



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

April 2009

To: All professional and institutional providers, clearinghouses and software vendors

Subject: Re-mapping of BCBSM professional and facility Local and NASCO non-payment codes to standard codes

As a result of your valued input and feedback, we have completed an extensive review of the current mapping of proprietary non-payment codes to the HIPAA compliant standard group, claim adjustment reason and remittance advice remark codes. These changes should improve the quality of the BCBSM Local, NASCO, FEP and MOS 835 remittances.

We are planning to implement our proposed mapping changes beginning with check-writing cycles after August 31, 2009.

The changes reflect:

- More accurate reporting of liability in the group code
- Improved selection of the claim adjustment reason code
- Addition or revision of reported remittance advice remark codes to further clarify the reason for the adjustment

Please note that our usage of group code PI (payer initiated) identifies situations where we anticipate possible correction and resubmission to BCBSM or another payer, or when the adjudication disposition and liability was previously provided.

For your convenience, three non-payment code to standard code documents are available for viewing on our web site at www.bcbsm.com/provider/electronic_data_interchange/index.shtml until August 31st. We consider these revisions to be a significant improvement to what is currently being reported. No additional crosswalk changes will be made until after the implementation date.

Please share this communication with all affected personnel and any external entities that are providing service to you regarding 835 remittances.

Questions or concerns about the revised mapping should be emailed to BCBSM-EDI at edisupport@bcbsm.com with 'CAS mapping' in the subject line of your email.

Sincerely,



John Bialowicz
Manager, ETP Contracting and Relations
e-Business Interchange Group



Wanda Brideau
Manager, ETP Service and Support
e-Business Interchange Group

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
001	WE CAN'T REVIEW THIS SERVICE BECAUSE OUR RECORDS SHOW THE PATIENT HAS BLUE CARE NETWORK MEDICARE ADVANTAGE COVERAGE ON THE REPORTED SERVICE DATE. PLEASE SEND THIS CLAIM TO: BCN MEDICARE ADVANTAGE OF MICHIGAN,P.O BOX 68753,GRAND RAPIDS, MI.49516	PR	109		PI	109	
002	WE CAN'T PROCESS THIS CLAIM BECAUSE WE HAVE NO RECORD OF BLUE CROSS BLUE SHIELD OF MICHIGAN COVERAGE FOR THIS PATIENT. PLEASE DOUBLE CHECK YOUR RECORDS AND SEND THE CLAIM TO THE APPROPRIATE CARRIER.	PR	31		PR	31	
003	WE HAVE TRANSFERRED THIS CLAIM TO THE NASCO (NATIONAL ACCOUNT SERVICING COMPANY) SYSTEM FOR PROCESSING.	PI	B11		PI	B11	
004	WE HAVE SENT THIS CLAIM TO BLUE CROSS AND BLUE SHIELD OF ILLINOIS, THE ADMINISTRATIVE COORDINATOR OR CONTROL PLAN FOR AMERITECH, FOR PROCESSING.	CO	B11		PI	B11	
005	WE HAVE TRANSFERRED THIS CLAIM TO THE NASCO (NATIONAL ACCOUNT SERVICING COMPANY) SYSTEM FOR PROCESSING UNDER THE PATIENT'S PRIMARY BCBSM COVERAGE.	CO	B11		PI	B11	
006	THIS SERVICE IS NOT COVERED UNDER THE SUBSCRIBER'S BASIC POLICY. HOWEVER, IT MAY BE COVERED UNDER THE SUBSCRIBER'S MASTER OR MAJOR MEDICAL COVERAGE. WE HAVE ASKED THE SUBSCRIBER TO SUBMIT A MASTER/MAJOR MEDICAL CLAIM FORM.	PR	109		PR	204	
007	WE RECEIVED THIS CLAIM AFTER THE 18 MONTH FILING DEADLINE IN YOUR PATIENT'S CONTRACT AS A RESULT, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	29		CO	29	
008	THIS SERVICE ISN'T COVERED BECAUSE IT WAS PROVIDED IN CONNECTION WITH AN AUTO ACCIDENT. THE MEMBER'S COVERAGE DOES NOT INCLUDE BENEFITS FOR SERVICES OR ITEMS PROVIDED AS A RESULT OF AN AUTO ACCIDENT.	PR	21		PR	21	
009	THE PROVIDER IDENTIFICATION NUMBER (PIN) USED IS NO LONGER ELIGIBLE FOR PAYMENT UNDER THE SELECTED OUTPATIENT PSYCHIATRIC CARE (SOPC) PROGRAM.	PR	B6		PR	B7	
010	BLUE CARE NETWORK HMO MEMBERSHIP DOES NOT COVER SERVICES PERFORMED BY A NON AFFILIATED PROVIDER UNLESS A REFERRAL FORM IS ATTACHED TO THE CLAIM.	PR	38	N59	PR	38	
011	WE HAVE SENT THIS CLAIM TO THE MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION (MESSA) FOR PROCESSING.	PI	B11		PI	B11	
012	THIS SERVICE IS NOT COVERED FOR PERSONS OF THIS AGE.	PR	96	N129	PR	204	N129
013	WE RECEIVED THIS CLAIM AFTER THE 15 MONTH FILING DEADLINE IN YOUR PATIENT'S CONTRACT AS A RESULT, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	29		CO	29	
014	THE BENEFIT FOR CHEMOTHERAPY OFFICE VISITS IS LIMITED TO THREE VISITS WITHIN THIRTY DAYS AFTER THE FIRST TREATMENT.	PR	119		PR	119	
015	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE. PLEASE CHECK YOUR MICHIGAN UNIFORM PROCEDURE CODING MANUAL OR THE BLUE CROSS BLUE SHIELD OF MICHIGAN PROCEDURE CODING AND TRADITIONAL MAXIMUM PAYMENT MANUAL AND RESUBMIT THE CLAIM WITH THE APPROPRIATE PROCEDURE CODE.	CO	B15		PI	16	M20
016	THIS SERVICE MAY BE RELATED TO THE PATIENT'S EMPLOYMENT. IF THIS SERVICE IS NOT EMPLOYMENT RELATED, PLEASE RESUBMIT THIS CLAIM WITH SUPPORTING INFORMATION.	PR	19	MA130	PR	19	
017	OUR RECORDS SHOW THAT THE PATIENT WAS RECENTLY TREATED FOR INJURIES RESULTING FROM AN AUTO ACCIDENT. THIS CLAIM MAY BE RELATED TO THOSE INJURIES. PLEASE SEND US DETAILS OF THE INJURIES RESULTING FROM THE ACCIDENT SO THAT WE CAN DETERMINE WHICH CARRIER	PR	18	N59	PI	16	N463
018	THE PATIENT'S COVERAGE DOESN'T INCLUDE BENEFITS FOR ROUTINE VISION OR HEARING SERVICES. THEREFORE THE MEMBER IS RESPONSIBLE FOR PAYMENT.	PR	204	N216	PR	49	
019	ADDITIONAL INFORMATION IS BEING REQUESTED FROM THE SUBSCRIBER TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR COVERAGE.	PR	16	N179, N375	PI	16	N179, N375
020	WE'RE NOT PAYING FOR THIS SERVICE BECAUSE CURRENT COB INFORMATION WASN'T PROVIDED. THE MEMBER IS RESPONSIBLE FOR YOUR CHARGE UNTIL WE GET UPDATED INFORMATION. IF WE RECEIVE IT, THE CLAIM WILL BE PROCESSED AGAIN.	PR	22	M58	PR	227	N179

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
021	OUR RECORDS SHOW THE PATIENT'S OTHER HEALTH INSURANCE PLAN IS THE PRIMARY PAYER. PLEASE SUBMIT THIS CLAIM TO THE OTHER PLAN.	PR	22		PI	109	
022	PLEASE SEND US A NEW CLAIM WITH A CORRECTED LICENSE NUMBER OR PIN. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A LICENSE NUMBER AND PIN ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PR	16	N31	PI	16	N290
023	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE CPT OR HCPCS PROCEDURE CODE OR THE PROVIDER CODE.	CO	8	N59	PI	8	
024	WE HAVE SENT THIS CLAIM TO BLUE CROSS AND BLUE SHIELD OF INDIANA, THE ADMINISTRATIVE COORDINATOR OR CONTROL PLAN FOR HOOKS SUPERX, FOR PROCESSING.	CO	B11		PI	B11	
025	THIS MEDICAL EMERGENCY SERVICE IS NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED	PR	167		PR	167	
026	ONLY ONE INITIAL CONSULTATION IS PAYABLE PER ADMISSION. ADDITIONAL CONSULTATIONS SHOULD BE REPORTED UNDER APPROPRIATE FOLLOW UP PROCEDURE CODES.	PR	18	M86	PR	119	M86
027	YOU WERE ALREADY PAID THE CAPITATION AMOUNT FOR THIS PERIOD, SO WE NEED A NEW CLAIM WITH THE NUMBER OF DAYS YOUR PATIENT WAS IN THE HOSPITAL; UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A QUANTITY ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	CO	16	M53	PI	16	M53
028	BCBSM DOES NOT PAY FOR THIS SERVICE WHEN IT RELATES TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
029	SERVICES RELATED TO ROUTINE FOOT CARE ARE NOT A CONTRACT BENEFIT.	PR	49		PR	49	
030	ACCORDING TO THE DIAGNOSIS, THE SERVICE REPORTED WAS A MATERNITY RELATED VISIT. PLEASE RESUBMIT THE CLAIM WITH A MATERNITY RELATED PROCEDURE CODE AND THE ESTIMATED DATE OF CONCEPTION.	PR	11	MA100	PI	11	N148
031	PAYMENT FOR THIS PROCEDURE IS INCLUDED IN A RELATED PROCEDURE PERFORMED DURING THE SAME ADMISSION.	PR	97	M80	CO	97	
032	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR MAJOR SURGERY PERFORMED ON THE SAME DATE OR DURING THE SAME ADMISSION BY THE SAME PROVIDER.	CO	97		CO	59	
033	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	204		PR	204	
034	THIS SERVICE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
035	PAY SUBSCRIBER ONLY. RECEIPTS RECEIVED IN PROFESSIONAL BUSINESS AND FORWARDED TO THE DENTAL/VISION/HEARING DEPARTMENT FOR REVIEW OF VISION AND/OR HEARING SERVICES. WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER BECAUSE OUR RECORDS SHOW THAT	PR	B11		PR	100	
036	EITHER THE PATIENT OR PATIENT'S SPOUSE WAS EMPLOYED AT THE TIME. THAT MEANS THAT BCBSM IS THE PRIMARY PAYER AND MUST RECEIVE THE CLAIM AND PROCESS IT FIRST, NOT MEDICARE. WE ASK THAT YOU RETURN MEDICARE'S PAYMENT TO MEDICARE AND SEND ANOTHER CLAIM FOR THE FULL AMOUNT OF THE SERVICE TO BCBSM. SENDING A NEW CLAIM TO US CERTIFIES THAT YOU HAVE REFUNDED MEDICARE'S PAYMENT.	PI	129		PI	129	
037	THIS SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS RELATED TO PREVENTATIVE MEDICINE OR A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
038	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER BECAUSE OUR RECORDS SHOW THE PATIENT WAS DISABLED AND EITHER WORKING OR WAS COVERED UNDER A WORKING PERSON'S POLICY AT THE TIME. THAT MEANS THAT BCBSM IS THE PRIMARY PAYER AND MUST RECEIVE THE CLAIM AND PROCESS IT FIRST NOT MEDICARE. WE ASK THAT YOU RETURN MEDICARE'S PAYMENT TO MEDICARE AND SEND ANOTHER CLAIM FOR THE FULL AMOUNT OF THE SERVICE TO BCBSM. SENDING A NEW CLAIM TO US CERTIFIES THAT YOU HAVE REFUNDED MEDICARE'S PAYMENT.	PI	129		PI	129	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
039	WHEN A PHYSICIAN PERFORMS A CONSULTATION AND CARIOVERSION ON THE SAME DATE, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	PR	96	N20	PR	59	N20
040	THIS SERVICE ISN'T PAYABLE BECAUSE THE DIAGNOSIS CODE IS "UNSPECIFIED." PLEASE REFER TO THE ICD 9 CM FOR A DIAGNOSIS CODE THAT SPECIFICALLY IDENTIFIES THE MEDICAL CONDITION YOU TREATED, AND RESUBMIT THE CLAIM.	PI	16	M81	PI	16	M76, M81
041	UNTIL YOU SEND US COMPLETE MEDICAL RECORDS AS REQUIRED BY PPUR, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. PLEASE SEND A PAPER CLAIM WITH THE REQUIRED RECORDS TO BCBSM, P.O. BOX 311120, DETROIT, MI 48226.	PR	16	N29	PI	16	M127
042	THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE LEVEL OF SERVICE REPORTED. PAYMENT HAS BEEN APPROVED AT A DIFFERENT LEVEL OF CARE THAN REPORTED.	PR	57	N56	CO	150	N206
043	WE INCLUDED THE PAYMENT FOR THIS SERVICE IN OUR PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DAY OR DURING THE SAME ADMISSION.	CO	97	M80	CO	97	
044	OUR MEDICAL CONSULTING STAFF REVIEWED THE RECORDS SENT WITH THIS CLAIM AND DETERMINED THAT INFORMATION DESCRIBES A SERVICE THAT DOESN'T MEET OUR DOCUMENTED MEDICAL NECESSITY GUIDELINES. AS A RESULT, THE SUBSCRIBER ISN'T RESPONSIBLE FOR PAYING	PI	50		CO	50	N10
045	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THE DOCUMENTATION PROVIDED WAS NOT LEGIBLE.	PI	17	N205	PI	16	N205
046	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THE DOCUMENTATION OR MEDICAL RECORDS DID NOT SUPPORT THE CODE YOU REPORTED. WE'LL REVIEW THIS SERVICE AGAIN IF YOU REPORT A CODE THAT'S RELATED TO THE MEDICAL RECORDS. SEND THIS INFORMATION TO BCBSM, P.O. BOX 311120, DETROIT, MI 48226.	PR	16	M5	PI	150	N206
047	PRESCRIPTION DRUGS THAT ARE BOTH DISPENSED AND BILLED BY A PHYSICIAN ARE NOT COVERED. SOME POLICIES COVER THIS SERVICE WHEN THE SUBSCRIBER SUBMITS THE RECEIPT.	PR	96	N95	PR	204	
048	WE NEED SUPPORTIVE DOCUMENTATION TO DETERMINE LIABILITY.	CO	16	N29	PI	16	N463
049	UNLESS YOU PERFORMED THIS SERVICE AS DEFINED BY MODIFIER 76 OR 91, AND CAN SEND US A NEW CLAIM SHOWING THAT, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR'S SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELD	CO	18		PI	18	
050	THE SERVICE ISN'T PAYABLE BECAUSE THE MEMBER'S CONTRACT WITH BCBSM DOES NOT INCLUDE BASIC BENEFITS FOR HOSPITAL, MEDICAL AND SURGICAL SERVICES. PLEASE CONTACT THE PATIENT FOR COVERAGE INFORMATION SO YOU CAN SUBMIT THIS BASIC CLAIM FOR REVIEW.	PR	204	N216	PR	204	N216
051	THE DOCUMENTATION PROVIDED DOES NOT SUPPORT THE MEDICAL NECESSITY OF THIS SERVICE. FOR PAYMENT PURPOSES, OUR DETERMINATIONS OF MEDICAL NECESSITY ARE BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS.	PR	50		PR	50	N10
052	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS IMMUNIZATION; IT'S NOT A BENEFIT WHEN GIVEN TO A PATIENT OF THIS AGE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	204	N129	PR	204	N129
053	THIS POLICY COVERS HOSPITAL SERVICES ONLY. PHYSICIAN AND PROFESSIONAL SERVICES ARE NOT A BENEFIT.	PR	204	N216	PR	204	N216
054	THIS POLICY COVERS THIS SERVICE ONLY WHEN THE PATIENT IS ADMITTED AS AN INPATIENT ON THE SAME DAY.	PR	96	N130	PR	B5	
055	WE CAN'T REVIEW THIS CHARGE FOR PAYMENT BECAUSE THE CLAIM WE RECEIVED DIDN'T HAVE INFORMATION ABOUT MEDICARE'S DECISION. MICHIGAN PROVIDERS SHOULD SEND US A COMPLETE MEDICARE SUPPLEMENTAL CLAIM; VOLUME 1 OF BCBSM'S GUIDE FOR PHYSICIANS AND MEDICAL ASSISTANTS HAS INSTRUCTIONS. OTHERS NEED TO SEND A CLAIM WITH MEDICARE'S REASONABLE AND DEDUCTIBLE AMOUNTS TO THEIR STATE'S BLUE CROSS BLUE SHIELD OFFICE. OUR SUBSCRIBER SHOULDN'T BE BILLED UNTIL WE SEND OUR PAYMENT DECISION.	PI	16	MA04, N4	PI	16	MA04
056	THE MEDICATION FOR THIS INJECTION IS NOT PAYABLE BECAUSE IT IS NO LONGER	PR	96	M84	PR	96	M84

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
057	UNFORTUNATELY, WE MADE A MISTAKE AND MUST REQUEST THAT YOU PLEASE SUBMIT A NEW CLAIM WITH ALPHA PREFIX XYA. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR'S SOFTWARE INSTRUCTIONS FOR CMS 1500, FIELD 1A. WE HAVE MAILED A CORRECTED ID CARD TO	CO	97		PI	109	N418
058	THIS SERVICE IS NOT A BASIC BENEFIT FOR THIS POLICY. WE HAVE TRANSFERRED THIS CLAIM TO OUR MASTER MEDICAL DEPARTMENT FOR CONSIDERATION. ANY PAYMENT WILL BE SENT TO THE SUBSCRIBER. PLEASE BILL THE SUBSCRIBER FOR THE SERVICE.	PR	B11		PI	B11	
059	THIS SERVICE(S) IS NOT A BASIC BENEFIT AND IS BEING REVIEWED FOR ELIGIBLE BENEFITS BY OUR MASTER MEDICAL DEPARTMENT. ANY PAYMENT WILL BE MADE TO YOU IN THE NEAR FUTURE. PLEASE PAY YOUR PROVIDER DIRECTLY FOR THIS SERVICE (S).	PR	B11		PI	B11	
060	THIS POLICY WAS NOT IN EFFECT ON THE DATE OF SERVICE.	PR	26		PR	27	
061	THE MAXIMUM NUMBER OF IMMUNIZATIONS ALLOWED BY THE SUBSCRIBER'S CONTRACT HAS BEEN EXCEEDED.	PR	35		PR	35	
062	THE MAXIMUM BENEFIT AMOUNT FOR THIS SERVICE HAS BEEN MET.	CO	35		PR	119	
063	THIS SERVICE IS NOT PAYABLE FOR THE DIAGNOSIS AND LOCATION REPORTED.	PR	47		PR	167	N428
064	IMMUNIZATIONS ARE NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
065	THE PERSONAL INFORMATION (NAME, AGE, SEX) FOR THIS PATIENT DOES NOT MATCH THE ENROLLMENT INFORMATION IN OUR FILES. PLEASE CHECK WITH THE PATIENT TO CONFIRM THE ENROLLMENT INFORMATION.	PR	31		PR	31	
066	WHEN THE PHYSICIAN PERFORMS THESE SERVICES ON THE SAME DAY, PAYMENT FOR THE OVERALL TREATMENT CANNOT EXCEED THE FIXED FEE AMOUNT SPECIFIED IN THE SUBSCRIBER'S POLICY. THESE SERVICES WERE COMBINED AND PAID UNDER THE PRIMARY SERVICE.	PR	42	M71	PR	97	
067	THIS APPETITE SUPPRESSANT IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
068	THIS ORAL MEDICATION IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
069	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE LOCATION OF SERVICE OR THE CPT OR HCPCS PROCEDURE CODE.	CO	5		PI	5	
070	PLEASE SEND US A NEW CLAIM WITH THE THREE LETTER ALPHA PREFIX FOLLOWED BY ALL CHARACTERS OF THE CONTRACT OR IDENTIFICATION NUMBER FROM YOUR PATIENT'S ID CARD. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR'S SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELD 1A. UNTIL WE GET A CLAIM WITH ALL THE LETTERS AND NUMBERS, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	31		PR	31	
071	THE IDENTIFICATION CARD IMPRINTED ON THE CLAIM FORM IS NOT A VALID CARD.	PR	31		PR	31	
072	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE BECAUSE THIS SERVICE WAS CONSIDERED INVESTIGATIONAL WHEN YOU PERFORMED IT. THE SUBSCRIBER'S CONTRACT EXCLUDES PAYMENT WHEN THE USE OF A SERVICE OR DRUG IS INVESTIGATIONAL BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS.	PR	55		PR	55	
073	THE SERVICE REPORTED IS NOT A BENEFIT UNDER THE HOSPICE PROGRAM.	PR	B9		PR	B9	
074	PAY SUBSCRIBER ONLY. RECEIPTS RECEIVED IN PROFESSIONAL BUSINESS AND FORWARDED TO DENTAL DEPARTMENT FOR REVIEW.	PR	B11		PI	B11	
075	THE PATIENT WAS REMOVED FROM THE SUBSCRIBER'S POLICY. DEPENDENTS ARE COVERED ONLY UNTIL THE END OF THE YEAR AFTER THEIR 19TH BIRTHDAY.	PR	32		PR	32	N129
077	WE HAVE ASKED THE SUBSCRIBER FOR ADDITIONAL COORDINATION OF BENEFIT INFORMATION. ONCE WE RECEIVE IT, THE CLAIM WILL BE PROCESSED.	PR	133		PR	22	N179
078	A BCBSM MEDICAL CONSULTANT IS REVIEWING THIS CLAIM. ONCE THE REVIEW IS COMPLETE, THE CLAIM WILL BE PROCESSED.	PR	133		PR	133	N10
079	THE CLAIM DID NOT INCLUDE THE INDIVIDUAL CHARGE AND DATE OF SERVICE FOR EACH PROCEDURE REPORTED. PLEASE RESUBMIT THE CLAIM WITH THIS INFORMATION.	PR	16	M52, M79	PI	16	M52, M59, M79
080	THE POLICY WAS NOT IN EFFECT ON THE DATE OF SERVICE.	PR	26		PR	27	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
081	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
082	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
083	BASED ON THE INFORMATION SUBMITTED, THIS SERVICE IS NOT PAYABLE.	PI	150		PR	204	
084	PLEASE SEND US A NEW CLAIM WITH THE DATE OF YOUR PATIENT'S CURRENT INJURY. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT THE DATE OF THE CURRENT INJURY ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US	PR	16	MA100	PI	16	N305
085	THE POLICY WAS NOT IN EFFECT ON THE DATE OF SERVICE.	PR	26		PR	27	
086	THIS PROCEDURE IS COVERED ONLY ONCE IN ANY ONE MONTH PERIOD. (ONLY MANUALLY APPLIED FOR PAY SUB CLAIMS BASED ON RC 650 PROCEDURES).	PR	119		PR	119	
087	PLEASE SEND US A NEW CLAIM WITH THE DATE OF YOUR PATIENT'S KIDNEY TRANSPLANT OR FIRST DIALYSIS TREATMENT. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT THE DATE OF THE CURRENT ILLNESS ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	CO	16	MA100	PI	16	MA122
088	THIS HEMODIALYSIS SERVICE IS PAYABLE ONLY ONCE PER MONTH. WE HAVE ALREADY PAID FOR THE MONTH SHOWN.	CO	119		PR	119	
089	PLEASE SEND US A NEW CLAIM WITH THE MODIFIER THAT DEFINES THE DOSAGE FOR THE DRUG YOU ADMINISTERED. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A MODIFIER ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING	CO	4		PI	4	
090	THE POLICY WAS NOT IN EFFECT ON THE DATE OF SERVICE.	PR	26		PR	27	
091	THIS PIN EITHER WASN'T ACTIVE ON THIS DATE OF SERVICE OR - IF THIS IS A VISION OR HEARING SERVICE -- THE PROCEDURE CODE AND PIN MIGHT NOT MATCH. WE'LL RECONSIDER THIS SERVICE FOR PAYMENT IF YOU CAN SEND US A NEW CLAIM WITH AN ACTIVE PIN OR WITH THE APPROPRIATE PROCEDURE CODE AND PIN COMBINATION. FOR MORE INFORMATION VISION AND HEARING PROVIDERS SHOULD REVIEW THE JUNE 2003 RECORD AND THE CMS-1500 BILLING	PR	B7		PR	B7	N257
092	WHEN TETANUS TOXOID AND RABIES INJECTIONS ARE REPORTED WITH A DIAGNOSIS OF TRAUMA AND ARE PROVIDED IN THIS LOCATION, THEY ARE PART OF THE FACILITY REIMBURSEMENT.	PR	B22	M97	PR	96	M97
093	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THIS CLAIM DID NOT MEET YOUR GUIDELINES FOR FILING CLAIMS.	PR	29		CO	29	
094	THE METHOD OF ADMINISTRATION REPORTED FOR THIS CHEMOTHERAPY MEDICATION DOES NOT CORRESPOND TO THE PROCEDURE CODE REPORTED. PLEASE RESUBMIT THE CLAIM.	PR	4		PI	4	
095	WE RECEIVED THIS CLAIM AFTER THE TWO YEAR FILING DEADLINE IN YOUR PATIENT'S CONTRACT AS A RESULT, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	29		CO	29	
096	PLEASE SEND US A NEW CLAIM WITH THE LAST DATE YOUR PATIENT RECEIVED TREATMENT IN THIS SERIES. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A RANGE OF SERVICE DATES ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF	PR	96		PI	16	M59
097	WE COMPARED THE REPORTED PIN OR SERVICE INFORMATION ON THIS CLAIM TO A PREVIOUSLY BILLED CLAIM AND DETERMINED THIS IS A DUPLICATE OF A SERVICE WE ALREADY FINALIZED.	CO	18		PI	18	
098	THE SUBSCRIBER'S POLICY DEDUCTIBLE IS EQUAL TO OR GREATER THAN THE PAYMENT AMOUNT.	PR	1		PR	1	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
099	PLEASE SEND US A NEW CLAIM WITH ALL REPORTS THAT YOU WANT CONSIDERED IF WE'RE TO GIVE THIS CLAIM INDIVIDUAL CONSIDERATION. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. PLEASE CHECK OUR ONLINE MANUALS TO HELP YOU SUBMIT A PAPER CLAIM WITH ATTACHMENTS.	PR	4	N59	PI	16	N463
100	PLEASE SEND US A NEW CLAIM WITH THE SPECIFIC OR COMBINATION CPT OR HCPCS PROCEDURE CODE THAT BEST DESCRIBES THE SERVICE PROVIDED.	CO	16	M51	PI	16	M20
101	PLEASE SEND US A NEW CLAIM WITH THE SPECIFIC OR COMBINATION CPT OR HCPCS PROCEDURE CODE THAT BEST DESCRIBES THE SERVICE PROVIDED.	CO	96	M51	PI	16	M20
102	PLEASE SEND US A DETAILED EXPLANATION (SIGNED BY THE PHYSICIAN) OF THE PROCEDURE TO SUPPORT THIS REQUEST FOR INDIVIDUAL CONSIDERATION.	PR	16	N29	PI	16	N463
103	BCBSM DID NOT RECEIVE A PRECERTIFICATION REQUEST FOR THIS INPATIENT ADMISSION. THE CLAIM CANNOT BE PROCESSED WITHOUT THAT APPROVAL.	PI	197		PI	197	
104	PLEASE SEND US A NEW CLAIM WITH THE CPT OR HCPCS PROCEDURE CODE SPECIFIC TO ADMINISTRATION; WE ALREADY APPROVE THE COST OF THE ANTIGEN.	CO	97	N59	PI	16	M20
105	THIS CLAIM WAS PAID TO THE SUBSCRIBER BY THE BLUE CROSS BLUE SHIELD PLAN IN THE STATE WHERE THE SERVICE WAS PERFORMED.	PR	204		PR	100	
106	WE CAN'T CONTINUE OUR REVIEW OF THIS SERVICE BECAUSE WE NEED COMPLETE INFORMATION ABOUT MEDICARE'S BENEFIT DECISION AND IT WASN'T PROVIDED BY YOUR LOCAL PLAN. FOR RECONSIDERATION, PLEASE SEND ANOTHER CLAIM TO YOUR LOCAL PLAN WITH MEDICARE'S REASONABLE, DEDUCTIBLE AND PAYMENT AMOUNTS FOR EACH SERVICE.	PR	16	MA04, N4	PI	16	MA04
107	THIS SERVICE WAS EITHER NOT PERFORMED AT A BCBSM APPROVED FACILITY OR WAS NOT APPROVED TO BE PERFORMED AT THIS LOCATION. THE FACILITY PORTION OF THE SERVICE IS NOT APPROVED.	PR	58		PR	204	N428
108	WE CAN'T SEND PAYMENT FOR THIS DENTAL SERVICE BECAUSE THE INJURY THAT'S BEING TREATED OCCURRED TO LONG AGO. BECAUSE YOUR PATIENT'S CONTRACT COVERS DENTAL SERVICES FOR ONLY SIX MONTHS FROM THE INJURY DATE, THE SUBSCRIBER IS RESPONSIBLE FOR THIS SERVICE.	PR	B22	M90	PR	204	N357
109	PLEASE SEND THIS CLAIM TO THE SUBSCRIBER'S LOCAL BLUE CROSS AND BLUE SHIELD PLAN FOR REVIEW.	CO	109		PI	109	
110	YOU SENT US AN NPI THAT DOESN'T MATCH A BCBSM LICENSE NUMBER IN OUR FILE. PLEASE SEND US A NEW CLAIM WITH THE RENDERING PROVIDER'S LICENSE NUMBER AND, IF YOU HAVE IT, THE NPI FOR THAT PROVIDER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE SEE OUR ONLINE MANUALS FOR HELP WITH PAPER CLAIMS.	PR	61	N66	PI	16	N290
111	WE CAN'T MAKE PAYMENT BECAUSE THE EVALUATION WAS NOT DONE WITHIN SIX MONTHS PRIOR TO THE PURCHASE OF THE HEARING AID(S). THE SUBSCRIBER IS RESPONSIBLE FOR THIS PAYMENT.	PR	204		PR	204	N357
112	THE DIAGNOSIS REPORTED DOES NOT QUALIFY FOR PAYMENT UNDER THE EMERGENCY HEALTH CARE BENEFIT PROGRAM. PLEASE SEND US ADDITIONAL INFORMATION ABOUT THE CONDITION.	PI	16	N225	PI	16	N391
113	PLEASE SEND US A NEW CLAIM WITH THE PRIMARY OR RELATED PROCEDURE CODE THAT GOES WITH THIS ONE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PR	107		PI	107	
114	THIS PSYCHOLOGICAL TEST ISN'T PAYABLE BECAUSE WE HAVE APPROVED A SIMILAR TEST FOR THIS PATIENT DURING THE SAME YEAR AS THIS SERVICE. THE PATIENT'S CONTRACT ALLOWS ONE OF THESE TYPE OF TESTS DURING EACH CALENDAR YEAR.	PR	119	M86	PR	119	
115	PLEASE SEND CLAIMS FOR THIS PATIENT'S ROUTINE VISION SERVICES TO HERITAGE VISION, 18984 LIVERNOIS AVE. SUITE B, DETROIT, MI. 48221. IF YOU NEED MORE INFORMATION ABOUT THESE SERVICES, CALL 800 608 0410.	PR	96	N130	PI	109	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
116	THIS CLAIM HAS THE PHYSICIAN ASSISTANT'S PROVIDER ID OR THE SERVICE ISN'T WITHIN THIS PROVIDER'S SCOPE OF LICENSURE. FOR CLAIMS WITH THE PA'S PROVIDER ID, WE'LL CONTACT THIS HEALTH CARE PROVIDER WITH BILLING INSTRUCTIONS.	PR	52		CO	B7	
117	BECAUSE YOUR PATIENT DOESN'T HAVE BLUES DENTAL COVERAGE AND THIS SERVICE ISN'T A BENEFIT UNDER THE MEDICAL PORTION OF THE PATIENT'S HEALTH PLAN, THE SUBSCRIBER MAY BE REQUIRED TO PAY YOUR CHARGE. IF THE SUBSCRIBER HAS DENTAL COVERAGE, YOU NEED THAT INSURER'S REVIEW OF THIS CLAIM.	PR	109		PI	204	
118	YOU WERE ALREADY PAID THE CAPITATION AMOUNT FOR THIS PERIOD, SO WE NEED A NEW CLAIM WITH THE ADMISSION AND DISCHARGE DATES FOR YOUR PATIENT'S HOSPITAL STAY. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT HOSPITALIZATION DATES ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER	CO	16	MA31, MA40	PI	16	MA40, N318
119	APPROVAL FOR THIS ADMISSION WAS EITHER NOT REQUESTED OR WAS DENIED BY THE MANAGED CARE PROGRAM. THE RESULTING SANCTION AMOUNT IS GREATER THAN OR EQUAL TO THE APPROVED AMOUNT.	PR	39		PR	197	
120	THE SUBSCRIBER'S POLICY REQUIRES A SECOND OPINION FOR THIS PROCEDURE. THE SANCTION AMOUNT IS GREATER THAN OR EQUAL TO THE APPROVED AMOUNT.	PR	61		PR	61	
121	THE TECHNICAL COMPONENT OF THIS SERVICE IS NOT PAYABLE TO THE PHYSICIAN.	PR	52		CO	96	M97
122	PLEASE SEND US A NEW CLAIM WITH THE QUANTITY FOR THIS SERVICE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A QUANTITY ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PR	16	M53	PI	16	M53
123	THE PRIMARY CARRIER HAS ADVISED US THAT THEY PAID YOU, THE HMO OR PPO PROVIDER, THE MAXIMUM PAYMENT FOR THE SERVICE PERFORMED. THE SUBSCRIBER IS NOT LIABLE FOR ANY CHARGES. BCBSM WILL MAKE NO PAYMENT AS THE SECONDARY CARRIER.	PR	23	N23	OA	23	N219
124	THIS MEMBER WAS NOT COVERED UNDER THE SUBSCRIBER'S CONTRACT FOR THE INDICATED DATE OF SERVICE.	PR	31		PR	27	
125	THIS SERVICE ISN'T PAYABLE BECAUSE THE QUANTITY EITHER WAS NOT REPORTED OR WAS REPORTED INCORRECTLY IN FIELD 24G ON THE HCFA 1500 CLAIM. PLEASE CHECK THE BILLING INSTRUCTIONS IN OUR GUIDE FOR PHYSICIANS AND MEDICAL ASSISTANTS, VOL.1, AND RESUBMIT THE CLAIM WITH CORRECT INFORMATION.	PR	16	M53	PI	16	M53
126	WE RECEIVED A CLAIM FOR THIS SERVICE AND SENT IT TO THE PATIENT'S ENROLLING PLAN FOR CONSIDERATION. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND A STATEMENT ABOUT ITS DECISION.	PR	B11	N59	PI	B11	
127	WE COMPARED THE REPORTED LICENSE NUMBER ON THIS CLAIM WITH THE ONE ON A PREVIOUSLY BILLED CLAIM AND DETERMINED THIS IS A DUPLICATE OF A SERVICE WE ALREADY FINALIZED.	CO	18		PI	18	
128	THIS SERVICE IS NOT A MEDICAL BENEFIT BUT IT MAY BE A FACILITY BENEFIT. PLEASE REBILL ON THE UB 92 FACILITY CLAIM FORM.	PI	204	N216	PI	125	N34
129	THE PATIENT'S COPAYMENT FOR THIS SERVICE IS EQUAL TO OR GREATER THAN OUR APPROVED AMOUNT. THEREFORE, THE PATIENT IS RESPONSIBLE FOR PAYMENT.	PR	3		PR	3	
130	THIS PROCEDURE IS A BENEFIT ONLY FOR PATIENTS OVER THE AGE OF 18.	PR	204	N129	PR	204	N129
131	BECAUSE WE ALREADY PAID FOR THE PURCHASE OF THIS ITEM OR WE SENT 10 MONTHLY RENTAL PAYMENTS, NO FURTHER PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	108	M7	CO	108	M7
132	DURABLE MEDICAL EQUIPMENT RENTALS FOR EQUIPMENT THAT WAS PREVIOUSLY PURCHASED ARE NOT PAYABLE.	PR	108	M7	CO	108	M7

