

**Federal Employee Program (FEP)
Message Codes**

001 NOT IN ACCORDANCE WITH PROFESSIONAL STANDARDS
002 EXPERIMENTAL AND INVESTIGATIONAL - PATIENT RESPONSIBLE
003 EXPERIMENTAL OR INVESTIGATIONAL - PROVIDER RESPONSIBLE
004 NOT MEDICALLY NECESSARY SERVICES AND SUPPLIES - PATIENT RESPONSIBLE
005 WEEKEND ADMISSION NOT MEDICALLY NECESSARY
006 CARE OF OBESITY
007 REMOVAL OF CORNS OR CALLUSES AND NAIL CARE
008 BIOFEEDBACK THERAPY, SELF - CARE OR SELF - HELP TRAINING
009 NONCOVERED THERAPIES
010 SEX TRANSFORMATION/PROBLEMS
011 CARE BY FAMILY MEMBER
012 INPATIENT PRIVATE DUTY NURSING
013 CONVENIENCE ITEMS
014 MAXIMUM BENEFITS PAID BY OTHER COVERAGE AND FEP
015 MAXIMUM BENEFITS PAID BY OTHER COVERAGE AND MEDICARE
016 MAXIMUM BENEFITS PAID BY OTHER COVERAGE
017 SUBROGATION RECOVERY
018 ZERO PAID CLAIM - SENDING WORKERS' COMPENSATION SURVEY
019 SERVICES APPEAR ELIGIBLE FOR WORKERS' COMPENSATION - RESUBMIT THE CLAIM
020 WELL CHILD EXCEEDS 22 YEARS - BOTH OPTIONS
021 NONCOVERED FACILITY
022 FREESTANDING AMBULATORY FACILITY
023 CARE IN A VA. HOSPITAL (VALID ON AND AFTER 1/1/87)
024 PROVIDER NOT A PHYSICIAN/NONCOVERED PROVIDERS
025 PROVIDER NOT QUALIFIED TO PERFORM NURSING SERVICES
026 PROVIDER NOT A PHYSICAL THERAPIST
027 PROVIDER NOT A COVERED MENTAL HEALTH PROVIDER
028 PROVIDER NOT LICENSED FOR SERVICE IN MEDICALLY UNDERSERVED AREA
029 COVERED SERVICE BY PROVIDER ONLY IN MEDICALLY UNDERSERVED AREAS
030 NON - PARTICIPATING PROVIDER - PAYMENT AND EOB TO MEMBER
031 DEBARRED PROVIDER - SUBSEQUENT CLAIM WITHIN 30 - DAY GRACE PERIOD
032 DEBARRED PROVIDER - SUBSEQUENT CLAIM INCURRED AFTER 30- DAY GRACE PERIOD
033 PROVIDER DEBARRED BEFORE JANUARY 1, 1992
034 PROVIDER DEBARRED AFTER JANUARY 1, 1992
035 INPATIENT PRIVATE DUTY NURSING - AFTER 1/1/96
036 SERVICES APPEAR ELIGIBLE FOR WORKERS' COMPENSATION - NEED WC NOTICE
037 MAXIMUM BENEFITS PAID BY OTHER COVERAGE - MEMBER NOT RESPONSIBLE
038 MAXIMUM BENEFITS PAID BY MEDICARE MEMBER NOT RESPONSIBLE
039 CHARGES PAID IN FULL BY AUTOMOBILE INSURANCE - NO LIABILITY
040 MEMBER RECEIVED SELF-REFERRED LEVEL OF BENEFITS - POS
041 IN-NETWORK BENEFIT ONLY - NO REFERRAL ON RECORD, MEMBER LIABLE – POS
042 MEMBER HAS NOT SELECTED A PRIMARY CARE PHYSICIAN - POS
043 IN-NETWORK BENEFIT ONLY - NO REFERRAL ON RECORD, MEMBER NOT LIABLE - POS
044 NUMBER OF VISITS/SERVICES EXCEEDS REFERRAL LIMITATION
046 SELF-REFERRED OB/GYN BENEFITS - POS

047 DATES OF SERVICE BILLED NOT WITHIN THE DATES CONTAINED ON THE REFERRAL ON FILE - POS
048 CLAIM NOT FILED WITHIN PROVIDER'S CONTRACTUAL TIME LIMITATION, MEMBER NOT LIABLE
049 SERVICES BILLED AS INPATIENT, REFERRAL WAS FOR OUTPATIENT SETTING - POS
050 SERVICES NOT FILED BY THE CORRECT BILLING PARTY - POS
051 NOT MEDICALLY NECESSARY EXTENDED MATERNITY ADMISSION PRIOR TO JANUARY 1, 1998 - MEMBER RESPONSIBLE
052 CERTIFICATION OF EXTENDED MATERNITY ADMISSION PRIOR TO JANUARY 1, 1998, NOT OBTAINED - PROVIDER RESPONSIBLE
053 CERTIFICATION OF EXTENDED MATERNITY ADMISSION PRIOR TO JANUARY 1, 1998, NOT OBTAINED - MEMBER RESPONSIBLE
054 FORWARDING CLAIM TO ANTI-FRAUD INVESTIGATION UNIT
055 INTERPRETATION/COMPONENT NOT REQUIRED - MEMBER NOT LIABLE
056 INTERPRETATION/COMPONENT NOT REQUIRED - MEMBER LIABLE
057 SERVICE IS OUTSIDE THE PROVIDER'S SCOPE OF LICENSURE - MEMBER NOT LIABLE
058 SERVICE IS OUTSIDE THE PROVIDER'S SCOPE OF LICENSURE MEMBER LIABLE
