

Crosswalk CSC Explanation Codes to Facets

CSC Explanation Code	Description	Facets Equal/Similar Code (s)
R1	COMPLETE MED RECORDS REQUIRED FOR CONSIDERATION; REFILE	R45
D1	COMPLETE MED RECORDS REQUIRED FOR CONSIDERATION; REFILE	X45
R2	ILLEGIBLE RECORDS SUBMITTED; REFILE	I02
D2	ILLEGIBLE RECORDS SUBMITTED; REFILE	X02
R3	REPORT REQUIRED TO SUPPORT NON-SPECIFIC CODE	I03
D3	REPORT REQUIRED TO SUPPORT NON-SPECIFIC CODE	X03
R4	CORRECT NDC CODE REQUIRED FOR CONSIDERATION	I04
D4	CORRECT NDC CODE REQUIRED FOR CONSIDERATION	X04
R5	INVALID/DELETED CODE, MODIFIER OR DESCRIPTION	I0
D5	INVALID/DELETED CODE, MODIFIER OR DESCRIPTION	X05
R6	ITEMIZED BILL/DATES OF SERVICE/CHARGES/INVOICE REQUIRED	I06
D6	ITEMIZED BILL/DATES OF SERVICE/CHARGES/INVOICE REQUIRED	X06
R7	REC'D AFTER FILING TIME LIMIT	R07
D7	REC'D AFTER FILING TIME LIMIT	X07
R8	DIAG INVALID/MISSING/DELETED REQ 4TH/5TH DIGIT	I08
D8	DIAG INVALID/MISSING/DELETED REQ 4TH/5TH DIGIT	X08
D9	REQUESTED HOSP DOCUMENTS NOT RECEIVED	X09
R10	NOT ENROLLED ON DATE OF SERVICE	R10
D10	NOT ENROLLED ON DATE OF SERVICE	X10
R11	RESUBMIT WITH EOB FROM PRIMARY CARRIER	I11
D11	RESUBMIT WITH EOB FROM PRIMARY CARRIER	X11
D12	MOTOR VEHICLE ACCIDENT - AUTO CARRIER PRIMARY	X12
D13	WORKERS COMP. PRIMARY CARRIER	X13
R14	CARRIER OF SERVICE - AMERIHEALTH HMO, INC.	Z14
D14	CARRIER OF SERVICE - AMERIHEALTH HMO, INC.	Z14
R15	CARRIER FOR SERVICE- MAGELLAN BEHAVIORAL HEALTH	BEH
D15	CARRIER FOR SERVICE- MAGELLAN BEHAVIORAL HEALTH	BEH
R16	CARRIER FOR SERVICE-BLUE SHIELD	Z16
D16	CARRIER FOR SERVICE-BLUE SHIELD	Z16
R17	CARRIER FOR SERVICE-DIRECT DENTAL NETWORK	Z17
D17	CARRIER FOR SERVICE-DIRECT DENTAL NETWORK	Z17
R18	CARRIER FOR SERVICE-GREEN SPRING	none
D18	CARRIER FOR SERVICE-GREEN SPRING	none
R19	CARRIER FOR SERVICE-HORIZON BLUE	Z19
D19	CARRIER FOR SERVICE-HORIZON BLUE	Z19
R20	CARRIER FOR SERVICE-KEYSTONE HEALTH PLAN	Z20
D20	CARRIER FOR SERVICE-KEYSTONE HEALTH PLAN	Z20
R21	CARRIER FOR SERVICE-DENTAL PLUS	Z21
D21	CARRIER FOR SERVICE-DENTAL PLUS	Z21
R22	PLEASE SUBMIT TO AUTOMATED BENEFIT SERVICES	None
D22	PLEASE SUBMIT TO AUTOMATED BENEFIT SERVICES	None
R23	BILL LANCASTER COUNTY MENTAL HEALTH	None
D23	BILL LANCASTER COUNTY MENTAL HEALTH	None
R24	CARRIER FOR SERVICE - BLOCK VISION	Z24
D24	CARRIER FOR SERVICE - BLOCK VISION	Z24
D25	CARRIER OF SERVICE - BARNES EYE CARE	Z25
R26	CARRIER FOR SERVICE - PAID PRESCRIPTION PROGRAM	Z26
D26	CARRIER FOR SERVICE - PAID PRESCRIPTION PROGRAM	Z26