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
133	THIS PROCEDURE CODE ISN'T REIMBURSABLE BECAUSE IT'S REPORTED ONLY AS SUPPORTING INFORMATION ABOUT ANOTHER SERVICE YOU PERFORMED. AS A RESULT, THE SUBSCRIBER ISN'T RESPONSIBLE FOR THIS CHARGE.	CO	108		CO	96	N365
134	WE CAN'T REVIEW THIS SERVICE AS THE PRIMARY PAYER BECAUSE OUR RECORDS SHOW THAT THE PATIENT HAD MEDICARE SUPPLEMENTAL COVERAGE THROUGH BCBSM ON THE SERVICE DATE ABOVE. WE MAY NEED TO CORRECT OUR RECORDS OR THE PATIENT'S MEDICARE RECORDS NEED TO BE UPDATED. WHEN THE INFORMATION HAS BEEN VERIFIED AND BOTH COVERAGES MATCH, THIS CLAIM CAN BE SUBMITTED FOR RECONSIDERATION.	PR	22		PI	129	
135	BECAUSE MICHIGAN CONFERENCE OF TEAMSTERS' WELFARE FUND DETERMINED THIS SERVICE IS RELATED TO A WORKERS' COMPENSATION OR OTHER THIRD PARTY CLAIM, PAYMENT CAN'T BE APPROVED. PLEASE ASK YOUR PATIENT FOR THE APPROPRIATE COVERAGE INFORMATION.	PR	B6		PR	19	
136	PLEASE SEND US A NEW CLAIM WITH MEDICARE PAYMENT INFORMATION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	MA04	PI	16	MA04
137	THE SUBSCRIBER'S POLICY REQUIRES PRE AUTHORIZATION OF THIS SERVICE.	PR	197		PR	197	
138	THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE WHEN PERFORMED IN THIS	PR	58		PR	204	N428
139	THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE WHEN IT IS PERFORMED IN A NONPARTICIPATING AMBULATORY SURGICAL FACILITY.	PR	38	M109	PR	204	N428
140	PLEASE SEND US A NEW CLAIM WITH A CPT OR HCPCS PROCEDURE CODE IN EFFECT ON THIS SERVICE DATE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	PI	B18	M59	PI	16	M20
141	THIS IS NOT A BCBSM CONTRACT NUMBER. PLEASE CHECK TO BE SURE THAT THE CONTRACT NUMBER IS REPORTED CORRECTLY ON THE CLAIM.	PR	31		PR	31	
142	BECAUSE THESE MODIFIERS DEFINE DIFFERENT AREAS OF THE BODY, THEY CAN'T BE REPORTED TOGETHER. UNTIL WE RECEIVE A NEW CLAIM WITH EACH AREA LISTED AS A SEPARATE SERVICE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	4		PI	4	
143	WE HAVE NOT RECEIVED A REQUEST TO PRECERTIFY THIS INPATIENT HOSPITAL ADMISSION. ACCORDING TO HEALTH SERVICE AUTHORIZATION AND CARE MANAGEMENT PROGRAM GUIDELINES, WE CANNOT PROCESS THIS CLAIM UNTIL THE ADMISSION IS APPROVED.	PI	197		PI	197	
144	BECAUSE THE NATIONAL STANDARDS WE'VE ADOPTED DEFINE THIS PROCEDURE AS A FULL SERVICE AND YOU DIDN'T REPORT IT AS SUCH, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. IF YOU PERFORMED THE FULL SERVICE, PLEASE SEND US A CLAIM WITHOUT MODIFIER 26 AND WE'LL REVIEW THIS CLAIM AGAIN.	PI	125	M78	PI	4	
145	THE REPORTED NATIONAL DRUG CODE ISN'T APPROVED FOR THE HOME INFUSION THERAPY PROGRAM. EITHER CORRECT THE NDC AND SEND US ANOTHER CLAIM FOR CONSIDERATION OR, IF THE NDC IS VALID AND THE PATIENT HAS PRESCRIPTION COVERAGE, WE NEED A PHARMACY	PR	96	M59, N56	PI	96	M119
146	THIS SERVICE IS NOT A BENEFIT UNDER THE SUBSCRIBER'S POLICY.	PR	204		PR	204	
147	WE COMPARED THE REPORTED TAX ID NUMBER ON THIS CLAIM WITH THE ONE ON A PREVIOUSLY BILLED CLAIM AND DETERMINED THIS IS A DUPLICATE OF SERVICE WE ALREADY FINALIZED.	PI	18		PI	18	
148	THE MAXIMUM DOLLAR AMOUNT FOR SUPPLEMENTAL ACCIDENT BENEFITS HAS ALREADY BEEN PAID FOR THE INJURY DATE REPORTED.	PR	119		PR	119	
149	THE MAXIMUM AMOUNT HAS BEEN ALLOWED UNDER YOUR BASIC BENEFITS. THIS CHARGE IS BEING PROCESSED UNDER THE MAJOR MEDICAL BENEFITS.	PR	35	N7	PR	119	N7
150	WE RECEIVED A CLAIM FOR THIS SERVICE AND SENT IT TO THE PATIENT'S ENROLLING BCBS PLAN FOR CONSIDERATION. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A STATEMENT ABOUT ITS DECISION.	PR	B11		PI	B11	
151	BASED ON THE PLAN CODE REPORTED, THIS CLAIM MUST BE SENT TO THE SUBSCRIBER'S HOME PLAN FOR PROCESSING.	PR	109		PI	109	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
152	BECAUSE THE MEMBER'S MEDICARE SUPPLEMENTAL CONTRACT EXCLUDES ITEMS OBTAINED FROM A NON- SUPPORT SUPPLIER AND YOU AREN'T IN THE SUPPORT NETWORK, THE MEMBER IS RESPONSIBLE FOR PAYMENT.	PR	109		PR	38	
153	WE CAN'T APPROVE CLAIMS FOR SECONDARY BALANCES WHEN THE PRIMARY CARRIER REDUCED PAYMENT BECAUSE A PROVIDER PARTICIPATING IN ITS NETWORK/PANEL DIDN'T PERFORM OR REFER THIS SERVICE, AS SHOWN ON THE EOB SENT TO US WITH THIS CLAIM.	PR	95		OA	136	
154	UNLESS YOUR PATIENT HAS MEDICARE SUPPLEMENTAL COVERAGE, YOU NEED TO SEND THIS CLAIM TO YOUR STATE'S BLUE SHIELD PLAN FOR CONSIDERATION; WE CAN'T ACCEPT YOUR CLAIM DIRECTLY. YOU NEED DO NOTHING FOR PATIENTS WITH MEDICARE SUPPLEMENTAL COVERAGE; WE'LL AUTOMATICALLY GET THE CLAIM FROM MEDICARE. IF THESE SERVICES WERE PERFORMED IN MICHIGAN, PLEASE INCLUDE THE PROVIDER'S 10 DIGIT PIN IN FIELD 33 ON A CMS 1500 (OR BILL	PI	109		PI	16	N290
155	THIS POLICY DOES NOT COVER SERVICES PROVIDED BY A CHRISTIAN SCIENCE PROVIDER.	PR	52		PR	170	
156	THE GROUP'S BCBSM CONTRACT EXCLUDES SOME HOSPITAL-BASED PROFESSIONAL SERVICES AND ALL PROFESSIONAL SERVICES IF THE PATIENT IS NOT IN A HOSPITAL SETTING. THEREFORE, THE MEMBER IS RESPONSIBLE FOR PAYMENT UNLESS THERE IS OTHER COVERAGE THAT WILL	PR	109		PR	204	N428
157	ABORTION SERVICES ARE NOT A BENEFIT UNDER THE SUBSCRIBER'S BASIC BCBSM COVERAGE. WE HAVE SENT THIS CLAIM TO THE GROUP'S ADMINISTRATIVE COORDINATOR (CONTROL PLAN) FOR	PR	B11		PI	B11	
158	STERILIZATION SERVICES ARE NOT A BENEFIT UNDER THIS SUBSCRIBER'S BASIC BCBSM COVERAGE	PR	B11		PI	B11	
159	WE HAVE SENT THIS CLAIM TO THE GROUP'S ADMINISTRATIVE COORDINATOR (CONTROL PLAN)	PR	96		PR	204	
160	THIS CENTRALLY CERTIFIED CLAIM IS NOT PAYABLE.	PR	96		PR	204	
161	WHEN A PHYSICIAN PERFORMS RELATED PROCEDURES ON THE SAME DAY, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	59	N20
162	PLEASE RESUBMIT THIS CLAIM WITH THE PROVIDER'S FULL NAME, ADDRESS AND PIN.	PR	16	M57, MA29	PI	16	N256, N257,
163	THE ADDITIONAL INFORMATION SENT WITH THIS CLAIM DOES NOT MATCH THE SERVICES	PR	57	N56	PR	96	N206
164	PLEASE SEND US A NEW CLAIM WITH THE DIAGNOSIS CODE FOR THIS SERVICE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A DIAGNOSIS CODE ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PI	16	M76	PI	16	M76
165	THE CLAIM FORM SUBMITTED FOR THIS SERVICE IS INCOMPLETE. PLEASE SUBMIT A CORRECTED	PI	16	MA130	PI	16	MA130
166	PLEASE RESUBMIT THE CLAIM WITH THE OPERATIVE REPORT OR SURGICAL DETAIL FOR THE SERVICE REPORTED.	PR	16	M29	PI	16	M29
167	PLEASE RESUBMIT THE CLAIM WITH ADDITIONAL INFORMATION ABOUT THE SIZE AND AREA OF EACH LESION.	PR	16	MA69	PI	16	M127
168	OUR APPROVED AMOUNT FOR INFUSION THERAPY INCLUDES RELATED MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT, INJECTIONS, NURSING AND USING ADMINSTRATIVE SERVICES; A SEPARATE PAYMENT WON'T BE SENT FOR THIS PART.	CO	97	M80	CO	97	N19
169	THIS CLAIM IS MISSING NECESSARY INFORMATION. PLEASE RESUBMIT A COMPLETED CLAIM.	PR	16	MA130	PI	16	MA130
170	WE DO NOT PAY FOR THE INSTALLATION OF DURABLE MEDICAL EQUIPMENT, EXCEPT FOR PURCHASED HEMODIALYSIS EQUIPMENT AND STANDARD WHIRLPOOL BATHS.	PR	107	N20	PR	204	
171	WHEN A PHYSICIAN PROVIDES CHEMOTHERAPY SUPERVISION ON THE SAME DAY AS SUBSEQUENT REGULAR, SPECIAL, TB OR PSYCHIATRIC MEDICAL CARE, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	97	N20	CO	97	N20
172	THE PRICING MODIFIER OR OTHER INFORMATION REPORTED FOR AMBULANCE SERVICE DID NOT INDICATE MEDICAL NECESSITY.	PR	4		PR	50	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
172	PLEASE SEND US A NEW CLAIM WITH THE DIAGNOSIS CODE FOR THIS SERVICE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A DIAGNOSIS CODE ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PI	16	M76	PI	16	M76
173	MEDICAL CARE ISN'T PAID SEPARATELY WHEN IT IS PERFORMED WITH A CONSULTATION ON THE SAME DAY BY THE SAME PHYSICIAN. WE'VE ALREADY PROCESSED A CLAIM FOR THE	CO	B15		CO	97	N20
174	THIS POLICY INCLUDES A PRE EXISTING CONDITION CLAUSE. THE DIAGNOSIS REPORTED IS NOT	PR	51		PR	51	
175	THE PSYCHIATRIC MEDICAL CARE DAYS AND PSYCHIATRIC SESSIONS EXCEED THE TOTAL DAYS REPORTED FOR THE ADMISSSION. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT DATES.	PI	125	M67	PI	125	MA32
176	WHEN DIFFERENT PHYSICIANS PERFORM MULTIPLE CARDIOVERSIONS AND PHLEBOTOMIES ON THE SAME PATIENT, ON THE SAME DATE AND IN THE SAME LOCATION, ONLY ONE PHYSICIAN WILL BE PAID. ANOTHER PHYSICIAN HAS ALREADY BEEN PAID FOR THESE SERVICES.	CO	B20		CO	B20	N472
177	COMPLETE PRENATAL OR POSTNATAL CARE WAS BILLED ALONG WITH ABORTION OR ECTOPIC PREGNANCY SERVICES. CLAIMS FOR VISITS AFTER THE DATE OF SURGERY ARE NOT PAYABLE.	PR	96	M80	PR	204	
178	ITEMS PRESCRIBED FOR COMFORT OR CONVENIENCE ARE NOT PAYABLE. ONLY ITEMS THAT ARE PRIMARILY MEDICAL IN NATURE ARE PAYABLE.	PR	50		PR	202	
179	CHARGES FOR THE DELIVERY OF THE ITEM REPORTED ARE NOT PAYABLE.	PR	204		PR	204	
180	WHEN A PHYSICIAN PRESCRIBES THE ITEM REPORTED, SALES TAX DOES NOT APPLY AND IS NOT PAYABLE.	CO	96	M79, N130	CO	97	
181	THE PRIMARY CARRIER HAS MADE A PARTIAL PAYMENT FOR THIS SERVICE. UNDER THIS BCBSM POLICY, THE BALANCE IS THE SAME OR LESS THAN THE AMOUNT THE SUBSCRIBER IS REQUIRED TO	PR	23		OA	23	
182	THIS OUTPATIENT PSYCHIATRIC SERVICE IS NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
183	THIS SUPPLEMENTAL (COMPLEMENTARY) CLAIM IS NOT PAYABLE BECAUSE THE INITIAL CLAIM WAS SUBMITTED TO MEDICARE BEYOND THE FILING LIMITATION AND WAS DENIED.	PR	138		PR	29	
184	A CAT SCAN PROCEDURE PERFORMED FOR THIS DIAGNOSIS IS NOT PAYABLE.	PR	167		PR	167	
185	PLEASE SEND US A NEW CLAIM WITH BOTH AN APPROVED INFUSION THERAPY PROCEDURE CODE AND A NURSING PROCEDURE OR MODIFIER CODE; YOU REPORTED ONLY ONE OF THESE SERVICES.	CO	16	M51, M78	PI	107	
186	ONLY THREE CHEMOTHERAPY FOLLOW UP VISITS ARE COVERED WITHIN 21 DAYS AFTER THE LAST DATE OF A SERIES OF CHEMOTHERAPY TREATMENTS.	PR	119		PR	119	
187	THE MEMBER'S CONTRACT EXCLUDES HEARING AID BENEFITS UNLESS WE APPROVED THE AUDIOMETRIC EXAM THEN RECEIVED CLAIMS FOR THE HEARING AID ASSESSMENT, DELIVERY OF THE HEARING AID AND A CONFORMITY EVALUATION, IN THAT ORDER. YOU REPORTED THIS HEARING AID SERVICE OUT-OF- SEQUENCE OR THE AUDIOMETRIC EXAM WASN'T APPROVED SO THE PATIENT IS RESPONSIBLE FOR PAYMENT. WE'LL RECONSIDER THIS CLAIM FOR PAYMENT IS THESE SERVICES ARE REPORTED AND APPROVED IN THE RIGHT SEQUENCE.	PR	107		PR	B15	N161
188	BASED ON THE PIN REPORTED, THIS CLAIM CANNOT BE SUBMITTED ELECTRONICALLY. PLEASE RESUBMIT A PAPER (MANUAL) HCFA 1500 CLAIM.	PR	96	N149	PI	16	N34
189	WHEN THIS SERVICE FOR THIS DIAGNOSIS IS PERFORMED BY THIS PROVIDER SPECIALTY, IT IS NOT PAYABLE.	PR	12		PR	172	
190	THIS DURABLE MEDICAL EQUIPMENT PROCEDURE WAS INCLUDED IN THE PAYMENT FOR A RELATED DURABLE MEDICAL EQUIPMENT PROCEDURE PERFORMED ON THE SAME DAY BY THE SAME OR DIFFERENT PROVIDER.	CO	97		CO	97	N20
191	THIS CAT SCAN IS NOT PAYABLE BECAUSE IT WAS PERFORMED AT A FACILITY THAT IS NOT APPROVED BY BCBSM FOR THIS TYPE OF SERVICE.	PR	B6		PR	B7	
192	WE CAN'T CONTINUE OUR REVIEW OF THIS SERVICE BECAUSE YOUR CHARGE FOR IT EXCEEDS \$99,999.99. PLEASE SEND A CLAIM WITH ITEMIZED CHARGES TO YOUR LOCAL PLAN FOR RECONSIDERATION, OR CALL THAT PLAN IF THIS CLAIM WAS ITEMIZED.	CO	94		PI	16	M54

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
193	CHARGES FOR THE DELIVERY OF THE ITEM REPORTED ARE NOT PAYABLE.	CO	96	M79, N130	PR	204	
194	NO MORE THAN SIX UNNA BOOTS ARE PAYABLE FOR THE SAME DIAGNOSIS, UNLESS THERE HAS BEEN A LAPSE OF THIRTY DAYS SINCE THE LAST PURCHASE.	PR	119		PR	119	
195	LABOR AND/OR REPAIR CHARGES FOR RENTED DURABLE MEDICAL EQUIPMENT ARE NOT PAYABLE.	PR	96	N171	PR	204	N171
196	SECONDARY PROCEDURES ARE PAYABLE ONLY WHEN REPORTED WITH AN APPROPRIATE BASE SERVICE. THIS CLAIM DIDN'T INCLUDE AN ELIGIBLE BASE SERVICE OR REPORTED ONLY THE SECONDARY PROCEDURE.	CO	107		CO	B15	N19
197	AN UNNA BOOT IS PAYABLE ONLY ONCE IN A SEVEN DAY PERIOD.	PR	119		PR	119	
198	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE ALREADY PAID FOR THE SAME ITEM IN THE LAST 24 MONTHS, WHICH IS THE PATIENT'S CONTRACT LIMIT FOR THIS ROUTINE VISION OR HEARING SERVICE.	PR	96	M86	PR	119	
200	THIS RADIOLOGY PROCEDURE IS NOT A CONTRACT BENEFIT FOR A DIAGNOSIS OF TUBERCULOSIS.	PR	167		PR	167	
201	THIS RADIOLOGY PROCEDURE IS NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
202	THIS RADIOLOGY SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
203	RADIOLOGY IS NOT A CONTRACT BENEFIT FOR A DIAGNOSIS RELATED TO A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
204	PAYMENT FOR THIS RADIOLOGY SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED RADIOLOGY SERVICE PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
205	THESE MULTIPLE RADIOLOGY SERVICES WERE COMBINED AND PAID UNDER A SINGLE, COMBINATION CODE.	CO	97	M15	CO	97	M15
206	WHEN MULTIPLE RADIATION ONCOLOGY SERVICES ARE BILLED, ONLY ONE RADIATION ONCOLOGY SERVICE IS PAYABLE.	PI	16	N29	CO	97	
207	THIS RADIATION ONCOLOGY SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
208	UNDER THE TERMS OF THIS POLICY, RADIATION ONCOLOGY IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
209	PLEASE SEND US A NEW CLAIM WITH THE OTHER INSURER'S PAYMENT INFORMATION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE	PI	16	MA04	PI	16	MA04
210	THIS RADIATION ONCOLOGY SERVICE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
211	PAYMENT FOR THIS EKG SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED EKG SERVICE PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
212	WE CAN'T DECIDE PAYMENT UNTIL WE GET A CLAIM WITH A SERVICE DATE THAT'S ON OR AFTER YOUR PATIENT'S BIRTH DATE. PLEASE SEND US A NEW CLAIM WITH CORRECT DATES IN BOTH FIELDS BEFORE BILLING THE SUBSCRIBER.	PR	204		PI	125	M52, M59, MA38
213	THIS EKG SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS RELATED TO A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
214	WE CAN'T PAY FOR THIS SERVICE BECAUSE IT DOESN'T MEET THE BENEFIT GUIDELINES IN YOUR PATIENT'S CONTRACT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	167		PR	204	
215	WE CAN'T REVIEW DURABLE MEDICAL EQUIPMENT, PROSTHETIC AND ORTHOTIC SERVICES FOR ROUGE STEEL MEMBERS BECAUSE CLAIMS FOR THESE ITEMS MUST BE SENT TO THE SUPPORT PROGRAM FOR CONSIDERATION. PLEASE SEND CLAIMS FOR THIS PATIENT'S DME AND P&O SERVICES TO THE SUPPORT PROGRAM, P.O. BOX 82060, ROCHESTER, MI 48308 2060. IF YOU NEED MORE INFORMATION ABOUT THESE SERVICES, CALL 1 800 831 0999.	PR	109		PI	109	
216	WHEN MULTIPLE RELATED PATHOLOGY PROCEDURES ARE PERFORMED ON THE SAME DAY, ONLY ONE IS PAYABLE.	CO	97	M86	CO	97	N20
217	THESE MULTIPLE PATHOLOGY SERVICES WERE COMBINED AND PAID UNDER A SINGLE, COMBINATION CODE.	CO	97	M15	CO	97	M15

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
218	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS RELATED TO A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
219	BCBSM DOES NOT PAY FOR THIS PATHOLOGY SERVICE WHEN IT RELATES TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
220	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
221	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
222	BECAUSE YOU REPORTED A PROCEDURE THAT'S NOT ON THE STANDARD OFFICE LAB LIST, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	58		CO	96	N428
223	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT FOR A DIAGNOSIS RELATED TO	PR	167		PR	167	
224	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
225	PLEASE SEND US A NEW CLAIM AND A COPY OF THE PATIENT'S LABORATORY REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE	PI	16	M30	PI	16	M30
226	VASCULAR STUDIES ARE NOT A CONTRACT BENEFIT WHEN THEY ARE RELATED TO A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
227	BCBSM DOES NOT PAY FOR VASCULAR STUDIES WHEN THEY RELATE TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
228	THIS LABORATORY SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
229	A ROUTINE NEWBORN CONSULTATION IS NOT A CONTRACT BENEFIT.	PR	204		PR	49	
230	THESE MULTIPLE SERVICES WERE COMBINED AND PAID UNDER A SINGLE, COMBINATION CODE.	CO	97	M15	CO	97	M15
231	WHEN A CONSULTATION IS BILLED WITH THE INITIAL EXAM OF A NEWBORN, THE CONSULTATION IS NOT PAYABLE.	CO	96	N20	CO	97	
232	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DAY OR DURING THE SAME ADMISSION.	CO	97		CO	97	
233	WHEN THE SAME PHYSICIAN PERFORMS AN INPATIENT CONSULTATION AFTER HEMODIALYSIS BEGINS, THE CONSULTATION IS NOT PAYABLE.	CO	96	M80	CO	97	
234	THIS SERVICE IS PAYABLE ONLY ONCE WHEN REPORTED FOR THE SAME EXTREMITY.	PI	16	N29	CO	119	
235	THIS SECONDARY PROCEDURE ISN'T PAYABLE UNDER THE PATIENT'S CONTRACT. IT COVERS ONLY THE PRIMARY PROCEDURE PROVIDED ON THE SAME DAY.	CO	96	N20	PR	204	N19
236	WHEN THE SAME PHYSICIAN PERFORMS AN INPATIENT CONSULTATION AND ADMINISTERS ANESTHESIA DURING THE SAME ADMISSION, AND THE PATIENT'S DIAGNOSIS DOES NOT RELATE TO A RESPIRATOR OR VENTILATION CARE, THE CONSULTATION IS NOT PAYABLE.	CO	96	M80	CO	97	
238	A CONSULTATION BY A RADIOLOGIST IS NOT A CONTRACT BENEFIT.	PI	16	N29	PR	204	
239	THE SUBSCRIBER'S POLICY COVERS ONLY ONE CONSULTATION BY ONE DOCTOR FOR EACH ADMISSION. WE'VE ALREADY PROCESSED A CLAIM FOR A CONSULTATION DURING THIS ADMISSION	PR	119		PR	204	M86
241	RADIOIMMUNOASSAY IS NOT A CONTRACT BENEFIT WHEN IT IS RELATED TO A ROUTINE PHYSICAL EXAMINATION.	PR	49		PR	49	
242	THIS RADIOIMMUNOASSAY SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
243	BCBSM DOES NOT PAY FOR THIS RADIOIMMUNOASSAY SERVICE WHEN IT RELATES TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
244	BECAUSE YOU AREN'T PART OF THE PATIENT'S NETWORK FOR THIS TYPE OF CARE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. WE CAN PAY FOR THIS SERVICE ONLY WHEN IT'S PERFORMED BY A NETWORK PROVIDER.	PR	179		CO	38	
245	THE DIAGNOSIS AND/OR MODIFIER DOES NOT SUPPORT THE MEDICAL EMERGENCY PROCEDURE CODE REPORTED ON THIS CLAIM.	PR	47		PI	4	M76
246	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM BECAUSE ONE OF THE CHARGES SEEMS EXCESSIVE; PERHAPS IT CONTAINS AN EXTRA DIGIT.	CO	B15		PI	16	M54