059 SERVICES AND SUPPLIES FURNISHED WITHOUT CHARGE OR PAID BY GOVERNMENT AGENCY
060 NOT MEDICALLY NECESSARY EXTENDED MATERNITY ADMISSION ON OR AFTER JANUARY 1, 1998 - MEMBER RESPONSIBLE
061 CERTIFICATION OF EXTENDED MATERNITY ADMISSION ON OR AFTER JANUARY 1, 1998, NOT OBTAINED - PROVIDER RESPONSIBLE
062 CERTIFICATION OF EXTENDED MATERNITY ADMISSION AFTER JANUARY 1, 1998, NOT OBTAINED - MEMBER RESPONSIBLE
063 OUT OF NETWORK PROVIDER RENDERING SERVICES TO BASIC OPTION MEMBER
064 ACCIDENTAL INJURY - DENTAL SERVICES INCURRED MORE THAN 12 MONTHS AFTER THE ACCIDENT DATE
065 PRIOR APPROVAL NOT OBTAINED FOR MHSA SERVICES - BASIC OPTION - SUB LIABLE
066 ADDITIONAL INFORMATION REQUESTED FROM PROVIDER- PPO or PAR PROVIDERS ONLY
067 NON-COVERED CHIROPRACTIC SERVICES - BASIC OPTION
068 PRIOR APPROVAL NOT OBTAINED FOR MHSA SERVICES - PROVIDER RESPONSIBLE
100 PRIVATE ROOM ALLOWANCES
101 ANESTHESIA BY OPERATING PHYSICIAN - PATIENT RESPONSIBLE PRIOR TO 1/1/96
102 ANESTHESIA BY OPERATING PHYSICIAN - PROVIDER RESPONSIBLE - PRIOR TO 1/1/96
103 ANESTHESIOLOGIST NOT USUALLY REQUIRED - NEED ADDITIONAL INFORMATION
104 SURGICAL ASSISTANT NOT USUALLY REQUIRED - NEED ADDITIONAL INFORMATION - PREFERRED OR PARTICIPATING PROVIDER
105 SURGICAL ASSISTANT NOT USUALLY REQUIRED - NEED ADDITIONAL INFORMATION - NON - PREFERRED OR NON - PARTICIPATING PROVIDER
106 NON-MEMBER HOSPITAL BENEFITS PROVIDED FOR OUTPATIENT SERVICES - NO FURTHER LIABILITY
107 INPATIENT HOSPITAL/HOSPICE STAY EXCEEDS FIVE DAYS
108 PRECERTIFICATION NOT OBTAINED - PATIENT PENALTY
109 PRECERTIFICATION NOT OBTAINED - PROVIDER RESPONSIBLE
110 PRECERTIFICATION PROGRAM - PROVIDER OBTAINED REVIEW
111 PRECERTIFICATION PROGRAM - PLAN RESPONSIBLE
112 NOT MEDICALLY NECESSARY SERVICES/SUPPLIES - PROVIDER RESPONSIBLE
113 NOT MEDICALLY NECESSARY INPATIENT TREATMENT - PATIENT RESPONSIBLE
114 NOT MEDICALLY NECESSARY INPATIENT CARE - PROVIDER RESPONSIBLE
115 WEEKEND ADMISSION NOT MEDICALLY NECESSARY - PROVIDER RESPONSIBLE
116 TIME BETWEEN HOSPITAL STAYS LONGER THAN 48 HOURS
117 NON - COVERED HOSPITAL VISITS
118 CHARGE INCLUDED IN OBSTETRICAL CARE PAYMENT
119 BILLING FOR OBSTETRICAL CARE BEFORE CARE IS PERFORMED

120 REVERSE STERILIZATION
121 ARTIFICIAL INSEMINATION OR IN VITRO FERTILIZATION
123 ROUTINE AND PERIODIC EXAMS AND IMMUNIZATIONS
124 LIMIT FOR IMMUNIZATION SERVICES MET
125 LIMIT FOR ROUTINE SCREENING SERVICES MET
126 NON - COVERED VISIT FOR ROUTINE SCREENING SERVICES
127 CHILD EXCEEDS AGE LIMIT FOR WELL CHILD CARE – BOTH OPTIONS
129 NONCOVERED OCCUPATIONAL/SPEECH THERAPY
130 SERVICE NOT DOCUMENTED IN MEDICAL RECORDS
132 EYE EXERCISES, VISUAL TRAINING OR ORTHOPTICS NOT COVERED - PRIOR TO 1/1/96
133 EYE EXAMINATIONS
134 ONLY ONE SET OF LENSES
135 BENEFITS LIMITED FOR EYEGLASSES OR CONTACT LENSES
136 CONVALESCENT CARE NOT COVERED
137 CUSTODIAL CARE NOT COVERED
138 DOMICILIARY CARE NOT COVERED
139 CONCURRENT CARE BENEFIT LIMIT
140 CARE IN A NURSING HOME OR EXTENDED CARE FACILITY
141 HOME HEALTH CARE NOT COVERED (HIGH OPTION)
142 HOME HEALTH CARE NOT COVERED (HIGH OPTION)
143 HOME HEALTH CARE - PRIOR APPROVAL NOT OBTAINED
144 HOME NURSING SERVICES
145 MAXIMUM FOR HOME NURSING CARE PAID ON PRIOR CLAIM
146 HOME NURSING CARE LIMITED TO TWO HOURS PER DAY
147 CHARGES FOR DELUXE DURABLE MEDICAL EQUIPMENT NOT COVERED
