICE PAYMENT IS INCORRECT.	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	859	THESE SERVICES WERE PERFORMED BY A NON-COVERED PROVIDER. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	860	ADJUST AND VOID ONLY, PARTIAL VEND ACCNT, SOME CK-REMIT-EOB	Claim Adjustment Reason Code	A7	Presumptive Payment Adjustment
Explanation of Change Codes	861	THESE SERIVCES ARE NOT COVERED UNDER THIS CONTRACT.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	862	THE PATIENT IS ABOVE THE MAXIMUM DEPENDENT AGE COVERED UNDER THIS CONTRACT.	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	863	THE WRONG AMOUNT WAS PAID FOR THE HOSPITAL ROOM.	Claim Adjustment Reason Code	78	Non-Covered days/Room charge adjustment.
Explanation of Change Codes	864	THIS PAYMENT WAS REISSUED IN ERROR.	Claim Adjustment Reason Code	129	Claim denied - Prior processing information appears incorrect.
Explanation of Change Codes	865	WE HAVE NEGOTIATED A FEE WITH THIS PROVIDER FOR THESE SERVICES. YOU ARE NOT RESPONSIBLE FOR ANY DIFFERENCE BETWEEN THE CHARGE AND THE ALLOWED AMOUNT.	Claim Adjustment Reason Code	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
Explanation of Change Codes	866	THIS PROCEDURE SHOULD HAVE BEEN COMBINED WITH ANOTHER PROCEDURE. THE PAYMENT AMOUNTS WILL BE REFLECTED ON THAT LINE.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	867	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT PROVIDE BENEFITS FOR SERVICES THAT ARE DETERMINED TO BE NOT MEDICALLY NECESSARY. IF YOU WOULD LIKE TO APPEAL THIS DECISION, PLEASE SUBMIT WRITTEN INFORMATION THAT MAY HELP US BETTER SERVE YOU.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	868	ITEMIZED BILL REQUIRED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	869	ESTIMATED AMOUNT DUE IS NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	870	THIS ADJUSTMENT IS THE RESULT OF THE 65+ MEDICARE RECOVERY PROJECT.	Claim Adjustment Reason Code	B19	Claim/service adjusted because of the finding of a Review Organization.
Explanation of Change Codes	871	THIS CLAIM SHOULD BE PROCESSED THROUGH THE ITS/BLUECARD PROGRAM. PLEASE FILE THIS CLAIM WITH THE PROVIDER'S LOCAL BCBS PLAN.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	872	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT COVER THE MEDICARE PART B DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	873	THIS PATIENT DOES NOT HAVE MEDICAL/BLUE SHIELD COVERAGE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	874	OUR RECORDS INDICATE THE MEMBER'S HEALTH PLAN DOES NOT COVER THE MEDICARE PART A DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	875	OUR RECORDS INDICATE MEDICARE DID NOT COVER THIS SERVICE; THEREFORE, WE ARE NOT ABLE TO PROVIDE BENEFITS.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	**876**	FOCUSED AUDIT DETERMINED CLAIM IS A DUPLICATE.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	877	THIS ADJUSTMENT WAS RELATED TO THE R7.7 INSTALLATION.	Claim Adjustment Reason Code	B19	Claim/service adjusted because of the finding of a Review Organization.
Explanation of Change Codes	878	SUBMITTED PRICING DOES NOT COINCIDE WITH OUR PRICING GUIDELINES. PLEASE RESUBMIT CLAIM WITH CORRECT CLAIM PRICING.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	879	THIS ADJUSTMENT REFLECTS THE RESULTS OF THE OUTLIER REVIEW.	Claim Adjustment Reason Code	70	Cost outlier - Adjustment to compensate for additional costs.
Explanation of Change Codes	880	THIS CLAIM ADJUSTMENT IS RELATED TO A COURT-APPOINTED RESTITUTION.	Claim Adjustment Reason Code	132	Prearranged demonstration project adjustment.