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
247	WE CAN CONSIDER CLAIMS FOR HOME INFUSION THERAPY ONLY WHEN THEY ARE SUBMITTED ELECTRONICALLY. PLEASE SEND US A NEW CLAIM USING YOUR AUTOMATED INPUT SOFTWARE OR BILLER, AS REQUIRED BY YOUR PARTICIPATION IN THE HIT PROGRAM.	CO	16	M117	PI	125	M117
248	WHEN A PHYSICIAN PROVIDES MEDICAL EMERGENCY TREATMENT AND CRITICAL CARE ON THE SAME DAY, THE MEDICAL EMERGENCY TREATMENT IS NOT PAYABLE AS A SEPARATE PROCEDURE.	CO	B15		CO	97	N20
249	THE MEMBER'S COVERAGE DOESN'T INCLUDE BENEFITS FOR ROUTINE VISION SERVICES RECEIVED FROM A NON NETWORK PROVIDER. THEREFORE, THE MEMBER IS RESPONSIBLE FOR PAYMENT.	CO	B15		PR	38	
250	BECAUSE YOU REPORTED THIS SERVICE MORE OFTEN THAN IS CLINICALLY APPROPRIATE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. WE ALREADY PAID THE DAILY CLINICAL LIMIT FOR THIS AREA OF THE PATIENT'S BODY.	PR	96		CO	50	
251	MEDICAL EMERGENCY TREATMENT IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
252	MEDICAL EMERGENCY TREATMENT IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
253	THIS ISOTOPE SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
254	YOUR PATIENT'S BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS MATERNITY SERVICE BECAUSE ONLY THE SUBSCRIBER AND SPOUSE HAVE MATERNITY BENEFITS. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	96	N30	PR	32	N30
255	WE NEED A NEW CLAIM WITH A DESCRIPTION THAT SPECIFIES THE ROUTE OF ADMINISTRATION FOR THIS NOT OTHERWISE CLASSIFIED, OR NOC CODE. UNTIL WE GET THIS INFORMATION IN SERVICE LINE NOTES, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	125	N350
256	THIS ISOTOPE SERVICE IS PAYABLE ONLY WHEN IT IS BILLED WITH AN INITIAL ISOTOPE SERVICE.	CO	107		CO	B15	
257	PAYMENT FOR THIS ISOTOPE SERVICE IS INCLUDED IN THE PAYMENT FOR A RELATED ISOTOPE SERVICE PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
258	THIS ISOTOPE SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS RELATED TO A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
259	THIS ISOTOPE SERVICE IS NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
260	PAYMENT FOR THIS PULMONARY STUDY IS INCLUDED IN THE PAYMENT FOR A RELATED PULMONARY STUDY PERFORMED ON THE SAME DAY.	CO	97		CO	97	N20
261	PULMONARY STUDIES ARE NOT PAYABLE AS PART OF A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
262	THIS PULMONARY STUDY PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
263	BCBSM DOES NOT PAY FOR PULMONARY STUDIES THAT ARE PART OF SCREENING PROCEDURES, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
264	THIS PULMONARY STUDY PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
265	A PAP SMEAR PERFORMED FOR THE REPORTED DIAGNOSIS IS PAYABLE ONLY ONCE IN A 12 MONTH PERIOD.	PR	B22	M90	PR	49	M90
266	THIS PAP SMEAR IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	49	
267	PLEASE SEND US A NEW CLAIM WITH THE PROFESSIONAL AND TECHNICAL COMPONENTS REPORTED SEPARATELY FOR THIS DIAGNOSTIC TEST. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE	PR	96	M66	PI	125	N61, N184
268	THIS PULMONARY STUDY IS NOT A BENEFIT IN THE LOCATION REPORTED.	PR	58		PR	204	N428
269	PLEASE SEND US A NEW CLAIM AND A COPY OF THE PATIENT'S PATHOLOGY REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE	PI	16	M30	PI	16	M30
270	THIS SECOND OPINION CONSULTATION IS NOT PAYABLE BECAUSE IT WAS NOT SCHEDULED THROUGH THE BCBSM REFERRAL CENTER.	PR	61		PR	B5	
271	THIS PROCEDURE IS NOT PAYABLE MORE THAN ONCE IN 30 DAYS.	CO	119		PR	119	
272	THIS SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
273	THIS SERVICE IS PAYABLE ONLY WHEN PERFORMED BY AN M.D. OR D.O.	PR	52		PR	170	
274	ROUTINE PAP SMEARS ARE NOT COVERED UNDER THIS PATIENT'S POLICY.	PR	204		PR	49	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
275	PLEASE RESUBMIT THIS CLAIM WITH A DIAGNOSIS TO SUPPORT FIRST AID TREATMENT.	PR	47		PI	16	M76
276	WHEN FIRST AID AND SURGERY ARE PERFORMED ON THE SAME DATE BY THE SAME PHYSICIAN FOR TREATMENT OF THE SAME DIAGNOSIS, FIRST AID IS NOT PAYABLE.	CO	96	N20	CO	97	N20
277	BECAUSE WE DON'T ALLOW YOU TO BILL US DIRECTLY FOR THIS SERVICE, THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE.	CO	96	N20	PR	204	N185
278	PLEASE SEND US A NEW CLAIM AND A COPY OF THIS PATIENT'S PROGRESS NOTES. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N29	PI	16	N393
279	THIS CLAIM SHOULD BE SENT TO HOME HEALTH CARE PROVIDERS, INC. FOR PAYMENT CONSIDERATION. IF YOU NEED MORE INFORMATION, PLEASE CALL 1 800 848 HHCP.	PR	109		PI	109	
280	FIRST AID IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
281	THIS PULMONARY STUDY WAS COMBINED WITH ANOTHER PROCEDURE AND PAID UNDER A COMBINATION CODE.	PI	16	M77, M135	CO	97	M15
282	THIS SERVICE ISN'T PAYABLE BECAUSE WE HAVE ALREADY PAID THE PATIENT'S CALENDAR YEAR MAXIMUM ALLOWED BY YOUR CONTRACT FOR THIS TYPE OF SERVICE.	PR	35		PR	119	
283	PRENATAL LAB IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
284	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE ALREADY PAID FOR THE SAME ITEM IN THE LAST 36 MONTHS, WHICH IS THE PATIENT'S CONTRACT LIMIT FOR THIS ROUTINE VISION OR HEARING SERVICE.	PR	204		PR	119	
285	WHEN A CONSULTATION IS BILLED WITH MAJOR SURGERY PERFORMED BY THE SAME PROVIDER DURING THE SAME ADMISSION, THE CONSULTATION IS NOT PAYABLE.	PI	B15	M80	CO	97	M86
287	PLEASE SEND US A NEW CLAIM WITH THE AMBULANCE RUN REPORT, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE	PI	16	N29	PI	16	N29
288	THIS EYE SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
289	THIS EYE SERVICE IS NOT PAYABLE AS PART OF A ROUTINE EXAMINATION.	PR	49		PR	49	
290	THIS EYE SERVICE IS NOT A BENEFIT WHEN PERFORMED AS PART OF A SCREENING PROCEDURE, RESEARCH STUDY OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
291	WE CAN'T MAKE A PAYMENT DECISION AT THIS TIME BECAUSE WE NEED TO CONFIRM THAT THE PATIENT HAD A MEDICAL EVALUATION BEFORE RECEIVING THIS HEARING AID. PLEASE SEND A CLAIM WITH THE MEDICAL EVALUATION DATE AND THE NAME AND LICENSE NUMBER OF THE PHYSICIAN WHO PERFORMED THAT EXAM (FIELDS 14 AND 17 ON A CMS 1500 CLAIM). OUR SUBSCRIBER SHOULDN'T BE BILLED UNTIL YOU RECEIVE OUR PAYMENT DECISION.	PR	119		PI	16	N309
292	YOUR PATIENT'S TERTIARY COVERAGE DOESN'T PAY FOR THE AMOUNT MEDICARE WOULD NORMALLY PAY FOR THIS SERVICE. IT'S NOT A BENEFIT BECAUSE THE PATIENT DIDN'T ENROLL FOR MEDICARE PART B COVERAGE. THE SUBSCRIBER IS LIABLE FOR THE AMOUNT NOT PAID BY	PR	204		PR	204	
293	THIS EYE SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
294	THIS EYE PROCEDURE IS NOT A BENEFIT IN THE LOCATION REPORTED.	PR	58		PR	204	N428
295	INJECTIONS ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
296	EYE SERVICES ARE NOT A BENEFIT IN THE LOCATION AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
297	PLEASE SEND US A NEW CLAIM WITH A VALID NATIONAL DRUG CODE AND THE QUANTITY BASED ON THE DOSE FORM CODE FOR THE DRUG YOU ADMINISTERED. UNTIL WE GET A CLAIM WITH BOTH THE NDC AND QUANTITY IN THE CORRECT FORMAT (000.0), NO PAYMENT IS DUE FROM US OR THE	PI	16	M119	PI	125	M53, M119
298	WHEN A PHYSICIAN PERFORMS A NEWBORN EXAMINATION ON THE SAME DAY OR DURING THE SAME ADMISSION AS A CONSULTATION, THE CONSULTATION IS NOT PAYABLE.	CO	96	N20	CO	97	
299	PLEASE LOOK FOR ANOTHER CLAIM ON THIS VOUCHER OR A FUTURE ONE BEFORE BILLING THE SUBSCRIBER OR US FOR THIS SERVICE. WE NEED TO SEPARATE THIS SERVICE FOR PROPER PAYMENT BECAUSE THE DATE OF SERVICE IS ON OR AFTER JAN.1.	CO	96	N20	PI	133	MA15
300	WHEN A PHYSICIAN PERFORMS A DELIVERY AND A NEWBORN CONSULTATION DURING THE SAME ADMISSION, THE CONSULTATION IS NOT PAYABLE.	CO	96	M80	CO	97	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
301	NEWBORN CONSULTATION IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
302	THE PATIENT HAS USED THE MAXIMUM NUMBER OF DAYS AVAILABLE FOR THIS TYPE OF SERVICE DURING THIS BENEFIT PERIOD.	PR	119		PR	119	
303	PLEASE SEND US A NEW CLAIM WITH AMOUNTS THAT MATCH THE EOMB YOU SUBMITTED, OR SEND US THE CORRECT ATTACHMENT. UNTIL WE GET THIS INFORMATION, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	B20		PI	16	MA04
304	NEONATAL CARE NOT A CONTRACT BENEFIT	PR	204		PR	204	
305	BASED ON THE SF SUBMITTED, THE HOME PLAN WILL PROCESS THIS MEDICARE ADVANTAGE CLAIM AND WILL NOTIFY THE PROVIDER DIRECTLY. FOR MORE INFORMATION, THE CSR MAY CONTACT THE HOME PLAN AT 248 350 4417.	CO	96	N20	PI	109	
306	CUSTODIAL CARE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
307	OUR ALLOWANCE FOR THE PROCEDURE INCLUDES CONSIDERATION FOR THIS ITEM, WHICH IS REPORTED ONLY FOR MEDICARE TO LEARN MORE ABOUT THIS SERVICE.	CO	97		CO	96	N365
308	PRIVATE DUTY NURSING IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
309	PRIVATE DUTY NURSING IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PI	B22		PR	167	
310	THE MAXIMUM BENEFIT AMOUNT FOR THIS TYPE OF SERVICE HAS BEEN MET FOR THIS BENEFIT	PR	119		PR	119	
311	THIS EAR SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
312	THIS EAR SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
313	THIS EAR SERVICE IS NOT PAYABLE WHEN PERFORMED DURING A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
314	PLEASE SEND US A NEW CLAIM AND A COPY OF THE PREAUTHORIZATION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	15		PI	197	
315	MEDICARE AMOUNTS (CHARGE, REASONABLE, DEDUCTIBLE) ARE INCORRECT.	PR	16	M7	PI	125	N4
316	HEMODIALYSIS NOT A CONTRACT BENEFIT	PR	204		PR	204	
317	EAR SERVICES RELATED TO RESEARCH STUDIES OR TO THE TREATMENT OF OBESITY ARE NOT	PR	49		PR	204	
318	CHIROPRACTIC CARE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
319	CHIROPRACTIC CARE IS NOT A CONTRACT BENEFIT.	PR	96		PR	204	
320	CHIROPRACTIC CARE IS NOT PAYABLE IN THE LOCATION REPORTED.	PR	58		PR	204	N428
321	THIS SERVICE IS A BENEFIT ONLY FOR THE SUBSCRIBER. IT IS NOT A BENEFIT FOR DEPENDENTS.	PR	33		PR	32	
322	WHEN AN OFFICE VISIT AND MAJOR SURGERY ARE PERFORMED ON THE SAME DATE IN THE SAME LOCATION BY THE SAME PROVIDER, THE OFFICE VISIT IS NOT PAYABLE.	CO	96	N20	CO	97	N20
323	WHEN AN OFFICE VISIT IS PERFORMED ON THE SAME DATE AS MINOR DIAGNOSTIC SURGERY OR AN INJECTION, THE OFFICE VISIT IS NOT PAYABLE.	CO	B1	N20	CO	97	N20
324	YOUR CLAIM CANNOT BE PROCESSED AS SUBMITTED. PLEASE RESUBMIT THIS CLAIM WITH YOUR TAX IDENTIFICATION NUMBER AND NAME AS SHOWN ON YOUR FEDERAL DEPOSIT COUPON. ALL FUTURE CLAIMS MUST ALSO INCLUDE THIS TAX IDENTIFICATION NUMBER AND CORRESPONDING NAME. THIS INFORMATION IS MANDATED BY THE INTERNAL REVENUE SERVICE.	PR	16	MA113	PI	16	MA113, N256
325	WHEN A PROVIDER PERFORMS SEVERAL MISCELLANEOUS SERVICES ON THE SAME DATE IN THE SAME LOCATION, ONLY ONE SERVICE IS PAYABLE.	CO	97		CO	97	N20
326	THE PATIENT IS RESPONSIBLE FOR THE BALANCE BECAUSE THE MENTAL HEALTH BENEFIT IS LIMITED TO MEDICARE'S DEDUCTIBLE AFTER THE HEALTH PLAN'S COST-SHARING REQUIREMENT IS MET. THIS CLAIM ASKED FOR PAYMENT OF MEDICARE'S COPAYMENT, WHICH IS NOT COVERED BY THE PATIENT'S SUPPLEMENTAL COVERAGE.	PR	96	N130	PR	204	
327	PLEASE SEND US A NEW CLAIM WITH THE PRIMARY CARRIER'S PAYMENT DECISION IF YOU WANT SECONDARY PAYMENT FOR THIS SERVICE. IF THE PATIENT HAS NO OTHER COVERAGE, PLEASE SEND US A PRIMARY CLAIM INSTEAD.	CO	96	N20	PI	22	
328	PHYSICAL MEDICINE SERVICES ARE NOT PAYABLE IN THE LOCATION REPORTED.	PR	58		PR	204	N428

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
329	PLEASE SEND US A NEW CLAIM AND A CERTIFICATE OR LETTER OF MEDICAL NECESSITY FOR THIS SERVICE UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	M60	PI	16	M60
330	THE PATIENT HAS USED THE MAXIMUM NUMBER OF DAYS AVAILABLE FOR SUBSTANCE ABUSE TREATMENT.	PR	35		PR	119	
331	THIS SERVICE IS NOT PAYABLE IN THE LOCATION AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
332	THIS SERVICE IS NOT PAYABLE IN THE LOCATION AND FOR THE DIAGNOSIS REPORTED.	PI	176		PR	167	N428
333	THE MAXIMUM BENEFIT AMOUNT FOR MEDICAL CARE HAS BEEN MET.	PR	35		PR	119	
334	PROLONGED ATTENDANCE IN THE LOCATION REPORTED IS NOT PAYABLE.	PR	58		PR	204	N428
335	WHEN A PHYSICIAN PROVIDES PROLONGED ATTENDANCE WITH EITHER MAJOR SURGERY OR TECHNICAL SURGICAL ASSISTANCE, PAYMENT FOR PROLONGED ATTENDANCE IS INCLUDED IN THE PAYMENT FOR THE SURGICAL SERVICE.	CO	97		CO	97	
336	WHEN A PHYSICIAN PROVIDES PROLONGED ATTENDANCE AND ANESTHESIA SERVICES ON THE SAME DATE, PAYMENT FOR PROLONGED ATTENDANCE IS INCLUDED IN THE PAYMENT FOR	CO	97		CO	97	N20
337	WHEN PROLONGED ATTENDANCE IS BILLED ON THE SAME DATE BY TWO DIFFERENT PROVIDERS, ONLY ONE PROVIDER IS PAID.	CO	B20		CO	B20	N472
338	THIS SERVICE ISN'T PAYABLE BECAUSE CLAIMS FOR LABORATORY TESTS MUST BE SENT TO A LABORATORY IN THE PATIENT'S NETWORK. YOU CHOSE A NON NETWORK LABORATORY TO PERFORM THE TESTS. AS A RESULT, YOU SHOULDN'T BILL THE PATIENT FOR YOUR CHARGE.	CO	38	M41	CO	38	
339	PLEASE SEND US A NEW CLAIM AND A COPY OF THE EMERGENCY ROOM REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE	PI	16	N29	PI	16	N391
340	WHEN A PROVIDER PERFORMS MONITORING ON THE SAME DATE AS SURGERY, ANESTHESIA OR TECHNICAL SURGICAL ASSISTANCE, MONITORING IS NOT PAYABLE.	CO	96	N20	CO	97	N20
341	PLEASE SEND US A NEW CLAIM ALONG WITH THE INVOICE FOR THE RADIO PHARMACEUTICAL BILLED AND THE RADIOLOGY REPORT, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THE INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	96	N20	PI	16	M23, M31
343	PLEASE SEND US A NEW CLAIM WITH THE ALPHA PREFIX THAT WE PROVIDED IN OUR REJECTION DI	PI	96		PI	140	
344	RECORD FOR THIS NF RECORD.	PR	58		PR	96	N428
345	MONITORING IS NOT PAYABLE IN THE LOCATION REPORTED.	CO	97		PR	204	
346	BLUE CROSS CAN'T PAY FOR PARTIAL DENTURES BECAUSE WE ALREADY PAID FOR A COMPLETE SET. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	
347	THIS NEUROMUSCULAR PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	49		PR	49	
348	THIS EMG (ELECTROMYOGRAM) IS NOT PAYABLE AS PART OF A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
349	BCBSM DOES NOT PAY FOR EMGS (ELECTROMYOGRAMS) THAT ARE PART OF SCREENING PROCEDURES, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	119		PR	119	
350	THE MAXIMUM BENEFIT FOR EMGS (ELECTROMYOGRAMS) HAS BEEN MET FOR THIS BENEFIT BCBSM PAYS FOR ONE POST NATAL VISIT PER PREGNANCY. THIS SERVICE HAS ALREADY BEEN REPORTED BY YOU OR ANOTHER PHYSICIAN.	CO	119		CO	96	M86
351	THIS SERVICE IS NOT PAYABLE BECAUSE COVERAGE WAS NOT IN EFFECT ON THE ESTIMATED DATE OF CONCEPTION.	PR	26	MA33	PR	179	
352	THIS POLICY DOES NOT COVER PRE AND POST NATAL CARE.	PR	204	N216	PR	204	
353	SUPPLIES ARE NOT A CONTRACT BENEFIT FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
354	THIS OBSTETRICAL PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
355	YOU SENT US AN NPI THAT DOESN'T MATCH A BCBSM ID IN OUR FILE. PLEASE SEND US A NEW CLAIM WITH THE PPO REFERRING PROVIDER'S BCBSM PIN AND, IF YOU HAVE IT, THE NPI FOR THAT PROVIDER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE SEE OUR ONLINE MANUALS FOR HELP WITH PAPER CLAIMS.	CO	96	N20	PI	16	N286

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
356	WHEN A PHYSICIAN PROVIDES CONVALESCENT PSYCHIATRIC CARE AND MAJOR SURGERY ON THE SAME DATE, CONVALESCENT PSYCHIATRIC CARE IS NOT PAYABLE.	CO	96	N20	CO	59	
357	WHEN RELATED PROCEDURES ARE PERFORMED ON THE SAME DATE, ONLY THE PROCEDURE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	97	N20
358	CONVALESCENT PSYCHIATRIC CARE IS NOT PAYABLE FOR THIS DIAGNOSIS.	PR	167		PR	167	
359	BCBSM DOES NOT PAY FOR CONVALESCENT PSYCHIATRIC CARE THAT IS PART OF RESEARCH STUDIES, SCREENING PROCEDURES, SUBSTANCE ABUSE TREATMENT OR THE TREATMENT OF	PR	49		PR	49	
360	CONVALESCENT PSYCHIATRIC CARE PROVIDED IN THIS SETTING IS NOT PAYABLE.	PR	58		PR	96	N428
361	THE MAXIMUM BENEFIT FOR CONVALESCENT PSYCHIATRIC CARE HAS BEEN MET FOR THIS BENEFIT PERIOD.	PR	119		PR	119	
362	CONVALESCENT PSYCHIATRIC CARE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
363	THE MAXIMUM NUMBER OF CONVALESCENT CARE VISITS HAS BEEN MET. THIS SPECIAL POLICY PAYS FOR TWO VISITS PER SEVEN DAY PERIOD. ADDITIONAL VISITS MAY BE AVAILABLE UNDER MAJOR MEDICAL COVERAGE.	PR	119		PR	119	
364	THIS SPECIAL POLICY PAYS ONLY THE FIRST PROVIDER WHO BILLS FOR MEDICAL OR MENTAL HEALTH SERVICES. ADDITIONAL VISITS MAY BE AVAILABLE UNDER MAJOR MEDICAL COVERAGE.	PR	B1		PR	B20	N472
365	WHEN A PHYSICIAN PROVIDES CONVALESCENT CARE ON THE SAME DAY AS PROLONGED ATTENDANCE, CONSULTATION, CPR, MONITORING OR CHEMOTHERAPY, ONLY THE SERVICE WITH THE GREATEST BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	97	N20
366	YOU SENT US AN NPI THAT DOESN'T MATCH A BCBSM FACILITY CODE IN OUR FILE. PLEASE SEND US A NEW CLAIMS WITH THE RENDERING FACILITY'S CODE AND, IF YOU HAVE IT, THE NPI FOR THAT FACILITY. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE SEE OUR ONLINE MANUALS FOR HELP WITH PAPER CLAIMS.	CO	96	N20	PI	16	N293
367	WHEN A PHYSICIAN, DURING A SINGLE DAY, PROVIDES CONVALESCENT CARE TO TREAT ONE DIAGNOSIS AND EITHER SURGERY OR TECHNICAL SURGICAL ASSISTANCE TO TREAT ANOTHER DIAGNOSIS, CONVALESCENT CARE IS NOT PAYABLE.	CO	96	N20	CO	97	N20
368	PLEASE SEND US A NEW CLAIM WITH PROCEDURE AND DIAGNOSIS CODES THAT GO TOGETHER. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM.	CO	11		PI	11	
369	CONVALESCENT CARE IS NOT PAYABLE FOR A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
370	BCBSM DOES NOT PAY FOR CONVALESCENT CARE THAT IS PART OF A SCREENING PROCEDURE, RESEARCH STUDY, THE TREATMENT OF OBESITY OR THE TREATMENT OF PULMONARY TB.	PR	49		PR	49	
371	CONVALESCENT CARE PROVIDED IN THIS LOCATION IS NOT PAYABLE.	PR	58		PR	96	N428
372	THE MAXIMUM BENEFIT FOR CONVALESCENT CARE HAS BEEN MET FOR THIS BENEFIT PERIOD.	PR	119		PR	119	
373	THIS POLICY DOES NOT COVER CONVALESCENT CARE.	PR	204		PR	204	
374	WHEN A CHIROPRACTOR PERFORMS TWO SERVICES ON THE SAME DAY, ONLY ONE IS PAYABLE.	PR	57	M86	CO	96	N20
375	THE FACILITY IS NOT APPROVED FOR SUBSTANCE ABUSE SERVICES.	PR	52		PR	B7	
376	WHEN A PHYSICIAN PERFORMS PSYCHIATRIC SERVICES ON THE SAME DATE AS A CONSULTATION OR REGULAR MEDICAL CARE, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS	CO	96	N20	CO	97	N20
377	PLEASE SEND US A NEW CLAIM WITH THE HCPCS CODE FOR ONE MONTH'S SUPPLY. EFFECTIVE JANUARY 1, 2006, WE WILL NO LONGER REIMBURSE OXYGEN CONTENTS BY VOLUME OR WEIGHT. UNTIL WE RECEIVE A NEW CLAIM, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	96	N20	PI	125	M20
378	BCBSM HAS ALREADY PAID FOR AN IDENTICAL SERVICE REPORTED DURING THE SAME ADMISSION.	CO	18	M86	PI	18	M86
379	INPATIENT PSYCHIATRIC SERVICES ARE NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
380	THE MAXIMUM NUMBER OF DAYS FOR INPATIENT PSYCHIATRIC SERVICES HAVE BEEN MET FOR THIS BENEFIT PERIOD.	PR	119		PR	119	
381	INPATIENT PSYCHIATRIC SERVICES PERFORMED IN THE LOCATION REPORTED ARE NOT PAYABLE.	PR	58		PR	96	N428

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
382	SERVICES RELATED TO THIS CONDITION ARE SUBJECT TO A 180 DAY WAITING PERIOD. THE PATIENT'S POLICY WAS NOT IN EFFECT 180 DAYS BEFORE THE DATE OF SERVICE.	PI	30		PR	179	
383	THIS CLAIM DID NOT INCLUDE THE PATIENT'S DIAGNOSIS. PLEASE RESUBMIT THE CLAIM WITH A DIAGNOSIS TO SUPPORT INPATIENT PSYCHIATRIC SERVICES.	PI	16	M76	PI	16	M76
384	INPATIENT PSYCHIATRIC SERVICES PROVIDED IN THIS LOCATION ARE NOT PAYABLE.	PR	58		PR	96	N428
385	SERVICES RELATED TO THIS CONDITION ARE NOT PAYABLE UNTIL THE WAITING PERIOD HAS BEEN	PI	30		PR	179	
386	THE BENEFIT FOR ANESTHESIA IS INCLUDED IN THE PAYMENT FOR THE ELECTROSHOCK THERAPY PROVIDED ON THE SAME DATE.	CO	97		CO	97	
387	CRITICAL CARE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED; PLEASE REBILL AS INDIVIDUAL MEDICAL SERVICES.	CO	47		PI	11	
388	PLEASE SEND US A NEW CLAIM AND A COPY OF THE RADIOLOGY REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	M31	PI	16	M31
389	WE DON'T PAY SEPARATELY FOR THIS PROCEDURE CODE BECAUSE IT'S ONLY PURPOSE IS TO IDENTIFY THE LOCATION OF THE SERVICES YOU PROVIDED FOR THIS PATIENT.	CO	18	M80	CO	96	N365
390	WHEN A PHYSICIAN PROVIDES THE INITIAL DAY OF SPECIAL MEDICAL CARE ON THE SAME DATE AS CHEMOTHERAPY, CONSULTATION, MONITORING, PROLONGED ATTENDANCE, CPR OR THE INITIAL DAY OF REGULAR MEDICAL CARE, ONLY THE SERVICE WITH THE GREATEST BENEFIT AMOUNT IS	CO	96	N20	CO	97	N20
391	SPECIAL MEDICAL CARE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
392	INTERNAL USAGE ONLY--- FOR ROLL-OVER MAXIMUM BENEFITS. SUPPRESSED FROM E O B.	PR	102		PR	119	
393	PLEASE SEND US A NEW CLAIM WITH AN ICD9 DIAGNOSIS CODE THAT DESCRIBES THIS PATIENT'S CONDITION AT THE HIGHEST LEVEL OF SPECIFICITY.	PI	16	M81	PI	16	M81
394	SPECIAL MEDICAL CARE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
395	THE MEMBER'S COVERAGE DOESN'T INCLUDE BENEFITS FOR THIS SERVICE WHEN IT'S RECEIVED MORE THAN 60 DAYS AFTER THE OPTOMETRIST'S EXAMINATION OR REFERRAL. THEREFORE THE MEMBER IS RESPONSIBLE FOR PAYMENT.	PR	96	N59	PR	204	N357
396	THE PRIMARY CARRIER HAS ADVISED US THAT THEY PAID YOU, THE HMO OR PPO PROVIDER, THE MAXIMUM PAYMENT FOR THE SERVICE PERFORMED. THE SUBSCRIBER IS NOT LIABLE FOR ANY CHARGES. BCBSM WILL MAKE NO PAYMENT AS THE SECONDARY CARRIER.	CO	23		OA	23	
397	WHEN A PHYSICIAN PROVIDES THE INITIAL DAY OF MEDICAL CARE ON THE SAME DATE AS PROLONGED ATTENDANCE, CONSULTATION, MONITORING, CPR, CHEMOTHERAPY, OR THE INITIAL DAY OF SPECIAL MEDICAL CARE, ONLY THE SERVICE WITH THE GREATEST BENEFIT AMOUNT IS	CO	96	N20	CO	97	N20
398	THESE REGULAR MEDICAL CARE SERVICES ARE NOT PAYABLE BECAUSE ANOTHER PHYSICIAN REPORTED SPECIAL OR REGULAR MEDICAL CARE FOR THE SAME TIME PERIOD.	CO	B20		CO	96	M86, N472
399	THESE REGULAR MEDICAL CARE SERVICES ARE NOT PAYABLE BECAUSE SPECIAL OR MEDICAL CARE SERVICES WERE REPORTED FOR A RELATED DIAGNOSIS DURING THE SAME TIME PERIOD.	CO	18	M80	CO	96	M86
400	THE DIAGNOSIS CODE IS EITHER MISSING OR INCORRECT. PLEASE RESUBMIT THE CLAIM WITH AN APPROPRIATE DIAGNOSIS CODE.	PI	16	M76	PI	16	M76
401	MEDICAL CARE IS NOT PAYABLE FOR THIS DIAGNOSIS.	PR	167		PR	167	
402	THIS SERVICE HAS BEEN FORWARDED TO MESSA FOR PAYMENT CONSIDERATION.	PI	B11		PI	B11	
403	REGULAR MEDICAL CARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
404	TB MEDICAL CARE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
405	PROCTOSCOPY IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
406	THE SERVICE YOU PERFORMED IS INCLUDED IN THE FACILITY'S REQUEST FOR PAYMENT, SO WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	96	N20	CO	96	M97
408	TB MEDICAL CARE IS NOT PAYABLE BECAUSE THIS SERVICE WAS REPORTED FOR A RELATED DIAGNOSIS DURING THE SAME TIME PERIOD.	CO	18	M80	CO	96	M86
409	NEWBORN CARE IS NOT PAYABLE FOR CHILDREN OF DEPENDENT CHILDREN.	PR	33		PR	32	
410	TB MEDICAL CARE PROVIDED IN THIS LOCATION IS NOT PAYABLE.	PR	58		PR	96	N428

