Claim Adjustment Code	Claim Adjustment Reason
CS001	Claims with V681 reported as a secondary diagnosis were denied for , "The Secondary DiagnosisCode entered must be entered as the Primary DiagnosisCode only". Coding manuals differ in requirement.
CS002	Vision codes 92004, 92014, 92015 were incorrectly listed on HSN non-covered list.
CS003	Restorative codes 97001, 97003, 97035, 97110, 97140 were incorrectly noted on HSN non-covered list
CS004	All Secondary Billing Deadlines claim denials have been reversed.
CS005	All Secondary Diagnosis Code claim denials have been reversed.
CS006	UB92 Claim coded as ERBD was found to have AQ eligibility. The value code was changed from PE to AQ.
CS007	Claim was found to be ineligible for HSN after payment was made.
CS008	Claim was previously found ineligible and has since been determined Eligible.
CS009	Claim coded as ERBD had failed billing deadlines due to the claim being submitted more than 45 days after the last day of the Write Off Month. This "45 day rule" has been removed. The billing deadlines failure has been removed.
CS010	837I Claim coded as ERBD was found to have AQ eligibility. The value code was changed from BD to PRIME.
CS011	Claim was updated with a RID based on the HSNCDR application. When this occurs, the past FailedClaimsEligibilityControlID is set to null so that eligibility will be run based on RID.
CS012	Eligibility Denial was reversed from ineligible to eligible via the CDR Application.
CS013	Billing Deadline Denial was reversed via the CDR Application.
CS014	Covered Services Denial was reversed via the CDR Application.
CS015	Claim was paid in prior period.
CS016	Claim was paid in prior period.
CS017	Billing Deadline Denial was reversed in batch mode bypassing the CDR application.
CS018	Billing Deadline Denial was reversed in batch mode bypassing the CDR application.
CS019	Billing Deadline Denial was reversed in batch mode bypassing the CDR application.
CS020	The claim is a duplicate based on a match on OrgID, PatientFirstName, PatientLastName , DateOfService, TotalAmountDue and TypeOfBill with a previously paid UB92 Claim.
CS021	This claim was paid in a later period and then voided. This original claim needs to be set to paid in the original period and the future period.
CS022	The claim is a duplicate based on a match on OrgID, PatientFirstName, PatientLastName , DateOfService, TotalAmountDue and TypeOfBill with a previously paid UB92 Claim. While it was voided in a prior period, it had since been paid.
CS023	The claim along with its bundled claims were paid in a previous period, but were paid at a zero dollar amount.
CS024	The Covered Service Adjudication Edit Failure was Reversed.
CS025	The claim is based on a payment adjustment from a prior period.
CS026	The claim was paid in a prior period but should have been paid as an FY08 Denial.
CS027	This claim was paid in a prior period as a Rehab claim, but the number of days was not figured into the calculation.
CS028	This claim is an original rehab claim paid without the accomodation days.
CS029	The claim is being paid again based on the original payment NOT being paid as a resolved denial and then voided as a resolved denial.
CS030	This claim is being voided based on being paid at the standard rate when it should have been paid at the resolved denial rate. This claim is being paid at the resolved denial rate within this payment cycle.
CS031	This claim is being voided based on being being part of a previously paid bundle of claims.
CS032	Transitional Period Void Payment / Recoupment
CS033	This medical hardship claim is being paid after being paid in a prior period because the original claim was paid with a different payment methodology and was since voided..
CS034	This medical hardship claim is being voided after being paid in a prior period based on a different payment methodology. A subsequent claim is being paid with the updated payment methodology.
CS035	This medical hardship VOID claim is being voided after being paid in a prior period based on a different payment methodology. A subsequent claim is being paid with the updated payment methodology.
CS036	All previous denials were reversed via the CDR Application.
CS037	This claim is having the NewFY08ResolvedDenial flag set.
CS038	This claim is having the FY09ResolvedDenial flag set.
CS039	This claim was paid at 0.00 and is being repaid based on logic refinement around the primary payer being Medicare.
CS040	This claim is being voided and repaid based on Secondary Payment logic refinement.
CS041	This claim is being paid based on a new payment rate and method assigned.
CS042	This dental claim is being voided and repaid based on revised dental payment logic.
CS043	This claim is being voided and repaid based on a Grouper Adjustment or Update.
CS044	Manual void invoked by the HSN.
CS045	This claim was paid in prior period but had failed billing deadlines.
CS046	The number of eligible days on this split bill claim has changed.
CS047	HSN1 claim reprocessed based on HSN2 payment logic
CS048	FY09 Claim Denied in accordance with June 2010 MOU.
CS049	This claim is being repaid after being voided by the HSN
CS050	HSN1 claim reprocessed based on HSN2 payment logic
CS051	This claim is being voided and re-paid based on a new payment rate and method assigned.
CS052	This claim is being paid based on a new payment rate and method assigned.
CS053	This claim is being voided and repaid based on a Grouper Adjustment or Update.
CS054	Invalid gender based diagnosis / procedure code.
CS055	This claim is being voided based on duplicate claim payment'
CS056	Billing Deadline was reversed
CS057	This claim is being Voided by Collection From Casualty Insurance,Workers Compensation or Tort Liability Claims
CS058	This claim is being voided because other health insurance was found on the date of service
CS059	Payment for visit already made based on 837P claim submission
NULL	A void was made to this claim manually by request of the Provider.
CS061	This claim is being paid based on updated EAD value
CS062	This claim is being paid based on updated EAD value
CS065	This claim is being voided and repaid by HSN
CS066	NetUCCharges are greater than TotalCharges
CS067	This claim is being voided HSN
CS070	A void was made to this claim manually by request of the Provider.
CS071	A void was made to this claim because of an updated pricing rate or methodology; a new payment will be posted separately.
CS072	A new payment was made for this claim because of an updated pricing rate or methodology; previous payments will be voided separately.
CS073	Claim voided due to denial at MMIS
CS074	Estimated amount due is incorrect.
CS075	Disch Disp 09 not allowed on inpatient claim
CS076	A void was made to this claim due to provider initiated replacement claim Type of bill 7
QA079	Payment has been reviewed / adjusted based on a manual audit of reported data elements. Final outcome based on audit findings.
CS080	This claim is voided as being duplicate paid from an auto insurer
CS081	This claim is voided for TPL
CD082	HSN Claim Adjudication Denial,Call HSN detail
CA083	HSN Secondary Claim Review,Claim will be processed on future remit
CA084	HSN Claim Adjudication; No additional reimbursement calculated
CA085	HSN Claim Adjudication; 0.00 Pricing from MassHealth (ex. Original & Void Claim in same cycle)
CD086	HSN Claim Adjudication Denial; MassHealth processed claim with Status of D
CD087	HSN Adjudication Denial: Bad Debt Evidence is either 'Not Passed' in INET or missing
CD088	HSN Claim Adjudication Denial; Claim Missing Prior Adjudication Information
CA089	HSN Claim Adjudication; Partial Patient Payment plus Deductible Due equals a zero payment from HSN
CD090	HSN Claim Adjudication Denial; Prior Payer is not a covered Health Insurance for balance billing to the HSN
CA091	Line item service priced at $0.00
PR92	Payment after MassHealth denial is subject to audit
PS093	Claim part of Settlement Agreement
PD094	CPT/HCPCS Code is invalid