R29	BEYOND ADJUSTMENT PERIOD	R29
D29	BEYOND ADJUSTMENT PERIOD	X29

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
R30	ADJUSTMENT TO PREVIOUS PAYMENT	R30
R31	APPEAL - DENIAL OVERTURNED	R31
D32	APPEAL - DENIAL UPHELD	X32
D33	APPEAL - ORIGINAL CLAIM PYMT UPHELD	X33
R34	ASSISTANT SURGEON PAYMENT	R34
R35	AUTHORIZATION TERMINATED FOR THIS DATE OF SERVICE	R35
D35	AUTHORIZATION TERMINATED FOR THIS DATE OF SERVICE	X35
R36	CAPITATED SERVICE	R36
D36	CAPITATED SERVICE	X36
R37	COMBINED PAYMENT-MOTHER & BABY	R37
R38	CONTRACTED FEE	R38
R39	DUPLICATE CLAIM PREVIOUSLY PAID AT CORRECT RATE OR CAPITATION	R39
D39	DUPLICATE CLAIM PREVIOUSLY PAID AT CORRECT RATE OR CAPITATION	X39
R40	DUPLICATE CLAIM-ORIGINAL STILL UNDER CONSIDERATION	R40
D40	DUPLICATE CLAIM-ORIGINAL STILL UNDER CONSIDERATION	X40
R41	DUPLICATE CLAIM-PREVIOUSLY DENIED APPROPRIATELY	R41
D41	DUPLICATE CLAIM-PREVIOUSLY DENIED APPROPRIATELY	R41
R42	DRG PAYMENT	R42
R43	INTERIM BILL PAYMENT	R43
R44	MULTIPLE PROCEDURE REDUCTION	R44
D45	NOT MEDICALLY NECESSARY (INACTIVE)	NONE
R46	OVER MAX PROCEDURE/BENEFIT LIMIT (All LOBs)	R46
D46	OVER MAX PROCEDURE/BENEFIT LIMIT (All LOBs)	X46
R47	PAYMENT REFLECTS COORDINATION OF BENEFITS, IF \$0, MAX LIABILITY MET	R47
R48	PRE-ADMISSION TESTING INCLUDED WITH SPU/ADMISSION	R48
D48	PRE-ADMISSION TESTING INCLUDED WITH SPU/ADMISSION	X48
R49	PREVIOUS PYMTS EQUAL TO PURCHASE PRICE	R49
D49	PREVIOUS PYMTS EQUAL TO PURCHASE PRICE	X49
R50	SAME PROCEDURE PAID TO A DIFFERENT PROVIDER	R50
D50	SAME PROCEDURE PAID TO A DIFFERENT PROVIDER	X50
R51	SERVICE NOT COVERED	R51
D51	SERVICE NOT COVERED	X51
R52	SERVICES INCLUDED IN MATERNITY GLOBAL PACKAGE	GLB
D52	SERVICES INCLUDED IN MATERNITY GLOBAL PACKAGE	GLB
R53	SERVICES WERE NOT PROVIDED	R53
D53	SERVICES WERE NOT PROVIDED	X53
D54	SUBMIT CHARGES TO MA FEE-FOR-SERVICE PROGRAM	Z47
R55	BILLED INFO REFLECTS LOWER DEGREE ACUTIY/TREATMENT	R55
R56	ADMINISTRATIVE APPROVAL	R56
R57	AUTHORIZED BY MATERNITY MGMT AREA	R57
R58	PAID AS HOUSEHOLD WITH SIBLING	NONE
D58	PAID AS HOUSEHOLD WITH SIBLING	NONE
R59	AUTHORIZATION/REFERRAL EXPIRED	R59
D59	AUTHORIZATION/REFERRAL EXPIRED	X59
R60	DATES AND/OR SERVICES OUTSIDE REFERRAL/AUTH	R60
D60	DATES AND/OR SERVICES OUTSIDE REFERRAL/AUTH	X60
R61	NO PCP REFERRAL	R61
D61	NO PCP REFERRAL	X61
R62	PRECERT/AUTH NOT OBTAINED, DENIED OR INVALID	R01
D62	PRECERT/AUTH NOT OBTAINED, DENIED OR INVALID	X01
D63	NON-EMERGENT; NO PCP AUTH	X63