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
411	WE CAN'T COMPLETE OUR REVIEW OF THIS SERVICE BECAUSE THE REPORTED PROCEDURE CODE AND PIN DO NOT CORRESPOND. PLEASE CORRECT EITHER THE PIN OR PROCEDURE CODE AND SEND US ANOTHER CLAIM FOR CONSIDERATION.	CO	B6		PI	16	M20, N257
412	TB MEDICAL CARE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
413	THE MAXIMUM NUMBER OF DAYS FOR TB OR PSYCHIATRIC MEDICAL CARE HAS BEEN MET FOR THIS BENEFIT PERIOD.	PR	119		PR	119	
414	ANESTHESIA SERVICES RELATED TO A PROCTOSCOPY ARE NOT PAYABLE.	PR	96	N356	PR	B15	
415	WE NEED AN NF06 WITH A CROSS REFERENCE AND CORRECTED CHARGE OR ALLOWED AMOUNT TO DECIDE PAYMENT. SF MESSAGE CODE 1022 OR 1023 IS PRESENT; YOU REPORTED AN ALLOWED AMOUNT THAT'S MORE THAN THE CHARGE. UNTIL WE GET A CORRECTED CLAIM, YOU SHOULDN'T EXPECT A PAYMENT FOR THIS SERVICE FROM US OR THE SUBSCRIBER.	PR	167		PI	16	M79
416	PLEASE SEND US A UB 92 CLAIM FOR THESE HOME CARE SERVICE BECAUSE THIS PATIENT DIDN'T HAVE HIT PROGRAM BENEFITS ON THIS DATE OF SERVICE.	CO	125	N34	PI	125	N34
417	BECAUSE MODIFIER 47 IS VALID ONLY WITH A SURGERY SERVICE, AND THAT'S NOT WHAT YOU REPORTED, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. IF YOU'RE THE SURGEON, OUR PAYMENT FOR THE SURGERY ALSO INCLUDES AN ALLOWANCE FOR THIS ANESTHESIA SERVICE.	CO	B15		CO	4	
418	THE PATIENT'S PRESCRIPTION BENEFIT HAS ALREADY BEEN PAID. THE PATIENT IS RESPONSIBLE FOR THE PRESCRIPTION COPAYMENT.	CO	96	N20	PR	193	
419	WE CAN'T MAKE A PAYMENT DECISION AT THIS TIME BECAUSE THE MODIFIER YOU REPORTED ISN'T CORRECT FOR THIS CPT OR HCPCS LEVEL II CODE. PLEASE SEND US A CLAIM WITH THE MODIFIER DEFINED IN YOUR NATIONAL CODING MANUAL FOR THIS PROCEDURE CODE. WHEN WE COMPLETE OUR REVIEW, WE'LL LET YOU KNOW IF OUR SUBSCRIBER OWES YOU ANY PORTION OF THIS	CO	4		PI	4	
420	IDENTICAL CHEMOTHERAPY SUPERVISION SERVICES ARE BILLED FOR THE SAME DATE; ONLY ONE IS PAYABLE.	CO	18	M86	CO	96	N20
421	THE PATIENT IS RESPONSIBLE FOR THE CHARGE BECAUSE THE CONTRACT EXCLUDES BENEFITS FOR SERVICES PROVIDED OUT OF NETWORK WHEN THEY AREN'T FOR EMERGENCY CARE OR REFERRED BY THE PATIENT'S PRIMARY CARE PHYSICIAN OR ANOTHER NETWORK PHYSICIAN.	PR	95	N130, N348	PR	38	
422	THIS PATIENT'S CONTRACT LIMITS PAYMENT TO THOSE SERVICES PERFORMED ON THE DATES IN THE TREATMENT PLAN. THIS SERVICE DATE WASN'T IN THAT PLAN SO THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	96	N351	PR	198	
423	BLUE CROSS CAN'T PAY THIS CHARGE BECAUSE THE SERVICE DOESN'T MEET THE MEDICAL NECESSITY OR OTHER PAYMENT GUIDELINES IN THIS PATIENT'S COVERAGE. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	50	N188	PR	50	
424	CHEMOTHERAPY DRUGS ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
425	CHEMOTHERAPY DRUGS ARE NOT PAYABLE IN THE LOCATION REPORTED.	PR	58		PR	96	N428
426	THIS CHEMOTHERAPY DRUG OR METHOD OF ADMINISTRATION IS CONSIDERED INVESTIGATIONAL, AND IS NOT PAYABLE.	PR	55		PR	55	
427	WE NEED MORE INFORMATION TO CONSIDER THIS CLAIM FOR PAYMENT. PLEASE SUBMIT A NEW CLAIM, A COPY OF THE PRETREATMENT X-RAYS, A WRITTEN NARRATIVE AND A PHOTO, IF AVAILABLE, TO SUPPORT THE NEED FOR THIS SERVICE TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, P.O. BOX 1633, DETROIT, MI 48231-1633.	PR	16	MA134	PI	16	N29
428	WHEN A PHYSICIAN PROVIDES THE INITIAL DAY OF PSYCHIATRIC MEDICAL CARE ON THE SAME DATE AS A PSYCHIATRIC SESSION, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS	CO	96	N20	CO	96	N20
429	BECAUSE REQUIRED PRIOR AUTHORIZATION FOR THIS SERVICE WASN'T OBTAINED, THIS CLAIM IS REJECTED. THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	197		PR	197	
430	THIS PROCEDURE MUST BE REPORTED TO SHOW NURSES ARE VISITING THE PATIENT'S HOME, AS REQUIRED BY YOUR PARTICIPATION IN THE HIT PROGRAM.	CO	16	N56, N59	CO	96	N365

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
431	OUTPATIENT PSYCHIATRIC SERVICES ARE NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
432	PSYCHIATRIC MEDICAL CARE PROVIDED IN THIS LOCATION IS NOT PAYABLE.	PR	58		PR	96	N428
433	THE SERVICE BILLED IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
434	THE MAXIMUM NUMBER OF DAYS FOR PSYCHIATRIC MEDICAL CARE HAS BEEN MET.	PR	35		PR	119	
435	PLEASE SEND US A NEW CLAIM WITH THE PATIENT'S HEIGHT, WEIGHT, AND FRAME TYPE. UNTIL WE GET THIS INFORMATION, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204	N216	PI	16	N207, N463
436	OUTPATIENT PSYCHIATRIC CARE IS NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
437	PSYCHOLOGICAL TESTING HAS ALREADY BEEN REPORTED FOR THIS ADMISSION; ADDITIONAL PSYCHOLOGICAL TESTING IS NOT PAYABLE.	PI	96	M80	CO	96	M80
438	PSYCHOLOGICAL TESTING IS NOT PAYABLE BECAUSE THE FACILITY CODE IS EITHER MISSING INCORRECT OR DOES NOT CORRESPOND TO AN APPROVED RESIDENTIAL SUBSTANCE ABUSE	PR	16	MA134	PI	16	N293
439	THE MAXIMUM BENEFIT FOR PSYCHOLOGICAL TESTING HAS BEEN MET FOR THIS BENEFIT PERIOD.	PR	119		PR	119	
440	PSYCHOLOGICAL TESTING PERFORMED IN THIS LOCATION IS NOT PAYABLE.	PR	58		PR	96	N428
441	THE MAXIMUM NUMBER OF PSYCHIATRIC SESSIONS HAS BEEN MET.	PR	35		PR	119	
442	BCBSM DOES NOT PAY FOR CONVALESCENT CARE RELATED TO SCREENING PROCEDURES, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
443	THE MAXIMUM NUMBER OF VISITS FOR CONVALESCENT CARE HAS BEEN MET. THIS SPECIAL POLICY PAYS FOR TWO VISITS IN A SEVEN DAY PERIOD.	PR	119		PR	119	
444	UNTIL WE RECEIVE MEDICAL HISTORY INFORMATION WE REQUESTED FROM ANOTHER PROVIDER, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PI	16	N221	PI	16	N181
445	THE DIAGNOSIS CODE IS EITHER MISSING OR INCORRECT, AND THERE IS NO OTHER INFORMATION TO SUPPORT THIS OPTICAL SERVICE.	PI	16	M76	PI	16	M76
446	THE PATIENT'S LIFETIME MAXIMUM BENEFIT HAS BEEN MET AND THE ANNUAL RESTORATION ISN'T APPLICABLE UNTIL THE NEXT CALENDAR YEAR. THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	149		PR	35	
447	WHEN RELATED OPTICAL SERVICES ARE REPORTED FOR THE SAME DATE, ONLY ONE IS PAYABLE.	CO	119	M86	CO	96	N20
448	SUNGLASSES (WITH A TINT GREATER THAN ROSE #2) AND RELATED SERVICES ARE NOT COVERED BY THIS POLICY.	PR	96	N130, N356	PR	204	
449	THE REPORTED PROCEDURE CODE ISN'T PAYABLE BECAUSE IT IS ONLY FOR MEDICAID PATIENTS, AND WE DO NOT ADMINISTER THE MEDICAID PROGRAM.	PR	109		PI	16	M20
450	THIS OPTICAL SERVICE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
451	THIS OPTICAL SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
452	OPTICAL SERVICES ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
453	WE CAN'T APPROVE PAYMENT BECAUSE HOME INFUSION BENEFITS AREN'T AVAILABLE FOR THE REPORTED DIAGNOSIS; THE PATIENT ISN'T RESPONSIBLE FOR PAYMENT.	CO	47		CO	167	
454	OUTPATIENT PSYCHIATRIC CARE IS NOT PAYABLE BECAUSE THE FACILITY CODE IS EITHER MISSING, INCORRECT OR DOES NOT CORRESPOND TO AN APPROVED OUTPATIENT PSYCHIATRIC	PR	16	MA134	PI	16	N293
455	IDENTICAL OUTPATIENT PROFESSIONAL PSYCHIATRIC CARE(OPPC) PROCEDURES WERE BILLED FOR THE SAME DATE BY THE SAME PROVIDER.	PI	18		PI	18	M86
456	OUTPATIENT PROFESSIONAL PSYCHIATRIC CARE (OPPC) IS NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
457	OUTPATIENT PROFESSIONAL PSYCHIATRIC CARE (OPPC) SERVICES PROVIDED IN THIS LOCATION ARE NOT PAYABLE.	PR	58		PR	96	N428
458	PLEASE SEND US A NEW CLAIM ALONG WITH THE AMBULANCE RUN REPORT AND THE PHYSICIAN AUTHORIZATION FOR TRANSFER, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N29	PI	16	N29
459	ANESTHESIA FOR ELECTROSHOCK THERAPY IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
460	CUSTOM MADE PROSTHETICS AND ORTHOTICS ARE NOT PAYABLE FOR PROVIDER SPECIALTY	PR	8		PR	172	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
461	THIS ORTHOTIC PROCEDURE, UNLESS PREFABRICATED, IS NOT PAYABLE FOR THE PROVIDER SPECIALTY REPORTED.	PR	52		PR	172	
462	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THIS CHARGE BECAUSE THE CENTERS FOR DISEASE CONTROL OR THE AMERICAN ACADEMY OF PEDIATRICS DON'T RECOMMEND THIS IMMUNIZATION, AS REQUIRED BY THE SUBSCRIBER'S CONTRACT.	PR	18	M86	PR	204	
463	THE LIFETIME MAXIMUM NUMBER OF VISITS FOR THIS TYPE OF SERVICE HAS BEEN MET.	PR	35		PR	149	
464	THIS PROSTHETIC AND ORTHOTIC PROCEDURE WAS REPORTED LESS THAN 24 HOURS AFTER ANOTHER PROSTHETIC AND ORTHOTIC PROCEDURE. ONLY THE FIRST PROCEDURE IS PAYABLE.	PR	18	M86	PR	96	N357
465	A RELATED PROSTHETIC AND ORTHOTIC PROCEDURE WAS REPORTED FOR THE SAME DATE BY THE SAME PROVIDER. WE PAID FOR THE OTHER PROCEDURE.	CO	96	N20	CO	96	M80
466	WE DO NOT PAY FOR SHOES UNLESS THEY ARE ATTACHED TO A COVERED LEG BRACE.	CO	107		CO	B15	
467	PLEASE RESUBMIT THIS CLAIM WITH APPROPRIATE DOCUMENTATION TO SUPPORT THE SHOES AND INSERTS REPORTED.	CO	16	N29	PI	16	N463
468	THIS PROSTHETIC AND ORTHOTIC PROCEDURE MUST BE BILLED WITH ANOTHER PROSTHETIC AND ORTHOTIC PROCEDURE PAYABLE TO THE PROVIDER SPECIALTY REPORTED.	CO	B6		CO	B15	
469	THIS PROSTHETIC AND ORTHOTIC PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
470	THE SUBSCRIBER'S CONTRACT DOES NOT COVER PROSTHETIC AND ORTHOTIC SERVICES. BECAUSE MEDICARE PAID THE SAME AMOUNT OR MORE THAN WE COULD PAY AFTER YOUR PATIENT'S COPAYMENT, WE OWE NO PAYMENT FOR THIS SERVICE. WE WILL TELL THE SUBSCRIBER TO EXPECT A BILL FOR THE BALANCE.	PR	204	N216	PR	204	
471	PRICING MODIFIER REPORTED FOR AMBULANCE SERVICE IS INVALID.	PR	167		OA	23	N219
472	AMBULANCE SERVICE TO AND FROM THE LOCATION(S) REPORTED ON THIS CLAIM IS NOT	PR	4		PI	4	
473	AMBULANCE SERVICE NOT ELIGIBLE FOR PAYMENT BASED ON PRICING MODIFIER REPORTED.	PR	96	N157	PR	204	
474	PLEASE SEND US A NEW CLAIM WITH CPT OR HCPCS MODIFIER(S) THAT WERE IN EFFECT ON THE DATE OF SERVICE.	PR	4		PR	204	
475	AMBULANCE SERVICE BILLED NOT A CONTRACT BENEFIT.	PI	4		PI	4	
476	AMBULANCE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
477	PSYCHOLOGICAL TESTING IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
478	PLEASE SEND US A NEW CLAIM WITH YOUR PATIENT'S MEDICARE ADVANTAGE CONTRACT NUMBER. UNTIL WE GET THE RIGHT CONTRACT NUMBER FOR THIS SERVICE DATE, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	16	N418
479	THIS ANESTHESIA IS NOT PAYABLE FOR THE SERVICE REPORTED.	PR	96	N161, N356	PR	204	
480	WHEN A PHYSICIAN PROVIDES ANESTHESIA FOR SEVERAL DIFFERENT PROCEDURES ON THE SAME DATE, ONLY THE ANESTHESIA FOR THE SERVICE WITH THE GREATEST BENEFIT AMOUNT IS IDENTICAL ANESTHESIA SERVICES WERE REPORTED FOR THIS DATE BY YOU OR ANOTHER PROVIDER; ONLY ONE IS PAYABLE.	CO	96	N20	CO	96	N20
481	WHEN A PHYSICIAN PROVIDES ANESTHESIA AND SURGERY OR TECHNICAL SURGICAL ASSISTANCE ON THE SAME DATE, ANESTHESIA IS NOT PAYABLE.	CO	18		CO	96	N20
482	ANESTHESIA SERVICES RELATED TO A NON PAYABLE SURGICAL PROCEDURE ARE NOT PAYABLE.	CO	96	N20	CO	59	N20
483	PLEASE SEND US A NEW CLAIM WITH THE PRIMARY ANESTHESIA CPT OR HCPCS MODIFIER; THE JULY 2002 RECORD HAS THE ANESTHESIA GUIDELINES.	PR	96	N356	CO	B15	
484	ANESTHESIA IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PI	4	N59	PI	4	
485	THIS OBSTETRICAL SERVICE IS NOT PAYABLE BECAUSE COVERAGE WAS NOT IN EFFECT ON THE DATE OF THE LAST MENSTRUAL PERIOD OR ON THE ESTIMATED DATE OF CONCEPTION.	PR	167		PR	167	
486	THE DIAGNOSIS CODE WAS NOT REPORTED. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE CODE.	PR	100		PR	179	
487	ANESTHESIA IS NOT A BENEFIT IN THE LOCATION REPORTED.	PI	16	M76	PI	16	M76
488	OBSTETRICAL DELIVERY SERVICES ARE NOT A CONTRACT BENEFIT.	PR	58		PR	204	N428
489		PI	16	M51	PR	204	
490							

