Edit Codes Summary
A list of edit codes and methods of correction.

The following document contains common EOB codes that may appear on your MassHealth Remittance Advice. If the error(s) on the claim that caused it to deny can be corrected, the corrected claim can be resubmitted to MassHealth.

For more information on how to correct a claim, see Subchapter Part 6 of the Administrative and Billing Instructions in your provider manual. The MassHealth Provider Manuals are available in the Provider Library of the MassHealth Web site.

To quickly find an EOB code, press **CTRL + F** on your keyboard and type the four digit EOB code indicated on your MassHealth remittance advice into the search box.

Edit Code	Description	Provider Action
203 *Member ID Number Missing/Invalid*	This EOB Code displayed because the MassHealth Member's ID was missing or invalid.	▪ Correct the member's MassHealth ID ▪ Resubmit claim with corrected information
229 *Source Admission Missing*	This EOB Code displayed because the Admit Source on the claim is blank or invalid.	▪ Correct the Admit Source ▪ Resubmit claim with corrected information
231 *Rendering Provider Number Is Missing*	This EOB Code displayed for a group practice who did not list the rendering provider's NPI on the claim.	▪ Add the NPI of the rendering provider onto the corresponding field [add in claim field] ▪ Resubmit claim with corrected information
237 *Outpatient Claims Cannot Span Dates*	This EOB Code displayed because the outpatient institutional claim included multiple dates of service.	▪ Bill each outpatient date of service as a separate institutional claim ▪ Resubmit claim with corrected information
241 *Accident Indicator Is Invalid*	This EOB Code displayed because the accident indicator is not specified as "Y" or "N."	▪ Select "Y" or "N" ▪ If "Y" is selected, enter the reason for admission ▪ If "N" is selected, admission reason is not required ▪ Resubmit claim with corrected information
251 *First Modifier Not Covered*	This EOB Code displayed because the modifier is no longer accepted/active.	▪ Check Subchapter 6 for acceptable modifiers ▪ Resubmit claim with corrected information
257 *Place Of Service Is Invalid - DTL*	This EOB Code displayed because the place where the service was rendered is invalid for the procedure code.	▪ Refer to CMS for valid Place of Service Codes for Professional Claims ▪ Verify the place of service is indicated at the detail level of the claim ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
259 *Date Billed Is Missing/Invalid*	This EOB Code displayed because the bill date is not in the correct format or not present on claim.	▪ Correct bill date in appropriate format MM/DD/YYYY ▪ Resubmit claim with corrected information
273 *Type Of Bill Missing*	This EOB displays because an institutional claim was submitted without a type of bill code on the claim, which is required.	*If paper waiver provider and claim was sent on paper:* ▪ Check field 4 of the UB-04 and refer to the UB-04 Billing Guide as the type of bill codes and UB-04 claim frequency type code values for specific provider types are listed on the billing guide. *If electronic claim:* ▪ Verify that the type of bill code is being reported in the corresponding loop/segment of the 837 file. ▪ Refer to the 837I Billing Guide for details.
274 *Type Of Bill Code Invalid*	This EOB Code displayed because bill code does not match provider type or method of claims submittal.	*If paper waiver provider and claim was sent on paper:* ▪ Check field 4 of the UB-04 and refer to the UB-04 Billing Guide as the type of bill codes and UB-04 claim frequency type code values for specific provider types are listed on the billing guide. *If electronic claim:* ▪ Refer to 837I Billing Guide for correct bill code reported in the corresponding loop/segment of the 837 file. ▪ Resubmit claim with corrected information
277 *Admit Hour Invalid*	This EOB Code displayed because the Admit Hour listed on the claim does not correspond to the start time of a member's visit.	▪ Correct Admit Hour for the member to correspond to the start time of the member's visit ▪ Resubmit claim with corrected information
282 *Covered Days Missing*	This EOB Code displayed because the value code for covered days did not correspond with provider types.	▪ Enter value code 80 with number of covered days for these provider types: Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, and Nursing Facilities ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