R64	MED CLAIM REVIEW-PAYMENT APPROVED	M60
R65	ER SERVICES AUTH-PCP FAILED TO CONTACT	None

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
R66	PCP APPROVED ER SERVICES	none
R67	DISCREPANCY WITH LEVEL OF CARE-APPEAL REQUIRED	R67
D67	DISCREPANCY WITH LEVEL OF CARE-APPEAL REQUIRED	X67
R68	INCLUDED IN MATERNITY TRIMESTER PKG	None
D68	INCLUDED IN MATERNITY TRIMESTER PKG	None
R69	MODIFIER WAS ADDED OR REMOVED TO ENSURE CORRECT PAYMT	None (R90)
R70	EPSDT SCREENING DID NOT COMPLY WITH PERIODICITY SCHEDULE	R70
D70	EPSDT SCREENING DID NOT COMPLY WITH PERIODICITY SCHEDULE	X70
R71	DUPLICATE OF PREVIOUSLY SUBMITTED EPSDT SCREENING	R71
D71	DUPLICATE OF PREVIOUSLY SUBMITTED EPSDT SCREENING	X71
R72	PROVIDER WAS NOT MEMBER'S PCP	R72
D72	PROVIDER WAS NOT MEMBER'S PCP	X72
R73	EPSDT FORM WAS INCOMPLETE	I73
D73	EPSDT FORM WAS INCOMPLETE	X73
R74	ALL REQUIRED TESTS WERE NOT PERFORMED DURING SCREENING	R74
D74	ALL REQUIRED TESTS WERE NOT PERFORMED DURING SCREENING	X74
R75	CAPITATED TO ANOTHER PROVIDER	R75
D75	CAPITATED TO ANOTHER PROVIDER	X75
R76	SERVICES DENIED TELEPHONICALLY AT TIME OF SERVICE	R76
D76	SERVICES DENIED TELEPHONICALLY AT TIME OF SERVICE	X76
D77	INCORRECT PROVIDER NAME/TIN IDENTIFICATION # SUBMITTED	X77
R80	MEDICARE EOB OR NON-DC TYPE MA PROCEDURE CODE REQUIRED	I80
D80	MEDICARE EOB OR NON-DC TYPE MA PROCEDURE CODE REQUIRED	X80
R81	CHARGES CONSIDERED INCLUDED IN INPATIENT ADMISSION	R81
D81	CHARGES CONSIDERED INCLUDED IN INPATIENT ADMISSION	X81
R86	CARRIER OF SERVICE - MUSTARD SEED	none
D86	CARRIER OF SERVICE - MUSTARD SEED	none
D87	CARRIER OF SERVICE - UNITED CONCORDIA COMPANY, INC	none
D88	INCLUDED IN SETTLEMENT PAYMENT	X28
R89	AUTHORIZATION ON FILE FOR TECHNICAL COMPONENT	R89
R90	REPLACEMENT CODE TO ASSURE CONTRACT PAYMENT	R90
R91	INAPPROPRIATE CODING FOR CONTRACT AGREEMENT	R91
R91	INAPPROPRIATE CODING FOR CONTRACT AGREEMENT	X91
R99	CAPITATED SERVICE	R36
D99	DIAGNOSIS CODE REQUIRES 4TH OR 5TH DIGIT	X08
R100	CARRIER OF SERVICE-DORAL DENTAL	Z31
D100	CARRIER OF SERVICE-DORAL DENTAL	Z31
D101	SERVICE COULD HAVE PROVIDED BY A PRIMARY CARE DOCTOR	None
R102	SUBMIT TO HEALTHCARE STRATEGIC INITIATIVES (HSI)	Z32
D102	SUBMIT TO HEALTHCARE STRATEGIC INITIATIVES (HSI)	Z32
D103	CARRIER OF SERVICE - ORACARE DENTAL HEALTH PLAN	None
D104	CARRIER OF SERVICE- ITM	None
D105	CARRIER OF SERVICE- CONSULTEC, INC	Z02
R106	CARRIER OF SERVICE- AMERIHEALTH , INC	Z06
D106	CARRIER OF SERVICE- AMERIHEALTH , INC	Z06