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
491	TECHNICAL SURGICAL ASSISTANCE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
492	BECAUSE WE CAN PAY ONLY THE SURGEON FOR THIS PROCEDURE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER FOR YOUR SERVICES.	CO	170		CO	54	
493	THIS SERVICE IS PAYABLE ONLY WHEN THE PATIENT IS THE SUBSCRIBER OR THE SUBSCRIBER'S	PR	96	N30, N130	PR	32	
494	THE MAXIMUM BENEFIT AMOUNT FOR PREGNANCY RELATED SERVICES HAS BEEN MET.	PR	35		PR	119	
495	WHEN A PHYSICIAN PERFORMS SURGERY ON THE SAME DATE AS ANESTHESIA SERVICES, PROLONGED ATTENDANCE, CONVALESCENT CARE, OR REGULAR OR PSYCHIATRIC MONITORING, ONLY SURGERY IS PAYABLE.	CO	96	N20	CO	59	
496	AN IDENTICAL SURGICAL SERVICE WAS BILLED FOR THIS DATE; ONLY ONE IS PAYABLE.	CO	18		CO	59	
497	WHEN A PHYSICIAN PERFORMS SURGERY AND TECHNICAL SURGICAL ASSISTANCE DURING THE SAME PROCEDURE, ONLY SURGERY IS PAYABLE.	CO	96	N20	CO	59	
498	PAYMENT FOR THESE EMERGENCY SERVICES IS INCLUDED IN THE PAYMENT FOR THE SURGICAL SERVICES PERFORMED FOR THE SAME DIAGNOSIS ON THE SAME DATE BY THE SAME PROVIDER.	CO	97		CO	97	N20
499	WHEN A PHYSICIAN PERFORMS SURGERY ON THE SAME DATE AS OFFICE VISIT, MONITORING OR ANY RELATED NON SURGICAL SERVICE, ONLY SURGERY IS PAYABLE.	CO	96	N20	CO	59	
500	THIS SERVICE IS NOT COVERED UNDER THE RECIPROCIITY PROGRAM.	PR	204		PR	204	
501	COSMETIC SURGERY IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	N383
502	WHEN A PHYSICIAN PERFORMS MINOR SURGERY AND PROLONGED ATTENDANCE ON THE SAME DATE, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	59	
503	THIS SURGERY IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
504	THIS SURGICAL SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
505	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	204		PR	204	
506	THIS SURGICAL SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED IN THE LOCATION REPORTED.	PR	58		PR	96	N428
507	WE HAVE ALREADY PAID THE MAXIMUM BENEFIT AMOUNT FOR THE SURGERY REPORTED.	PR	35		PR	119	
508	BECAUSE THIS SERVICE WAS PERFORMED IN A FACILITY, WE CAN'T MAKE A PAYMENT DECISION ABOUT YOUR CHARGE UNTIL YOU SEND US A CLAIM FOR THE PROFESSIONAL COMPONENT.	CO	B6	M97	PI	16	N200
509	WHEN A PHYSICIAN PERFORMS RELATED SURGICAL SERVICES ON THE SAME DAY, ONLY THE SERVICE WITH THE GREATER RELATIVE VALUE IS PAYABLE.	CO	96	N20	CO	59	
510	THIS CLAIM WAS SUBMITTED WITHOUT A DIAGNOSIS CODE IN FIELD 21 ON THE CMS 1500 CLAIM, OR ANY ADDITIONAL INFORMATION. PLEASE SUBMIT THE CLAIM WITH A DIAGNOSIS CODE AND ADDITIONAL INFORMATION, IF NECESSARY.	PI	16	M76	PI	16	M76
511	ABORTIONS ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
512	WHEN RELATED SURGICAL SERVICES ARE BILLED WITHIN A 30 DAY PERIOD. ONLY THE FIRST PROCEDURE BILLED IS PAYABLE.	CO	96	M86	CO	59	M86
513	THESE MULTIPLE SURGICAL SERVICES WERE COMBINED AND PAID UNDER A SINGLE, COMBINATION	CO	59	M15	CO	97	M15
514	THIS SURGICAL SERVICE WAS PERFORMED IN A LOCATION OTHER THAN AN INPATIENT HOSPITAL AND THE MAXIMUM BENEFIT AMOUNT HAS BEEN PAID.	CO	42		PR	119	
515	THIS SURGICAL SERVICE MUST BE BILLED ALONG WITH ANOTHER SURGERY OR IT IS NOT PAYABLE	CO	107		CO	B15	
516	TSA (TECHNICAL SURGICAL ASSISTANCE) IS NOT PAYABLE AS A SEPARATE SERVICE WHEN REPORTED BY THE SURGEON ON THE SAME DAY AS SURGERY.	CO	B15	N20	CO	59	
517	THIS PATIENT'S CONTRACT HAS NO BENEFITS FOR HEARING EXAMINATIONS, TESTS, HEARING AIDS OR RELATED SUPPLIES. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	
518	VOLUNTARY STERILIZATION IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
519	WE HAVE ALREADY PAID FOR THE MAXIMUM NUMBER OF CONSULTATIONS ALLOWED DURING THE SAME ADMISSION.	PR	119		PR	119	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
520	OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE YOU PERFORMED INCLUDES PAYMENT FOR ALL INCIDENTAL SERVICES PERFORMED ON THE SAME DATE. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT BECAUSE THIS SERVICE IS DEFINED AS CLINICALLY INTEGRAL TO THE PRIMARY	CO	97		CO	97	N19
521	THE SUBSCRIBER'S POLICY DOES NOT COVER THIS INJECTION WHEN IT IS ADMINISTERED AT THE PLACE OF SERVICE REPORTED.	PR	58		PR	204	N428
522	THE PATIENT IS RESPONSIBLE FOR THE CHARGE BECAUSE THIS AMBULANCE SERVICE DOESN'T MEET THE CONTRACT'S CRITERIA FOR EMERGENCY AMBULANCE TRANSPORTATION.	PR	204		PR	204	
523	MAXIMUM BENEFIT FOR AMBULANCE HAS BEEN MET.	PR	35		PR	119	
524	DURABLE MEDICAL EQUIPMENT IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
525	DURABLE MEDICAL EQUIPMENT SUPPLY IS NOT A CONTRACT BENEFIT.	PR	204	N216	PR	204	
526	THIS RADIOLOGY SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
527	BCBSM DOES NOT PAY FOR THIS RADIOLOGY SERVICE WHEN IT RELATES TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
528	THIS RADIOLOGY SERVICE IS NOT A CONTRACT BENEFIT WHEN IT IS PERFORMED BY THE PROVIDER SPECIALTY REPORTED.	PR	52		PR	172	
529	THIS RADIOLOGY SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
530	THIS RADIOLOGY SERVICE IS NOT A CONTRACT BENEFIT FOR A DIAGNOSIS RELATED TO	PR	167		PR	167	
531	WHEN TREATMENT FOR THIS DIAGNOSIS IS PERFORMED BY THIS PROVIDER SPECIALTY, IT IS NOT PAYABLE.	PR	12		PR	172	
532	WE HAVE ALREADY PAID FOR THE MAXIMUM NUMBER OF CHIROPRACTIC VISITS.	PR	35		PR	119	
533	NOTHING IS WRONG WITH THIS SERVICE LINE. BECAUSE THIS IS AN OUT OF AREA CLAIM. THIS SERVICE LINE CANNOT BE FINALIZED UNTIL THE MISSING INFORMATION IDENTIFIED BY OTHER NP CODES IS PROVIDED. WHEN CORRECTIONS HAVE BEEN MADE TO THE OTHER SERVICE LINE(S), RESUBMIT THE CLAIM.	PR	16	N36, N149	PI	16	N29
534	PLEASE SEND US A NEW CLAIM WITH THE APPROPRIATE MODIFIER. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A MODIFIER ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PI	4		PI	4	
535	YOU SENT US AN NPI THAT DOESN'T MATCH A BCBSM ID IN OUR FILES. PLEASE SEND US A NEW CLAIM WITH YOUR BCBSM PIN AND, IF YOU HAVE IT, YOUR NATIONAL PROVIDER ID NUMBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE SEE OUR ONLINE MANUALS FOR HELP WITH PAPER CLAIMS.	PI	16	M57	PI	16	N257
536	THE SUBSCRIBER PAYS FOR A MINIMUM NUMBER OF OFFICE VISITS BEFORE BENEFIT AMOUNTS ARE PAID TO THE PROVIDER; THIS VISIT IS THE SUBSCRIBER'S RESPONSIBILITY.	PR	B15		PR	B1	
537	THE SUBSCRIBER PAYS FOR A MINIMUM NUMBER OF OFFICE VISITS RELATED TO THIS DIAGNOSIS BEFORE BENEFIT AMOUNTS ARE PAID TO THE PROVIDER. THIS VISIT IS THE SUBSCRIBER'S	PR	B15		PR	B1	
538	THIS RADIOIMMUNOASSAY SERVICE IS NOT A CONTRACT BENEFIT FOR A DIAGNOSIS RELATED TO PREGNANCY.	PR	167		PR	167	
540	THIS PATHOLOGY SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
541	THIS CLAIM FOR TSA (TECHNICAL SURGICAL ASSISTANCE) WAS SUBMITTED WITHOUT A DIAGNOSIS CODE IN FIELD 21 ON THE CMS CLAIM OR ANY ADDITIONAL INFORMATION. PLEASE RESUBMIT THE CLAIM WITH A DIAGNOSIS CODE AND ADDITIONAL INFORMATION TO SUPPORT TSA.	PR	47	M29	PI	16	M76
542	AN IDENTICAL TSA (TECHNICAL SURGICAL ASSISTANCE) SERVICE WAS ALREADY BILLED FOR THE SAME DATE; ONLY ONE IS PAYABLE.	CO	97	M86	CO	59	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
543	WHEN TSA (TECHNICAL SURGICAL ASSISTANCE) IS PROVIDED ON THE SAME DAY AND IN THE SAME LOCATION AS NON PAYABLE SURGERY OR ANESTHESIA, IT IS NOT PAYABLE.	PR	107		CO	B15	N161
544	PLEASE SEND US A NEW CLAIM ALONG WITH THE ANESTHESIA REPORT AND THE OPERATIVE REPORT, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THESE REPORTS, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N29	PI	16	M29, N463
545	VASCULAR STUDIES ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
546	VASCULAR STUDIES ARE NOT PAYABLE WHEN THEY ARE PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
547	BLUE CROSS ALREADY PAID THE TRANSPLANT CENTER FOR THIS SERVICE, SO WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PI	B13		CO	96	N472
548	THIS RADIOIMMUNOASSAY IS NOT A CONTRACT BENEFIT WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
549	THIS RADIOIMMUNOASSAY IS NOT A CONTRACT BENEFIT WHEN IT IS PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
550	WHEN A PHYSICIAN PROVIDES TSA (TECHNICAL SURGICAL ASSISTANCE) ON THE SAME DAY AS PROLONGED ATTENDANCE, MONITORING OR CPR, ONLY THE TSA IS PAYABLE.	CO	96	N20	CO	59	
551	WHEN A PHYSICIAN PROVIDES TSA (TECHNICAL SURGICAL ASSISTANCE) ON THE SAME DAY AS REGULAR CONVALESCENT CARE TO TREAT THE SAME DIAGNOSIS, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	59	
552	TSA (TECHNICAL SURGICAL ASSISTANCE) IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
553	THIS EKG SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
554	BCBSM DOES NOT PAY FOR THIS EKG SERVICE WHEN IT RELATES TO SCREENING, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	
555	THIS EKG SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
556	THIS EKG SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
557	TECHNICAL SURGICAL ASSISTANCE (TSA) IS NOT PAYABLE WHEN IT IS PROVIDED AT THE LOCATION REPORTED.	PR	58		PR	204	N428
558	WE CAN CONSIDER CLAIMS FOR THIS PATIENT'S HOME INFUSION THERAPY ONLY WHEN THEY ARE SENT TO US AS A DME, HHC OR PDP CLAIM, AS REQUIRED BY THE PATIENT'S CONTRACT. PLEASE SEND US THE APPROPRIATE CLAIM FOR CONSIDERATION.	CO	95		PI	125	N34
559	WE'VE FORWARDED THIS CLAIM TO THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND FOR REVIEW BECAUSE WE DON'T PROCESS MENTAL HEALTH, SUBSTANCE ABUSE OR ROUTINE VISION CLAIMS FOR THE MCTWF.	PI	B11		PI	B11	
560	WHEN A PHYSICIAN PROVIDES RELATED TSA (TECHNICAL SURGICAL ASSISTANCE) SERVICES ON THE SAME DAY, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	59	N20
561	THESE TSA (TECHNICAL SURGICAL ASSISTANCE) SERVICES WERE COMBINED AND PAID UNDER A SINGLE, COMBINATION CODE.	CO	97	M15	CO	97	M15
562	THIS EMG SERVICE IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED AND FOR THE DIAGNOSIS REPORTED.	PR	58		PR	167	N428
563	THIS SERVICE ISN'T PAYABLE BECAUSE THE BLUE CROSS PLAN WHERE THE SERVICE WAS PERFORMED DETERMINED THE PROVIDER SHOULD NOT BE REIMBURSED.	PR	52		CO	B7	
564	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY ARE PAYABLE ONLY FOR ACUTE CONDITIONS. THE CONDITION REPORTED IS NON-ACUTE SO THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	56		PR	167	
565	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY ARE PAYABLE ONLY FOR ACUTE CONDITIONS. THE CONDITION REPORTED IS NON-ACUTE SO THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	42		PR	167	
566	THIS PROSTHETIC AND ORTHOTIC SERVICE IS NOT PAYABLE WITH THE MODIFIER REPORTED.	PR	4		PR	204	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
567	THIS SERVICE ISN'T PAID SEPARATELY BECAUSE OUR ALLOWANCE FOR EACH PHYSICAL THERAPY VISIT IS LIMITED TO A DAILY MAXIMUM AMOUNT. WE ALREADY ALLOWED THAT AMOUNT FOR TREATMENTS PROVIDED DURING THIS PATIENT'S VISIT.	CO	B15		PR	119	
568	THE MAXIMUM BENEFIT AMOUNT HAS BEEN PAID FOR THIS PROSTHETIC AND ORTHOTIC SERVICE.	PR	35		PR	119	
569	THIS SERVICE ISN'T PAYABLE UNDER THE MEDICAL PORTION OF THE PATIENT'S SOM HEALTH PLAN HOWEVER, EYEGLOSS FRAMES AND LENSES CAN BE REVIEWED UNDER THE VISION CARE PROGRAM. IF YOU HAVE A BCBSM VISION PROVIDER ID NUMBER, PLEASE SUBMIT A COMPLETED VISION CLAIM TO US FOR REVIEW.	PR	109		PR	204	
570	ALLERGY TESTING IS NOT PAYABLE WHEN IT IS PERFORMED AT THE LOCATION REPORTED.	PR	58		PR	96	N428
571	THIS SERVICE ISN'T PAYABLE BECAUSE HISTORY AND PROGRESS NOTES ARE REQUIRED FOR THE REPORTED DIAGNOSIS AND THEY WERE NOT INCLUDED WITH THE CLAIM. IF YOU SEND US ANOTHER CLAIM WITH THE ADDITIONAL INFORMATION ABOUT THIS PATIENT'S CONDITION, WE'LL RECONSIDER IT FOR PAYMENT.	PI	16	N29	PI	16	N393, N463
572	THE CHARGES FOR THE FIRST 30 ALLERGY TESTS ARE THE SUBSCRIBER'S RESPONSIBILITY. OUR RECORDS SHOW THAT THE SUBSCRIBER HAS NOT MET THE 30 TEST MINIMUM FOR PAYMENT.	PR	B1		PR	204	
573	THIS SERVICE MUST BE PROCESSED BY THE SUBSCRIBER'S HOME BLUE SHIELD PLAN. WE HAVE FORWARDED YOUR CLAIM TO THE HOME PLAN FOR CONSIDERATION.	PR	B11		PI	B11	
574	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT HAS ALREADY MET THE CALENDAR YEAR MAXIMUM FOR THE NUMBER OF VISITS THE CONTRACT ALLOWS FOR THIS TYPE OF SERVICE.	PR	119		PR	119	
575	PAYMENT FOR THIS SERVICE WAS INCLUDED IN THE PAYMENT FOR A RELATED OUTPATIENT PSYCHIATRIC SERVICE PROVIDED TO THIS PATIENT ON THE SAME DATE.	CO	97		CO	97	N20
576	PROLONGED ATTENDANCE OR MONITORING IS NOT PAYABLE AS A SEPARATE SERVICE WHEN EITHER IS BILLED WITH ANESTHESIA.	CO	B15		CO	59	
577	BCBSM SUPPLEMENTAL (COMPLEMENTARY) COVERAGE DOES NOT PAY THE MEDICARE DEDUCTIBLE FOR THIS GROUP. THE DEDUCTIBLE IS THE SUBSCRIBER'S RESPONSIBILITY.	PR	96	N130	PR	204	
578	WE CAN'T APPROVE ADDITIONAL PAYMENT FOR THIS SERVICE UNDER THE PATIENT'S SUPPLEMENTAL COVERAGE. MEDICARE, THE PRIMARY PAYER, HAS ALREADY PAID THE FULL APPROVED AMOUNT. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THE BALANCE.	CO	23		OA	23	N219
579	PLEASE CHECK WITH THE SURGEON TO SEE IF WE'VE BEEN SENT A CLAIM FOR THE SURGERY. ONCE WE REVIEW THAT CLAIM AND APPROVE IT, YOU CAN SEND US A NEW CLAIM FOR THIS VISIT.	PI	38		PI	B15	
580	AMBULANCE NOT PAYABLE FOR LOCATION OR DIAGNOSIS REPORTED.	PR	58		PR	167	N428
581	PLEASE SEND CLAIMS FOR THIS PATIENT'S ROUTINE VISION SERVICES TO VSP, P.O. BOX 997105, SACRAMENTO, CA 95899 7105. IF YOU NEED MORE INFORMATION ABOUT THESE SERVICES, CALL 1 800 877 7195.	PR	109		PI	109	
582	THE SUBSCRIBER'S GROUP NO LONGER HAS BCBSM COVERAGE. PLEASE CONTACT THE SUBSCRIBER FOR INFORMATION ABOUT OTHER COVERAGE.	PR	27		PR	27	
583	THIS SUPPLEMENTAL (COMPLEMENTARY) COVERAGE POLICY COVERS ONLY SERVICES THAT ARE ALSO COVERED BY MEDICARE. MEDICARE DOES NOT COVER THE SERVICE REPORTED.	PR	96	N36	OA	23	N219
584	PLEASE SEND US A NEW CLAIM WITH THE ORDERING OR REFERRING PHYSICIAN'S NAME AND ADDRESS. UNTIL WE RECEIVE THAT INFORMATION, WE OWE NO PAYMENT, NOR DOES THE	PI	16	N277	PI	16	N266, N285
585	THIS PATIENT HAS USED THE LIFETIME MAXIMUM BENEFIT ALLOWED FOR THIS SERVICE.	PR	35		PR	149	
586	WE CAN'T PROCESS THIS CLAIM FOR SERVICES RELATED TO AN AUTO ACCIDENT BECAUSE OUR RECORDS SHOW THE PATIENT'S AUTO INSURANCE IS THE PRIMARY PAYER. PLEASE SEND THIS CLAIM TO THE PATIENT'S AUTO INSURANCE CARRIER.	PR	21		PI	21	
587	THIS INJECTION IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
588	BCBSM DOES NOT PAY FOR INJECTIONS THAT ARE PART OF SCREENING PROCEDURES, RESEARCH STUDIES OR THE TREATMENT OF OBESITY.	PR	49		PR	49	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
589	PRICING MODIFIER FOR AMBULANCE SERVICE NOT PAYABLE WITH REPORTED ORIGIN/DESTINATION CODE.	PR	58		PR	204	N157
590	WHEN MEDICAL CARE IS BILLED CONCURRENTLY WITH MEDICAL CARE OR WITH A SURGICAL SERVICE, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	CO	96	N20	CO	59	
591	PSYCHOTHERAPY OF LESS THAN TWENTY MINUTES IS NOT A BENEFIT WHEN PROVIDED IN THE PHYSICIAN'S OFFICE.	PR	58		PR	204	N428
592	PLEASE SEND US A NEW CLAIM WITH INFORMATION ABOUT THIS PATIENT'S SUBROGATION OR WORKERS COMPENSATION ELIGIBILITY. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N375	PI	16	MA04
593	AMBULANCE SERVICE AND THE POINT OF ORIGIN IS MISSING OR NOT PAYABLE.	PR	4		PR	204	N157
594	DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	204		PR	167	
595	VOLUNTARY ABORTIONS ARE NOT A BENEFIT.	PR	167		PR	204	
596	THIS SERVICE IS NOT PAYABLE TO PODIATRISTS.	PR	52		PR	172	
597	PAYMENT FOR THIS EMG PROCEDURE IS INCLUDED IN THE PAYMENT FOR ANOTHER EMG PROCEDURE PROVIDED ON THE SAME DAY.	CO	97		CO	97	N20
598	THIS EMG PROCEDURE WAS COMBINED WITH ANOTHER EMG PROCEDURE AND PAID UNDER A COMBINATION CODE.	CO	97	M15	CO	97	M15
599	THIS DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE BECAUSE WE HAVE NO RECORD THAT IT WAS PRESCRIBED BY A PHYSICIAN.	PR	4		PR	173	
600	WE NEED MORE INFORMATION ABOUT THIS DURABLE MEDICAL EQUIPMENT IN ORDER TO PROCESS THIS CLAIM.	PR	16	N29	PI	16	N463
601	PAYMENT FOR THIS DURABLE MEDICAL EQUIPMENT WAS INCLUDED IN THE PAYMENT FOR RELATED DURABLE MEDICAL EQUIPMENT PROVIDED ON THE SAME DATE BY THE SAME PROVIDER.	CO	97		CO	97	N20
602	EITHER THE ORIGINAL CERTIFICATION OR RECERTIFICATION IS NOT ON FILE TO INDICATE THE LENGTH OF TIME THIS ITEM IS NEEDED.	PR	4		PR	96	M125
603	IDENTICAL DURABLE MEDICAL EQUIPMENT WAS ALREADY REPORTED FOR THIS DATE BY YOU OR ANOTHER PROVIDER.	CO	18		CO	96	N20
604	PLEASE SEND MORE INFORMATION ABOUT THE INSTALLATION LABOR OR REPAIRS PROVIDED.	PI	16	N29, N372	PI	16	N463
605	ALLERGY TESTING AND CONSULTATION WERE PROVIDED DURING THE SAME ADMISSION. OUR PAYMENT FOR THE CONSULTATION INCLUDES PAYMENT FOR ALLERGY TESTING.	CO	97	M80	CO	97	M86
606	SEVERAL RELATED PROCEDURES WERE COMBINED AND PROCESSED UNDER ANOTHER CODE OR A COMBINATION CODE.	CO	97	M15	CO	97	M15
607	THIS RADIOLOGY PROCEDURE MUST BE BILLED WITH A RELATED PROCEDURE. WE HAVE NOT RECEIVED A BILL FOR A RELATED PROCEDURE.	CO	107		CO	B15	
608	COSMETIC SURGERY IS NOT A FORD CMP BENEFIT.	PR	204		PR	204	
609	THIS IS A DUPLICATE CLAIM. THE PROCEDURE WAS PREVIOUSLY REPORTED EITHER BY YOU OR BY ANOTHER PROVIDER.	CO	18		CO	96	M86
610	THE REIMBURSEMENT LEVEL FOR THIS SURGERY INCLUDES THE RELATED ANESTHESIA.	CO	97		CO	59	
611	THIS OPTICAL PROCEDURE IS NOT PAYABLE TO THE PROVIDER SPECIALTY REPORTED.	PR	52		PR	172	
612	WHEN WE PAID FOR THE RELATED SURGERY YOU PERFORMED, WE INCLUDED AN AMOUNT FOR THIS COVERED PRE-OPERATIVE VISIT. BECAUSE OUR PAYMENT FOR THE RELATED SURGERY IS CONSIDERED THE FULL ALLOWANCE FOR BOTH SERVICES, THE SUBSCRIBER ISN'T RESPONSIBLE	CO	108		CO	59	
613	WHEN WE PAID FOR THE RELATED SURGERY YOU PERFORMED, WE INCLUDED AN AMOUNT FOR THIS COVERED POST-OPERATIVE VISIT. BECAUSE OUR PAYMENT FOR THE RELATED SURGERY IS CONSIDERED THE FULL ALLOWANCE FOR BOTH SERVICES, THE SUBSCRIBER ISN'T RESPONSIBLE	CO	97		CO	59	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
614	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT COVERS IT ONLY WHEN THE TREATMENT FOR STAGES II OR III BREAST CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTER OR ONE OF IT'S AFFILIATE CENTERS.	PR	58		PR	38	
615	THIS TYPE OF EQUIPMENT MAY BE PURCHASED BUT NOT RENTED.	PR	108		PR	108	
616	THIS TYPE OF EQUIPMENT MAY BE RENTED BUT NOT PURCHASED.	PR	108		PR	108	
617	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT COVERS IT ONLY WHEN THE TREATMENT FOR OVARIAN CANCER IS PRE APPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTER OR ONE OF ITS AFFILIATE CENTERS.	PR	58		PR	38	
618	PLEASE SEND US A NEW CLAIM AND A COPY OF THIS PATIENT'S DISCHARGE SUMMARY. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N50	PI	16	N50
619	BODY SCAN PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
620	THE SUBSCRIBER'S POLICY DOES NOT COVER FOOT OR ANKLE SERVICES EXCEPT FOR AMPUTATIONS AND THE INITIAL TREATMENT OF ACCIDENTAL INJURIES. IF THIS SERVICE IS RELATED TO AN ACCIDENTAL INJURY, PLEASE SUBMIT A CLAIM REVIEW (STATUS INQUIRY) FORM SHOWING THE DATE OF THE ACCIDENT.	PR	B22		PR	204	
621	THE MAXIMUM BENEFIT FOR THE EQUIPMENT REPORTED HAS BEEN PAID.	PR	35		PR	119	
622	THIS MANIPULATION THERAPY PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
623	THE FACILITY CODE IS MISSING OR THE FACILITY WAS NOT APPROVED FOR THIS PROCEDURE ON THE DATE OF SERVICE.	PR	16	MA114, N295	PI	16	N293
624	THIS PROCEDURE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
625	THESE NEEDLES OR SYRINGES AREN'T A BENEFIT UNDER THIS PORTION OF THE PATIENT'S COVERAGE. IF THE PATIENT'S COVERAGE INCLUDES BCBSM PRESCRIPTION DRUG BENEFITS, WE'LL RECONSIDER THE SERVICE FOR PAYMENT WHEN WE RECEIVE THIS CLAIM FOR REVIEW UNDER THE DRUG PORTION OF THAT COVERAGE.	PR	204		PR	204	
626	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	204		PR	204	
627	THIS PROCEDURE MUST BE BILLED AS AUTOMATED MULTI CHANNEL TESTING. PLEASE CHECK THE MICHIGAN UNIFORM PROCEDURE CODING MANUAL OR THE BLUE CROSS AND BLUE SHIELD OF MICHIGAN PROCEDURE CODING AND TRADITIONAL MAXIMUM PAYMENT MANUAL AND RESUBMIT THE CLAIM WITH THE CORRECT CODE.	CO	16	N56, N59	PI	125	M20
628	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S STATE OF MICHIGAN HEALTH PLAN ALLOWS ONE OFFICE VISIT FOR EACH CONDITION OR INJURY. WE ALREADY APPROVED THAT VISIT FOR THE SAME CONDITION FOR THIS PATIENT.	PR	B1		PR	119	
629	PLEASE SEND US A NEW CLAIM WITH THE APPROPRIATE HCPCS OR CPT MODIFIER FOR SERVICES ON OR AFTER OCTOBER 14, 2002. SERVICES BEFORE THAT DATE REQUIRE A BCBSM LOCAL FOOT PROGRAM MODIFIER.	PR	4		PI	4	
630	THIS CHEMOTHERAPY SERVICE IS NOT PAYABLE IN THE LOCATION REPORTED.	PR	58		PR	96	N428
631	CHEMOTHERAPY SUPERVISION AND ADMINISTRATION SETS ARE NOT PAYABLE WHEN THE CHEMOTHERAPY MEDICATION IS ADMINISTERED ORALLY, TOPICALLY OR BY INTRAMUSCULAR OR SUBCUTANEOUS INJECTION.	CO	57		PR	204	
632	YOU REPORTED A PROCEDURE CODE THAT'S NOT SEPARATELY PAYABLE AND IS USED SOLELY TO GATHER MORE DATA ABOUT YOUR PATIENT'S CONDITION OR YOUR CARE. THEREFORE, WE OWE YOU NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	107		CO	96	N365
633	THIS SERVICE IS SUBJECT TO A 180 DAY WAITING PERIOD BECAUSE THE PATIENT'S CONDITION EXISTED BEFORE THE EFFECTIVE DATE OF THE POLICY.	PR	51		PR	51	
634	WE CAN'T COMPLETE OUR REVIEW OF THIS SERVICE BECAUSE THE REPORTED PROCEDURE AND LOCATION CODES DO NOT CORRESPOND. PLEASE CORRECT EITHER CODE AND SEND US ANOTHER CLAIM FOR CONSIDERATION.	CO	5		PI	5	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
635	SEVERAL PROCEDURES WERE REPORTED UNDER A COMBINATION CODE. PLEASE REPORT THE INDIVIDUAL CODE FOR EACH SERVICE.	CO	16	N63	PI	125	N63
636	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE ALREADY PAID FOR AN EXAM RECEIVED IN THE SAME CALENDAR YEAR AS THIS ONE. THE MEMBER'S CONTRACT ALLOWS MORE THAN ONE EXAM ONLY WHEN AN OPTOMETRIST REFERS THE PATIENT TO A SPECIALIST AND THAT REFERRAL EXAM HAPPENS WITHIN 60 DAYS.	PR	96	M86, N130	PR	119	
637	THIS SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
638	THIS DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE BECAUSE IT IS NOT PRIMARILY MEDICAL IN NATURE.	PR	50		PR	50	
639	FOR THIS GROUP, ANOTHER INSURER PROCESSES CLAIMS FOR LABORATORY SERVICES PROVIDED IN THIS SETTING. PLEASE CONTACT THE SUBSCRIBER FOR MORE INFORMATION.	PR	109		PI	109	
640	THIS EQUIPMENT REPORTED DOES NOT MEET THE CRITERIA FOR DURABLE MEDICAL EQUIPMENT.	PR	50		PR	50	
641	THIS TYPE OF DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE FOR THIS GROUP.	PR	96	N130	PR	204	
642	THE DURABLE MEDICAL EQUIPMENT REPORTED IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
643	OUR RECORDS DO NOT SHOW A PREDETERMINATION REQUEST FOR THIS ADMISSION. PAYMENT FOR THESE SERVICES CANNOT BE APPROVED AT THIS TIME.	PR	197		CO	197	
644	THE SUPPLIES REPORTED ARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
645	WE CAN'T REVIEW THIS SERVICE BECAUSE ANOTHER CARRIER, UNIVERSAL STANDARD MANAGED CARE INC., HANDLES CLAIMS FOR THIS TYPE OF SERVICE FOR THIS GROUP. PLEASE SEND THIS CLAIM TO UNIVERSAL STANDARD MANAGED CARE INC.	PR	109		PI	109	
646	WHEN PREDETERMINATION WAS REQUESTED FOR THIS ADMISSION, THE ADMISSION WAS DENIED. THEREFORE, THESE SERVICES ARE NOT PAYABLE AT THIS TIME.	CO	39		CO	39	
647	THE PREDETERMINATION UNIT APPROVED THIS ADMISSION, BUT THIS SERVICE WAS PERFORMED ON A DATE BEYOND THE APPROVED LENGTH OF STAY.	PR	39	N54	CO	198	
648	THE ITEM REPORTED IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
649	BECAUSE BCBSM DID NOT RECEIVE A PREDETERMINATION REQUEST FOR THIS ADMISSION, THE SUBSCRIBER IS RESPONSIBLE FOR A DEDUCTIBLE. BENEFIT AMOUNTS APPROVED FOR THIS SERVICE HAVE BEEN APPLIED TO THE SUBSCRIBER'S DEDUCTIBLE.	PR	197		PR	1	
650	PLEASE SEND US A NEW CLAIM WITH A CPT OR HCPCS PROCEDURE CODE IN EFFECT ON THIS SERVICE DATE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	CO	B18	N59	PI	16	M20
651	PLEASE RESUBMIT THIS CLAIM TO THE SUBSCRIBER'S HOME PLAN.	CO	109		PI	109	
653	PLEASE RESUBMIT THIS CLAIM WITH THE PATIENT'S COMPLETE DATE OF BIRTH.	PR	16	M38	PI	16	MA38
654	UNDER THIS POLICY, THE SERVICE IS NOT PAYABLE IN THE LOCATION REPORTED.	PR	204	N428	PR	204	N428
655	BCBSM DOES NOT PROVIDE SUBSTANCE ABUSE BENEFITS FOR GENERAL MOTORS ENROLLEES.	PI	109		PR	204	
656	THIS PSYCHIATRIC SERVICE IS NOT PAYABLE WHEN REPORTED BY A PSYCHOLOGIST.	PR	52		PR	172	
657	UNDER THIS POLICY, THE SERVICE REPORTED WAS NOT PAYABLE TO YOUR SPECIALTY TYPE ON THE DATE REPORTED.	PR	52		PR	172	
658	THE SERVICE REPORTED IS NOT PAYABLE TO CHIROPRACTORS.	PR	170		PR	170	
659	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THIS CHARGE BECAUSE YOU PERFORMED IT TO IMMUNIZE THE PATIENT. THE SUBSCRIBER'S CONTRACT DOESN'T INCLUDE BENEFITS FOR	PR	204		PR	204	
660	THIS NEW PATIENT VISIT ISN'T PAYABLE BECAUSE WE APPROVED ANOTHER SERVICE YOU PERFORMED FOR THIS MEMBER. A NEW PATIENT VISIT IS ALLOWED ONLY WHEN NO OTHER SERVICES HAVE BEEN APPROVED.	PR	96	N20	PR	96	M86
661	PLEASE SEND US A NEW CLAIM WITH THE EVALUATION AND LENGTH OF THIS MENTAL HEALTH SESSION. UNTIL WE GET THAT INFORMATION, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PI	16	N29	PI	16	N463
662	WHEN ALLERGY TESTING AND AN ALLERGY SURVEY ARE PERFORMED ON THE SAME DATE, ALLERGY TESTING IS NOT PAYABLE.	CO	96	N20	CO	59	N20
663	INPATIENT PSYCHIATRIC SERVICES ARE NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
664	THE SUBSCRIBER'S POLICY DOES NOT COVER FOOT OR ANKLE SERVICES EXCEPT FOR AMPUTATIONS AND THE INITIAL TREATMENT OF ACCIDENTAL INJURIES. IF THIS SERVICE IS RELATED TO AN ACCIDENTAL INJURY, PLEASE SUBMIT A CLAIM REVIEW (STATUS INQUIRY) FORM SHOWING THE DATE OF THE ACCIDENT.	PR	96	N130	PR	204	
665	YOUR HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED BY THIS PROVIDER. YOU SHOULD EXPECT A BILL FOR THE TOTAL CHARGE FROM THIS HEALTH CARE PROVIDER.	PR	170		PR	B7	
666	THIS SERVICE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
667	FOR THIS GROUP, ANOTHER INSURER PROCESSES CLAIMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. PLEASE CONTACT THE SUBSCRIBER FOR MORE INFORMATION.	PR	109		PI	109	
668	THE AGENCY REPORTED IS NOT APPROVED FOR HOME HEALTH CARE.	PR	200		PR	B7	
669	THE MAXIMUM OF TEN HOME HEALTH CARE VISITS PER CALENDAR YEAR HAS BEEN MET.	PR	119		PR	119	
670	THIS VISIT FOR AN ESTABLISHED PATIENT ISN'T PAYABLE BECAUSE WE APPROVED ANOTHER VISIT YOU REPORTED FOR THIS PATIENT WITHIN THE SAME CALENDAR YEAR. FOR AN ESTABLISHED PATIENT, THE CONTRACT PAYS FOR ONE VISIT TO EACH CHIROPRACTOR DURING EACH CALENDAR	PR	119	M86	PR	119	
671	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE BECAUSE THIS SERVICE WAS CONSIDERED INVESTIGATIONAL FOR FEMALE PATIENTS WHEN YOU PERFORMED IT. THE SUBSCRIBER'S CONTRACT EXCLUDES PAYMENT WHEN THE USE OF A SERVICE OR DRUG IS INVESTGATIONAL BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS.	PR	55	N30	PR	55	
672	THE AMOUNT MEDICARE PAID FOR THIS SERVICE IS MORE THAN THE BCBSM MAXIMUM SCREEN PAYMENT.	PR	42		OA	23	N219
673	THIS SERVICE IS PAYABLE ONCE EVERY 12 MONTHS.	PR	96	M90	PR	119	M90
674	THE MAXIMUM DOLLAR AMOUNT FOR PSYCHIATRIC CARE HAS BEEN MET FOR THIS CALENDAR	PR	119		PR	119	
675	THIS PROCEDURE IS PAYABLE ONLY ONCE EVERY SIX MONTHS.	PR	119		PR	119	
676	THIS GROUP REQUIRES MEDICAL SERVICES ADVISORY APPROVAL FOR PAYMENT OF THIS SERVICE. APPROVAL IS NOT ON FILE.	PR	197		PR	197	
677	OUR RECORDS DO NOT SHOW A PRECERTIFICATION REQUEST FOR THIS ADMISSION. PLEASE SUBMIT THE APPROPRIATE PRECERTIFICATION INFORMATION.	PR	197		PR	197	
678	FOR THIS GROUP, PRIVATE DUTY NURSING SERVICES ARE PAYABLE ONLY WHEN PROVIDED BY A REGISTERED NURSE.	PR	52		PR	170	
679	THE PATIENT'S BCBSM CONTRACT EXCLUDES BENEFITS FOR FOOT SERVICES. BASED ON THE REPORTED DIAGNOSIS, THIS CLAIM SHOULD BE SENT TO NATIONAL FOOT CARE PROGRAM, P.O. BOX 760547, LATHRUP VILLAGE, MI 48076. PLEASE CONTACT THE PATIENT IF YOU NEED COVERAGE INFORMATION OR CALL NFPC AT 1-800-911-1695 FOR OTHER ASSISTANCE.	PR	109		PI	109	
680	PRESCRIPTION DRUGS ARE NOT COVERED UNDER THIS PATIENTS BASIC (HOSPITAL/PHYSICIAN) BENEFIT PLAN. THIS TYPE OF SERVICE CAN ONLY BE SUBMITTED BY A PHARMACY.	PR	B11		PR	204	
681	THE CLAIM YOU SUBMITTED FOR PRESCRIPTION DRUGS HAS BEEN FORWARDED TO THE MASTER MEDICAL DEPARTMENT FOR PROCESSING.	PR	109		PI	B11	
682	PLEASE SEND US A NEW CLAIM WITH A COPY OF THE BLOOD GASES REPORT. UNTIL WE GET THAT INFORMATION, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	96	N29	PI	16	M30
683	WE CAN'T REVIEW THE SERVICE BECAUSE ANOTHER HEALTH INSURANCE PLAN IS RESPONSIBLE FOR PROCESSING CLAIMS FOR THIS TYPE OF SERVICE. PLEASE SEND THIS CLAIM TO THE APPROPRIATE CARRIER FOR PAYMENT CONSIDERATION.	PI	109		PI	109	
684	THIS LAB PROCEDURE MUST BE BILLED WITH THE CORRESPONDING BASE PROCEDURE CODE. PLEASE CHECKYOUR MICHIGAN UNIFORM PROCEDURE CODING MANUAL OR THE BLUE CROSS BLUE SHIELD OF MICHIGAN PROCEDURE CODING AND TRADITIONAL MAXIMUM PAYMENT MANUAL FOR CODING INFORMATION.	PR	107	N59	PI	B15	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
685	THIS SERVICE WAS PERFORMED MORE THAN 20 TIMES IN A 12 MONTH PERIOD, SO WE NEED YOUR PATIENT'S CLINICAL RECORDS TO DECIDE PAYMENT. PLEASE SEND US A PAPER CLAIM ASKING FOR INDIVIDUAL CONSIDERATION. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. PLEASE CHECK OUR ONLINE MANUALS FOR HELP WITH PAPER CLAIMS AND ATTACHMENTS.	PR	119	N29	PI	16	M127
686	THIS CLAIM IS NOT PAYABLE BECAUSE THE PROVIDER USED A PROCEDURE CODE FOR NEW PATIENTS ONLY. THAT KIND OF PROCEDURE IS PAYABLE ONLY ONCE FOR THE SAME PATIENT IN A THREE YEAR PERIOD, AND WE HAVE ALREADY PAID FOR THIS SERVICE. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE PROCEDURE CODE FOR AN ESTABLISHED PATIENT.	PR	119	N56, N59	PI	16	M20
687	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE REPORTED TAX IDENTIFICATION NUMBER AND NAME COMBINATION HAS BEEN IDENTIFIED BY THE IRS AS INCORRECT. ONLY CLAIMS SUBMITTED WITH YOUR LEGAL NAME AS SHOWN ON IRS FORM 147C CAN BE CONSIDERED FOR PAYMENT. IF YOU HAVE NOT PREVIOUSLY SUBMITTED YOUR W-9, PLEASE SEND US A SIGNED W-9 OR IRS FORM 147C TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, 600 E. LAFAYETTE BLVD., DETROIT, MI 48226, MAIL CODE 1002. IF YOU HAVE QUESTIONS, PLEASE CALL 313-225-7895 OR SEND A LETTER THAT INCLUDES YOUR TELEPHONE NUMBER SO THAT WE CAN CALL YOU.	CO	16	MA113	PI	16	MA113, N256
688	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PRE AND POST NATAL CARE BENEFIT LEVEL.	PR	97		CO	97	
689	WE ALREADY PAID FOR A PREVENTIVE SERVICE THAT MET THE PATIENT'S ANNUAL LIMIT FOR THESE SERVICES. AS RESULT, THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THIS CHARGE.	PR	119		PR	119	
690	PLEASE SEND US A NEW CLAIM WITH THE REQUIRED CPT OR HCPCS MODIFIER(S) AS DEFINED IN YOUR REPORTING GUIDELINES.	PI	4		PI	4	
691	THE ESTIMATED DATE OF CONCEPTION WAS NOT REPORTED. PLEASE RESUBMIT THE CLAIM WITH THIS DATE.	PR	16	MA100	PI	16	N148
692	THIS TYPE OF CONSULTATION IS PAYABLE ONLY TO A RADIOLOGIST.	PR	52		PR	170	
693	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE REPORTED TAX IDENTIFICATION NUMBER AND NAME COMBINATION HAS BEEN IDENTIFIED BY THE IRS AS INCORRECT. ONLY CLAIMS SUBMITTED WITH YOUR LEGAL NAME AS SHOWN ON IRS FORM 147C CAN BE CONSIDERED FOR PAYMENT. IF YOU HAVE NOT PREVIOUSLY SUBMITTED YOUR W-9 PLEASE SEND US A SIGNED W-9 OR IRS FORM 147C TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, 600 E. LAFAYETTE BLVD., DETROIT, MI 48226, MAIL CODE 1002, ATTENTION: NP693 IF YOU HAVE ANY QUESTIONS, PLEASE CALL 313-225-7895 OR SEND A LETTER THAT INCLUDES YOUR TELEPHONE NUMBER SO WE CAN CALL YOU.	CO	16	MA113	PI	16	MA113, N256
694	WE RECEIVED A CLAIM FOR THIS SERVICE AND CAN'T REVIEW IT BECAUSE REQUIRED INFORMATION WAS NOT PROVIDED. WE NEED A NEW CLAIM WITH A VALID LOCATION CODE TO CONSIDER THIS SERVICE FOR PAYMENT. IF WE RECEIVED ONE, YOU'LL GET ANOTHER NOTICE	PI	16	M77	PI	16	M77
695	BECAUSE WE ALREADY PAID AT LEAST THIS ITEM'S PURCHASE PRICE IN MONTHLY RENTAL PAYMENTS, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	108	N370	CO	108	M7
696	THE MEDICARE COINSURANCE AMOUNT IS EQUAL TO THE OCC COINSURANCE REQUIREMENT.	PR	96		PR	2	
697	MEDICARE CO-INSURANCE AMOUNT EQUALS O.C.C. COINSURANCE REQUIREMENT.	PR	96		PR	2	
698	NEWBORN CARE IS NOT PAYABLE MORE THAN ONCE DURING THE SAME ADMISSION.	PR	119		PR	119	
699	THIS SURGICALLY IMPLANTED DEVICE IS PROVIDED BY THE FACILITY AND IS PAYABLE TO THE FACILITY ONLY.	PR	109		PR	B20	N472
700	WE APPROVED THIS SERVICE BUT CAN'T SEND PAYMENT BECAUSE THIS PATIENT HASN'T MET THE ANNUAL COST SHARING REQUIREMENTS. AS A RESULT, THE SUBSCRIBER IS RESPONSIBLE FOR ALL COST SHARING AMOUNTS.	PR	1		PR	1	
701	THE TOTAL EXPENSES SUBMITTED WERE APPLIED TOWARD THE SUBSCRIBER'S DEDUCTIBLE. BENEFITS ARE PAYABLE ONLY AFTER THE DEDUCTIBLE HAS BEEN MET.	CO	1		PR	1	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
702	A PORTION OF THE EXPENSES SUBMITTED WAS APPLIED TOWARD THE SUBSCRIBER'S DEDUCTIBLE. BENEFITS ARE PAYABLE ONLY AFTER THE DEDUCTIBLE HAS BEEN MET.	CO	1		PR	1	
704	BLUE CROSS BLUE SHIELD OF MICHIGAN PROCESSED AND APPROVED THIS SERVICE AND THEN FORWARDED IT TO THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND FOR REVIEW OF PATIENT ELIGIBILITY AND POTENTIAL SUBSCRIBER LIABILITY. MCTWF WILL NOTIFY YOU OF ANY DETERMINED PAYMENT OR LIABILITY.	PI	B11		PI	B11	
705	PRIOR DEDUCTIBLE CREDIT IS NOT A BENEFIT UNDER THE SUBSCRIBER'S POLICY.	PR	204		PR	204	
706	THIS SERVICE IS NOT PAYABLE WHEN PERFORMED BY THIS PROVIDER SPECIALTY IN THE LOCATION REPORTED.	PR	58		PR	172	N428
707	WE CAN'T SEND PAYMENT FOR THIS COB CLAIM BECAUSE THE OTHER INSURER(S) PAID AS MUCH AS, OR MORE THAN, WE WOULD HAVE PAID AND YOUR PATIENT HASN'T MET THE ANNUAL COST SHARING REQUIREMENTS. AS A RESULT, THE SUBSCRIBER IS RESPONSIBLE FOR ALL COST SHARING	CO	1		OA	23	N219
708	WE APPLIED THIS APPROVED AMOUNT TO YOUR FAMILY OR PATIENT OUT-OF-POCKET MAXIMUM.	CO	3		PR	3	
709	THE COMPREHENSIVE MAJOR MEDICAL (CMM) DEDUCTIBLE HAS BEEN MET. THEREFORE, WE CANNOT APPLY THIS MAJOR MEDICAL DEDUCTIBLE TO THIS CMM POLICY.	PR	96		PR	96	N7
710	WE HAVE AUTOMATICALLY TRANSFERRED THE SUBSCRIBER'S BCBSM MAJOR MEDICAL DEDUCTIBLE TO HIS COMPREHENSIVE MAJOR MEDICAL (CMM) POLICY. NO FURTHER ACTION IS	CO	1		PR	1	
712	THIS SERVICE IS NOT PAYABLE BECAUSE THE FACILITY WHERE YOU PRACTICE DOES NOT HAVE A FEE LEVEL ASSIGNED TO THE PROCEDURE CODE REPORTED ON THE CLAIM. FOR MORE INFORMATION, PLEASE CONTACT BCBSM'S PROVIDER INQUIRY DEPARTMENT OR YOUR FACILITY	PI	96	N65	PI	147	
713	A ROUTINE PROCTOSCOPY IS PAYABLE ONLY ONCE IN A 36 MONTH PERIOD.	PR	119		PR	119	
714	THERAPY FOR CONGENITAL DEFECTS IS NOT PAYABLE FOR PATIENTS OVER SIX YEARS OLD.	PR	9		PR	96	N129
715	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE UNDER THE PATIENT'S BLUE CROSS BLUE SHIELD OF MICHIGAN CONTRACT BECAUSE THE PRIMARY INSURER HAS PAID THE MOST THAT WE WOULD HAVE PAID.	PR	23		OA	23	N219
716	VOLUNTARY TERMINATION OF PREGNANCY IS A BENEFIT UNDER THE SUBSCRIBER'S POLICY ONLY DURING THE FIRST THREE MONTHS OF PREGNANCY.	PR	204	N130	PR	204	
717	UNDER THIS POLICY, VOLUNTARY ABORTIONS ARE PAYABLE ONLY ONCE EVERY TWO YEARS.	PR	119		PR	119	
718	THE PATIENT'S CONTRACT REQUIRES AUTHORIZATION OR HAS A LIMIT ON THE NUMBER OR PROCEDURES, VISITS, DAYS OR UNITS, AND WE ALREADY PAID THE MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	119		PR	119	
719	THE HIT PROGRAM DOESN'T LIST THIS PROCEDURE CODE AS A CODE THAT'S ELIGIBLE FOR PAYMENT. BECAUSE YOU ASKED FOR PAYMENT UNDER THE HIT PROGRAM, THE SUBSCRIBER ISN'T RESPONSIBLE FOR PAYING THIS CHARGE.	CO	24		CO	96	M20
720	THE TOTAL CHARGE WAS PAID BY THE PATIENT'S OTHER INSURANCE CARRIER. NO PAYMENT IS REQUIRED FROM BCBSM.	PR	23		OA	23	N219
721	OUR RECORDS SHOW BCBSM PROVIDES SECONDARY OR TERTIARY COVERAGE FOR THIS PATIENT AND WE DIDN'T RECEIVE INFORMATION ABOUT THE PRIMARY OR SECONDARY INSURER'S DECISION FOR THIS SERVICE. IF YOU WANT US TO REVIEW THIS SERVICE AGAIN, PLEASE SEND US A NEW CLAIM AND INCLUDE THE NECESSARY INFORMATION ABOUT THIS SERVICE. IF BCBSM IS THIS PATIENT'S PRIMARY COVERAGE, PLEASE PROVIDE CURRENT INFORMATION SO WE CAN UPDATE OUR RECORDS BEFORE YOU SUBMIT A NEW CLAIM FOR THIS SERVICE.	CO	22		PI	16	MA04
722	OUR PAYMENT OF RENTAL CHARGES FOR BASIC EQUIPMENT INCLUDES PAYMENT FOR ALL NECESSARY SUPPLIES AND COMPONENTS.	PR	97		CO	97	N19
723	THE DURATION OF NEED IS EITHER MISSING OR INCORRECT. PLEASE RESUBMIT THE CLAIM WITH AN APPROPRIATE DURATION OF NEED.	PR	16	M125	PI	16	M125

