

EOP Code	EOP Description
AA	SERVICE NOT RENDERED AT AUTHORIZED LOCATION
AB	PHYSICIAN SVCS INCLUDED IN HOSPITAL REIMBURSEMENT
AR	RESUBMIT-BILL TYPE IS REQUIRED TO PROCESS CLAIM
B3	RESUBMIT WITH VALID SIGNATURE IN BLOCK 12
B9	RESUBMIT CLAIM WITH PROOF OF PAYMENT FOR SERVICE
BE	NOT A COVERED DIAGNOSIS
BF	PLEASE SUBMIT CLAIM WITH PROPER TAX ID IN BLOCK 25
BI	RESUBMIT CLAIM WITH ADMISSION DATE
BJ	RESUBMIT CLAIM WITH ADMISSION HOUR
BK	RESUBMIT CLAIM WITH ADMISSION TYPE
BL	RESUBMIT CLAIM WITH ADMISSION SOURCE
BP	RESUBMIT WITH VALID PRACTICE LOCATION IN BLOCK 32
BQ	RESUBMIT WITH VALID SIGNATURE IN BLOCK 13
BR	CLAIM DENIED PER SERVICE CENTER'S REQUEST
BS	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
CP	DENIED AFTER RECONSIDERATION
CY	CLAIM PAID BASED ON SERVICE AUTHORIZED
D6	REFER TO MEDICAL PAYOR
D9	PATIENT NOT ELIGIBLE AT TIME OF SERVICE
DL	ADDL INFO FROM PROVIDER REQ'D UNDER SEPARATE COVER
DM	FORWARDED TO NETWORK MANAGEMENT
DP	PREVIOUSLY CONSIDERED
DQ	PROVIDER NOT ELIGIBLE TO BE REIMBURSED FOR SERVICE
E4	RESUBMIT CLAIM WITH CORRECT NUMBER OF UNITS
E9	NOT A COVERED BENEFIT
EG	RESUBMIT CLAIM WITH SECONDARY INSURANCE EOB
EL	RESUBMIT CLAIM WITH VALID DATE OF SERVICE
EX	RESUBMIT CLAIM WITH VALID VENDOR NUMBER
EY	SERVICE CODE BILLED NOT VALID FOR PLACE OF SERVICE
F0	ADJ-PROVIDER BILLED INAPPROPRIATELY
F1	ADJUSTED;SERVICES EXCEED AUTHORIZED UNITS
F2	ADJUSTED;SERVICES OUTSIDE DATES AUTHORIZED
F3	ADJUSTED;SERVICES NOT AUTHORIZED
F4	ADJ-PROVIDER PAID AT INCORRECT RATES
F5	ADJUSTED; INCORRECT PROCEDURE CODE
F6	ADJUSTED; ADDITIONAL OHI INFORMATION RECEIVED
F7	ADJUSTED; INCORRECT DEDUCTIBLE
F9	CLAIM SUBMITTED IN ERROR
FA	ADJUSTED;OUT OF POCKET MAXIMUM MET
FB	ADJUSTED;COPAYMENT ERROR
FC	ADJUSTED;COB CALCULATION ERROR
FD	ADJUSTED;ELIGIBILITY VERIFIED
FE	ADJUSTED;MEMBER NOT ELIGIBLE
FF	ADJUSTED;SERVICES NOW AUTHORIZED
FG	ADJUSTED;INCORRECT MEMBER NUMBER
FH	ADJUSTED;INCORRECT PROVIDER NUMBER
FI	ADJUSTED;INCORRECT VENDOR NUMBER
FJ	ADJUSTED;INCORRECT AUTHORIZATION
FK	ADJUSTED;INCORRECT DATE(S) OF SERVICE
FL	ADJUSTED;INCORRECT PLACE OF SERVICE
FM	ADJUSTED;INCORRECT CHARGED AMOUNT

FN	ADJUSTED;MEMBER PAID IN ERROR
FO	ADJUSTED;PROVIDER PAID IN ERROR
FP	ADJUSTED;CORRECTED BILLING RECEIVED
FQ	ADJUSTED;INCORRECT UNITS
FR	ADJUSTED;REQUESTED INFORMATION RECEIVED
FS	ADJUSTED;PER APPEAL DECISION
FT	ADJUSTED;TIMLEY FILING LIMIT
FV	ADJUSTED;PER APPROVED REQUEST FROM CLIENT
FW	ADJUSTED;BENEFIT DOLLAR MAXIMUM MET
FX	ADJUSTED;LIFETIME MAXIMUM MET
FY	ADJUSTED;CODING ERROR
FZ	ADJUSTED;INAPPROPRIATE DENIAL
G1	DIAGNOSIS IS NOT COVERED
G3	NO OUT-OF-PLAN COVERAGE