R107	RESUBMIT WITH VISIT CODES & CHARGES	X15
D107	RESUBMIT WITH VISIT CODES & CHARGES	X15
R108	PAID WITH AUTHORIZATION DISCREPANCY (All LOBs; Suppressed from RA)	036
R109	DISPROPORTIONATE SHARE DAY SUBMIT CHARGES TO M.A.	R54
R110	CARRIER OF SERVICE- COMPREHENSIVE BEHAVIORAL CARE INC.	Z30
D110	CARRIER OF SERVICE- COMPREHENSIVE BEHAVIORAL CARE INC.	Z30
R111	CARRIER OF SERVICE- DAVIS VISION	Z27
D111	CARRIER OF SERVICE- DAVIS VISION	Z27

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
R112	SUBMIT TO PARTICIPATING LAB PROVIDER	R52
D112	SUBMIT TO PARTICIPATING LAB PROVIDER	X52
R113	PAYMENT INCLUDED IN OTHER BILLED SERVICES	R00
D113	PAYMENT INCLUDED IN OTHER BILLED SERVICES	X00
R114	CARRIER OF SERVICE-MID MISSOURI DENTAL CENTER	Z33
D114	CARRIER OF SERVICE-MID MISSOURI DENTAL CENTER	Z33
R115	DATE OF SERVICE CANNOT BE GREATER THAN THE RECEIVED DATE	R97
D115	DATE OF SERVICE CANNOT BE GREATER THAN THE RECEIVED DATE	X97
D116	EOB/ATTACHMENTS WERE INCOMPLETE/ILLEGIBLE	X96
R117	RESUBMIT TO AMERICHoice BEHAVIORAL HEALTHCARE, INC.	none
D117	RESUBMIT TO AMERICHoice BEHAVIORAL HEALTHCARE, INC.	none
R118	RESUBMIT TO COMMUNITY BEHAVIORAL HEALTH	Z28
D118	RESUBMIT TO COMMUNITY BEHAVIORAL HEALTH	Z28
R119	INTERIM BILL 2ND CYCLE PAYMENT	R65
D120	CAPITATION PAID BY IPA	None
R121	INTERIM BILL FINAL CYCLE PAYMENT	R66
D121	SSI MEMBER, SUBMIT CLAIM TO STATE	Z34
R122	INTERIM BILL 1ST CYCLE PAYMENT	R64
D123	ELECTRONIC CLINIC CLM SUBMITTED W/OUT PHYSICIAN NAME	None
R124	CLAIM SUBMITTED WITHOUT PHYSICIAN NAME	R95
D124	CLAIM SUBMITTED WITHOUT PHYSICIAN NAME	X95
R125	RESUBMIT WITH APPROPRIATE MODIFIER AND/OR TIME UNITS	I37
D125	RESUBMIT WITH APPROPRIATE MODIFIER AND/OR TIME UNITS	X37
R126	PROVIDER NUMBER SUBMITTED VIA EDI INCORRECT/TERMED	R94
D126	PROVIDER NUMBER SUBMITTED VIA EDI INCORRECT/TERMED	X94
R127	CARRIER FOR SERVICE – DENTAL BENEFIT PROVIDERS	Z22
D127	CARRIER FOR SERVICE – DENTAL BENEFIT PROVIDERS	Z23
R128	NEED NEWBORN MEMBER NUMBER	I38
D128	NEED NEWBORN MEMBER NUMBER	X38
R129	LAB SERVICES PAYABLE TO CONTRACTED PROVIDER ONLY	None
D129	LAB SERVICES PAYABLE TO CONTRACTED PROVIDER ONLY	None
R130	NURSING HOME CONFINED >30 DAYS - MEMBER DISENROLLED	R93
D130	NURSING HOME CONFINED >30 DAYS - MEMBER DISENROLLED	X93
R131	CARRIER OF SERVICE-DAVIS VISION	Z27
D131	CARRIER OF SERVICE-DAVIS VISION	Z27
R132	CARRIER FOR SERVICE- BEHAVIORAL HEALTH PARTNERS (BHP)	None
D132	CARRIER FOR SERVICE- BEHAVIORAL HEALTH PARTNERS (BHP)	None