148 RENTAL OF DURABLE MEDICAL EQUIPMENT COVERED IF LESS EXPENSIVE THAN PURCHASE
149 ITEM DOES NOT QUALIFY AS DURABLE MEDICAL EQUIPMENT
151 RENTAL CHARGES FOR DME PAID FOR USE DETERMINED TO BE MEDICALLY NECESSARY
152 RENTAL OF DME - BENEFITS WILL BE PAID UP TO THE PURCHASE PRICE
153 LIMIT OF ONE BRA FOR AN EXTERNAL BREAST PROSTHESIS
154 CHARGES FOR LATE CHECK - OUT FROM HOSPITAL
155 REMOVAL OF CASTS OR SUTURES
156 NONCOVERED AMBULANCE SERVICE - TRANSPORTATION NOT TO NEAREST HOSPITAL
157 NONCOVERED AMBULANCE SERVICE
158 AIR AMBULANCE TRANSPORTATION - DOES NOT MEET CRITERIA
159 AIR AMBULANCE TRANSPORTATION - DOES NOT MEET CRITERIA - PATIENT NOT RESPONSIBLE
160 NON-COVERED AMBULANCE SERVICE - PATIENT NOT RESPONSIBLE
161 NON-COVERED AMBULANCE SERVICE - TRANSPORTATION NOT TO NEAREST HOSPITAL- PATIENT NOT RESPONSIBLE
162 HEARING EXAM NOT COVERED UNLESS RELATED TO ILLNESS OR INJURY
163 FREESTANDING AMBULATORY FACILITY COVERED AT 70% - PRIOR TO 1/1/96
164 NONCOVERED COSMETIC SERVICES
165 SERVICES AND SUPPLIES NOT LISTED AS COVERED IN BROCHURE
166 INCIDENTAL SURGICAL PROCEDURES NOT COVERED
169 HOME HEALTH CARE NOT PREAUTHORIZED - HIGH OPTION
170 MAJOR ORGAN TRANSPLANT NOT PREAUTHORIZED
171 HOME NURSING VISIT MAXIMUM REACHED
172 HOME HEALTH CARE MAXIMUM REACHED - HIGH OPTION
173 EYE EXERCISES, VISUAL TRAINING OR ORTHOPTICS NOT COVERED - AFTER 1/1/96

174 ACCIDENTAL INJURY CARE AFTER 72 HOUR TIME LIMIT- AFTER 1/1/96
175 NEWBORN CARE SELF ONLY ENROLLMENT - AFTER 1/1/96
176 ANESTHESIA BY OPERATING PHYSICIAN - PATIENT RESPONSIBLE AFTER 1/1/96
177 ANESTHESIA BY OPERATING PHYSICIAN –PROVIDER RESPONSIBLE – AFTER 1/1/96
178 EYEGASSES NONCOVERED FOR AMBLYOPIA AND STRABISMUS - AFTER 1/1/96
179 INCIDENTAL SURGICAL PROCEDURES NOT COVERED - MEMBER NOT RESPONSIBLE
180 ALLOWANCE FOR PRE OR POST OPERATIVE CARE INCLUDED IN THE FEE FOR SURGERY - PATIENT NOT RESPONSIBLE
181 ALLOWANCE FOR PRE OR POST OPERATIVE CARE INCLUDED IN THE FEE FOR SURGERY - PATIENT RESPONSIBLE
182 INPATIENT MEDICAL VISITS WITHOUT A CORRESPONDING INPATIENT HOSPITAL STAY
183 ABORTIONS NOT COVERED - AFTER 1/1/96
184 EXCEEDS VISIT LIMITS - HIGH/STANDARD OPTIONS
185 PRECERTIFICATION NOT OBTAINED - PROVIDER RESPONSIBLE - ALL CHARGES
186 RENTAL OF DURABLE MEDICAL EQUIPMENT - PAYING PURCHASE PRICE - PATIENT NOT RESPONSIBLE
187 RENTAL OF DURABLE MEDICAL EQUIPMENT - PAYING PURCHASE PRICE - PATIENT RESPONSIBLE
188 AMBULANCE REPORT REQUIRED
190 SECOND SELF-REFERRED OB/GYN VISIT FOR CALENDAR YEAR (SICK DIAGNOSIS) - POS
191 DME BENEFITS EXHAUSTED, MEMBER HELD HARMLESS
192 LIMIT FOR ROUTINE SCREENING SERVICES MET-PATIENT NOT RESPONSIBLE
193 INITIAL CONTACT FOR ACCIDENTAL INJURY - NEED SURVEY COMPLETED
194 SUBSEQUENT CONTACT FOR ACCIDENTAL INJURY - NEED SURVEY COMPLETED
195 NON-COVERED HOSPITAL VISITS - MEMBER NOT LIABLE
197 CAPITATION AGREEMENT PROHIBITS PROVIDER FROM BILLING MEMBER - POS
198 CRNA CLAIM NOT A DUPLICATE
199 ANESTHESIOLOGIST CLAIM NOT A DUPLICATE
200 ORAL CONTRACEPTIVES
201 NONPRESCRIPTION NUTRITIONAL SUPPLEMENTS AND VITAMINS
202 NONPRESCRIPTION DRUGS
203 NOT MEDICALLY NECESSARY DRUGS AND INJECTIONS
204 NO BENEFITS FOR SENIOR CITIZENS' DISCOUNT ON DRUGS
205 DRUG NAME AND QUANTITY REQUIRED (CHARGES INCURRED BEFORE 1/1/93)
206 DIAGNOSIS FOR EACH DRUG REQUIRED
207 FORWARDING PRESCRIPTION DRUG CLAIM TO RETAIL PHARMACY PROGRAM