G4	AUTHORIZED UNITS HAVE BEEN EXHAUSTED
G5	DATES OF SVC OUTSIDE DATES AUTHORIZED
G6	DAILY THERAPY LIMITS EXCEEDED
G7	BILLING PROVIDER NOT AUTHORIZED
G8	LEVEL OF CARE BILLED NOT AUTHORIZED
G9	REQUESTED INFORMATION NOT RECEIVED
GA	REQUESTED INFORMATION NOT RECEIVED
GB	PAID IN FULL BY OTHER HEALTH INSURANCE
GC	SERVICES INCLUDED IN PER DIEM
GD	NO AUTHORIZATION AVAILABLE FOR THIS DOS
GE	PROVIDER NOT LICENSED TO PERFORM SERVICE
GF	DUPLICATE CLAIM
GG	INVALID PROCEDURE CODE
GH	INVALID DIAGNOSIS CODE
GI	CLAIM FILED OUTSIDE TIME LIMIT
GJ	SVCS BEFORE/AFTER GROUP EFFECTIVE DATE
GK	MEMBER NOT ELIGIBLE AT TIME OF SERVICE
GL	NOT A COVERED SERVICE
GT	MEMBER NOT ELIGIBLE AT TIME OF SERVICE
GU	SUBSCRIBER NOT ELIGIBLE AT TIME OF SERVICE
GX	AUTHORIZED UNITS EXCEEDED
H0	SERVICES REQUIRE PREAUTHORIZATION
HB	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
HG	REFER SERVICE TO MEDICAL PAYOR
HL	REFER TO MEDICAL PAYOR FOR PROCESSING
HO	PROVIDER NOT LICENSED OR CERTIFIED
HP	DIAGNOSIS NOT PROVIDED
HQ	SERVICES PROVIDED NOT AUTHORIZED
HT	PROVIDER IS NOT CONTRACTED TO PERFORM SERVICE
HY	SERVICE NOT COVERED AS A SEPARATE CHARGE
I8	PLEASE SUBMIT PAY-TO ADDRESS IN BLOCK 33
IH	RESUBMIT CLAIM WITH CORRECT TAX ID
IO	NO FEE SCHEDULE FOUND FOR SVC
IQ	SERVICE INVALID FOR VENDOR
IY	DIAGNOSIS CODE NOT SUBMITTED
JI	CLAIM RETURNED FOR ADDITIONAL INFORMATION
JK	RESUBMIT WITH SERVICING PROVIDER NAME & LICENSURE
JP	RESUBMIT CLAIM WITH VALID PROCEDURE CODE

JQ	RESUBMIT CLAIM WITH PRIMARY CARRIER'S EOB
JR	RESUBMIT CLAIM WITH MEDICARE EOMB
JS	RESUBMIT CLAIM WITH MEMBER'S SIGNATURE
JT	RESUBMIT CLAIM WITH VALID ICD-9 CODE
JU	RESUBMIT CLAIM WITH SERVICING PROVIDER'S SIGNATURE
JV	RESUBMIT CLAIM WITH ITEMIZED STATEMENT
JW	RESUBMIT CLAIM WITH INDIVIDUAL DATES OF SERVICE
JY	FUTURE DATE OF SERVICE NOT ALLOWED
K8	CHECK IS CORRECT-ADD'L PMT FOR PREV DATE OF SVC
KC	PAID BY MEDICAL CARRIER
KH	PLEASE SUBMIT VALID DATES OF SERVICE
KI	PLEASE SUBMIT CORRECT PLACE OF SERVICE
KL	ADJUSTED DUE TO PAYMENT AMOUNT ERROR
KR	RESUBMIT WITH VALID PLACE OF SERVICE
KV	DUPLICATE OF CLAIM THAT WAS PREVIOUSLY ADJUSTED
KY	PLEASE RESUBMIT CLAIM ON A UB92 CLAIM FORM
KZ	RESBMT CLM TO PRIMARY INSURANCE FOR CONSIDERATION
L2	SUBMIT WITH VALID PLACE OF SERVICE
LC	ADJ-CLAIM PD IN ERROR. PER PROVIDER
LL	MEMBER NOT IDENTIFED ON CLIENT ELIGIBILITY FILE
LQ	RESUBMIT CLAIM WITH PROVIDER'S MEDICAID NUMBER
LT	PLEASE RESUBMIT CLAIM WITH VALID CHARGED AMOUNT
M7	SERVICES AFTER MEMBER TERMINATION DATE
MB	PROVIDER NOT MEDICAID ELIGIBLE
MR	PROV CAPACITY IS BLANK
MT	ALLOWED AMOUNT COVERED IN FULL BY OTHER HLTH INS.