R133	REQUIRED PRESCRIPTION FROM MD NOT ATTACHED/VALID	R92
D133	REQUIRED PRESCRIPTION FROM MD NOT ATTACHED/VALID	X92
R134	MEDICARE/THIRD PARTY DENIAL ON FILE	R88
D134	CLAIM SHOULD BE RESUBMITTED DIRECTLY TO NAMM	None
R198	TOTAL BILLED STILL UNDER CONSIDERATION	I98
R199	DISCREPENCY WITH CONTRACT/BILL	None
D199	DISCREPENCY WITH CONTRACT/BILL	None
D200	TEXAS MEDICAID PROVIDER NUMBER IS MISSING OR INVALID	none
R201	MEDICARE/MEDICAID SANCTIONED PROVIDER	R87
D201	MEDICARE/MEDICAID SANCTIONED PROVIDER	X87
R202	INVALID/MISSING REVENUE CODES SUBMITTED ON CLAIM	R86
D202	INVALID/MISSING REVENUE CODES SUBMITTED ON CLAIM	X86
R204	CARRIER OF SERVICE - DELCARE-MAGELLAN BEHAVIORAL HEALTH	Z18
D204	CARRIER OF SERVICE - DELCARE-MAGELLAN BEHAVIORAL HEALTH	Z18
R205	RESUBMIT WITH INDIVIDUAL PROVIDER NAME AND NUMBER	R84
D205	RESUBMIT WITH INDIVIDUAL PROVIDER NAME AND NUMBER	X84

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
R206	DCBS CLAIM PAYMENT	R78
D206	DCBS CLAIM PAYMENT	X78
R207	MOTHER'S BILL NOT RECEIVED – REFILE	I83
D207	MOTHER'S BILL NOT RECEIVED – REFILE	X83
R208	EXHAUSTION OF BENEFITS	R99
D208	EXHAUSTION OF BENEFITS	X99
R209	INJECTABLE SHOULD BE DROPPED SHIPPED	X82
D209	INJECTABLE SHOULD BE DROPPED SHIPPED	X82
R210	PAID AT AVERAGE WHOLESALE PRICE	R83
R211	INCORRECT PLACE OF SERVICE	I68
D211	CLAIM DENIED MULTIPLE REASONS; SEE INDIV REMARK CODES	None
D212	ADMISSION TYPE MUST BE 1,2,3 OR 4	None
R213	SPECIAL PROJECT-ADJUSTMENT EPSDT	R79
D213	SPECIAL PROJECT-ADJUSTMENT EPSDT	X79
R214	RECOVERY FORWARDED TO STATE PER CONTRACTUAL AGREEMENT	X58
D214	RECOVERY FORWARDED TO STATE PER CONTRACTUAL AGREEMENT	X58
R215	TOOTH SURFACE CODE(S) MISSING OR INVALID	None
D215	TOOTH SURFACE CODE(S) MISSING OR INVALID	None
R216	MEDICAL NECESSITY NOT ESTABLISHED	None
D216	MEDICAL NECESSITY NOT ESTABLISHED	None
R217	RESUBMIT TO PRIMARY CARRIER FOR APPEALS PROCESS	I48
D217	RESUBMIT TO PRIMARY CARRIER FOR APPEALS PROCESS	Z48
R218	SUBMIT MEDICAL RECORDS TO HORIZON MERCY APPEALS UNIT	None
D218	SUBMIT MEDICAL RECORDS TO HORIZON MERCY APPEALS UNIT	None
R219	SERVICE EXCEEDS LIFETIME LIMITATION	None
D219	SERVICE EXCEEDS LIFETIME LIMITATION	None
R220	E-CODE CANNOT BE USED AS PRIMARY DIAGNOSIS	I10
D220	E-CODE CANNOT BE USED AS PRIMARY DIAGNOSIS	I10
R221	CARRIER OF SERVICE-PCN PHARMACEUTICAL CARE NETWORK	None
D221	CARRIER OF SERVICE-PCN PHARMACEUTICAL CARE NETWORK	None
R222	PAID PER CHOP CONTRACT	R28
R223	DSH DAYS AWAITING PRO REVIEW	None