208 FAMILY PRESCRIPTION DRUG DEDUCTIBLE PREVIOUSLY MET
209 FAMILY PRESCRIPTION DRUG DEDUCTIBLE MET - CURRENT CLAIM
210 PARTIAL PRESCRIPTION DRUG DEDUCTIBLE TAKEN
211 NO BENEFITS FOR MAIL SERVICE COPAYMENT
212 CARE FOR SUBSTANCE ABUSE IN A FREESTANDING REHABILITATION FACILITY
213 SCHOOL OR HALFWAY HOUSE
214 MARITAL, FAMILY, EDUCATIONAL OR OTHER COUNSELING OR TRAINING SERVICES
215 TESTING TO DIAGNOSE A LEARNING DISABILITY
216 THERAPY LIMITED TO TWO HOURS PER DAY
217 HOSPITALIZATION FOR DENTAL WORK
218 DENTAL - NO OTHER LIABILITY
219 NON-COVERED DENTAL SERVICES – BASIC AND STANDARD OPTIONS
220 CHARGES FOR DENTAL SERVICES EXCEED DENTAL ALLOWANCE
221 NONCOVERED DENTAL CARE
222 HIGH OPTION DENTAL EXCLUDED

223 DENTAL MAXIMUM ALLOWABLE CHARGE REDUCTION - PATIENT NOT RESPONSIBLE
224 FORWARDING DENTAL CLAIM TO FEDERAL DENTALBLUE
225 OUTPATIENT FACILITY CHARGE FOR DENTAL CARE NOT COVERED
226 ACCIDENTAL DENTAL INJURY
227 OBTAIN NAME OF DRUG - RESUBMIT WITH COMPLETED CLAIM FORM
228 MENTAL CONDITIONS OUTPATIENT VISIT MAXIMUM REACHED
229 MEMBER HAS REACHED THE \$1,500 DME ANNUAL MAXIMUM - POS
230 CLAIM THAT MET THE \$1,500 DME ANNUAL MAXIMUM - POS
231 PRESCRIPTION DRUG COPAY IS GREATER THAN CHANGE - POS
232 MEMBER ACCUMULATING TOWARDS 30-DAY SKILLED NURSING BENEFIT - POS
233 MEMBER ACCUMULATING TOWARDS 20 VISIT CHIROPRACTIC LIMIT - POS
234 MEMBER ACCUMULATING TOWARDS THE \$1,500 DME ANNUAL MAXIMUM - POS
235 POS MEMBER HAS MEDICARE PART B (PCS USE)
236 NON-POS MEMBER HAS MEDICARE PART B AND RESIDES IN A NURSING HOME (PCS USE)
237 POS MEMBER HAS MEDICARE PART B AND RESIDES IN A NURSING HOME - POS (PCS USE)
238 NON-COVERED DENTAL CARE-SERVICES AFTER 12/ 31/ 1997
239 HIGH OPTION DENTAL EXCLUDED-SERVICES AFTER 12/ 31/ 1997
240 OUTPATIENT PPO MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN REMINDER – HIGH/STANDARD OPTION (AFTER 12/31/2000)
241 NO TREATMENT PLAN RECEIVED FROM PREFERRED PROVIDER FOR OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES – NON-PREFERRED BENEFITS PROVIDED (MEMBER IS NOT LIABLE – HIGH/STANDARD OPTION (AFTER 12/31/2000)
242 OUTPATIENT PPO MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN DENIAL – HIGH/STANDARD OPTION (AFTER 12/31/2000)
243 NO TREATMENT PLAN RECEIVED FROM PREFERRED PROVIDER FOR OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES – NON-PREFERRED BENEFITS PROVIDED (MEMBER IS LIABLE) – HIGH/STANDARD OPTION (AFTER 12/31/2000)
244 OUTPATIENT MENTAL HEALTH SUBSTANCE ABUSE BENEFITS FOR MARITAL AND FAMILY COUNSELING SERVICES LIMITED TO PREFERRED PROVIDERS – HIGH/STANDARD OPTION (AFTER 12/231/2000)
245 OUTPATIENT PPO MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN REQUIRED DUE TO OPL COVERAGE BEING EXHAUSTED OR DENIED – HIGH/STANDARD OPTION (AFTER 12/31/2000)
246 OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE VISITS MAXIMUM – STANDARD OPTION (AFTER DECEMBER 31, 2000)
247 OUTPATIENT MENTAL HEALTH SUBSTANCE ABUSE – NO BENEFITS FOR EDUCATIONAL AND OTHER COUNSELING OR TRAINING SERVICES – HIGH/STANDARD OPTION (AFTER 12/31/2000)
249 DENTAL SEALANTS NOT COVERED FOR PATIENTS OVER AGE 16
250 DENTAL MAXIMUM ALLOWABLE CHARGE REDUCTION – PATIENT RESPONSIBLE
300 CLAIM ALREADY PAID IN FULL BY MEDICARE AND FEDERAL EMPLOYEE PROGRAM
301 SERVICES RECEIVED AFTER 18 - MONTH BENEFIT PERIOD FOR END - STAGE RENAL DISEASE
