

**Mental Hygiene Administration
Public Mental Health System**

Report Title: Explanation Codes For the Claims System

Client: State of Maryland

Report Description/Data Source

Maryland PMHS report that displays claim hold explanation codes and descriptions.

Tables: sql command code

EXPLANATION CODE	DESCRIPTION
19	PAYMENT IS BEING ISSUED ON A CONDITIONAL BASIS. IF NO-FAULT INSURANCE LIABILITY INSURANCE, WORKERS' COMPENSATION, DEPARTMENT OF VETERAN AFFAIRS, OR A GROUP HEALTH PLAN FOR EMPLOYEES AND DEPENDENTS ALSO COVERS THIS CLAIM, A REFUND MAY BE DUE US. PLEASE CONTACT US IF THE PATIENT IS COVERED BY ANY OF THESE SOURCES.
1K1	UNDER FEHB LAW (U.S.C. 8904(B)), WE CANNOT PAY MORE FOR COVERED CARE THAN THE AMOUNT MEDICARE WOULD HAVE ALLOWED IF THE PATIENT WERE ENROLLED IN MEDICARE PART A AND/OR MEDICARE PART B.
2K	
3Q	MISSING/INCOMPLETE/INVALID CLAIM INFORMATION. RESUBMIT CLAIM AFTER CORRECTIONS.
3R	MISSING/INCOMPLETE/INVALID BIRTH DATE.
48	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
9V	MISSING/INCOMPLETE/INVALID DATE OF CURRENT ILLNESS OR SYMPTOMS
ALR	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
AOS	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
BED	THIS AMOUNT REPRESENTS THE PRIOR TO COVERAGE PORTION OF THE ALLOWANCE.
BF	INCOMPLETE/INVALID TAXPAYER IDENTIFICATION NUMBER (TIN) SUBMITTED YOU PER THE INTERNAL REVENUE SERVICE. YOUR CLAIMS CANNOT BE PROCESSED WITHOUT YOUR CORRECT TIN, AND YOU MAY NOT BILL THE PATIENT PENDING CORRECTION OF YOUR TIN. THERE ARE NO APPEAL RIGHTS FOR UNPROCESSED CLAIMS, BUT YOU MAY RESUBMIT THIS CLAIM AFTER YOU HAVE NOTIFIED THE OFFICE OF YOUR CORRECT TIN.
BI	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
BR	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
C4	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
CA	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
CB4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.

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CM	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECI TIMELY.
CN	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
CNC	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
DF2	PAYMENT FOR THIS SERVICE PREVIOUSLY ISSUED TO YOU OR ANOTHER PROV BY ANOTHER CARRIER/INTERMEDIARY.
DH2	
DOB	MISSING/INCOMPLETE/INVALID OTHER INSURED BIRTH DATE.
DPC	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE W INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY BILLED AND ADJUDICATE
DQ	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
DRC	PAYMENT BASED ON A PROCESSED REPLACEMENT CLAIM.
DX1	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
DX2	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
DX3	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
DX4	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
DX5	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
E4	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
E6	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
E8	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
E9	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
EBE	DENIED SERVICES EXCEED THE COVERAGE LIMIT FOR THE DEMONSTRATION.

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EXPLANATION CODE	DESCRIPTION
EF	PATIENT INELIGIBLE FOR THIS SERVICE.
EL	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
EM	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
EP	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
ER1	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
ER2	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
ER3	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
EY	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
F9	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
FPR	ALERT: YOUR CLAIM HAS BEEN SEPARATED TO EXPEDITE HANDLING. YOU WILL RECEIVE A SEPARATE NOTICE FOR THE OTHER SERVICES REPORTED.
G1	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
G4	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
G5	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
G6	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
G7	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
G8	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
G9	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
GC	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.

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EXPLANATION CODE	DESCRIPTION
GD	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
GE	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
GF	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
HG3	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS 1 ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
GH	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
GHI	PATIENT INELIGIBLE FOR THIS SERVICE.
GI	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
GK	PATIENT INELIGIBLE FOR THIS SERVICE.
GL	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
GT	PATIENT INELIGIBLE FOR THIS SERVICE.
GU	PATIENT INELIGIBLE FOR THIS SERVICE.
GX	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
GZ	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
H0	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
HB	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
HEG	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
HG	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
HG3	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS 1 ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
HN	THE SUBSCRIBER MUST UPDATE INSURANCE INFORMATION DIRECTLY WITH P,