D223	DSH DAYS AWAITING PRO REVIEW	None
R224	REFERRAL ON CLAIM BUT REFERRAL IS NOT IN SYSTEM	037
R225	THIS "V" DIAGNOSIS CANNOT BE BILLED ALONE	None
D225	THIS "V" DIAGNOSIS CANNOT BE BILLED ALONE	None
R226	PRIMARY DIAGNOSIS INVALID FOR EPSDT SERVICES	None
D226	PRIMARY DIAGNOSIS INVALID FOR EPSDT SERVICES	None
R227	CLAIMS POLICY EXCEPTION- SIGNATURE ON FILE	None
D228	IND PROVIDER NOT ON CLAIM OR NOT LEGIBLE	X69
R229	SUBMIT TO EXPRESS SCRIPTS INC (ESI)	None
D229	SUBMIT TO EXPRESS SCRIPTS INC (ESI)	None
R230	PROCEDURE PAID AT PERCENT OF BILLED CHARGES	DIS
R231	PYMT REFLECTS COB W/ THE PRIMARY AUTO CARRIER	R47
R232	RESIDENTIAL MEMBER PAYMENT	None
D232	RESIDENTIAL MEMBER PAYMENT	None
R233	INCORRECT PROCEDURE/DIAGNOSIS FOR EPSDT PAYMENT	None
D233	INCORRECT PROCEDURE/DIAGNOSIS FOR EPSDT PAYMENT	None
R234	DELETED CODE, REBILL WITH THSTEPS EQUIVALENT	None
D234	DELETED CODE, REBILL WITH THSTEPS EQUIVALENT	None
R235	ILLEGIBLE/INCOMPLETE/INAPPROPRIATE REFERRAL RECEIVED	None
D235	ILLEGIBLE/INCOMPLETE/INAPPROPRIATE REFERRAL RECEIVED	None
D236	INDIVIDUAL PROVIDER MAID NUMBER REQUIRED	I99

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
D238	CARRIER FOR SERVICE - COMCO TEC	None
R238	MISSING PLACE OF SERVICE	I68
D238	MISSING PLACE OF SERVICE	Z92
R239	PLACE OF SERVICE INVALID FOR SERVICE RENDERED	I68
D239	PLACE OF SERVICE INVALID FOR SERVICE RENDERED	Z92
R240	NO BENEFIT DUE. PAYMENT EQUALS/EXCEED OUR LIABILITY	R24
D240	NO BENEFIT DUE. PAYMENT EQUALS/EXCEED OUR LIABILITY	D24
R241	BI-LATERAL PROCEDURE PREVIOUSLY PAID WITH MODIFIER "50"	None
D241	BI-LATERAL PROCEDURE PREVIOUSLY PAID WITH MODIFIER "50"	None
R242	EPS IS NOT A VALID ICD (DX) CODE	None
D242	EPS IS NOT A VALID ICD (DX) CODE	None
R243	PCS MANAGER - LOB 100	None
R244	PROCESSING MANAGER - LOB 100	None
R245	PCS MANAGER - LOB 500	None
R246	PROCESSING MANAGER - LOB 500	None
R247	PCS MANAGER - LOB 700	None
R248	PROCESSING MANAGER - LOB 700	None
R249	PCS MANAGER - LOB 800	None
R250	PROCESSING MANAGER - LOB 800	None
R251	PCS MANAGER - LOB 1300	None
R252	PROCESSING MANAGER - LOB 1300	None
R253	PCS MANAGER - LOB	None
R254	PROCESSING MANAGER - LOB	None
R255	PCS MANAGER - LOB 2400	None
R256	PROCESSING MANAGER - LOB 2400	None
R257	UTILIZATION MANAGEMENT MANAGER (ALL LOBs)	M51
R258	PROFESSIONAL SERVICES MANAGER LOB 100	None
R259	PROFESSIONAL SERVICES MANAGER LOB 500	None
R260	MANAGER OF TECHNICAL SERVICES (ALL LOBs)	None