302 SUBSCRIBER NOT AN ACTIVE EMPLOYEE; FEP NOT PRIMARY TO MEDICARE
303 MEDICARE BENEFITS ASSIGNED - BALANCE NOT COVERED
304 CLAIM PAID PRIMARY - SENDING COORDINATION OF BENEFITS/MEDICARE SURVEY FOR FUTURE CLAIMS
305 ZERO PAID CLAIM - SENDING COORDINATION OF BENEFITS/MEDICARE SURVEY
306 ZERO PAID CLAIM - WAITING FOR RESPONSE TO COORDINATION OF BENEFITS/MEDICARE, SUBROGATION OR WORKERS' COMPENSATION SURVEY
307 SUBMIT CLAIM FIRST TO MEDICARE - MEMBER PAYABLE
308 SUBMIT CLAIM FIRST TO MEDICARE, THEN TO FEP
309 REQUEST FOR MEDICARE PAYMENT FORM FORWARDED
310 DEDUCTIBLE AND COINSURANCE DO NOT APPLY – MEDICARE PART B
311 SUBMITTED INCORRECT INFORMATION TO MEDICARE

312 MEDICARE AND VA BENEFITS
313 MEDICARE SUMMARY NOTICE INFORMATION IS DIFFERENT FROM ITEMIZED BILL
316 COPY OF MEDICARE SUMMARY NOTICE REQUIRED
317 MEDICARE BALANCE TO PLAN IN AREA WHERE PATIENT RESIDES
318 MEDICARE DENIAL REASON
319 FEP TERTIARY TO MEDICARE AND OTHER CARRIER COVERAGE
320 COB - POS
321 MEMBER WITH PRIMARY MEDICARE PREPAID PLAN COVERAGE LIABLE FOR COINSURANCE AND DEDUCTIBLES
322 INITIAL CONTACT FOR POSSIBLE COB - NEED QUESTIONNAIRE COMPLETED
323 SUBSEQUENT CONTACT FOR POSSIBLE COB - NEED QUESTIONNAIRE COMPLETED
324 INITIAL CONTACT FOR POSSIBLE MEDICARE - NEED SURVEY COMPLETED
326 MEDICARE COB FOR VA, DoD AND IHS FACILITIES
327 SERVICES RECEIVED AFTER 30 - MONTH BENEFIT PERIOD FOR END-STAGE RENAL DISEASE
328 COB FOR MEDICARE (OPT OUT) PRIVATE CONTRACTS
400 CALENDAR YEAR DEDUCTIBLE NOT MET - NO COORDINATION OF BENEFITS
401 DEDUCTIBLE OR COINSURANCE NOT DUE - TREATMENT OF NONMENTAL CONDITION
402 DEDUCTIBLE OR COINSURANCE NOT DUE - TREATMENT OF MENTAL CONDITIONS/ SUBSTANCE ABUSE (PRIOR TO 1/1/95)
403 DEDUCTIBLE OR COINSURANCE NOT DUE - CATASTROPHIC ALREADY MET
404 DEDUCTIBLE MET BY TWO FAMILY MEMBERS (BEFORE 1/1/92)
405 FAMILY CALENDAR YEAR DEDUCTIBLE ALREADY MET
406 FAMILY CALENDAR YEAR DEDUCTIBLE MET - CURRENT CLAIM
407 ADMISSION DEDUCTIBLE WAIVED - PREFERRED PROVIDER AGREEMENT
408 CHARGE APPLIED TO CATASTROPHIC PROTECTION MAXIMUM
410 PARTIAL DEDUCTIBLE TAKEN
413 TRANSPLANT LIFETIME MAXIMUM ACCUMULATION - STANDARD OPTION PRIOR TO 1/1/96
414 MEMBER'S COINSURANCE AND/OR DEDUCTIBLE WAIVED BY PROVIDER
500 ADVANCE BILLING
501 MISSED OR CANCELED APPOINTMENT
502 CREDITS AND DISCOUNTS
503 CHARGES APPLIED ON PRIOR CLAIM
504 PATIENT IN HOSPITAL ON EFFECTIVE DATE OF ENROLLMENT CHANGE - BETWEEN OPTIONS
505 PATIENT IN HOSPITAL ON EFFECTIVE DATE OF ENROLLMENT CHANGE TO FEP
506 TIMELY FILING
507 REMINDER FOR FILING LONG - TERM CARE
508 NEED SIGNATURE OF THE ENROLLEE
509 A SPECIFIC DIAGNOSIS IS NECESSARY ON EACH CLAIM FORM
510 PHYSICIAN MUST CERTIFY MEDICAL NECESSITY
511 BILL FOR BLOOD CHARGE MUST SHOW PAID BY PATIENT
512 NAME OF SUBSTANCE AND METHOD OF INJECTION REQUIRED
513 LENGTH OF SESSIONS NEEDED ON FUTURE MENTAL CONDITIONS CLAIMS
514 HOME NURSING CARE SERVICES ITEMIZATION REQUIRED
515 ITEMIZED BILL REQUIRED FOR RENTAL OF DURABLE MEDICAL EQUIPMENT
516 THERAPY FOR MENTAL CONDITIONS/SUBSTANCE ABUSE CARE -ITEMIZATION REQUIRED
517 BILL FOR PSYCHOLOGICAL TESTING NOT ITEMIZED
518 ITEMIZED BILLS PREPARED BY PROVIDER REQUIRED
519 ITEMIZED BILLS FOR INJECTIONS REQUIRED
520 ITEMIZED BILLS

521 ITEMIZED BILLS AND EOB FORM FOR OTHER COVERAGE REQUIRED
522 CORRECTED EOB OR ITEMIZED BILL REQUIRED