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
724	A HIPAA REPORTING CHANGE MEANS WE NOW DIVIDE THE PATIENT'S \$5 LIABILITY AMONG ALL TESTS PERFORMED USING THE SAME SAMPLE.	PR	3		PR	3	
725	THE ANNUAL MAXIMUM NUMBER OF VISITS HAS BEEN MET FOR THIS SUBSCRIBER'S POLICY.	PR	119		PR	119	
726	OUR APPROVED AMOUNT FOR THE PRIMARY PROCEDURE YOU PERFORMED ON THE SAME DATE INCLUDES PAYMENT FOR THIS EVALUATION AND MANAGEMENT SERVICE. THE MEMBER ISN'T RESPONSIBLE FOR PAYMENT BECAUSE WE DON'T ALLOW A SEPARATE PAYMENT FOR THIS SECONDARY PROCEDURE CODE.	CO	97		CO	97	N19
727	THE SERVICE REPORTED WAS NOT PREAUTHORIZED BY THE SUBSCRIBER'S SERVICE AUTHORIZATION CENTER. PLEASE RESUBMIT THE CLAIM TO THE SERVICE AUTHORIZATION CENTER OR TO MEDICARE FOR PAYMENT CONSIDERATION.	PR	109		PR	197	
728	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE RECEIVED YOUR CLAIM AFTER THE LAST DATE ON WHICH BCBSM HAS BEEN INSTRUCTED BY THE PATIENT'S GROUP TO ACCEPT	PR	109		PR	166	
730	PLEASE SEND US A NEW CLAIM AND THE DOCUMENTATION SHOWING THAT THE C-PAP WAS UNSUCCESSFUL IN PRIOR TREATMENTS. WE NEED THIS DOCUMENTATION TO DECIDE PAYMENT, AND NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER UNTIL WE RECEIVE IT.	PI	16	N29	PI	16	N29
731	THE SERVICE REPORTED IS NOT A BLUE CROSS BENEFIT.	PR	204		PR	204	
732	PLEASE SEND US A NEW CLAIM AND THE FOLLOWING INFORMATION, WHICH WE NEED TO DECIDE PAYMENT: THE MANUFACTURER'S DESCRIPTION, THE MODEL NUMBER, THE LETTER OF MEDICAL NECESSITY AND THE PHYSICIAN'S PRESCRIPTION FOR THE DURABLE MEDICAL EQUIPMENT, PROSTHETIC, OR ORTHOTIC. UNTIL WE RECEIVE THIS DOCUMENTATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N150	PI	173	M60, N29, N150
733	PLEASE SUBMIT THIS CLAIM TO MEDICARE.	PR	109		PI	109	
734	THIS SERVICE ISN'T PAYABLE BECAUSE WE HAVE APPROVED THE CONTRACT MAXIMUM NUMBER OF VISITS FOR MENTAL HEALTH CARE. THE PATIENT'S CONTRACT SETS LIMITS OF 50 VISITS EACH CALENDAR YEAR AND A LIFETIME LIMIT OF 120 VISITS. ONE OF THESE MAXIMUMS WAS MET WITH OTHER SERVICES PROVIDED TO THIS PATIENT.	PR	119		PR	119	
735	OUR RECORDS SHOW THIS PATIENT HAS MEDICARE SUPPLEMENTAL COVERAGE THAT REQUIRES WE PAY THE PROVIDER. AS A RESULT, WE CAN'T ACCEPT THIS SF BECAUSE IT ASKED THAT WE SEND PAYMENT TO THE SUBSCRIBER. PLEASE SEND A NEW SF WITH "Y" AS THE MEDICARE ASSIGNMENT INDICATOR AND "3" AS THE PAYMENT DISPOSITION CODE.	PI	133		PI	111	
736	PLEASE SEND US A NEW CLAIM WITH THE PRE SURGICAL HISTORY AND PHYSICAL, INCLUDING BMI, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS DOCUMENTATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N29	PI	16	N29
737	PLEASE SEND US A NEW CLAIM WITH THE DATE YOU FIRST TREATED YOUR PATIENT FOR THIS CONDITION. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT THE DATE OF THE CURRENT ILLNESS OR INJURY ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	CO	16	MA122	PI	16	MA122
738	PLEASE CORRECT THE DATE OF SERVICE OR THE FIRST TREATMENT DATE, WHICH MUST BE REPORTED IN THE CURRENT INJURY DATE FIELD. UNTIL WE GET A CLAIM WITH BOTH DATES, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT THE REQUIRED DATES ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	CO	16	MA122	PI	16	M52, MA122
739	THIS SERVICE ISN'T PAYABLE BECAUSE YOU REPORTED YOUR NON PANEL PROVIDER ID NUMBER FOR A SERVICE THAT WAS PRE AUTHORIZED UNDER THIS PATIENT'S MENTAL HEALTH NETWORK COVERAGE. WE'LL RECONSIDER THIS SERVICE FOR PAYMENT IF WE RECEIVE A CLAIM WITH YOUR PANEL PIN. (ELECTRONIC BILLERS SHOULD FOLLOW THEIR STANDARD REPORTING AND REBILLING	PI	16	M57	PI	206	N290

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
740	THE SUBSCRIBER'S POLICY SPECIFIES THAT FOOT CARE SERVICES MUST BE SUBMITTED FOR PREDETERMINATION REVIEW. PLEASE SUBMIT YOUR TREATMENT PLAN FOR THIS PATIENT.	PR	197		PI	16	M135
741	BASED ON DOCUMENTATION PREVIOUSLY SUBMITTED, THESE HOSPITAL DAYS WERE DENIED. BCBSM WILL NOT PAY FOR THE SERVICES REPORTED.	PR	78		PI	193	N10
742	BASED ON DOCUMENTATION PREVIOUSLY SUBMITTED, THIS HOSPITAL ADMISSION WAS DENIED. BCBSM WILL NOT PAY FOR THE SERVICES REPORTED.	PR	96	N356	PI	193	N10
743	WE CAN'T DECIDE PAYMENT FOR THIS SERVICE BECAUSE YOU EITHER DIDN'T PUT THE AUTHORIZATION NUMBER IN FIELD 23 OF THE CMS 1500 CLAIM, OR YOU REPORTED THE WRONG ONE. THOUGH WE MAY HAVE UPDATED THESE CLAIMS FOR YOU IN THE PAST, WE NOW NEED YOU TO SEND US A NEW CLAIM WITH THE NUMBER MAGELLAN GAVE YOU WHEN THIS PATIENT'S THIS CLAIM CANNOT BE PROCESSED BECAUSE THE REPORTED TAX IDENTIFICATION NUMBER AND NAME COMBINATION HAS BEEN IDENTIFIED BY THE IRS AS INCORRECT. ONLY CLAIMS SUBMITTED WITH YOUR LEGAL NAME AS SHOWN ON IRS FORM 147C CAN BE CONSIDERED FOR PAYMENT. IF YOU HAVE NOT PREVIOUSLY SUBMITTED YOUR IRS FORM 147C,PLEASE SEND IT TO: BLUE CROSS BLUE SHIELD OF MICHIGAN,600 E. LAFAYETTE BLVD. DETROIT MI 48226,MAIL CODE 1002 ATTENTION:NP744 IF YOU HAVE ANY QUESTIONS PLEASE CALL 313-225-7895 OR SEND A LETTER THAT INCLUDES YOUR TELEPHONE NUMBER SO THAT WE CAN CALL YOU.	PI	109		PI	15	
744	THE DIAGNOSIS CODE WAS NOT REPORTED. PLEASE RESUBMIT THE CLAIM WITH THIS CODE.	CO	16	MA133	PI	16	MA113, N256
745	ALTHOUGH THIS CLAIM WAS SUBMITTED ELECTRONICALLY, IT IS BEING PROCESSED AS A PAPER	PI	133	N51	PI	133	
746	WAITING TIME OR MILEAGE HAS ALREADY BEEN PAID TO THE PROVIDER ON A PREVIOUSLY SUBMITTED CLAIM FOR ANOTHER PATIENT TRANSPORTED DURING THE SAME TRIP. THE SUBSCRIBER IS NOT LIABLE FOR THIS CHARGE.	PR	18		CO	B13	
747	THE PATIENT HAS PPO COVERAGE. SERVICES WERE NOT PERFORMED BY A PPO PANEL PROVIDER.	PR	38		PR	38	
748	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE THE PATIENT'S CONTRACT COVERS ONE EXAM AND ONE PAIR OF CONTACT LENSES OR LENSES FOR GLASSES EACH CALENDAR YEAR. WE ALREADY PAID FOR AN EXAM OR LENSES RECEIVED THIS CALENDAR YEAR.	PR	119	M86, N130	PR	119	
749	THE MEMBER'S CONTRACT DOESN'T INCLUDE BENEFITS FOR SERVICES PERFORMED BY A NONPARTICIPATING PROVIDER. YOU DON'T HAVE A PARTICIPATION CONTRACT WITH BCBSM, ANOTHER BLUES PLAN OR ANY INSURANCE CARRIER, SO THE MEMBER IS RESPONSIBLE FOR	PR	92	M97	PR	111	
750	PAYMENT FOR THIS PROCEDURE IS INCLUDED IN THE FEE FOR THE XRAY.	PR	97		CO	97	N19
751	AT THE GROUP'S REQUEST, WE ARE ADDING THE CHARGE FOR AN EMPLOYER-SPONSORED EVENT TO THE APPROPRIATE BENEFIT MAXIMUM.				CO	45	
752	OUR MEDICAL CONSULTING STAFF REVIEWED YOUR PRESCRIPTION FOR THIS SERVICE AND DETERMINED THAT THE REPORTED QUANTITY EXCEEDS THE DOCUMENTED MEDICAL SUPPLY GUIDELINES. AS A RESULT, THE SUBSCRIBER ISN'T RESPONSIBLE FOR PAYING THIS CHARGE.				CO	151	N10
753	PLEASE SEND US A NEW CLAIM WITH THE RADIOLOGY, ULTRASOUND OR PATHOLOGY REPORT, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS DOCUMENTATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	M30, M31	PI	16	M30, M31
754	PLEASE SEND A NEW SF IF YOU RECEIVED THE OPL VALUES DETAILED IN THE NF02 FOR THIS SCCF NUMBER. AS DEFINED BY ASSOCIATION POLICY ON COB CLAIMS, YOU MUST REPORT TO US ALL OTHER CARRIER AMOUNTS YOUR PROVIDER SENT YOU.	PR	16	MA85	PI	16	MA04
755	PLEASE SEND US A NEW CLAIM WITH THE NAME, DOSAGE, QUANTITY AND THE RELATED NDC FOR THE DRUG BILLED, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS DOCUMENTATION, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PI	16	M119	PI	16	M119, M123, N378
756	THE MEMBER'S CONTRACT LIMITS TINTS TO THOSE REQUIRED FOR THERAPEUTIC PURPOSES, AND THIS CHARGE IS FOR A NON THERAPEUTIC TINT. THE MEMBER IS RESPONSIBLE FOR PAYMENT.	PR	16	MA48	PR	204	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
759	WE CAN'T PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THAT THE BLUE CROSS AND/OR BLUE SHIELD PLAN IN THE AREA WHERE THE SERVICE WAS PROVIDED IS RESPONSIBLE FOR PROCESSING IT. PLEASE SEND THIS CLAIM TO THE LOCAL PLAN.	PR	109		PI	109	
760	PLEASE SEND US A NEW CLAIM WITH THE PROVIDER'S SIGNATURE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PR	16	MA81	PI	16	MA81
761	BCBSM NEEDS A NEW SF TO PROCESS THIS CLAIM. EITHER SEND A SF WITH CODE U602 THAT'S ZERO PRICED, OR SUBMIT A SF WITH SPECIFIC HANDLING INSTRUCTIONS TO REPLACE THIS ZERO-PRICED	PR	204		PI	129	
762	PLEASE SEND US A NEW CLAIM WITH THE DOCUMENTATION SHOWING THAT THIS ORAL NUTRITION THERAPY IS PROVIDING THE TOTAL NUTRITIONAL REQUIREMENT FOR THIS PATIENT, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS DOCUMENTAION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N29	PI	16	N29
763	UNFORTUNATELY, WE CAN'T MAKE A PAYMENT FOR THIS SERVICE, BECAUSE THIS SURGICAL PROCEDURE IS NOT ELIGIBLE FOR CO-SURGERY. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THIS	CO	54		CO	54	
765	BECAUSE YOU REPORTED A PROCEDURE THAT'S NOT ON THE STANDARD OFFICE LAB LIST, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	B6		CO	96	N428
766	WE ARE SENDING THIS CLAIM TO ANOTHER BLUE CROSS AND BLUE SHIELD PLAN.	PR	B11		PI	B11	
767	THIS PATIENT IS ENROLLED IN THE CHILDREN'S SPECIAL HEALTH CARE SERVICES PROGRAM (CSHCS). BECAUSE FIELD 11 ON THE CMS CLAIM WAS BLANK, WE CANNOT DETERMINE WHETHER BCBSM OR CSHCS IS THE PRIMARY PAYER. PLEASE CONTACT THE PATIENT OR CSHCS FOR INFORMATION ABOUT SPECIFIC COVERED SERVICES.	PR	96	MA83	PR	22	
768	PLEASE SEND US A NEW CLAIM WITH THE PHYSICIAN'S CERTIFICATION LETTER, INCLUDING THE DIAGNOSIS, TREATMENT PLAN, SPECIFIC DUTIES (RN/LPN), EXPLANATION OF MEDICAL NECESSITY, AND THE ESTIMATED LENGTH OF CARE, WHICH WE NEED TO DETERMINE WHETHER THE CARE MEETS PRIVATE DUTY NURSING CRITERIA.	PI	16		PI	16	N29
769	BECAUSE THIS SERVICE REQUIRES THAT THE ATTENDING PHYSICIAN SUBMIT A RE-CERTIFICATION LETTER EVERY THREE MONTHS, WE CAN'T DECIDE PAYMENT UNTIL YOU SUBMIT A NEW CLAIM WITH AN UPDATED RE-CERTIFICATION LETTER. UNTIL WE RECEIVE THIS DOCUMENTATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	N170	PI	16	N170
770	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER IS MISSING.	CO	16	N31	PI	206	N286
771	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER DOES NOT MATCH THE NUMBER IN OUR FILES.	CO	16	N31	PI	208	N286
772	THE BENEFIT FOR A SCREENING MAMMOGRAPHY IS LIMITED TO ONE MAMMOGRAM WITHIN A FIVE YEAR PERIOD. THE BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD.	PR	119		PI	119	
773	THE BENEFIT FOR A SCREENING MAMMOGRAPHY IS LIMITED TO ONE MAMMOGRAM WITHIN A TWC YEAR PERIOD. THE BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD.	PR	119		PI	119	
774	THE BENEFIT FOR A SCREENING MAMMOGRAPHY IS LIMITED TO ONE MAMMOGRAM WITHIN A ONE YEAR PERIOD. THE BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD.	PR	119		PI	119	M90
775	GUEST HOUSE SERVICES ARE PROCESSED BY MICHIGAN CATHOLIC CONFERENCE.	PR	109		PI	109	
776	UNLESS THIS WAS AN EMERGENCY, SERVICES FOR THE CARING PROGRAM FOR CHILDREN MUST BE PERFORMED BY A BCBSM PARTICIPATING PROVIDER. OUR RECORDS SHOW THAT YOU DO NOT PARTICIPATE, AND THE CLAIM FORM DOES NOT SUPPORT AN EMERGENCY SERVICE. IF YOU DO PARTICIPATE WITH BCBSM OR IF YOU PERFORMED EMERGENCY SERVICES, PLEASE RESUBMIT THIS CLAIM WITH A COPY OF YOUR BCBSM PARTICIPATION AGREEMENT OR DOCUMENTATION TO SUPPORT AN EMERGENCY SERVICE.	PR	38		PR	111	
777	THE DOCUMENTATION PROVIDED DOES NOT SUPPORT THE MEDICAL NECESSITY OF THIS SERVICE.	PR	50		PR	50	N10

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
778	THE DOCUMENTATION PROVIDED DOES NOT SUPPORT THE MEDICAL NECESSITY OF THIS SERVICE. FOR PAYMENT PURPOSES, OUR DETERMINATIONS OF MEDICAL NECESSITY ARE BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS.	CO	50		PR	50	N10
779	FOR PAYMENT PURPOSES, THIS SERVICE IS CONSIDERED TO BE NO LONGER IN USE. IT IS, THEREFORE, A PROGRAM EXCLUSION. WE WILL REVIEW THE SERVICE FOR PAYMENT ONLY IF YOU SUPPLY WRITTEN INFORMATION TO SUPPORT ITS NEED.	PR	16		PR	B18	
780	THIS PATIENT HAS EXHAUSTED THE LIFETIME MAXIMUM BENEFIT FOR HEMODIALYSIS MACHINE TRAINING.	PR	35		PR	149	
781	NO PAYMENT IS BEING MADE BECAUSE THE SUBSCRIBER'S COPAYMENT IS THE SAME AS OR MORE THAN THE APPROVED BENEFIT AMOUNT.	PR	3		PR	3	
782	WHEN THIS ANESTHESIA PROCEDURE IS ADMINISTERED DURING LABOR BUT PRIOR TO DELIVERY, IT SHOULD BE REPORTED USING A TYPE OF SERVICE (TOS) CODE FOR SURGERY. PLEASE SUBMIT A CORRECTED CLAIM.	PR	47		PI	4	
783	PLEASE SEND US A NEW CLAIM ALONG WITH THE HOUR-BY-HOUR NURSING OR NARRATIVE NOTES, WHICH WE NEED TO DECIDE PAYMENT. UNTIL WE RECEIVE THIS DOCUMENTATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16		PI	16	N461
784	THE REPORTING MODIFIER ON THIS CLAIM INDICATES EMERGENCY FIRST AID, BUT THE DIAGNOSIS REPORTED IS NOT AN ACCIDENTAL INJURY OR A TRAUMATIC CONDITION. PLEASE REVIEW THE INFORMATION SHOWN ON THE CLAIM AND SUBMIT A CORRECTED CLAIM.	PI	16	N180	PI	40	
785	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THE MEMBER'S PLAN TOLD US THIS CLAIM DID NOT MEET ITS MEDICAL NECESSITY GUIDELINES.	PR	109		CO	50	
786	THIS FORD GROUP MEMBER IS NOT A MICHIGAN RESIDENT. PLEASE RESUBMIT THE CLAIM TO THE MEMBER'S HOME BS PLAN.	PR	109		PI	109	
787	THIS PATIENT'S COVERAGE PAYS FOR SERVICES OUTSIDE THE STATE OF MICHIGAN ONLY FOR EMERGENCY CONDITIONS. IF THIS WAS AN EMERGENCY PLEASE RESUBMIT THIS CLAIM WITH SUPPORTIVE DOCUMENTATION.	PR	96	N36	PR	40	
788	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE REPORTED TAX IDENTIFICATION NUMBER AND NAME COMBINATION HAS BEEN IDENTIFIED BY THE IRS AS INCORRECT. ONLY CLAIMS SUBMITTED WITH YOUR LEGAL NAME AS SHOWN ON IRS FORM 147C CAN BE CONSIDERED FOR PAYMENT. IF YOU HAVE NOT PREVIOUSLY SUBMITTED YOUR IRS FORM 147C,PLEASE SEND IT TO;BLUE CROSS BLUE SHIELD OF MICHIGAM,600 E. LAFAYETTE BLVD. DETROIT MI 48226,MAIL CODE 1002. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 313-225-7895 OR SEND A LETTER THAT INCLUDES YOUR PHONE NUMBER SO THAT WE CAN CALL YOU.	CO	16	MA113	PI	16	MA113, N256
789	NO PREVAILING FEE AVAILABLE AND SERVICE IS ILLINOIS POS. SERVICE WILL BE SENT TO BCBS WITH ZERO APPROVED AMOUNT.	PR	B11		PI	147	
790	THIS SERVICE HAS BEEN PREPAID UNDER YOUR POINT OF SERVICE CAPITATION ARRANGEMENT.	CO	24		CO	24	
791	PROCEDURE WAS PAID BY THE CONTROL PLAN (OR, WHEN FOUND ON PENDING, IS BEING SENT AS PAYABLE BY BCBSM)	PR	23		PI	B13	
792	POS PROCEDURE WAS REJECTED BY CONTROL PLAN (OR WILL BE SENT AS REJECTED BY BCBSM).	PR	204		PR	204	
793	BECAUSE WE HAVEN'T ADDED YOUR NEW MEDICARE ID TO OUR FILE, WE OWE NO PAYMENT AT THIS TIME, NOR DOES THE SUBSCRIBER. IF YOU WANT US TO ADD THIS MEDICARE ID TO AN EXISTING BCBSM PIN, PLEASE FAX THE MEDICARE ID ASSIGNMENT LETTER AND THE BCBSM PIN TO	PR	16	MA61	PI	208	N257
794	THE PATIENT'S COVERAGE DOES NOT INCLUDE AMBULANCE SERVICES PROVIDED BY A FIRE DEPARTMENT, MUNICIPAL RESCUE SQUAD OR A CARRIER SUPPORTED BY VOLUNTARY	PR	52		PR	204	N158
795	WE'VE PROCESSED THE CLAIM FOR THIS LAB SERVICE. AS A QUEST DIAGNOSTICS PROVIDER, YOU WILL RECEIVE PAYMENT FOR THIS SERVICE IN YOUR MONTHLY SETTLEMENT WITH BCBSM.	CO	24		CO	24	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
796	THIS PROCEDURE IS RELATED TO ANOTHER PROCEDURE THAT WAS REPORTED ON THE SAME DAY. ONLY ONE OF THESE PROCEDURES MAY BE PAID ON THE SAME DAY. PLEASE DETERMINE THE ONE CORRECT PROCEDURE CODE THAT MOST ACCURATELY DESCRIBES YOUR SERVICES AND RESUBMIT A CORRECTED CLAIM.	PR	16	N20	PI	16	M20
797	HUNTINGTON GROUP STORE FRONT PROCESSING REJECTION. FORWARD TO B452, NATIONAL SERVICE CENTER	PR	109		PI	109	
798	WE CAN'T APPROVE CLAIMS FOR SECONDARY BALANCES WHEN THE PRIMARY CARRIER REDUCED PAYMENT BECAUSE ITS CONTRACT'S RULES WEREN'T FOLLOWED, AS SHOWN ON THE EOB SENT TO US WITH THIS CLAIM.	PR	23	N23	OA	136	
799	THE SUBSCRIBER'S CONTRACT IS ONLY FOR VISION COVERAGE.	PR	204	N216	PR	204	N216
800	WE HAVE REVIEWED YOUR STATUS INQUIRY. ANOTHER PROVIDER BILLED AND (WAS/WILL BE) PAID FOR THE SERVICES DESCRIBED ON YOUR REPORT. PAYMENT TO YOU WOULD RESULT IN A DUPLICATE PAYMENT ACCORDING TO THE ADMINISTRATIVE PROVISIONS OF THE SUBSCRIBER'S	CO	B20		PI	B20	N10, N472
801	WE HAVE REVIEWED YOUR STATUS INQUIRY. THE BENEFIT FOR THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE WHICH HAS ALREADY BEEN PAID. NO ADDITIONAL PAYMENT CAN BE SENT TO YOU.	CO	97		PI	193	N10, N19
802	WE ALREADY SENT YOU AN ADDITIONAL PAYMENT FOR THIS SERVICE. PLEASE LOOK FOR OUR ADJUSTMENT ON A PREVIOUS VOUCHER.	CO	B13		PI	B13	N377
803	WE HAVE REVIEWED YOUR STATUS INQUIRY. AN ADDITIONAL BENEFIT WAS PREVIOUSLY APPROVED AND PAID TO THE SUBSCRIBER.	CO	100		PI	B13	N10, N377
804	WE HAVE REVIEWED YOUR STATUS INQUIRY. YOU WERE PAID THE MAXIMUM FEE FOR THESE SERVICES. NO ADDITIONAL BENEFIT CAN BE APPROVED.	PI	A1	MA91	PI	193	N10
805	WE HAVE REVIEWED YOUR STATUS INQUIRY. YOU WERE PAID THE MAXIMUM FEE IN EFFECT AT THE TIME OF PAYMENT ON THE ORIGINAL CLAIM. NO ADDITIONAL BENEFITS CAN BE APPROVED.	CO	42	N14	PI	193	N10
806	WE HAVE REVIEWED YOUR STATUS INQUIRY. THE ORIGINAL PAYMENT WAS CORRECT. THE AMOUNT OF THE SUBSCRIBER LIABILITY WAS SUBTRACTED FROM THE PAYMENT.	PR	42		PI	193	N10
807	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THAT COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT	PR	204		PI	193	N10
808	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THE NONPAYMENT REASON AND SUBSCRIBER BALANCE WAS CORRECT ON THE VOUCHER WE PREVIOUSLY SENT YOU.	PI	193		PI	193	N10
809	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THAT COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT BECAUSE WE ALREADY PAID THIS PATIENT'S ANNUAL BENEFIT MAXIMUM.	PR	119		PI	193	N10
810	WE HAVE REVIEWED YOUR STATUS INQUIRY. THE MAXIMUM BENEFIT WAS APPROVED BASED ON THE DESCRIPTION SUBMITTED AND THE PAYMENT LEVELS IN EFFECT AT THE TIME THE ORIGINAL CLAIM WAS PAID.	CO	42	MA46	PI	193	N10
811	WHEN WE REVIEWED THIS CLAIM AGAIN, WE FOUND THAT YOUR PATIENT'S CONTRACT HAS NO BENEFITS FOR AN OFFICE CONSULTATION. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR	CO	97	M80	PR	204	N10
812	WE HAVE REVIEWED YOUR STATUS INQUIRY. OUR MEDICAL STAFF HAS REVIEWED THIS INQUIRY AND DETERMINED THAT THE ORIGINAL PAYMENT WAS CORRECT BASED ON THE DESCRIPTION OF THE SERVICE PROVIDED.	CO	B13	MA46	PI	193	N10
813	WE HAVE REVIEWED YOUR STATUS INQUIRY. OUR MEDICAL STAFF HAS REVIEWED THIS INQUIRY AND DETERMINED THAT THE ORIGINAL REJECTION WAS CORRECT BASED ON THE DESCRIPTION OF THE SERVICE PROVIDED.	PR	96	M85	PI	193	N10