Explanation of Change Codes	881	THIS CLAIM ADJUSTMENT IS RELATED TO AN OPM AUDIT.	Claim Adjustment Reason Code	132	Prearranged demonstration project adjustment.
Explanation of Change Codes	882	PLATINUM VOID TO CORRECT MEMBER ACCOUNTING	Claim Adjustment Reason Code	A2	Contractual adjustment
Explanation of Change Codes	883	PRECISIONRX VOIDS FOR INCORRECT PAYMENTS.	Claim Adjustment Reason Code	A2	Contractual adjustment
Explanation of Change Codes	**884**	FOCUSED AUDIT DETERMINED ASSISTANT SURGEON PAID AS PRIMARY SURGEON.	Claim Adjustment Reason Code	8	The procedure code is inconsistent with the provider type/specialty (taxonomy)
Explanation of Change Codes	**885**	FOCUSED AUDIT DETERMINED INCORRECT SCHEDULED AMOUNT WAS PAID.	Claim Adjustment Reason Code	A2	Contractual adjustment
Explanation of Change Codes	**886**	FOCUSED AUDIT DETERMINED DUPLICATE MEDICARE CROSSOVER CLAIM PAID/SAME FID#.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	**887**	FOCUSED AUDIT DETERMINED DUPLICATE MEDICARE CROSSOVER CLAIM PAID/DIFFERENT FID#.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	**888**	FOCUSED AUDIT DETERMINED DUPLICATE MEDICARE CROSSOVER CLAIM PAID/DIFFERENT FID#.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	**889**	FOCUSED AUDIT DETERMINED INCORRECT NUMBER OF SERVICES PAID.	Claim Adjustment Reason Code	B1	Non-covered visits.
Explanation of Change Codes	**890**	FOCUSED AUDIT DETERMINED PRO FEES PAID ON FACILITY AND PROFESSIONAL CLAIM.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	**891**	ADDITIONAL BENEFITS HAVE BEEN PAID BASED ON FURTHER REVIEW BY THE NETWORK ADMINISTRATOR.	Claim Adjustment Reason Code	95	Benefits adjusted. Plan procedures not followed.
Explanation of Change Codes	**892**	THIS CLAIM WAS FORWARDED TO COST CARE, INC. FOR APPROVAL	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**893**	NO PAYMENT HAS BEEN MADE AS MEDICARE EXPLANATION OF BENEFITS INDICATES MEDICARE PAID CHARGES IN FULL.	Claim Adjustment Reason Code	23	Claim adjusted because charges have been paid by another payer.
Explanation of Change Codes	**894**	OUR RECORDS INDICATE THIS COVERAGE IS PRIMARY TO MEDICARE	Claim Adjustment Reason Code	A2	Contractual adjustment
Explanation of Change Codes	**895**	ADDITIONAL INFORMATION RECEIVED BY THE SERVICE IMPROVEMENT TEAM.	Claim Adjustment Reason Code	125	Payment adjusted due to a submission/billing error(s).
Explanation of Change Codes	900	PREAUTHORIZATION WAS NOT OBTAINED FOR THESE SERVICES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	901	CONTRACT NUMBER IS NOT VALID FOR FEP BLUE CROSS AND BLUE SHIELD COVERAGE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.

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BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	902	THIS FEP CONTRACT HAS BEEN CANCELLED.	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	903	SERVICES WERE PERFORMED PRIOR TO THE FEP CONTRACT EFFECTIVE DATE.	Claim Adjustment Reason Code	26	Expenses incurred prior to coverage.
Explanation of Change Codes	904	INDIVIDUAL FEP CONTRACT.	Claim Adjustment Reason Code	33	Claim denied. Insured has no dependent coverage.
Explanation of Change Codes	905	FEP CONTRACT HAS BEEN TERMINATED.	Claim Adjustment Reason Code	27	Expenses incurred after coverage terminated.