523 ITEMIZED BILL REQUIRED - RETURN EOB
524 REQUESTING ITEMIZED BILLS ON FUTURE CLAIMS
525 PERSONALLY PREPARED BILLS, RECEIPTS OR CHECKS
526 SEPARATE CLAIM FORMS REQUIRED FOR EACH PATIENT
527 ENCLOSED FORM TO BE COMPLETED
528 SEND APPEAL TO PLAN REJECTING SERVICE OR SUPPLY
529 OUT OF AREA CLAIMS FORWARDED
530 INPATIENT CLAIMS FORWARDED
531 PATIENT'S LAST NAME DIFFERS FROM ENROLLMENT RECORDS
532 PATIENT'S LAST NAME DIFFERS FROM CONTRACT HOLDER
533 EOB FOR ADJUSTMENT OR VOID
534 DENIAL OF BENEFITS MAY BE APPEALED
535 PROCESSING DELAY/ADDITIONAL INFORMATION REQUESTED
536 SENDING NURSING FORM FOR FUTURE CLAIMS
537 SENDING PHYSICAL THERAPY FORM FOR FUTURE CLAIMS
538 BIRTH DATE INCORRECT - NEED FORM
539 FUTURE CLAIMS REQUIRE COMPLETION OF ENTIRE FEP CLAIM FORM
540 FUTURE CLAIMS REQUIRE NAME AND CHARGE OF INJECTION AND MEDICATION
541 REFUND DUE FEP TAKEN FROM CLAIM
542 REFUND IS DUE FEP
543 SPECIAL LETTER ENCLOSED
544 SPECIAL LETTER TO FOLLOW
545 OUT OF AREA POS CLAIM MUST BE SUBMITTED TO HOME PLAN FOR PROCESSING
546 PROFESSIONAL OR PHYSICIAN SERVICES BILLED BY THE FACILITY
547 NEED DATE OF ACCIDENT
549 NEED CLEAR AND LEGIBLE ITEMIZED BILLS AND/OR MEDICAL RECORDS
551 SUBROGATION - PROCESSING CLAIM WITHOUT INFORMATION
552 DUAL FEHBP ENROLLMENTS
553 NEED OPERATIVE REPORT
554 NEED PATHOLOGY REPORT
555 SUBMIT TO AUTO INSURANCE FIRST
556 SENT CORRESPONDENCE TO CUSTOMER SERVICE FOR A RESPONSE
557 NEED ITEMIZED DENTAL BILLS
558 NEED ALLERGY TEST INFORMATION
559 NEED DURATION AND TYPES OF PHYSICAL, SPEECH OR OCCUPATIONAL THERAPY
560 NEED CORRECT PROCEDURE CODE OR ADDITIONAL INFORMATION - PARTICIPATING OR PREFERRED PROVIDER
561 NEED CORRECT PROCEDURE CODE - NON-PARTICIPATING OR NON-PREFERRED PROVIDER
563 AUTHORIZE PAYMENT TO SPECIAL RECIPIENT
564 NEED PRE- AND POSTOPERATIVE X-RAYS, OPERATIVE REPORT AND ITEMIZED BILL
565 NEED MEDICAL RECORDS
566 OVERSEAS - NEED ENGLISH TRANSLATION OF BILLS
567 OVERSEAS - NEED ENGLISH TRANSLATION OF MEDICAL INFORMATION FORM
568 OVERSEAS - NEED PRESCRIPTION DRUG NAMES
569 OVERSEAS - NEED DIAGNOSIS
570 OVERSEAS - NEED CLINICAL RECORDS
571 OVERSEAS - STATEMENT OF CHARGES FOR EACH SERVICE

572 OVERSEAS - NEED ITEMIZED BILL
573 OVERSEAS - NEED CONCURRENT CARE INFORMATION
574 OVERSEAS - USE OVERSEAS CLAIM FORM IN FUTURE
575 OVERSEAS - CURRENTLY REVIEWING CLAIM
577 OUTPATIENT FACILITY CLAIM - NEED SINGLE DATE OF SERVICE CHARGE LINES
578 CLAIM SPLIT - INPATIENT HOSPITAL CLAIM SPANS CALENDAR YEARS
579 ITEMIZED BILLS REQUIRED - RETURN ENCLOSED CLAIM AND STATEMENT
580 CLAIM FORM, ITEMIZED BILLS, EOB OR REJECTION NOTICE REQUIRED
584 EOB OR OTHER CARRIER STATEMENT REQUIRED FOR REVIEW – CLAIM PROCESSED
585 CHARGES INCURRED AFTER PATIENT'S DEATH
586 NONCOVERED FAMILY MEMBER
587 OTHER CARRIER DEDUCTIBLE NOT MET - TECHNICAL BENEFIT APPLIED
588 RESUBMIT ELIGIBLE CHARGES WITHIN 90 DAYS
589 DUPLICATE CLAIM OF ONE IN PROCESS
590 PARTICIPATING/PREFERRED PROVIDER WILL SUBMIT CLAIM
591 VERIFICATION OF PLACE OF SERVICE
592 NEED DATE OF INTRAOCULAR EYE SURGERY OR EYE INJURY
593 NEED LENGTH OF TIME THE USE OF DME AND MEDICAL NECESSITY CERTIFICATION
594 NEED DURATION (TIME) FOR ANESTHESIA SERVICES
595 SPLIT CLAIM - SEPARATE EOBs AND/OR CHECKS
596 NEED RADIOLOGY REPORT
597 OUT OF AREA CLAIMS - NOT FORWARDED
598 FEHBP CLAIM SUBMISSION REQUIREMENT
599 REQUESTING PROVIDER'S TAX ID OR SOCIAL SECURITY NUMBER