R261	PROVIDER CONTRACTING MANAGER (ALL LOBs)	None
R262	ADDITIONAL SERVICES REQUIRE AUTHORIZATION (LOB 1300)	None
R263	TOOTH NUMBER MISSING OR INVALID (LOB 800/860)	DP1
R264	PROVIDER INACTIVE ON DATE OF SERVICE	None
R265	PROVIDER INACTIVE ON DATE OF SERVICE	none
R266	CHOP CLAIMS EXCLUDED FROM CLINICAL EDITING	R28
R267	SPU CLAIM REQUIRES ICD 9 CODE	Z41
D267	SPU CLAIM REQUIRES ICD 9 CODE	Z41
R268	MEMBER'S AGE NOT VALID FOR [PROCEDURE CODE	N16
D268	MEMBER'S AGE NOT VALID FOR [PROCEDURE CODE	N16
R269	MEMBER'S SEX NOT VALID FOR PROCEDURE CODE	N14
D269	MEMBER'S SEX NOT VALID FOR PROCEDURE CODE	N14
D271	MISSING DRG PLEASE SUBMIT ON LINE 31 OF THE UB92	X62
R272	NOT COVERED FOR PRESUMPTIVE ELIGIBILITY MEMBER	None
D272	NOT COVERED FOR PRESUMPTIVE ELIGIBILITY MEMBER	None
R273	MA ID NUMBER ON FILE IS TERMINATED	None
D273	MA ID NUMBER ON FILE IS TERMINATED	None
R274	RESUBMIT WITH ICD/9 PRINCIPLE PROCEDURE CODE	Z41
D274	RESUBMIT WITH ICD/9 PRINCIPLE PROCEDURE CODE	Z41
R275	NON CONTRACED LEVEL OF CARE	None
D275	NON CONTRACED LEVEL OF CARE	None

CSC Explanation Code	Description	Facets Equal/Similar Code (s)
R276	PATHOLOGY REPORT FOR REVIEWING LESIONS REQUIRED	None
D276	PATHOLOGY REPORT FOR REVIEWING LESIONS REQUIRED	None
R277	MISSING CHARGES/UNITS	X68
D277	MISSING CHARGES/UNITS	X68
R278	REPROCESSED-CLAIM SUBJECT TO INTEREST	None
R279	CARRIER OF SERVICE-HORIZON HEALTHCARE DENTAL SERVICE	None
D279	CARRIER OF SERVICE-HORIZON HEALTHCARE DENTAL SERVICE	None
R280	ASSESSMENT NOT RECEIVED	None
D280	ASSESSMENT NOT RECEIVED	None
R281	NO PCP REQUIRED PRESUMPTIVE ELIGIBILITY MEMBER	None
D281	NO PCP REQUIRED PRESUMPTIVE ELIGIBILITY MEMBER	None
R282	PAID BILLED CHARGES	None
R283	EPSDT PAYMENT ADJ FOR 5 AND12 YR OLD HEALTH SCREEN	None
D283	EPSDT PAYMENT ADJ FOR 5 AND12 YR OLD HEALTH SCREEN	None
CR2X	CODE CANNOT BE ACCEPTED TWICE	N02
CRAS	ASST SURGEON NOT WARRANTED FOR SERVICES	N06
CRDU1	CODE SUPERCEDED-AMA CPT GUIDELINES-DENIED AS DUP	R39
CREP	INAPPROP CODING PER AMA-REPLACED WITH APPROP CODE	R90
CRGL	CONSIDERED PART OF MORE GLOBAL SERVICE/CODE	R15
CRIN	CONSIDERED AN INCIDENTAL PROC TO PRIMARY PROC.	R15
CRPP	PROCEDURE ALSO DENIED FOR PRIMARY PROVIDER	R15
CRR	CODE ADDED-REPLACES INAPPROP CODE	R90
CRRAS	CODE ADDED-REPLACES INAPP ROP CODE- ASST. SURG DENIED	N06
CRRD	CODE ADDED-REPLACES INAPPROP CODE-DENIED	None
CRRDP	CODE ADDED-REPLACES INAPP ROP CODE-DENIED AS DUP	R39
CRRGL	CODE ADDED-REPLACES INAPPROP CODE-DENIED-GLOBAL SERV	R15