Explanation of Change Codes	906	THE PHARMACY CLAIM WAS NOT SUBMITTED BY AN IN-NETWORK HMO PHYSICIAN.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	**907**	CLAIM WAS RETURNED FOR COORDINATION OF BENEFITS FROM THE PATIENT.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**908**	REFER TO WASHINGTON TO OVERRIDE REMARK FOR DENIAL REASON.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	**909**	HANDLE DIRECT AND PAY PROVIDER DIRECT	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	910	EXPERIMENTAL SERVICES ARE NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.
Explanation of Change Codes	911	PROVIDER CONTRACTS WITH BOTH HOME AND HOST PLANS - HANDLE DIRECT.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	912	THE APPLICATION OF COST SHARING INVALIDATES DISCOUNT. HANDLE DIRECT.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	913	BENEFITS ARE BEING ALLOWED AT A REDUCED LEVEL BECAUSE A NON-PARTICIPATING PROVIDER WAS USED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	**914**	THIRD PARTY LIABILITY, HANDLE DIRECT.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**915**	TRANSFER FROM PAYROLL OFFICE IS NOT COMPLETED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	**916**	DENTAL COVERAGE ONLY	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	917	MAXIMUM NUMBER OF DAYS HAVE BEEN USED.	Claim Adjustment Reason Code	119	Benefit maximum for this time period has been reached.
Explanation of Change Codes	918	MAXIMUM BENEFITS HAVE BEEN ALLOWED FOR THIS SERVICE OR SUPPLY.	Claim Adjustment Reason Code	35	Benefit maximum for this time period has been reached.
Explanation of Change Codes	919	THE MEMBER HAS TRANSFERRED TO ANOTHER CARRIER.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	920	PLAN OF TREATMENT REQUIRED	Claim Adjustment Reason Code	17	Payment adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	921	PARTIAL HOSPITALIZATION, PRIOR APPROVAL REQUIRED	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	**922**	PRIOR APPROVAL REQUIRED FOR THESE SERVICES UNDER THE BASIC OPTION CONTRACT.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	**923**	HANDLE DIRECT AND PAY SUBSCRIBER DIRECTLY	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	929	PATIENT IS AN OVERAGE DEPENDENT ACCORDING TO THE FEP CONTRACT.	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	930	MEMBER HAD NOT YET SELECTED A PCP AT THE TIME THESE SERVICES WERE RENDERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.
Explanation of Change Codes	931	THE PROVIDERS' TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	933	CLAIM SHOULD BE FORWARDED TO GREENSPRING FOR PRICING.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	935	CHARGES FOR DRUGS WHICH ARE EXPERIMENTAL IN NATURE OR HAVE NOT BEEN APPROVED BY THE FDA ARE NOT COVERED UNDER YOUR PLAN. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	114	Procedure/product not approved by the Food and Drug Administration.
Explanation of Change Codes	936	ALLERGY INJECTIONS ARE NOT COVERED BY THIS CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	940	THESE SERVICES SHOULD HAVE BEEN PERFORMED BY THE CONTRACTED PROVIDER. THE PATIENT IS NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.

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BCBSGA Data Element Name	Code Value	Code Definition	Data Element Name	Code Value	Code Definition
Explanation of Change Codes	945	PLEASE FILE CLAIM WITH MEMBER'S HOME PLAN FOR POINT OF SERVICE PROCESSING	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	948	SERVICES WERE DETERMINED TO BE NOT MEDICALLY NECESSARY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	949	A PORTION OF THIS ADMISSION WAS DETERMINED TO BE NOT MEDICALLY NECESSARY FOR THE SERVICES RENDERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	950	PATIENT IS AN INELIGIBLE DEPENDENT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	32	Our records indicate that this dependent is not an eligible dependent as defined.