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HQ	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
HT	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
IE	PATIENT INELIGIBLE FOR THIS SERVICE.
IH	INCOMPLETE/INVALID TAXPAYER IDENTIFICATION NUMBER (TIN) SUBMITTED YOU PER THE INTERNAL REVENUE SERVICE. YOUR CLAIMS CANNOT BE PROCESSED WITHOUT YOUR CORRECT TIN, AND YOU MAY NOT BILL THE PATIENT PENDING CORRECTION OF YOUR TIN. THERE ARE NO APPEAL RIGHTS FOR UNPROCESSABLE CLAIMS, BUT YOU MAY RESUBMIT THIS CLAIM AFTER YOU HAVE NOTIFIED THE OFFICE OF YOUR CORRECT TIN.
IL2	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
IL7	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
IS	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION, AND NO APPEAL RIGHTS ARE AFFORDED BECAUSE THE CLAIM IS UNPROCESSABLE. PLEASE SUBMIT A NEW CLAIM WITH THE COMPLETE/CORRECT INFORMATION.
J10	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
J9	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
JK	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFICATION
JPS	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
JQ	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
JQC	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
JR	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
JRM	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
JT	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
JW	REBILL SERVICES ON SEPARATE CLAIM LINES.

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JX	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF C PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS ILLEGIBLE.
JY	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
KE	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
KH	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
KI	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
KK	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
KY	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
LA	PAYMENT BASED ON AUTHORIZED AMOUNT.
LAM	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
LAT	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECI TIMELY.
LG	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
LM1	DENIED SERVICES EXCEED THE COVERAGE LIMIT FOR THE DEMONSTRATION.
LNC	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
LOA	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIO BILLED.
LT	MISSING/INCOMPLETE/INVALID CHARGE.
LTC	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
MCD	
NP3	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
ME	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY

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MF	ONLY ONE INITIAL VISIT IS COVERED PER SPECIALTY PER MEDICAL GROUP.
MH	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
MHB	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE W INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY BILLED AND ADJUDICATE
MHN	
H7	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
ML1	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
MU	CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS BEFORE W CAN CONSIDER PAYMENT.
MVP	PATIENT INELIGIBLE FOR THIS SERVICE.
NAF	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
NED	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
NH	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
NM	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
NPD	RECORDS INDICATE A MISMATCH BETWEEN THE SUBMITTED NPI AND EIN.
NPP	
NPT	MISSING/INCOMPLETE/INVALID TAXPAYER IDENTIFICATION NUMBER (TIN).
NSF	INCOMPLETE/INVALID PHYSICIAN FINANCIAL RELATIONSHIP FORM.
PAF	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
PCA	ALERT: THIS PAYMENT WAS DELAYED FOR CORRECTION OF PROVIDER'S MAIL ADDRESS.
PCI	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

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PDR	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY
PHH	
POC	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
PRF	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
PTF	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
Q5	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
RBT	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
RE2	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
REF	MISSING/INCOMPLETE/INVALID OTHER PAYER REFERRING PROVIDER IDENTIFI
ROD	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR TH PLAN.
RSE	SPECIFIC FEDERAL/STATE/LOCAL PROGRAM MAY COVER THIS SERVICE THROU ANOTHER PAYER.
RV2	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
RV3	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
S1	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTI
SAD	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
SNC	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
SX	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
TA	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

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TB	INCOMPLETE/INVALID TAXPAYER IDENTIFICATION NUMBER (TIN) SUBMITTED YOU PER THE INTERNAL REVENUE SERVICE. YOUR CLAIMS CANNOT BE PROCESSED WITHOUT YOUR CORRECT TIN, AND YOU MAY NOT BILL THE PATIENT PENDING CORRECTION OF YOUR TIN. THERE ARE NO APPEAL RIGHTS FOR UNPROCESSED CLAIMS, BUT YOU MAY RESUBMIT THIS CLAIM AFTER YOU HAVE NOTIFIED THE OFFICE OF YOUR CORRECT TIN.
UL	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
UM	PATIENT INELIGIBLE FOR THIS SERVICE.
UNP	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
UO	PATIENT INELIGIBLE FOR THIS SERVICE.
W8	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
WC	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
WCE	
WG	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
WP	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
WR	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
XI	ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY
XT	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
XU	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.
Y5M	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.
Y8	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED DATE OF SERVICE BILLED.
YA	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.

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ZD THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PA LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GRC 'PR'.

ZN ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT SEPARATELY