600 MEDICARE PARTICIPATING PROVIDER
601 MEDICARE NON - PARTICIPATING PROVIDER
602 PAYMENT BASED ON PART A BENEFIT AMOUNT (OBRA '90 - PROVIDER EOB)*
603 PAYMENT BASED ON PART A BENEFIT AMOUNT (OBRA '90- PATIENT EOB) (LOWER)
604 PAYMENT BASED ON PART A BENEFIT AMOUNT (OBRA '90 - PATIENT EOB) (HIGHER)
605 PAYMENT REDUCTION DUE TO OBRA '90* (PROVIDER EOB)
607 NEGOTIATED PAYMENT (HIGHER) - PATIENT NOT RESPONSIBLE - PROFESSIONAL CLAIMS
608 NEGOTIATED PAYMENT IS LESS THAN MI INPATIENT AND SUBMITTED CHARGES - NO FEP PAYMENT
609 ALLOWABLE CHARGES - PATIENT RESPONSIBLE
610 ALLOWABLE CHARGES LESS THAN SUBMITTED CHARGES - PATIENT NOT RESPONSIBLE
611 ALLOWABLE CHARGES/PPO REDUCTION/SEPARATE CHARGES - PATIENT NOT RESPONSIBLE
612 ALLOWABLE CHARGES/PPO REDUCTION/SEPARATE CHARGES - PATIENT RESPONSIBLE
613 MAXIMUM SURGICAL BENEFITS PROVIDED – PATIENT RESPONSIBLE
615 MAXIMUM SURGICAL BENEFITS PROVIDED – PROVIDER RESPONSIBLE
617 SUBMITTED CHARGES ARE LESS THAN THE MI INPATIENT COPAYMENT AMOUNT - NO FEP PAYMENT –
NON-MEMBER FACILITY
619 LARGE CASE MANAGEMENT - PRIOR TO 1/1/96
620 FLEXIBLE SERVICE OPTION - AFTER 1/1/96
621 ALLOWANCE FOR NON-PARTICIPATING PROFESSIONAL PROVIDERS - AFTER 1/1/96
622 ADJUSTMENT TO ADD NEWBORN NURSERY CHARGES TO MOTHER'S HOSPITAL CLAIM
623 NEGOTIATED PAYMENT IS LESS THAN THE OUTPATIENT FACILITY COPAYMENT AND SUBMITTED
CHARGES - NO FEP PAYMENT - MEMBER AND PPO FACILITIES
624 SUBMITTED CHARGES ARE LESS THAN THE OUTPATIENT FACILITY COPAYMENT AMOUNT - NO FEP
PAYMENT - NON-MEMBER FACILITY
625 NEGOTIATED PAYMENT HIGHER/FACILITY CLAIMS - PATIENT NOT RESPONSIBLE - AFTER 1/1/96
626 NON-PARTICIPATING PROVIDER ALLOWANCE REMARK (DELETED 1/1/97)

627 NON-PARTICIPATING PROFESSIONAL PROVIDERS AMENDMENT (DELETED 1/1/97)
629 CAPITATED CHARGES - POS
630 ALLOWABLE CHARGES LESS THAN SUBMITTED CHARGES - MEMBER NOT RESPONSIBLE- POS
631 PROVIDER SUBMITTED CLAIM WITH DATA THAT HAS BEEN ALTERED.
632 SUBSCRIBER SUBMITTED CLAIM WITH DATA THAT HAS BEEN ALTERED.
633 OVERSEAS CLAIM - ALLOWABLE CHARGES LESS THAN SUBMITTED CHARGES (PATIENT RESPONSIBILITY)
634 BENEFITS FOR SERVICES INCLUDED IN ALLOWED AMOUNT FOR ANOTHER SERVICE - MEMBER NOT LIABLE
635 BENEFITS FOR SERVICES INCLUDED IN ALLOWED AMOUNT FOR ANOTHER SERVICE - MEMBER LIABLE
636 MEDICARE LIMITING CHARGE
637 OVERSEAS CLAIM - ALLOWABLE CHARGES LESS THAN SUBMITTED CHARGES (PATIENT RESPONSIBLE) - 1/1/97 AND AFTER
638 PRIMARY CARRIER DISCOUNT USED ON COB CLAIM - PATIENT NOT RESPONSIBLE
639 SERVICES EXEMPTED FROM MEDICARE LIMITING CHARGE
640 CLAIM PAID BASED ON MEDICARE OUTPATIENT PROSPECTIVE PAYMENT
900 PUBLIC SERVICE ANNOUNCEMENT - BLUE HEALTH CONNECTION
901 PUBLIC SERVICE ANNOUNCEMENT- SURGICAL BRAS
FAA ID NUMBER NOT ON FILE
FAD CHARGES INCURRED AFTER 365 DAYS FROM TRANSFER - OUT
FAF SELF - ONLY ENROLLMENT - NONCOVERED PATIENT
FAJ CHARGES INCURRED AFTER ENROLLMENT TERMINATED
FAL SERVICES AFTER ENROLLMENT CANCELED
FAM SERVICES AFTER CHANGE OF CARRIER
FAU CLAIM SPLIT - MORE THAN ONE ID
FAV CLAIM SPLIT - MORE THAN ONE ENROLLMENT OPTION
FBB CONTRACT TERMINATED AS POSSIBLE INELIGIBLE
FBW CHARGES INCURRED BEFORE EFFECTIVE DATE OF ENROLLMENT
FEC CHARGES INCURRED BY SPOUSE AFTER DATE OF DIVORCE
FED CHARGES INCURRED BY SPOUSE BEFORE DATE OF MARRIAGE
FEE EXPEDITED ENROLLMENT NOT CONFIRMED - ENROLLMENT TERMINATED RETROACTIVE TO EFFECTIVE DATE