Explanation of Change Codes	**951**	WE WILL SEND YOU AN EXPLANATION OF BENEFITS WITH MORE DETAILED PAYMENT INFORMATION.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	952	SERVICES ARE NON-COVERED DENTAL SERVICES. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	953	PRE-ADMISSION CERTIFICATION WAS NOT OBTAINED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	954	SERVICES FOR COSMETIC PURPOSES ARE NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	955	BENEFITS ARE BEING ALLOWED AT A REDUCED LEVEL BECAUSE A REFERRAL WAS NOT OBTAINED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	956	INPATIENT HOSPITAL SETTING WAS NOT MEDICALLY NECESSARY FOR THE SERVICES RENDERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	957	CUSTODIAL CARE IS NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	958	THIS CONDITION IS NOT COVERED BY THE FEP CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	959	BENEFITS ARE ELIGIBLE UNDER WORKERS COMPENSATION.	Claim Adjustment Reason Code	19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.
Explanation of Change Codes	960	DAYS APPROVED WHEN THE ADMISSION WAS PRECERTIFIED WERE EXCEEDED. NO EXTENSION WAS OBTAINED; PATIENT SHOULD NOT BE BILLED FOR THE DENIED AMOUNT.	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	962	SERVICES RELATED TO A ROUTINE PHYSICAL ARE NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
Explanation of Change Codes	**963**	BENEFITS UNDER THE BASIC OPTION CONTRACT ARE PROVIDED FOR PREFERRED PROVIDERS ONLY.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	964	THE MEMBERS' TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	29	The time limit for filing has expired.
Explanation of Change Codes	965	THIS SERVICE IS NOT COVERED BY THE FEP CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	966	DENTAL SERVICES PERFORMED ARE NON-COVERED UNDER STANDARD OPTION. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	967	CONCURRENT CARE IS NOT MEDICALLY NECESSARY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	968	SERVICES WERE NOT RENDERED BY A COVERED PROVIDER UNDER THE TERMS OF THE CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.
Explanation of Change Codes	969	THIS CLAIM HAS BEEN FORWARDED TO NASCO.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	970	THIS CLAIM HAS BEEN FORWARDED TO SAS.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	971	THIS CLAIM HAS BEEN FORWARDED TO GREENSPRINGS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-292-2879.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	972	DENTAL SERVICES FOR HIGH OPTION MEMBERS ARE NOT COVERED BY THE FEP CONTRACT. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	973	ASSISTANT SURGEON WAS NOT MEDICALLY NECESSARY. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a `medical necessity' by the payer.
Explanation of Change Codes	975	FIRST HOME HEALTH VISIT WAS NOT WITHIN 72 HOURS AFTER HOSPITAL DISCHARGE. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	138	Claim/service denied. Appeal procedures not followed or time limits not met.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	976	THIS LEVEL OF HOME HEALTH CARE IS NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	978	SELF-CARE OR SELF-HELP TRAINING IS NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	979	THIS CLAIM HAS BEEN FORWARDED TO MAGELLAN. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-800-292-2879.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	980	UNABLE TO OBTAIN A BILL FROM THE HOSPITAL.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	981	CLAIM RETURNED FOR ADDITIONAL INFORMATION.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	982	UNABLE TO OBTAIN REQUESTED INFORMATION FROM THE HOSPITAL AND/OR THE ATTENDING PHYSICIAN.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	983	ADMISSIONS FOR IMPACTED TEETH NOT COVERED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL BY CALLING CUSTOMER SERVICE.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	984	THE MEMBER MUST SUBMIT INFORMATION CONCERNING MEDICARE COVERAGE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	985	YOU MUST SUBMIT A MEDICARE EOB BEFORE THIS CLAIM CAN BE PROCESSED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	986	UNABLE TO OBTAIN INFORMATION FROM YOUR OTHER INSURANCE CARRIER.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	987	SERVICES MAY BE ELIGIBLE FOR COVERAGE BY NO-FAULT AUTOMOBILE INSURANCE.	Claim Adjustment Reason Code	21	Claim denied because this injury/illness is the liability of the no-fault carrier.
Explanation of Change Codes	988	UNABLE TO OBTAIN ELIGIBLE PATIENT INFORMATION.	Claim Adjustment Reason Code	17	Claim/service adjusted because requested information was not provided or was insufficient/incomplete.
