

Regence BlueShield Message Codes 2007

Message Code	Description	Patient Responsibility
A03	Prior payment deducted - patient responsible for charges.	Y
A04	Prior payment deducted - patient not responsible for charges.	N
A05	Charge processed incorrectly. Corrected claim in process.	N
C01	This claim has been coordinated with your primary insurance coverage.	-
C02	Benefits were coordinated with other Regence plan.	-
C03	Paid from coordination of benefits savings.	-
C04	Please send claims payment explanation from other carrier. Will reprocess when received.	Y
C05	Additional payment after coordination of benefits with other carrier.	-
C10	Multiple coverage letter not answered - will reprocess if received.	Y
D01	Duplicate charge - indicate if corrected bill or review requested & submit to claims review with notes/report.	N
D02	Duplicate charge currently in process.	N
D03	Duplicate charge - indicate if corrected bill or review requested & submit to claims review with notes/report.	N
E01	Coverage not in effect for date of service.	Y
E03	Procedure/treatment started prior to coverage.	Y
E13	Replacement of teeth extracted prior to coverage are not covered.	Y
E24	Dental procedure is subject to contract waiting period.	Y
IA2	No charge for this service per provider billing instructions.	N
I06	Required report or additional information requested not received. Claim will be adjusted upon receipt.	N
I40	Do not auto-reject claim as duplicate.	-
I59	Columbia Dental Group referral. Please contact Columbia Dental Group for processing at 1-800-360-1909.	Y
I60	Columbia Dental Group out-of-network emergency service. Contact Columbia Dental Group at 1-800-360-1909.	Y
I75	Required reports/itemization and/or requested additional information not received.	N
I79	The diagnosis code billed is inconsistent with the procedure/service billed.	N
I89	Resubmit using CPT code for consideration under the medical plan.	Y
I92	The diagnosis code is not valid when billed as the primary diagnosis.	N
I95	Resubmit with copy of general anesthesia or conscious sedation permit. Will reprocess when received.	Y
I96	X-ray and description relationship is inconsistent. Please resubmit with clarification.	Y
I97	Description or charting is missing or inadequate to determine benefit.	Y
I98	Procedure denied following dental consultant review. X-ray not readable.	N
M01	Maximum contract benefit expended.	Y
M06	Maximum contract benefit allowance.	Y
M42	Benefit exhausted. Scaling and root planing is limited to once per calendar year.	Y
M53	Orthodontia lifetime maximum has been exhausted.	Y
M54	Service exceeds benefit. Contract limits this dental procedure to twice every 1 calendar year.	Y
M55	Sealant exceeds once every 3 calendar year limitation and/or is covered on permanent bicuspid/molars.	Y
M56	Service exceeds benefit. Contract limits this dental procedure to once every 2 calendar years.	Y
M61	Procedure denied. Per contract, limit of one abutment tooth placed on each side of the missing tooth.	Y
M62	Service exceeds benefit. Contract limits this dental procedure to once every 3 calendar years.	Y
M63	Service exceeds benefit. Contract limits this dental procedure to once every 5 calendar years.	Y
M66	Service exceeds benefit. Full mouth scaling and root planing is limited to once every 2 calendar years.	Y
M67	Dental procedure has not met the 7 year replacement contract limitation.	Y
M68	Service exceeds benefit. Contract limits to one set of bitewing x-rays every 1 calendar year.	Y
M69	Sealant exceeds once every 4 calendar year limitation and/or is covered on permanent bicuspid/molars.	Y

M70	Dental procedure has not met the 2 year replacement contract limitation.	Y
NB6	Dental implants and associated surgical procedures are contract exclusions.	Y
NB7	Cosmetic dentistry is a contract exclusion.	Y
NC2	IV sedation is not covered for this dental procedure.	Y
NC3	Occlusal/Nightguard is a contract exclusion.	Y
NC5	Unable to process until general anesthesia or conscious sedation permit is received.	Y
NC8	Procedure code is not a valid ADA code. Please refer to the current CDT book.	Y
N01	Not covered by contract.	Y
N03	This provider is not covered under this contract.	Y
N04	This provider is not covered for this procedure.	Y
N06	Payment cannot be made for incomplete treatment.	Y
N07	Condition not covered by contract.	Y
N08	This service/procedure is not a contract benefit.	Y
N13	Patient is over the contract age limit for fluoride treatment.	Y
N16	No orthodontic benefits provided by contract.	Y
N22	This service for this condition is not covered by your plan	Y
N24	This service/procedure is not covered.	Y
N33	Dental services are not covered by your contract.	Y
N34	Procedure not covered following Dental Consultant's review.	Y
N55	Patient is over the contract age limitation for sealant treatment.	Y
N56	Treatment not covered. Contract requires treatment to be rendered at a Columbia Dental Group Clinic.	Y
N71	Services provided by a family member are not payable.	Y
N73	General anesthesia not covered for this dental procedure.	Y
P01	Paid at contract percentage of maximum allowable fee.	-
P03	Allowed amount paid at contract percentage.	Y
P05	Paid at contract percentage of maximum allowance.	Y
P07	Paid to contract percentage for non-preferred provider.	Y
P20	This service paid to your dental injury benefit.	Y
P28	Amalgam/gold material allowance provided for posterior teeth.	Y
P30	Amalgam or composite filling allowance provided per Dental Consultant review.	Y
P32	Inlay and gold foil are contract exclusions. Amalgam allowance provided for these procedures.	Y
P33	Paid to the Federal DentalBlue non-preferred network percentage.	Y
U04	Please submit medical necessity documentation for this procedure.	Y
WC4	Full mouth x-ray allowance provided when 10 or more periapical x-rays including bitewings are billed.	N
WC7	Please resubmit with detailed descriptions of services rendered.	N
WD6	This service will be reconsidered once the crown has been billed.	N
W05	Procedure not allowed or included in similar procedure.	N
W12	Claim not submitted within required time limits.	N
W20	Anesthesia not paid to surgeon.	Y
W21	Allowance based on corrected code.	-
W58	Denied due to billing error.	N
W66	Allowance reduced following dental consultants review. Number of teeth does not equal quadrant benefit.	-
W74	This service is considered an integral part of the primary service – not eligible for separate payment.	
W75	Claim not submitted within required time limits.	N
W82	Please resubmit using appropriate procedure code for services or supplies rendered.	N
X07	Subject to dental deductible.	-
X09	Subject to medical/dental deductible.	-