FEF CHILD OLDER THAN 22 AND NOT ENROLLED AS DISABLED DEPENDENT
FEI MILITARY TREATMENT FACILITY EXCLUDED FROM COVERAGE - DoD
FEN KNOWN WORK - RELATED INJURY OR ILLNESS
FEP PATIENT NOT A COVERED FAMILY MEMBER
FEQ HISTORY OF SUBROGATION ON FILE - NOT ON INPUT
FER NO BENEFITS AFTER TERMINATION OF THE CONTRACT
FEY CHARGES INCURRED BY DEPENDENT PRIOR TO DATES OF ELIGIBILITY
FEZ CHARGES INCURRED BY DEPENDENT AFTER END OF ELIGIBILITY
FFC HISTORY OF NO FAULT ON FILE - NOT ON INPUT
FJE PHYSICAL THERAPY VISITS LIMITED TO 75 OR 50 PER YEAR - 1994 AND AFTER
FJF OCCUPATIONAL/SPEECH THERAPY LIMITED TO 25 VISITS PER YEAR - 1994 AND AFTER
FKE DUPLICATE OF CHARGE ON PREVIOUS CLAIM
FKF POSSIBLE DUPLICATE CHARGE ON THIS CLAIM
FKJ NEWBORN CARE SELF ONLY ENROLLMENT - PRIOR TO 1/1/96
FKN MEMBER ADMITTED INTO HOSPITAL FROM THE EMERGENCY ROOM - POS
FKP EXTENDED CARE FACILITY/SKILLED NURSING BENEFIT MAXIMUM Reached - Previous Claim
FKQ INPATIENT HOSPITAL/HOSPICE ADMISSION NOT SEPARATED BY 21 DAYS
FKR EXTENDED CARE FACILITY/SKILLED NURSING BENEFIT MAXIMUM REACHED - THIS CLAIM

FKY TWO HOUR LIMIT FOR THERAPY PAID ON PRIOR CLAIM
FLE CHIROPRACTIC SPINAL MANIPULATIONS - POS
FLF MEMBER HAS EXHAUSTED 30-DAY SKILLED NURSING BENEFIT
FLH SECOND SELF-REFERRED OB/GYN VISIT FOR CALENDAR YEAR (ROUTINE DIAGNOSIS)- POS
FLV MAXIMUM REACHED FOR ORAL EVALUATIONS, PROPHYLAXIS AND FLOURIDE
FMH YOUR COVERAGE PROVIDES BENEFITS FOR HOME HOSPICE CARE UP TO A LIFETIME MAXIMUM BENEFIT OF \$\$\$\$\$\$.
FMI YOUR COVERAGE PROVIDES BENEFITS FOR HOME HOSPICE CARE UP TO A LIFETIME MAXIMUM BENEFIT OF \$\$\$\$\$\$.
FMQ TRANSPLANT LIMIT REACHED ON PRIOR CLAIM - STANDARD OPTION - PRIOR TO 1/1/96
FMR TRANSPLANT LIMIT REACHED ON THIS CLAIM - STANDARD OPTION PRIOR TO 1/1/96
FMT SUBSTANCE ABUSE MAXIMUM REACHED ON CURRENT CLAIM PRIOR TO 1/1/96
FMU SUBSTANCE ABUSE MAXIMUM REACHED ON PRIOR CLAIM PRIOR TO 1/1/96
FMV LIFETIME SMOKING CESSATION MAXIMUM REACHED
FNB PRIOR APPROVAL FOR PPO PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT NOT OBTAINED -- HIGH/STANDARD OPTION (AFTER 12/31/2000)
FND HOME NURSING CARE MAXIMUM REACHED
FNF ELIGIBLE INSTITUTIONAL DAYS FOR MENTAL CONDITIONS EXHAUSTED
FNI CHIROPRACTOR VISITS FOR SPINAL MANIPULATION MAXIMUM
FNJ VISITS LIMITED TO 50 OR 25 PER YEAR
FNK MAXIMUM BENEFITS PROVIDED FOR PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT) AND SPEECH THERAPY (ST)
FNL HOME HEALTH CARE EXCEEDS 90 DAY MAXIMUM - HIGH OPTION
FNS SUBSTANCE ABUSE DAYS OF HOSPITAL CARE EXHAUSTED
FNY OUTPATIENT PPO MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN REQUIRED FOR PREFERRED PROVIDER
FPT ELIGIBLE INSTITUTIONAL DAYS FOR MENTAL CONDITIONS EXHAUSTED
FQD MEMBER NOT VERIFIED - MISSING OR INCOMPLETE INFORMATION
FQF NO RESPONSE TO REQUEST FOR VERIFICATION OF PATIENT ELIGIBILITY
FQG PATIENT NOT IDENTIFIED AS A FAMILY MEMBER BY CONTRACT
FQH DENTAL SEALANTS LIMITED TO ONE PER MOLAR – BASIC OPTION
FRA DEBARRED PROVIDER - INITIAL CLAIM
FRG NUMBER OF MH/SA VISITS EXCEED AMOUNT AUTHORIZED ON TREATMENT PLAN (AFTER 12/31/2000)
FRH VISITS LIMITED TO 50 OR 25 PER YEAR
FRI NON-POS SUBSTANCE ABUSE DAYS OF HOSPITAL CARE EXHAUSTED
FRO MAXIMUM BENEFIT PROVIDED FOR CHIROPRACTIC SERVICES
FRU MAXIMUM BENEFITS PROVIDED FOR INTRA-ORAL X-RAYS
FRW MAXIMUM BENEFITS PROVIDED FOR DENTAL X-RAYS