Explanation of Change Codes	989	CLAIM HAS BEEN FORWARDED TO ANOTHER PLAN.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	**990**	YOUR CLAIM HAS BEEN RECEIVED AND IS BEING PROCESSED. YOU WILL BE NOTIFIED WHEN PROCESSING IS COMPLETE.	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Explanation of Change Codes	991	THIS IS A DUPLICATE FEP CLAIM.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	992	THIS IS A DUPLICATE CLAIM-CHARGES ARE CAPITATED.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	993	CLAIM PAID UNDER ANOTHER CONTRACT OR CLAIM NUMBER.	Claim Adjustment Reason Code	18	Duplicate claim/service.
Explanation of Change Codes	994	PROVIDER'S WAIVER OF DEDUCTIBLE AMOUNT IS NOT COVERED UNDER THE CONTRACT.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	**995**	PAYMENT ON THIS CLAIM HAS BEEN REDUCED ACCORDING TO OBRA '90. PAYMENT PROVIDED IS THE SAME AS MEDICARE PART A PATIENTS, BASED ON DRG CODE INDICATED IN CONT % PAY COLUMN. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THE DIFFERENCE.	Claim Adjustment Reason Code	B3	Covered charges.
Explanation of Change Codes	**996**	CLAIM WAS SPLIT DUE TO CONFINEMENT SPANNING DIFFERENT YEARS. THE FIRST PORTION REFLECTS THE TOTAL CHARGES FOR ALL SERVICES AND HOW BENEFITS WERE PAID.	Claim Adjustment Reason Code	125	Claim/service adjusted due to a submission/billing error(s).
Explanation of Change Codes	997	GSGA USE ONLY. THIS CLAIM HAS BEEN COORDINATED WITH ANOTHER INSURANCE CARRIER.	Claim Adjustment Reason Code	22	Claim adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	998	GSGA USE ONLY. A PORTION OR THE ENTIRE AMOUNT WAS APPLIED TO THE PATIENTS COPAYMENT OR DEDUCTIBLE.	Claim Adjustment Reason Code	1	Deductible Amount
Explanation of Change Codes	999	GSGA USE ONLY. PLEASE CONTACT THE CARE MANAGER OR REGIONAL CLINICAL DIRECTOR FOR REVIEW OF THIS SERVICE.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	DXP	THE PROCEDURE/SERVICE DENIAL IS BASED ON THE INCONSISTENCY OF DIAGNOSIS WITH THE PROCEDURE. PLEASE RESUBMIT WITH APPROPRIATE CODING AND DOCUMENTATION.	Claim Adjustment Reason Code	11	The diagnosis is inconsistent with the procedure.
Explanation of Change Codes	MCB	CLAIMS HISTORY INDICATES PAYMENT HAD PREVIOUSLY BEEN MADE FOR ONE OR MORE COMPONENTS OF THIS PROCEDURE/SERVICE.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	ENC	EYE REFRACTIONS ARE NOT COVERED EXPENSES UNDER YOUR PLAN.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	CFC	THIS CLAIM WAS FORWARDED TO COST CARE, INC FOR APPROVAL	Claim Adjustment Reason Code	62	Claim/service denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	ASC	ALL SURGICAL CPT CODES HAVE BEEN REVIEWED AND COMBINED AS APPROPRIATE FOR PROCESSING.	Claim Adjustment Reason Code	97	Payment is included in the allowance for another service/procedure.