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
814	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THAT COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.	PR	47		PR	167	N10
815	WE HAVE REVIEWED YOUR STATUS INQUIRY. TECHNICAL SURGICAL ASSISTANCE IS NOT REIMBURSED WHEN THE SURGICAL PROCEDURE IS NOT CONSIDERED TO REQUIRE THE ACTIVE ASSISTANCE OF ANOTHER PHYSICIAN.	PR	54		PR	54	N10
816	WHEN WE REVIEWED THIS CLAIM AGAIN, WE FOUND THAT OUR PAYMENT WAS THE CORRECT PERCENTAGE FOR YOUR SERVICES AS A SURGERY ASSISTANT. NO ADDITIONAL PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	40	MA46	PI	193	N10
817	WHEN WE REVIEWED THIS CLAIM AGAIN, WE FOUND THAT HALF PAYMENT WAS CORRECT FOR THIS MINOR SURGERY BECAUSE YOU PERFORMED ANOTHER SURGERY WITH A HIGHER RELATIVE VALUE AT THE SAME TIME. NO ADDITIONAL PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	59	MA46	PI	193	N10
818	WHEN WE REVIEWED THIS CLAIM AGAIN, WE FOUND THAT OUR PAYMENT FOR THE PROCEDURE WITH A HIGHER RELATIVE VALUE COVERS ALL THE SURGERIES YOU PERFORMED. NO ADDITIONAL PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	CO	59	N20	PI	193	N10
819	PLEASE LOOK FOR AN ADJUSTMENT TO YOUR ORIGINAL CLAIM BASED ON THE REQUEST WE RECEIVED FROM EITHER YOU OR MEDICARE. YOU'LL SEE THE ADJUSTMENT ON THIS VOUCHER OR	CO	18		PI	129	N202
820	WE RECEIVED AN ELECTRONIC CLAIM FOR THIS SERVICE FROM YOUR BLUES PLAN AND CAN'T REVIEW IT BECAUSE THE PROCEDURE CODE DOESN'T ADEQUATELY EXPLAIN THE SERVICE. PLEASE SEND BCBSM A PAPER CLAIM AND ATTACH A DESCRIPTION OF THIS PROCEDURE CODE SO WE CAN CONSIDER THIS SERVICE FOR PAYMENT. IF WE RECEIVE ONE, YOU'LL GET ANOTHER	PI	A1	MA67	PI	16	N350
821	WE HAVE REVIEWED YOUR STATUS INQUIRY. ONLY ONE PORTABLE XRAY PER DAY IS PAYABLE, UNLESS THE EQUIPMENT HAS TO BE TRANSPORTED TO THE PATIENT'S BEDSIDE.	CO	96	M86	PI	193	N10
822	WE HAVE REVIEWED YOUR STATUS INQUIRY. THE PAYMENT MADE IS CORRECT AND IS BASED ON THE SUBSCRIBER'S POLICY, WHICH INCLUDES A MEMBER'S LIABILITY FOR OUTPATIENT PSYCHIATRIC SERVICES.	PR	112	MA46	PI	193	N10
823	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THAT COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED BY THE REPORTED SPECIALTY.	PR	52		PR	172	N10
824	WHEN WE RECEIVED THIS CLAIM AGAIN, WE FOUND THAT NO ADDITIONAL PAYMENT IS DUE FROM US OR THE SUBSCRIBER. WE'LL SEND YOU A SEPARATE DETAILED EXPLANATION ABOUT OUR	CO	133	M118	PI	193	N10, N202
825	WE HAVE REVIEWED YOUR STATUS INQUIRY. WHEN MEDICAL CARE AND SURGERY ARE PERFORMED DURING THE SAME ADMISSION FOR RELATED DIAGNOSES BY THE SAME OR DIFFERENT PROVIDERS, THE MEDICAL CARE BENEFIT IS INCLUDED IN THE TOTAL SURGICAL REIMBURSEMENT	CO	97		PI	193	N10, N19
826	WE HAVE REVIEWED YOUR STATUS INQUIRY. IT HAS BEEN DETERMINED THAT THE ORIGINAL PAYMENT OR REJECTION IS CORRECT BASED ON THE TOTAL NUMBER OF DAYS IN THE ADMISSION. THE MAXIMUM NUMBER OF DAYS ELIGIBLE FOR PAYMENT WAS PREVIOUSLY PAID TO YOU OR ANOTHER PROVIDER FOR TREATMENT OF THE SAME OR A RELATED CONDITION.	CO	35	MA46	PI	193	N10
827	OUR MEDICAL STAFF REVIEWED THE RECORDS YOU SENT US WITH YOUR REQUEST FOR INDIVIDUAL CONSIDERATION. WE FOUND NOTHING TO SUPPORT AN ADDITIONAL PAYMENT FOR THIS SERVICE FROM US OR THE SUBSCRIBER.	PR	61	MA46	PI	193	MA46, N10
828	WE HAVE REVIEWED YOUR STATUS INQUIRY. THE SERVICE WAS PAID AT 80% OF THE MAXIMUM FEE SCREEN BECAUSE THIS SURGICAL PROCEDURE REQUIRES A SECOND OPINION CONSULTATION OR DOCUMENTATION WHICH MEETS THE WAIVER CRITERIA TO BE PAID IN FULL.	PR	61	MA46	CO	61	N10
829	A SECOND MEDICAL CONSULTANT HAS REVIEWED THIS STATUS INQUIRY AND DETERMINED THAT THE ORIGINAL REJECTION WAS CORRECT. IF YOU REMAIN DISSATISFIED WITH THIS REJECTION, YOU MAY REQUEST AN APPEAL.	PR	193		PI	193	N10

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
830	WE HAVE REVIEWED YOUR STATUS INQUIRY AND DETERMINED THAT THE ORIGINAL PAYMENT WAS CORRECT. THE PAYMENT AMOUNT WAS THE FIXED FEE DETERMINED BY THE SUBSCRIBER'S	PR	42	MA46	PI	193	N10
831	THIS SERVICE ISN'T PAYABLE UNDER THE MEDICAL PORTION OF THE PATIENT'S SOM HEALTH PLAN HOWEVER, CONTACT LENSES PRESCRIBED MORE THAN A YEAR AFTER CATARACT SURGERY CAN BE REVIEWED UNDER THE VISION CARE PROGRAM. IF YOU HAVE A BCBSM VISION PROVIDER ID NUMBER, PLEASE SUBMIT A COMPLETED VISION CLAIM TO US FOR REVIEW.	CO	109		PR	204	N357
832	THE BLUE PLAN THAT PROVIDES THIS PATIENT'S HEALTH CARE COVERAGE REVIEWED YOUR STATUS CLAIM REVIEW FORM. THE SUBSCRIBER IS LIABLE FOR THE DEDUCTIBLE OR COPAYMENT AMOUNT ON OUR PREVIOUS VOUCHER.	PI	193		PI	193	N10
833	THE SUBSCRIBER'S CONTRACT IS ONLY FOR DENTAL AND VISION COVERAGE.	PR	204	N216	PR	204	N216
834	ALTHOUGH PREDETERMINATION WAS RECEIVED FOR THIS ADMISSION, THE DAYS REPORTED EXCEED THE LENGTH OF STAY APPROVED. PLEASE RESUBMIT THE CLAIM FOR THE NUMBER OF DAYS APPROVED OR CONTACT THE BCBSM HEALTH SERVICE AUTHORIZATION AND CARE MANAGEMENT DEPARTMENT TO REQUEST ADDITIONAL DAYS.	PR	39		CO	198	
836	BECAUSE PAYMENT ISN'T ALLOWED FOR THIS PROCEDURE CODE WHEN PERFORMED ON THE SAME DATE AS A MORE COMPREHENSIVE PROCEDURE, THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT. OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE, REPORTED BY YOU OR AUTOMATICALLY ADDED TO THIS CLAIM, APPEARS EITHER ON THIS VOUCHER OR A PREVIOUS ONE.	CO	97	M15	CO	97	N20
837	BECAUSE THIS SERVICE IS CONSIDERED MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE YOU PERFORMED ON THE SAME DATE, THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT. OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE APPEARS EITHER ON THIS VOUCHER OR A	CO	97	N20	CO	97	N19, N20
838	THE SERVICE ISN'T PAYABLE AS TECHNICAL SURGICAL ASSISTANCE BECAUSE IT WAS PREVIOUSLY REPORTED AS COSURGERY. WE DON'T PAY FOR BOTH TECHNICAL SURGICAL ASSISTANCE AND COSURGERY ON THE SAME DATE FOR THE SAME PATIENT.	PR	96	N20	CO	96	N20
839	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT FOR A MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTEDLY AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. PLEASE CONTACT US IF YOU DISAGREE WITH THIS	PR	40		PR	40	
840	MAINTENANCE OF DURABLE MEDICAL EQUIPMENT IS NOT A BENEFIT.	PR	204	N130, N171	PR	204	
841	THE MAXIMUM BENEFIT AMOUNT FOR THIS SERVICE HAS BEEN MET.	PR	35		PR	119	
842	BECAUSE WE'VE ALREADY MADE PRIMARY PAYMENT TO THE PROVIDER, YOU MUST ASK THE PROVIDER TO RETURN YOUR PAYMENT. IF YOU SENT US THE RECIPIENT'S ID AND YOUR REFERENCE NUMBER, WE SHOW THEM ON OUR VOUCHER.	CO	18	M11, MA17	PI	96	N472
843	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT RECEIVED BETWEEN THE APPROVED START AND END DATES OF THE PATIENT'S COORDINATED CARE MANANGEMENT TREATMENT PLAN.	CO	96	MA31	CO	96	N351
844	THE SERVICE ISN'T PAYABLE BECAUSE WE HAVE ALREADY APPROVED THE MAXIMUM NUMBER OF SERVICES FOR THIS TYPE OF CARE UNDER THE PATIENT'S COORDINATED CARE MANAGEMENT TREATMENT PLAN.	CO	35		PR	119	
845	THIS SERVICE ISN'T PAYABLE BECAUSE THE DIAGNOSIS IS NOT ONE OF THOSE INCLUDED IN THE PATIENT'S COORDINATED CARE MANANGEMENT TREATMENT PLAN.	CO	47		CO	167	
846	BCBSM MEMBERSHIP RECORDS INDICATE THAT THE PATIENT HAD SUPPLEMENTAL COVERAGE AT THE TIME OF SERVICE. BCBSM IS NOT THE PRIMARY PAYER.	CO	22		PI	22	
847	SERVICE NOT PERFORMED IN ACCORDANCE WITH THE GUIDELINES GIVEN BY THE NETWORK MANAGER AT THE TIME OF PREAUTHORIZATION. THE MEMBER SHOULD NOT BE BILLED FOR THIS	PI	39		CO	B5	
848	SERVICE DOES NOT MEET DIAGNOSIS CRITERIA ESTABLISHED FOR THIS PROCEDURE.	CO	47		PR	167	N180
849	SERVICE NOT COVERED FOR THE CONDITIONS/DIAGNOSIS BILLED WHEN RENDERED OUT OF	CO	47		PR	38	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
850	THERE IS NO CONTRACTED RATE TO APPROVE FOR PAYMENT FOR THE REPORTED PROCEDURE CODE. PLEASE REBILL WITH THE APPROPRIATE PROCEDURE CODE, OR CONTACT YOUR NETWORK MANAGER FOR MORE INFORMATION.	PI	96	N65	PI	147	
852	SERVICE IS NOT COVERED WHEN RENDERED OUT OF NETWORK.	PR	38		PR	38	
853	OUR RECORDS INDICATE THAT ANOTHER HEALTH INSURANCE PLAN IS THE PRIMARY PAYER. THE NAME OF THE PRIMARY HEALTH INSURANCE PLAN IS TO BE PROVIDED.	CO	109		PI	22	
854	WE CAN'T COMPLETE OUR REVIEW BECAUSE YOU DIDN'T REPORT THE NUMBER OF SESSIONS FOR EACH PHASE. PLEASE SEND A CORRECTED CLAIM TO: BCBSM, MCMO UNIT, 27300 W. 11 MILE, SOUTHFIELD, MI 48034-0665.	CO	16	N27	PI	16	N29
855	THIS SERVICE ISN'T PAYABLE BECAUSE YOU DID NOT SEND THIS BLOOD SAMPLE TO QUEST DIAGNOSTICS INC. FOR CERTAIN GROUPS, BLOOD SAMPLES MUST BE SENT ONLY TO QUEST DIAGNOSTICS INC. THE SUBSCRIBER IS NOT RESPONSIBLE FOR PAYMENT.	CO	95		CO	38	
856	ANOTHER BLUE CROSS AND/OR BLUE SHIELD PLAN IS RESPONSIBLE FOR PROCESSING THIS MEDICAID CLAIM. BLUE CROSS BLUE SHIELD OF MICHIGAN IS SENDING YOU (MEDICAID) A LETTER THAT INCLUDES THE CLAIM DATA AND THE ADDRESS OF THE CORRECT PLAN. ONCE YOU RECEIVE THE LETTER, PLEASE SEND THIS CLAIM TO THAT PLAN.	CO	109	M118	PI	109	M118
857	PLEASE SEND US A NEW CLAIM WITH YOUR MICHIGAN STATE LICENSE NUMBER IN FIELD 24K OF THE CMS 1500 CLAIM; IT WAS EITHER MISSING OR NOT CORRECTLY REPORTED ON THIS ONE.	PI	16	N291	PI	206	N290
858	THE PROCEDURE CODE BILLED IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED. PLEASE CHECK YOUR MICHIGAN UNIFORM PROCEDURE CODING MANUAL OR THE BLUE CROSS BLUE SHIELD OF MICHIGAN PROCEDURE CODING AND TRADITIONAL MAXIMUM PAYMENT MANUAL AND RESUBMIT THE CLAIM WITH THE APPROPRIATE PROCEDURE CODE FOR THE DIAGNOSIS OR CONDITION.	CO	11	M59	PI	11	
859	THIS PREVENTIVE SERVICE ISN'T COVERED BECAUSE IT WAS NOT PERFORMED BY A PPO NETWORK PHYSICIAN, AS REQUIRED BY THE PATIENT'S CONTRACT.	PR	38		PR	38	
860	BCBSM DOES NOT PAY FOR THESE SERVICES WHEN BILLED BY A PHYSICIAN'S ASSISTANT.	PR	52		PR	170	
861	PLEASE SEND CLAIMS FOR THIS MEMBER'S DURABLE MEDICAL EQUIPMENT, PROSTHETICS OR ORTHOTICS TO SUPPORT PROGRAM, P. O. BOX 82060, ROCHESTER, MI 48308. FOR INFORMATION,	PR	109		PI	109	
862	BCBSM DOES NOT PAY FOR SERVICES PROVIDED BY A NURSE PRACTITIONER IN A INPATIENT HOSPITAL SETTING.	PR	58		PR	171	
863	WE CAN'T PAY THIS CLAIM FOR THIS PATIENT. OUR RECORDS SHOW MEDICARE ADVANTAGE COVERAGE IS PRIMARY UNDER A DIFFERENT CONTRACT NUMBER. PLEASE REFUND MEDICARE'S PAYMENT AND SEND A CLAIM FOR MEDICARE ADVANTAGE REVIEW. PLEASE MAIL PAPER CLAIMS TO: MEDICARE ADVANTAGE, BCBSM, P.O BOX 440, SOUTHFIELD, MI. 48037-0440.	PR	204		PI	129	
864	WE RECEIVED YOUR STATUS INQUIRY AND IT'S CURRENTLY UNDER REVIEW BY YOUR PATIENT'S BLUE PLAN. PLEASE ALLOW TWO WEEKS FOR THAT REVIEW.	PI	133		PI	133	N10
865	BECAUSE WE CAN'T ACCEPT THIS COORDINATION OF BENEFITS CLAIM ON A STATUS CLAIM REVIEW FORM, WE OWE NO PAYMENT AT THIS TIME, NOR DOES THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC COB CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PR	16	N34	PI	125	N34
866	WE CAN'T MAKE A PAYMENT DECISION ABOUT MEDICARE SUPPLEMENTAL CLAIMS BECAUSE OUR RECORDS SHOW BCBSM COVERAGE IS PRIMARY FOR THIS PATIENT. FOR PATIENTS WITH ACTIVE GROUP COVERAGE, PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A PRIMARY CLAIM FOR CONSIDERATION. IF YOUR PATIENT IS A RETIREE WITH MEDICARE OR IS OTHERWISE ELIGIBLE FOR MEDICARE AS PRIMARY, WE SUGGEST YOU HOLD FUTURE CLAIMS UNTIL THE RETIREE UPDATES THE RETIREMENT PLAN'S INFORMATION AND WE'VE CHANGED OUR RECORDS.	PI	129		PI	129	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
867	WE CAN'T MAKE A PAYMENT DECISION ABOUT MEDICARE SUPPLEMENTAL CLAIMS BECAUSE OUR RECORDS SHOW BCBSM COVERAGE IS PRIMARY FOR THIS PATIENT. FOR PATIENT WITH ACTIVE GROUP COVERAGE, PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A PRIMARY CLAIM FOR CONSIDERATION. IF YOUR PATIENT IS A RETIREE WITH MEDICARE OR IS OTHERWISE ELIGIBLE FOR MEDICARE AS PRIMARY, WE SUGGEST YOU HOLD FUTURE CLAIMS UNTIL THE RETIREE UPDATES THE RETIREMENT PLAN'S INFORMATION AND WE'VE CHANGED OUR RECORDS.	PI	129		PI	129	
868	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER BECAUSE OUR RECORDS SHOW THE PATIENT RECEIVED THE SERVICE DURING THE COORDINATION PERIOD FOR ENDSTAGE RENAL DISEASE. THAT MEANS THAT BCBSM IS THE PRIMARY PAYER AND MUST RECEIVE THE CLAIM FIRST AND PROCESS IT FIRST NOT MEDICARE. WE ASK THAT YOU RETURN MEDICARE'S PAYMENT TO MEDICARE AND SEND ANOTHER CLAIM FOR THE FULL AMOUNT OF THE SERVICE TO BCBSM. SENDING A NEW CLAIM TO US CERTIFIES THAT YOU HAVE REFUNDED MEDICARE'S PAYMENT.	PI	129		PI	129	
869	OUR RECORDS SHOW MEDICARE AS THE PRIMARY CARRIER FOR THIS PATIENT AFTER THE COORDINATION PERIOD FOR THE TREATMENT OF END STAGE RENAL DISEASE. PLEASE BILL MEDICARE AS PRIMARY AND BCBSM FOR ANY ELIGIBLE SUPPLEMENTAL PAYMENT.	CO	22		PI	22	
870	AT THE TIME OF SERVICE, THE PATIENT HAD FULL COVERAGE WITH BCBSM, BUT OUR RECORDS SHOW THAT ANOTHER HEALTH INSURANCE PLAN IS THE PRIMARY PAYER. PLEASE VERIFY THAT MEDICARE SHOULD BE A TERTIARY PAYER AND, IF SO, PLEASE SUBMIT THIS SERVICE TO THE OTHER PLAN AND REFUND MEDICARE. IF MEDICARE SHOULD BE THE PRIMARY PAYER, PLEASE ASK THE MEMBER TO CONTACT THE OTHER PLAN AND THE EMPLOYER TO ADJUST ENROLLMENT INFORMATION SO THAT SUPPLEMENTAL BENEFITS CAN BE PAID.	PR	96	MA83	PI	22	
871	BECAUSE WE RECEIVED A MEDICARE CROSSOVER CLAIM FOR THIS SAME SERVICE BEFORE YOUR SF, OUR DECISION WENT DIRECTLY TO THE PROVIDER. IF YOUR PROVIDER WANTS ANOTHER REVIEW, WE NEED A MEDICARE CROSSOVER CLAIM.	PR	204		PI	125	N34
873	PLEASE SEND US A NEW SF WITH THE RIGHT SOURCE OF PAYMENT AND LINE OF BUSINESS CODES FOR THIS MEDICARE SUPPLEMENTAL PATIENT. NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER UNTIL WE GET A CORRECTED SF.	PR	204		PI	125	N418
874	PLEASE SEND US A NEW CLAIM AND A COPY OF YOUR TREATMENT PLAN FOR THIS PATIENT. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PI	16	M135	PI	16	M135
875	PLEASE SEND US A NEW CLAIM WITH A CPT OR HCPCS PROCEDURE CODE IN EFFECT ON THIS SERVICE DATE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	PR	B18	N59	PI	B18	
876	THE DATE OF SERVICE IS INCORRECT. PLEASE RESUBMIT THIS CLAIM WITH A CORRECTED SERVICE DATE.	PR	16	M52	PI	16	M52
877	PLEASE SEND US A PAPER CLAIM AND INCLUDE THE REASON YOU EXTENDED THIS PATIENT'S SESSION BEYOND THREE HOURS. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	CO	16	N29	PI	16	N463
878	PLEASE RESUBMIT THIS CLAIM WITH THE CHARGE FOR EACH SERVICE PROVIDED.	PR	16	M79	PI	16	M79
879	THE SUBSCRIBER'S NAME IS NOT LISTED UNDER THE CONTRACT NUMBER REPORTED.	PR	140		PR	31	
880	THIS CLAIM CANNOT BE PROCESSED BY AUTOMATED INPUT BECAUSE THE PATIENT WAS COVERED BY MORE THAN ONE POLICY ON THE DATE OF SERVICE. PLEASE SUBMIT A PAPER CLAIM.	PR	96	N149	PI	16	N34
881	THESE SERVICES WERE PROVIDED OVER SEVERAL YEARS. PLEASE REPORT EACH SERVICE ON A SEPARATE SERVICE LINE.	PR	16	N63	PI	16	N63
882	SERVICE TYPE IS INCORRECT FOR FACILITY SERVICE.	PR	96		PI	5	
883	MEDICAL CARE REPORTED BUT MISC. DATE AND/OR QUANTITY IS MISSING OR INVALID.	PR	16	M53, MA06	PI	16	M53, M59
884	DATE OF SERVICE IS LESS THAN THE ADMISSION DATE ON FACILITY SERVICES.	PR	16	M52, MA40	PI	16	M52, MA40
885	PLEASE SEND US ANOTHER STATUS INQUIRY WITH THE ACTUAL MINUTES OF ANESTHESIA CARE; YOUR REPORTING OF TIME UNITS CAUSED THIS UNDERPAYMENT.	PI	16	M59	PI	16	N203
886	ADMISSION DATE IS MISSING OR INVALID FOR FACILITY SERVICES.	PR	16	MA40	PI	16	MA40