CRS	CODE SUPERCEDED-AMA CPT GUIDELINES	None
CRSD	CODE SUPERCEDED-AMA CPT GUIDELINES-DENIED	None
CRSGL	CODE SUPERCEDED-AMA CPT GUIDELINES-DENIED-GLOBAL SERV	R15
CRVS	ONE VISIT CODE ALLOWED PER DAY	N02
QR2	CLAIM PROCESSED TO WRONG PROVIDER/VENDOR	Q02
QR3	RECOVERING DUPLICATE PAYMENT	Q03
QR4	CLAIM PROCESSED UNDER WRONG MEMBER	Q04
QR5	INCORRECT QUANTITY/MODIFIER	Q05
QR6	INCORRECT PROCEDURE CODE WAS ENTERED	Q06
QR7	INCORRECT PAYMENT FOR A NON-COVERED SERVICE	Q07
QR8	INCORRECT DATE OF SERVICE	Q08
QR9	INCORRECT SECONDARY LIABILITY	Q09
QR10	INCORRECT CONTRACT AMOUNT PREVIOUSLY PAID	Q10
QR11	CLAIM PREVIOUSLY PROCESSED INCORRECTLY	Q11
QR12	DUPLICATE CLAIM PREVIOUSLY DENIED APPROPRIATELY	Q12
QR13	INCORRECT PLACE OF SERVICE	Q13
QR14	VALID REFERRAL/AUTHORIZATION ON FILE	Q14
QR15	VALID EOB ON FILE	Q15
QR16	ADDITIONAL CHARGES CONSIDERED	Q16
QR17	ADMINISTRATIVE OVERTURN	Q17
QR18	OTHER INSURANCE NOT EFFECTIVE ON DATE OF SERVICE	Q18
QR19	CLAIM IS NOT A DUPLICATE	Q19
QR20	SERVICE NOT COVERED BY OTHER INSURANCE	Q20
QR21	PROVIDER ADJUSTMENT	Q21
QR22	CLAIM WAS SUBMITTED TIMELY	Q22
QR23	AUTHORIZATION UPDATED	Q23
QR24	INCORRECT DIAGNOSIS CODE WAS ENTERED	Q24

CSC Explanation Code	Description	Facets Equal/ Similar Code (s)
QR26	RETRO BENEFIT CHANGE-FORMER PE MEMBER	NONE
C01	POST PAYMENT AUDIT OTHER HEALTH INS CARRIER IS PRIMARY	F01
C02	POST PAYMENT AUDIT MEDICARE PRIMARY RESUB TO MEDICARE	F02
C03	POST PAYMENT AUDIT AUTO PRIMARY RESUBMIT TO AUTO CARR	F03
C04	POST PAYMENT AUDIT WORKER'S COMP PRIMARY RESUB TO W C	F04
C05	POST PAYMENT AUDIT THIRD PARTY RESPONSIBLE FOR PAYMENT	F05
C06	POST PYMT AUDIT (DUPLICATE PAYMENT FOR PROCEDURE CODE)	F06
C13	POST PAYMENT AUDIT AUTO CARRIER PAID PRIMARY	F13
C14	POST PAYMENT AUDIT WORKER'S COMP CARRIER PAID PRIMARY	F14
C15	STATE RECOVERY RIGHTS	F15
C17	POST PYMT AUDIT (PROCESSING ERROR RESULTING OVERPYMT)	F07
C50	CLAIM ADJ - THIRD PARTY DENIED OR BENEFITS EXHAUSTED	F50
C51	POST PAYMNT AUDIT (TPL IDENTIFIED BY PCG)	None
P01	POST PYMT AUDIT MULT PROV IDER ID'S PAID SAME SERVICE	F51
P02	POST PYMT AUDIT DUPLICATE PYMT TO INCORRECT PROV I D	F52
P03	POST PYMT AUDIT DUPLICATE PYMT FOR PROCEDURE CODE	F53
P04	POST PYMT AUDIT PROCEDURE UNITS OVERSTATED PER HCPCS	F54
P05	POST PYMT AUDIT PROCESSING ERROR RESULTING IN OVERPYM	F55
P06	POST PYMNT AUDIT OVERPYMT IDENTIFIED BY CONCENTRA	None
P07	POST PYMNT AUDIT OVERPYMNT IDENTIFIED BY HERITAGE	None
HPR	QUESTIONED BY CODEREVIEW	None