Explanation of Change Codes	TST	CHARGES FOR PRE OPERATIVE AND/OR PRE ADMISSION TESTING SHOULD BE BILLED WITH CHARGES FOR USE OF HOSPITAL FACILITY. PLEASE RESUBMIT TOTAL BILLED AFTER ALL SERVICES HAVE BEEN RENDERED.	Claim Adjustment Reason Code	B15	Claim/service adjusted because this procedure/service is not paid separately.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Explanation of Change Codes	IMB	ITEMIZED BILL NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	NMN	NOT MEDICALLY NECESSARY	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
Explanation of Change Codes	RTC	RECHECK TOTAL CHARGES	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	RPA	PROVIDERS NAME AND ADDRESS NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	FMP	THE MEMBER IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN OUR ALLOWANCE AND THE PROVIDER'S CONTRACTED FEE FOR THE COMPOSITE RESTORATION.	Claim Adjustment Reason Code	96	Non-covered charge(s).
Explanation of Change Codes	CDN	CORRECT DIAGNOSIS IS NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	DFW	DATE FILLED IS BEFORE THE PRESCRIPTION WRITTEN DATE	Claim Adjustment Reason Code	B17	Claim/service adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.
Explanation of Change Codes	DPC	DATE OF INITIAL PLACEMENT	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	DSP	DESCRIPTION OF SERVICES PERFORMED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	TNN	TOOTH NUMBER NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	GIA	THIS CLAIM IS BEING REFERRED TO GIA FOR PROCESSING.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	QUN	QUADRANTS NEEDED FOR SURGERY	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	SSU	SPECIFY SURFACES	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	ADC	PLEASE RESUBMIT WITH A VALID ADA CODE.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	IOF	ITEMIZATION OF FEE REQUIRED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	CLR	SEPARATELY BILLED PROCEDURE(S) HAVE BEEN COMBINED UNDER A SINGLE PROCEDURE BECAUSE THE SERVICE(S) ARE CONSIDERED A PART OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.	Claim Adjustment Reason Code	94	Claim processed in excess of charges.
Explanation of Change Codes	EBB	MEDICARE PART B EXPLANATION OF BENEFITS REQUIRED.	Claim Adjustment Reason Code	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
Explanation of Change Codes	DCR	DIAGNOSIS CODE REQUIRED	Claim Adjustment Reason Code	47	This (these) diagnosis(es) is (are) not covered, missing, or invalid.
Explanation of Change Codes	YKK	MENTAL HEALTH BENEFITS ARE ADMINISTERED BY CIGNA BEHAVIORAL HEALTHCARE/1-800-554-6931	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	DOB	PATIENTS DATE OF BIRTH NEEDED	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	NRN	NURSE'S NOTES ARE NEEDED TO COMPLETE THE PROCESSING OF THIS CLAIM.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	DRR	DESCRIPTION OF REVENUE CODE OR HCPCS REQUIRED.	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	RCI	REVENUE CODE NOT ON FILE	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	DSR	DATE OF SERVICE - RECHECK	Claim Adjustment Reason Code	16	Claim/service lacks information which is needed for adjudication.
Explanation of Change Codes	MWB	COVERED WHEN PROVIDED AT HABERSHAM OR NE GA MED CTR WITH PRIOR APPROVAL FROM THE GROUP.	Claim Adjustment Reason Code	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
Explanation of Change Codes	LOB	PROCESSED BY ANOTHER LINE OF BUSINESS	Claim Adjustment Reason Code	125	Payment adjusted due to a submission/billing error(s).
Explanation of Change Codes	UBH	THIS CLAIM HAS BEEN FORWARDED TO UNITED BEHAVIORAL HEALTH (UBH) FOR PROCESSING. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1-888-224-5672.	Claim Adjustment Reason Code	B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
Explanation of Change Codes	VAL	COVERAGE FOR MENTAL HEALTH AND CHEMICAL DEPENDENCY PROVIDED BY VALUEOPTIONS. PLEASE REFILE CLAIMS WITH VALUEOPTIONS, PO BOX 1570, MERRIFIELD, VA 22117 OR CALL 1-800-435-7266.	Claim Adjustment Reason Code	109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
Explanation of Change Codes	**AMR**	AIM IDENTIFIED REFUND	Claim Adjustment Reason Code	132	Prearranged demonstration project adjustment.