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
887	BECAUSE WE ALREADY SENT THIS MONTH'S RENTAL PAYMENT, NO ADDITIONAL PAYMENT FOR THIS MONTH IS DUE FROM US OR THE SUBSCRIBER.	PI	18	N370	PI	18	M86
890	WE WERE UNABLE TO PROCESS THIS CLAIM BECAUSE YOU REPORTED AN INCORRECT AMOUNT IN THE MEDICARE DEDUCTIBLE FIELD. THE AMOUNT IS GREATER THAN THE ANNUAL MEDICARE DEDUCTIBLE. SO YOU MUST HAVE INCLUDED SOME ADDITIONAL AMOUNT, MOST LIKELY THE COINSURANCE. PLEASE CORRECT THE AMOUNT IN THE DEDUCTIBLE FIELD AND RESUBMIT THE CLAIM.	CO	16	MA04, N4	PI	16	MA04
891	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN REQUIRES THAT IT BE APPROVED OR PROVIDED BY THE PATIENT'S PERSONAL CARE PHYSICIAN OR MEDICAL GROUP.	PR	38		PR	38	
892	THIS SERVICE ISN'T PAYABLE BECAUSE OUR RECORD SHOW THAT YOU DO NOT MEET THE DEFINITION OF AN INDEPENDENT PHYSICAL THERAPIST IN THE MEMBER'S CONTRACT.	PR	38		PR	204	
893	THE BLUECARD ALPHA PREFIX YOU REPORTED AND THE ONE FROM THE PATIENT'S BLUES PLAN DON'T MATCH. DON'T SEND A NEW CLAIM. WE WILL CREATE ONE FOR YOU AND WILL SEND YOU OUR PAYMENT DECISION.	PR	31	M118	PI	133	N185
894	THIS CLAIM, OR A PORTION OF IT, ISN'T PAYABLE BECAUSE THE MEMBER'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN CONSIDERS THE BALANCE THE MEMBER'S RESPONSIBILITY.	PR	16	N23	PR	204	
895	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBER'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN USES A VENDOR TO PROCESS CLAIMS FOR THIS TYPE OF SERVICE. PLEASE SEND THIS CLAIM TO THE MEMBER'S HOME PLAN.	PR	109		PI	109	
896	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT IS RELATED TO THE PROVIDER. THE SUBSCRIBER'S CONTRACT WITH THE HOME BLUE CROSS AND/OR BLUE SHIELD PLAN DOES NOT COVER SERVICES PROVIDED BY A FAMILY MEMBER.	PR	53		PR	53	
897	THE AMOUNT WE APPROVED ON A PREVIOUS CLAIM FOR RELATED TESTS INCLUDED PAYMENT FOR THIS TEST; THE PATIENT ISN'T RESPONSIBLE FOR PAYMENT.	PI	97		CO	97	
898	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN REQUIRES THAT IT BE BILLED WITH OTHER SERVICES AND NOT BY ITSELF. PLEASE CALL BCBSM, AND WE'LL CONTACT THE HOME PLAN FOR MORE DETAILS.	PR	107		PI	107	
899	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN HANDLES REIMBURSEMENT FOR THIS BENEFIT DIRECTLY WITH THE SUBSCRIBER.	PR	100		PR	204	
900	THIS CLAIM WAS COMPLETED INCORRECTLY. PLEASE REFER TO THE BILLING INSTRUCTIONS IN THE BCBSM GUIDE FOR PHYSICIANS AND MEDICAL ASSISTANTS.	PR	16	M130, N59	PI	125	N34
901	A WAITING PERIOD IS REQUIRED BEFORE THIS SURGERY CAN BE REPEATED.	PR	51		PR	179	N357
902	WE CANNOT PAY FOR THIS SURGERY BECAUSE THE WAITING PERIOD HAS NOT BEEN MET.	PR	51		PR	179	
903	BASED ON THE INFORMATION RECEIVED, WE CANNOT PAY FOR MORE SURGERY OF THIS TYPE ON THIS AREA OF THE PATIENT'S FOOT. WE WILL PAY FOR PERMANENT CORRECTION ONLY.	PR	204		PR	119	
904	THE SUBSCRIBER'S POLICY ALLOWS ONE PERMANENT CORRECTION PER MEMBER FOR THIS AREA OF THE FOOT. OUR RECORDS SHOW THIS PATIENT HAD THIS SURGERY PREVIOUSLY.	PR	18	M86	PR	204	
905	BASED ON THE INFORMATION RECEIVED, WE CANNOT PAY FOR MORE SURGERY OF THIS TYPE ON THIS AREA OF THE PATIENT'S FOOT.	PR	119	M86	PR	119	
906	WE CANNOT PAY FOR THIS SURGERY BECAUSE IT WAS PERFORMED ON THE SAME DAY AS WART REMOVAL SURGERY.	PR	96	N20	CO	59	N20
907	PAYMENT HAS BEEN APPROVED FOR THESE SERVICES FOR A SINGLE OPERATIVE SETTING. IF YOU ELECT TO PERFORM THESE SERVICES ON MULTIPLE DATES, PAYMENT WILL BE MADE AS IF PERFORMED ON THE SAME DAY.	PR	198		PR	59	
908	PLEASE SEND US A NEW CLAIM WITH THE EOMB THAT YOU RECEIVE AFTER MEDICARE REVIEWS THE ADDITIONAL INFORMATION YOU PROVIDE THEM. THE EOMB WE RECEIVED WITH THIS CLAIM DOESN'T HAVE ENOUGH INFORMATION FOR US TO DETERMINE SUPPLEMENTAL BENEFITS.	PI	B10		PI	16	MA04

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
909	THE SUBSCRIBER'S POLICY DOES NOT COVER THIS SURGERY WHEN PERFORMED BY A PHYSICIAN OF THIS SPECIALTY.	PR	52		PR	172	
910	THE SERVICE SUBMITTED REQUIRES PREDETERMINATION REVIEW. THEREFORE, WE ARE NOT ABLE TO PAY FOR THIS SERVICE AT THIS TIME; HOWEVER, WE WILL REVIEW THE CLAIM AGAIN ONCE WE RECEIVE THE REQUIRED INFORMATION.	PR	197		PI	197	
911	THE SUBSCRIBER'S POLICY DOES NOT COVER THIS SURGERY FOR THE DIAGNOSIS REPORTED.	PR	167		PR	167	
912	THE SUBSCRIBER'S POLICY DOES NOT COVER THIS SURGERY.	PR	204		PR	204	
913	PAYMENT FOR THIS SURGERY IS INCLUDED IN OUR PAYMENT FOR THE MAJOR SURGERY.	CO	97		CO	59	
914	RELATED SURGERIES BILLED ON THE SAME DATE ARE COMBINED AND PAID UNDER ANOTHER PROCEDURE.	CO	59	M15	PR	59	N20
915	BASED ON THE MEDICAL DOCUMENTATION SENT TO US, WE CANNOT PAY FOR THIS SURGERY.	PI	150		PR	204	N10
916	BASED ON THE MEDICAL INFORMATION SENT TO US, THIS SERVICE IS PAYABLE UNDER ANOTHER DESCRIPTION.	PR	96	M51	PI	16	N10, N206
917	WE CAN'T REVIEW THIS SERVICE FOR PAYMENT BECAUSE REQUIRED INFORMATION IS MISSING FROM THE CLAIM WE RECEIVED. IF MEDICARE OR THE PATIENT'S PRIMARY COVERAGE PAID NOTHING, WE NEED EITHER THE CAS CODE OR THE DEDUCTIBLE AMOUNT. IF MEDICARE OR THE PRIMARY PAYER SENT PAYMENT, WE NEED MEDICARE'S REASONABLE AND DEDUCTIBLE AMOUNTS OR THE PRIMARY PAYMENT AMOUNT FOR RECONSIDERATION. YOU SHOULDN'T BILL OUR SUBSCRIBER UNTIL WE SEND OUR PAYMENT DECISION.	PI	57	N54	PI	16	MA04
918	BASED ON THE MEDICAL INFORMATION SUBMITTED, WE CANNOT PAY FOR THIS SURGERY BECAUSE THE BENEFIT IS INCLUDED IN THE TOTAL MAJOR SURGERY FEE.	CO	97		CO	59	N10
919	BASED ON REVIEW OF MEDICAL DOCUMENTATION FOR THIS PATIENT'S CASE, BCBSM WILL NOT PAY FOR THIS SURGERY. THE DATA SUBMITTED IS INSUFFICIENT FOR ADEQUATE REVIEW.	PR	17	M51	PR	204	N10
920	OUR PHYSICIAN CONSULTANTS HAVE REVIEWED THE INFORMATION SENT TO US AND DETERMINED THAT THE ORIGINAL DECISION IS CORRECT.	PR	193	M85	PI	193	MA46, N10
921	OUR PHYSICIAN CONSULTANTS HAVE REVIEWED THE INFORMATION SENT TO US AND DETERMINED THAT THE ORIGINAL PAYMENT IS CORRECT.	PR	193	M85	PI	193	MA46, N10
922	EMERGENCY TREATMENT FOR FOOT AND ANKLE INJURIES MUST BE PERFORMED WITHIN 72 HOURS. THIS SERVICE WAS PERFORMED LATER AND IS NOT PAYABLE. PLEASE SEND THIS CLAIM TO THE NATIONAL FOOT INSURANCE COMPANY OR CONTACT YOUR GROUPS BENEFITS REPRESENTATIVE.	PR	109		PI	109	
923	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBER HAS NOT RESPONDED TO THE HOME BLUE CROSS AND/OR BLUE SHIELD PLAN'S COORDINATION OF BENEFIT'S LETTER ASKING FOR INFORMATION ABOUT OTHER HEALTH CARE COVERAGE. PLEASE CALL BCBSM, AND WE'LL CONTACT THE HOME PLAN FOR MORE SPECIFIC DETAILS.	PR	96	N375	PR	227	
924	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBER'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN HAS REQUESTED ADDITIONAL INFORMATION. PLEASE RESUBMIT THE CLAIM TO BCBSM WITH SUPPORTIVE DOCUMENTATION, OR CALL US AND WE'LL CONTACT THE HOME PLAN FOR MORE SPECIFIC DETAILS.	PR	16	N29	PI	16	N463
925	PLEASE SEND THIS CLAIMS TO ABS, P.O. BOX 37750, OAK PARK, MI 48237 7705. IF YOU HAVE QUESTIONS, PLEASE CALL ABS AT 1 888 492 6811.	PR	39		PI	109	
926	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE MEDICAL DOCUMENTATION SUBMITTED DOES NOT ADEQUATELY DEPICT THE CLINICAL CONDITION AND/OR THE TREATMENT RENDERED. PLEASE SUBMIT A PHOTOCOPY OF THE PATIENT'S HISTORY AND PROGRESS NOTES TO ASSIST US IN DETERMINING BENEFIT LEVELS.	PR	16	N29	PI	16	N29
927	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE MEDICAL DOCUMENTATION SUBMITTED DOES NOT ADEQUATELY DEPICT THE CONDITION BEING BILLED. PLEASE SUBMIT A NEW PHOTOGRAPH THAT CLEARLY SHOWS THE CLINICAL CONDITION.	PR	17	N29	PI	16	N178

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
928	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE LESIONS MUST BE CLEARLY VISIBLE ON THE PHOTOGRAPH AND MAY NOT BE OBSCURED BY MACERATION SECONDARY TO ACID THERAPY OR BY AN ESCHAR OR STAIN BY CHEMICAL AGENTS. PLEASE RESUBMIT A PHOTOGRAPH WHICH CLEARLY SHOWS THE PATHOLOGY PRESENT.	PR	17	N29	PI	16	N178
929	THE TREATMENT OF POROKERATOTIC LESIONS BY CHEMOCAUTERY/CRYOTHERAPY IS NOT PAYABLE. SURGICAL TREATMENT OF THESE LESIONS IS PAYABLE WHEN SUPPORTING CLINICAL DOCUMENTATION IS SUBMITTED.	PR	96	N29	PR	204	
930	THE MEMBER'S CONTRACT DOESN'T INCLUDE BENEFITS FOR SERVICES PERFORMED BY A NONPARTICIPATING PROVIDER. IF YOU PARTICIPATE WITH ANOTHER BLUES PLAN, PLEASE SEND THIS CLAIM TO THAT PLAN FOR CONSIDERATION. IF NOT, THE MEMBER IS RESPONSIBLE FOR	PR	111		PR	111	
931	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE XRAYS SUBMITTED AS MEDICAL DOCUMENTATION DO NOT ADEQUATELY DEPICT THE CONDITION BILLED OR REQUESTED. PLEASE SUBMIT AN XRAY THAT CLEARLY SHOWS THE CONDITION.	PR	17	N242	PI	16	M31
932	BASED ON OUR REVIEW OF YOUR DOCUMENTATION, APPROVAL FOR PAYMENT WILL BE ASSIGNED AT THE LEVEL OF REIMBURSEMENT OF A SIMILAR PROCEDURE CODE INDICATED. THE ACTUAL CHOICE OF PROCEDURE IS LEFT TO YOUR OWN MEDICAL AND SURGICAL JUDGMENT.	PR	57	N56	CO	45	
933	YOUR REQUEST FOR REIMBURSEMENT FOR DIGITAL SURGERY ASSOCIATED WITH INFECTION AND/OR NAIL SURGERY CANNOT BE ALLOWED OR WAS MODIFIED. AT LEAST TWO CLINICAL MANIFESTATIONS OF INFECTION (INFLAMMATION, SWELLING, ABSCESS, ERYTHEMA AND GRANULOMA) MUST BE VISIBLE ON THE PHOTO DOCUMENTATION.	PR	17	N244	PR	50	
934	WE HAVE REVIEWED YOUR DOCUMENTATION FOR NAIL SURGERY AND DETERMINED THAT PAYMENT FOR THE INITIAL SERVICE CANNOT BE APPROVED. BCBSM WILL ONLY PAY FOR THE PERMANENT CORRECTION OF THE NAIL.	PR	204		PR	204	N10
935	WE HAVE REVIEWED YOUR REQUEST FOR NAIL SURGERY AND WERE UNABLE TO APPROVE BENEFITS. DEBRIDEMENT OR PARTIAL EXCISION OF A NAIL FOR MYCOTIC NAIL INFECTION (FUNGUS) IS NOT A CONTRACT BENEFIT.	PR	B22		PR	204	N10
936	THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE NUMBER OF WARTS FOR WHICH TREATMENT WAS REQUESTED. BASED ON THE INFORMATION PROVIDED, WE WILL ALLOW PAYMENT FOR THE QUANTITY INDICATED.	PI	150		PR	151	
937	THE NUMBER OF TREATMENTS APPROVED IS DIFFERENT FROM THE NUMBER OF TREATMENT DAYS REQUESTED. BASED ON THE DOCUMENTATION PROVIDED, WE WILL PAY FOR THE NUMBER OF DAYS INDICATED. IF ADDITIONAL TREATMENTS ARE REQUIRED, PLEASE SUBMIT A CURRENT PHOTOGRAPH WITH SUPPORTING DOCUMENTATION.	PR	62		CO	198	
938	WE ARE UNABLE TO AUTHORIZE PAYMENT FOR YOUR CLAIM BECAUSE THE DATE OF SERVICE HAS EXCEEDED THE 45 DAY AUTHORIZATION PERIOD FOR FOOT SURGERY SERVICES.	PR	B5		PR	198	
939	WE ARE REJECTING THIS SERVICE BECAUSE THE MEMBER'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN HAS TOLD US THAT IT WAS INCLUDED IN A PREVIOUS PAYMENT FOR A RELATED SERVICE. IF YOU NEED MORE DETAILS, PLEASE CALL BCBSM AND WE'LL CONTACT THE HOME PLAN	PR	97		CO	97	M86
940	THESE OUTPATIENT SERVICES ARE NOT PAYABLE BECAUSE WE DID NOT RECEIVE A REQUEST FOR PREAUTHORIZATION.	PR	197		CO	197	
941	THIS CLAIM INDICATED THAT PAYMENT SHOULD BE MADE TO THE SUBSCRIBER EVEN THOUGH OUR RECORDS SHOW YOU ARE A PANEL PROVIDER. PLEASE RESUBMIT THE CLAIM.	CO	111	MA09	PI	111	
942	THESE OUTPATIENT SERVICES ARE NOT PAYABLE BECAUSE PREAUTHORIZATION WAS NOT	PR	197		CO	197	
943	ALTHOUGH AUTHORIZATION WAS REQUESTED, THIS OUTPATIENT SERVICE WAS PERFORMED ON A DATE BEYOND THE APPROVED LENGTH OF STAY.	PR	39		PR	198	
944	THIS SERVICE WAS NOT PROVIDED DURING THE LENGTH OF STAY PREAUTHORIZED BY MAGELLAN. YOU MAY CONTACT MAGELLAN TO EXTEND THE APPROVED LENGTH OF STAY.	PR	39		PR	198	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
945	THIS TREATMENT IS NOT PAYABLE BECAUSE IT WAS NOT PREAUTHORIZED BY THE BCBSM MENTAL HEALTH MANAGEMENT SYSTEM.	PR	197		PR	197	
946	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THE PROFESSIONAL COMPONENT IS NOT SEPARATELY PAYABLE WHEN PERFORMED IN THIS SETTING. ONLY THE FULL SERVICE WHICH INCLUDES BOTH THE PROFESSIONAL AND TECHNICAL COMPONENTS IS PAYABLE WHEN THIS PROCEDURE IS PERFORMED IN A DOCTOR'S OFFICE. PLEASE CORRECT AND RESUBMIT THE CLAIM.	PI	B15		PI	4	
947	WE CAN'T MAKE A PAYMENT DECISION ABOUT YOUR CHARGE UNTIL YOU SEND US A UB 92 CLAIM WITH THE MODIFIER THAT'S RIGHT FOR THE LOCATION OF THIS SERVICE.	PI	119	N29	PI	4	
948	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE IT IS NOT PAYABLE AS A SEPARATE COMPONENT, WHICH MAY HAVE BEEN REPORTED AS EITHER TECHNICAL OR PROFESSIONAL. IT MUST BE BILLED AS A FULL SERVICE WITH TYPE OF SERVICE CODE 9 IN FIELD 24C TYPE OF SERVICE ON THE HCFA 1500 CLAIM. PLEASE CORRECT AND RESUBMIT THE CLAIM.	PI	B15		PI	4	
949	IF YOU WANT US TO CONSIDER THIS CLAIM FOR SECONDARY PAYMENT, PLEASE SEND US A COPY OF THE PRIMARY INSURER'S PAYMENT DECISION ATTACHED TO A NEW CMS 1500 CLAIM. IF THE PATIENT HAS SUPPLEMENTAL COVERAGE OR BCBSM IS THE PRIMARY INSURER, SEND US A NEW CMS 1500 CLAIM AND LEAVE FIELD 11D BLANK. FOR SUPPLEMENTAL SERVICES, PLEASE ALSO PROVIDE THE APPLICABLE MEDICARE AMOUNTS IN FIELD 24K.	PR	16	MA04, N4	PI	16	MA04
950	WE CAN'T REVIEW THIS SERVICE BECAUSE OUR RECORDS SHOW THE PATIENT IS AN HMO MEMBER WITH BLUE CARE NETWORK COVERAGE ON THE REPORTED SERVICE DATE. PLEASE SEND THE APPROPRIATE INFORMATION TO: BCN OF MICHIGAN, PO BOX 68710, GRAND RAPIDS, MI 49516 8710.	PR	109		PI	109	
951	WE CAN'T REVIEW THIS SERVICE BECAUSE OUR RECORDS SHOW THE PATIENT IS AN HMO MEMBER WITH BLUE CARE NETWORK COVERAGE ON THE REPORTED SERVICE DATE. PLEASE SEND THE APPROPRIATE INFORMATION TO: BCN OF MICHIGAN, PO BOX 68710, GRAND RAPIDS, MI 49516 8710	PR	109		PI	109	
952	FOLLOW UP CARE IS NOT PAYABLE MORE THAN THREE MONTHS AFTER FOOT AND/OR ANKLE SURGERY. IF ADDITIONAL FOLLOW UP CARE IS REQUIRED, PLEASE SUBMIT A PHOTOCOPY OF THE PATIENT'S HISTORY AND PROGRESS NOTES.	PR	119	N29	PR	204	N357
953	THE SUBSCRIBER'S CONTRACT DOES NOT COVER ORTHOTIC SERVICES.	PR	204		PR	204	
954	WE CAN'T PROCESS THIS CLAIM BECAUSE THE SUBSCRIBER DOES NOT HAVE BLUE CROSS BLUE SHEILD OF MICHIGAN BASIC COVERAGE FOR HOSPITAL AND PHYSICIAN SERVICES.	PR	27		PR	96	N216
955	WE CAN'T APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE YOUR SITE IS NOT APPROVED BY OUR RADIOLOGY MANAGED CARE PROGRAM TO PROVIDE IT FOR PPO TRUST MEMBERS. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES.	CO	58		CO	38	
956	THIS SERVICE ISN T PAYABLE BECAUSE EITHER WE HAVE NO RECORD OF PRECERTIFICATION FOR THIS SERVICE OR YOUR PRECERTIFICATION REQUEST WAS DENIED. IF YOU WANT A RETROSPECTIVE REVIEW, FAX YOUR REQUEST TO OUR PROGRAM MANAGER, AMERICAN IMAGING MANAGEMENT ,AT 1 800 798 2068. IF YOUR PRECERTIFICATION REQUEST WAS DENIED, THAT DECISION WAS BASED ON MEDICAL NECESSITY STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS. YOU MAY APPEAL THE DENIAL BY SENDING ADDITIONAL INFORMATION ABOUT THIS SERVICE TO THE SAME FAX NUMBER. AS A PARTICIPANT IN THE RADIOLOGY MANAGED CARE PROGRAM, YOU SHOULDN'T BILL THE PATIENT FOR THESE CHARGES.	PI	39		CO	197	
957	WE CAN'T APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE YOUR SPECIALTY IS NOT APPROVED BY OUR RADIOLOGY MANAGED CARE PROGRAM TO PROVIDE IT FOR PPO TRUST MEMBERS. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES.	CO	B6		CO	172	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
958	WE CAN'T APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE IT WAS NOT CONSIDERED MEDICALLY NECESSARY AND WAS DENIED BY UTILIMED, OUR PROGRAM MANAGER, IN THE PRECERTIFICATION PROCESS. FOR PAYMENT PURPOSES, OUR DETERMINATIONS OF MEDICAL NECESSITY ARE BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS. YOU MAY REQUEST AN APPEAL, IN WRITING, AND FAX IT TO UTILIMED AT 1 (800) 798 2068 ACCORDING TO THE TERMS OF THE RADIOLOGY MANAGED CARE PROGRAM FOR BLUE PREFERRED AND BLUE PREFERRED PLUS PPO MEMBERS, THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES.	PR	39		CO	39	
960	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE THE CONTRACT COVERS ONE FRAME DURING ANY TWO CALENDAR YEARS. WE ALREADY PAID FOR A FRAME RECEIVED DURING THIS	PR	47		PR	119	
961	THE LIFETIME BENEFIT FOR THIS SERVICE HAS BEEN MET.	PR	35		PR	149	
962	THIS SERVICE IS A COMPONENT OF ANOTHER PROCEDURE AND IS NOT SEPARATELY REIMBURSABLE. THE SUBSCRIBER SHOULD NOT BE BILLED FOR THIS PROCEDURE.	CO	97		CO	97	
963	AN ALLOWANCE FOR THIS SERVICE IS INCLUDED IN THE GLOBAL FEE AMOUNT SENT EITHER TO YOU OR ANOTHER PROVIDER. AS A RESULT, THE MEMBER ISN'T RESPONSIBLE FOR PAYMENT.	CO	109		CO	59	
964	WE CAN'T REVIEW THIS SERVICE BECAUSE BCBSM DOES NOT HANDLE MENTAL HEALTH AND SUBSTANCE ABUSE CLAIMS FOR THIS PATIENT'S GROUP. CLAIMS SHOULD BE SENT TO MAGELLAN CLAIMS, ATTN: STATE OF MICHIGAN UNIT, P.O. BOX 2278, MARYLAND HEIGHTS, MISSOURI 63043. IF YOU NEED MORE INFORMATION ABOUT THESE SERVICES, CALL 1-866-503-3159.	PR	204		PI	109	
965	WHEN TWO MEDICAL SERVICES ARE PERFORMED CONCURRENTLY, ONLY THE SERVICE WITH THE GREATER BENEFIT AMOUNT IS PAYABLE.	PR	96	N20	CO	59	
966	THIS CLAIM ISN'T PAYABLE BECAUSE THE FACILITY DOES NOT PARTICIPATE IN THE DEFINED PROVIDER NETWORK FOR THIS PATIENT'S CONTRACT.	PR	38		PR	38	
967	BECAUSE THE ALPHA PREFIX YOU REPORTED ISN'T ACTIVE OR DOESN'T COVER PROFESSIONAL SERVICES, NO PAYMENT IS DUE FROM US. UNLESS THE PATIENT CAN PROVIDE ANOTHER BLUES PLAN ID CARD OR HAS COVERAGE WITH ANOTHER INSURER, THE SUBSCRIBER IS RESPONSIBLE FOR	PR	52		PR	31	N216
968	THIS ISOTOPE PROCEDURE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
969	BECAUSE YOU WERE PAID IN FULL BY MEDICARE ADVANTAGE, WE CAN'T SEND A MEDICARE SUPPLEMENTAL PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR COPAYMENTS AND COINSURANCE AMOUNTS, AND FOR NONCOVERED SERVICES.	PR	96	N130	OA	23	
970	WE ARE REJECTING THIS SERVICE BECAUSE THE MEMBER'S HOME BLUE CROSS AND/OR BLUE SHIELD PLAN HAS INSTRUCTED US TO DO SO. PLEASE CALL BCBSM, AND WE'LL CONTACT THE HOME PLAN FOR MORE SPECIFIC DETAILS.	PR	204		PR	204	
971	THIS SERVICE ISN'T PAYABLE BECAUSE THIS PATIENT IS NOT A MEMBER OF BCBSM'S CASE MANAGEMENT OR COORDINATED CARE MANAGEMENT PROGRAMS.	PR	30	N52	PR	204	
973	THIS SERVICE BILLED ISN'T PAYABLE WHEN IT IS PERFORMED MORE THAN ONCE A DAY ON THE SAME PATIENT. WE ALREADY PAID A CLAIM FOR THE SAME SERVICE ON THE SAME DAY.	CO	18	M86	CO	119	M80
974	PLEASE SEND US A NEW CLAIM WITH THE APPROPRIATE MODIFIER. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI PROFESSIONAL 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT A MODIFIER ON AN ELECTRONIC CLAIM. PLEASE CHECK OUR ONLINE MANUALS IF YOU'RE SENDING US A PAPER CLAIM.	PI	4		PI	4	
975	THIS CLAIM ISN'T PAYABLE BECAUSE IT MUST BE SUBMITTED DIRECTLY TO BCBSM'S CASE MANAGEMENT OR COORDINATED CARE MANAGEMENT PROGRAMS.	PR	24		PI	125	N418
976	CONSULTATIVE FOLLOW UP VISITS ARE NOT PAYABLE IN THE LOCATION REPORTED.	PR	58		PR	96	N428
977	THE MODIFIER FOR ANESTHESIA SERVICES IS INCORRECT. PLEASE CHECK THE MODIFIER SECTION OF THE MICHIGAN UNIFORM PROCEDURE CODING MANUAL OR THE BLUE CROSS AND BLUE SHIELD OF MICHIGAN PROCEDURE CODING AND TRADITIONAL MAXIMUM PAYMENT MANUAL AND RESUBMIT THE CLAIM WITH THE APPROPRIATE MODIFIER.	PR	4		PI	4	

Professional non-payment code to standard code mapping

LOCAL CODE	LOCAL DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
978	WE CAN'T REVIEW THIS SERVICE BECAUSE BCBSM DOES NOT HANDLE MENTAL HEALTH AND SUBSTANCE ABUSE CLAIMS FOR THIS PATIENT'S GROUP. CLAIMS SHOULD BE SENT TO MAGELLAN CLAIMS, ATTN: STATE OF MICHIGAN UNIT, P.O. BOX 2278, MARYLAND HEIGHTS, MISSOURI 63043. IF YOU NEED MORE INFORMATION ABOUT THESE SERVICES, CALL 1-866-503-3159.	PR	204		PI	109	
979	PLEASE SEND US A NEW CLAIM WITH A CPT OR HCPCS PROCEDURE CODE IN EFFECT ON THIS SERVICE DATE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	PR	B18	N59	PI	B18	M20
980	WE CAN'T REVIEW THIS SERVICE BECAUSE BCBSM ONLY HANDLES CLAIMS FOR HOSPITAL-BASED SERVICES FOR THIS PATIENT'S GROUP. OFFICE SERVICES FOR THIS PATIENT ARE HANDLED BY PPOM. FOR PAYMENT CONSIDERATION, PLEASE SEND AN ITEMIZED RECEIPT TO: PPOM, 28588 NORTHWESTERN HIGHWAY, SOUTHFIELD, MI 48034.	PR	109		PI	109	
981	WE CAN'T REVIEW THIS SERVICE BECAUSE BCBSM ONLY HANDLES CLAIMS FOR HOSPITAL-BASED SERVICES PERFORMED BY A NETWORK PROVIDER. NON-NETWORK SERVICES FOR THIS PATIENT ARE HANDLED BY PPOM. FOR PAYMENT CONSIDERATION, PLEASE SEND AN ITEMIZED RECEIPT TO: PPOM, 28588 NORTHWESTERN HIGHWAY, SOUTHFIELD, MI 48034.	PI	109		PI	109	
982	WE CAN'T REVIEW THIS SERVICE BECAUSE BCBSM ONLY HANDLES CLAIMS THAT ASK FOR PAYMENT TO THE PROVIDER FOR THIS PATIENT'S GROUP. FOR PAYMENT CONSIDERATION, PLEASE SEND AN ITEMIZED RECEIPT TO: PPOM, 28588 NORTHWESTERN HIGHWAY, SOUTHFIELD, MI 48034.	PR	109		PI	109	
983	ONLY THE PROFESSIONAL COMPONENT OF THIS SERVICE IS PAYABLE.	PI	125	N200	PR	204	
984	WE'VE FORWARDED THIS CLAIM TO THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND FOR REVIEW BECAUSE WE DON'T PROCESS CLAIMS THAT ASK FOR PAYMENT TO THE PATIENT FOR THE MCTWF.	PR	B11		PI	B11	
985	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT IS YOUNGER THAN THE POLICY ALLOWS FOR THIS TYPE OF SERVICE.	PR	96	N129	PR	96	N129
986	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE PATIENT'S GENDER OR THE CPT OR HCPCS PROCEDURE CODE.	PI	7	N59	PI	7	
987	MEMBERS OF THIS GROUP ARE NOT ELIGIBLE FOR SERVICES PROVIDED BY THIS PROVIDER.	PR	52		PR	204	
988	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS PROVIDED BY A BCBSM NONPARTICIPATING PROVIDER. SERVICES RENDERED BY A BCBSM NONPARTICIPATING PROVIDER ARE NOT CONTRACT BENEFITS OF THIS GROUP PLAN.	PR	38		PR	111	
989	MEMBERS OF THIS GROUP WITH SUPPLEMENTAL (COMPLEMENTARY) COVERAGE ARE NOT ELIGIBLE FOR SERVICES FROM THIS PROVIDER.	PR	52		PR	204	
990	THIS SURGICAL SERVICE IS NOT PAYABLE BECAUSE THE INJURY WAS NOT TREATED WITHIN 30 DAYS OR BECAUSE THE DATE OF THE INJURY WAS NOT REPORTED IN FIELD 14 DATE OF CURRENT ILLNESS ON THE CMS CLAIM.	PR	96	MA100	PR	96	N357
991	THIS SERVICE ISN'T PAYABLE BECAUSE IT DOESN'T MEET OUR GUIDELINES FOR PAYMENT AS COSURGERY. THE LIST OF PROCEDURE CODES THAT ARE ELIGIBLE FOR PAYMENT AS CO-SURGERY WAS PUBLISHED IN PROCEDURE CODE NOTES.	PR	54		PR	59	
992	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE CPT OR HCPCS PROCEDURE CODE OR THE TYPE OF SERVICE CODE.	PI	B18	N59	PI	16	M20
993	THIS SERVICE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID YOU UNDER ONE OF SEVERAL OTHER BCBSM PROVIDER IDENTIFICATION NUMBERS.	PR	18		CO	B13	
994	THIS SERVICE IS NOT PAYABLE BECAUSE WE ALREADY PAID A CLAIM BILLED BY ANOTHER PROVIDER WITH THE SAME SPECIALITY FOR THE SAME SERVICE ON THE SAME DATE.	PR	B20		CO	96	N472