

<u>EOB Code</u>	<u>Description</u>
001	Claim Denied
002	Unrelated Service
003	Service Not Authorized
004	Please submit on the proper billing form
005	Service Date Prior to Date of Occurrence
006	Disallowed - Letter will follow
009	Duplicate Charge
011	Sales tax is not a covered item.
013	Medical / Operative records not received
017	Please submit copy of original billing
01P	Not customary treatment for diagnosis rendered
025	This code has a zero value in RVP
028	Re-evaluation: No additional payment recommended
031	Adjustment to Previous Charge
033	Amount of Time not shown or documented - This code is time-based
034	Billed code changed to the code appropriate for the documented service
036	Service is considered included in and covered by the Primary Service Fee
038	Billed code is not valid in Wyoming Fee Schedule / Unable to identify Service.
039	By-Report or Relativity not established / paid @ value of nearest like proc(s)
040	No Invoice/resubmit with manufacturer/suppliers invoice for proper reimbursement
047	Per Letter of Understanding on file for this claim
048	Service paid as Rule-Out of Comparison Only
050	Charges paid as a result of WY Fee Schedule application
054	Fee Schedule or Rule Applied

05P	Procedure / service unrelated to reported injury / accepted claim
060	Division received bill and paid for same services to another provider
076	Services Not Substantiated in Report
085	Claim in litigation
091	Required pre-authorization prior to service
092	Procedure billed under this code is experimental
105	Additional Payment for previously processed charges
117	Over One Year Old
130	Units Changed- Documentation doesn't support submitted units
153	Non-covered Service
70	Payment pending additional requested information
810	Disallowed - Actual Service Provider to bill Work Comp directly
8H6	Please Resubmit with Medical Documentation
8Y3	Claimant name does not match Claim #
A04	DOS billed does not match DOS in notes
R17	Primary procedure code not found in history
RL1	Procedural code not found in fs. Re-submit w/ proper billing guidelines for DOS
RU9	E&M performed same date as minor procedure. Denied
W01	Please re-submit with appropriate CPT/HCPCS code
W05	Visit falls within a surgery follow-up period
W07	Office notes needed to review changes
W09	Submit complete facility itemized billing detail
W10	Valid NDC and/or quantity of meds required
W11	Maximum units exceeded, payment adjusted

- W12 Code billed isn't a current CPT/HCPCS & changed. Reimb based on POS states fs.
- W13 Paid per fair/reasonable allowance methodology
- W14 Information only code -not reimbursable
- W17 Code typically not billed under WC Claims
- W18 Invalid ICD code(s)
- W20 Adjusted to out-of-state/ negotiated rate. Call Medata (877) 479-3817 /info
- W21 Please contact Medata (877) 479-3817 for more information
- W22 Denied (dup, dep med equip, improper billing) Call Medata (877) 479-3817/info
- W23 Adjusted according to out of state PPO Call Medata (877) 479-3817 /info
- W24 Unreasonable and necessary