Explanation of Change Codes	**HRI**	HRI IDENTIFIED REFUND	Claim Adjustment Reason Code	132	Prearranged demonstration project adjustment.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
Deduct Code	01	A SPECIAL CHECK WAS PREVIOUSLY ISSUED FOR THIS CLAIM.	Claim Adjustment Reason Code	A7	Presumptive Payment Adjustment
Deduct Code	02	YOUR REFUND CHECK WAS APPLIED TO THIS CLAIM ADJUSTMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	03	A RETURNED CHECK WAS APPLIED TO THIS CLAIM ADJUSTMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	04	A PREVIOUSLY PAID CLAIM IS ADJUSTED.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	05	BCBSGA IS WITHHOLDING 30% OF THIS CLAIM PAYMENT FOR INCOME TAX DUE THE IRS. BACKUP WITHHOLDING IS NECESSARY UNTIL ACCURATE TAX IDENTIFICATION IS FILED WITH THE IRS.	Claim Adjustment Reason Code	105	Tax withholding.
Deduct Code	06	INITIAL CLAIM PAYMENT.	Claim Adjustment Reason Code	A2	Contractual Adjustment
Deduct Code	11	SPECIAL CHECK PREVIOUSLY ISSUED DEDUCTED FROM THIS PAYMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	12	YOUR REFUND CHECK WAS APPLIED TO THE ADJUSTMENT ABOVE.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	13	A BCBS RETURNED CHECK WAS APPLIED TO AN ADJUSTMENT ABOVE.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	14	CLAIM ADJUSTED ABOVE IS APPLIED AGAINST AN UNRELATED CLAIM.	Claim Adjustment Reason Code	87	Transfer amount
Deduct Code	15	DEDUCTION FOR IRS BACKUP WITHHOLDING	Claim Adjustment Reason Code	105	Tax withholding.
Deduct Code	21	THE BALANCE OF A SPECIAL CHECK IS APPLIED IN THIS PAYMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	22	THE BALANCE OF YOUR REFUND IS APPLIED IN THIS PAYMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	23	THE BALANCE OF A RETURNED CHECK IS APPLIED IN THIS PAYMENT.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	24	THIS CLM PMT WAS APPLIED TO AN OUTSTANDING REFUND REQUEST.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	25	DEDUCTION FOR IRS BACKUP WITHHOLDING	Claim Adjustment Reason Code	105	Tax withholding.
Deduct Code	31	A SPECIAL CHECK IS APPLIED AGAINST AN UNRELATED CLAIM.	Claim Adjustment Reason Code	A7	Presumptive Payment Adjustment
Deduct Code	32	THE EXCESS OF YOUR REFUND CHECK IS BEING RETURNED TO YOU.	Claim Adjustment Reason Code	A0	Patient refund amount.
Deduct Code	33	REPAYMENT ON AN ACCOUNT FROM A RETURNED CHECK.	Claim Adjustment Reason Code	88	Adjustment amount represents collection against receivable created in prior overpayment.
Deduct Code	34	SPECIAL ADJUSTMENT. CONTACT BCBS GA FOR EXPLANATION.	Claim Adjustment Reason Code	63	Correction to a prior claim.
Deduct Code	35	DEDUCTION FOR IRS BACKUP WITHHOLDING	Claim Adjustment Reason Code	105	Tax withholding.
Deduct Code	40	POSITIVE BALANCE IS PENDING: A CLAIM ADJUSTMENT IN PROGRESS	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Deduct Code	50	NEGATIVE BALANCE IS PENDING: A CLAIM ADJUSTMENT IN PROGRE	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
Deduct Code	60	ACCOUNT RECEIVABLE SETUP FOR THIS CLAIM	Claim Adjustment Reason Code	133	The disposition of this claim/service is pending further review.
FEP Remark Code	**P002 / E002**	EXPERIMENTAL AND INVESTIGATIONAL - PATIENT RESPONSIBLE	Claim Adjustment Reason Code	55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.