MW	ADJUSTED;DUPLICATE CLAIM PAYMENT
N6	ADJUSTED;PER ADMINISTRATIVE DECISION
NU	PROVIDER NOT CONTRACTED AT PRACTICE LOCATION
O6	ADDITIONAL PAYMENT ON A PREVIOUSLY PROCESSED CLAIM
O7	OVERPAYMENT ON A PREVIOUSLY PROCESSED CLAIM
O8	PAYMENT MADE PER SUBMITTED CHARGES
OP	RESUBMIT CLAIM WITH VALID DSMIV (DIAGNOSIS) CODE
OQ	RESUBMIT CLAIM /W VALID ICD9/DSMIV DIAGNOSIS CODE
PK	CLAIMS IS DUPLICATE,MEMBER NOT FINAN. RESPONSIBLE
PO	PRIOR AUTH REQD; NO MBR FINANCIAL RESPONSIBILITY
PZ	NO AUTH FOR SVCS RENDERED;MBR NOT RESP FOR PAYMENT
QW	ADJUSTED: PROVIDER NOW CONTRACTED
S1	INVALID PROVIDER NUMBER
S2	ADJUSTED: STATE RETROACTIVELY UPDATED ELEIGIBILITY
T9	TIMELY FILING REQUIREMENT WAIVED BY SVC CTR
TB	RESUBMIT CLAIM WITH IRS W-9 FORM
TP	THIS SERVICE CODE IS TPL EXEMPT
W8	PLEASE SEND OTHER INSURANCE INFORMATION
W9	PLEASE HAVE PROVIDER RESUBMIT CLAIM WITH W9
WC	RESUBMIT AS PAPER CLAIM INCLUDING PRIMARY EOB
WD	ONE UNIT OF SERVICE ALLOWED PER MEMBER, PER DAY
XA	1ST ER EXP NECESSARY TO PAY
XC	REVERSED FOR COB
XD	PRIMARY APPLIED TO DEDUCTIBLE
XE	PRIMARY'S BENEFITS EXHAUSTED
XG	VOI DENIED DUE TO PRIMARY CARRIER'S DENIAL

XH	PRIMARY CARRIER DENIED SERVICES, VOI PAID AS PRIM
XI	REFER SERVICE TO MEDICAL PAYOR
XJ	PMT REDUCED BY MEDICARE PMT
XM	RESUBMIT CLAIM WITH EOMB AND MEDIGAP EOB
XO	LICENSE # NEEDED IN BLOCK 82
XQ	STATE'S SERVICE CODE REQUIRED
XR	PROV NOT CONTRACTED FOR DX CODE
XT	NON-COVERED SERVICE WITH SUBSTANCE ABUSE DIAGNOSIS
XU	NON-COVERED SERVICE WITH PSYCH DIAGNOSIS
XW	PMT REDUCED BY PRIM CARR PMT
YA	RESUBMIT WITH CORRECT PAY TO LOCATION