FEP Remark Code	**P003 / E003**	EXPERIMENTAL OR INVESTIGATIONAL - PROVIDER RESPONSIBLE	Claim Adjustment Reason Code	55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.
FEP Remark Code	**P004 / E004**	NOT MEDICALLY NECESSARY SERVICES AND SUPPLIES - PATIENT RESPONSIBLE	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
FEP Remark Code	**P051**	NOT MEDICALLY NECESSARY EXTENDED MATERNITY ADMISSION MEMBER RESPONSIBLE	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
FEP Remark Code	**P108 / E108**	PRECERTIFICATION NOT OBTAINED - PATIENT PENALTY	Claim Adjustment Reason Code	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
FEP Remark Code	**P109 / E109**	PRECERTIFICATION NOT OBTAINED - PROVIDER RESPONSIBLE	Claim Adjustment Reason Code	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
FEP Remark Code	**P113 / E113**	NOT MEDICALLY NECESSARY INPATIENT TREATMENT - PATIENT RESPONSIBLE	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
FEP Remark Code	**P114 / E114**	NOT MEDICALLY NECESSARY INPATIENT CARE - PROVIDER RESPONSIBLE	Claim Adjustment Reason Code	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
FEP Remark Code	**P185 / E185**	PRECERTIFICATION NOT OBTAINED - PROVIDER RESPONSIBLE - ALL CHARGES	Claim Adjustment Reason Code	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

BCBSGA			HIPAA STANDARD		
BCBSGA Data Element Name	**Code Value**	**Code Definition**	**Data Element Name**	**Code Value**	**Code Definition**
FEP Remark Code	**I316**	COPY OF MEDICARE EOB REQUIRED	Claim Adjustment Reason Code	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
FEP Remark Code	**IFCC**	OTHER COVERAGE ON FILE - NO COB ON INPUT.	Claim Adjustment Reason Code	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
FEP Remark Code	**P326 / E326**	WHEN MEDICARE IS PRIMARY INSURANCE PAYER, PAYMENT IS LIMITED TO AN AMOUNT THAT SUPPLEMENTS THE BENEFITS THAT WOULD BE PAYABLE BY MEDICARE.	Claim Adjustment Reason Code	45	Charges exceed your contracted/legislated fee arrangement.
FEP Remark Code	**E602**	UNDER FEHB LAW (U.S.C. 8904B), WE CANNOT PAY MORE FOR COVERED CARE THAN THE AMOUNT THAT MEDICARE WOULD HAVE ALLOWED IF THE PATIENT WERE ENROLLED IN MEDICARE PART A. PATIENT NOT LIABLE.	Claim Adjustment Reason Code	45	Charges exceed your contracted/legislated fee arrangement.
FEP Remark Code	**E605**	UNDER FEHB (5 U.S.C. 8904B), PAYMENT ON THIS CLAIM MUST BE BASED ON AN EQUIVALENT AMOUNT THAT WOULD HAVE BEEN PAID HAD THE PATIENT BEEN ENROLLED IN MEDICARE PART A. MEMBER RESPONSIBLE FOR COINSURANCE AND DEDUCTIBLE.	Claim Adjustment Reason Code	94	Processed in excess of charges.
FEP Remark Code	**E610**	ALLOWABLE CHARGES LESS THAN SUBMITTED CHARGES - PATIENT NOT RESPONSIBLE	Claim Adjustment Reason Code	45	Charges exceed your contracted/legislated fee arrangement.
FEP Remark Code	**E640**	PAYMENT WAS BASED ON THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.	Claim Adjustment Reason Code	94	Processed in excess of charges.
FEP Remark Code	**P890**	CERTAIN LABORATORY STUDIES MUST BE PERFORMED BY THE CONTRACTED BLUE CROSS AND BLUE SHIELD LAB FOR PROCESSING. MEMBER IS NOT RESPONSIBLE FOR THESE CHARGES.	Claim Adjustment Reason Code	38	Services not provided or authorized by designated (network/primary care) providers.