292 *Revenue Code 185 Requires OSC = 71* Provider billing for MLOA revenue code 185, Occurrence code "71" is required.	This EOB Code displayed because the claim included Revenue Code 185 without inclusion of occurrence code 71.	- Enter occurrence code into the Extended Services tab of the Provider Online Service Center (POSC) if doing Direct Data Entry (DDE) - Enter the occurrence code into Loop 2300 Segment HI, if submitting 837I - Resubmit claim with corrected information
301 *Payer Responsibility and COB Not Compatible*	This EOB Code displayed because the number of payers listed on the claim do not correspond to the member's relationship with HSN.	- Validate the HSN-payer relationship - If HSN is the primary payer, no other payers should be listed - If HSN is the secondary payer, there should be one other payer listed - If HSN is the tertiary payer, there should be two other payers listed - Resubmit claim with corrected information
302 *Insured Group Name (HSN Type) is Invalid*	This EOB Code displayed because the SBR04 field is missing or invalid.	- Complete the SBR04 field with one of the following valid values: "Prime," "Second," "Partial," "CA," "BD," or "MH" - Resubmit claim with corrected information
304 *Payer Responsibility and Insured Group Name /Not Compatible*	This EOB Code displayed because the segment fields SBR01 and SBR04 are not compatible.	- Validate the two segment fields to ensure claim type matches payer responsibility sequence number code - HSN claim type (SBR04) is equal to Prime (P) and Payer Responsibility Sequence Number Code (SBR01) should be P - HSN claim type (SBR04) is equal to Second (S) and Payer Responsibility SBR01should be S - Partial/P, S, or - T, BD/P - CA/P - S or T, MH/P, S or T - Resubmit claim with corrected information
305 *G1 Ref Required when HSN Insured Group Is CA Or MH*	This EOB Code displayed because CA/MH HSN claim types require REF01 in 2300 to have a qualifier of G1 to report the claim type application number.	- Add the G1 qualifier to REF01 in 2300 - Resubmit claim with corrected information
308 *Aid Cat Must be HB when Insured Group is BD*	This EOB displays when there is a mismatch between the submitted benefit plan data for an HSN claim and what the HSN eligibility system has for member eligibility.	- Confirm that the submitted benefit information on the claim is correct and re-submit claim if necessary. - Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
309 *Aid CAT Must be HC or HD when Insured Group is CA*	This EOB displays when there is a mismatch between the submitted benefit plan data for an HSN claim and what the HSN eligibility system has for member eligibility.	▪ Confirm that the submitted benefit information on the claim is correct ▪ Resubmit claim with corrected information, if applicable
310 *Aid CAT Must be HA when Insured Group is MH*	This EOB displays when there is a mismatch between the submitted benefit plan data for an HSN claim and what the HSN eligibility system has for member eligibility.	▪ Confirm that the submitted benefit information on the claim is correct ▪ Resubmit claim with corrected information, if applicable
315 *HSN Partial Clm Pat Responsibility Amt Not Present*	This EOB Code displayed because the amount listed in 2300 is missing.	▪ Validate and enter the amount into 2300 ▪ Resubmit claim with corrected information
320 *HSN Claim TOB for HSN*	This EOB Code displayed because the Type of Bill (TOB) is missing, incomplete, or invalid.	▪ Validate and enter the TOB • Valid TOBs are 111, 117, 118, 131, 137, and 138 ▪ Resubmit claim with corrected information
327 *HSN MH Claim Submission > 18 Months From LDOS*	This EOB Code displayed because the time limit for submission of claim has expired.	▪ Resubmit claim with corrected information
330 *HSN BD Claim Submitted Before <= 120 Days From DOS*	This EOB Code displayed because bad debt claim was submitted prior to 120 days after the service was rendered	▪ Confirm 120 days has passed after the service was rendered ▪ Resubmit claim with corrected information
335 *Occurrence Code A2 Required On HSN BD Claim*	This EOB Code displayed because HSN-institutional Bad Debt claim did not contain Occurrence Code of A2.	▪ Verify that Occurrence Code A2 is in the appropriate segment (HI* with qualifier BH) ▪ Resubmit claim with corrected information
401 *Present On Admission Indicator Missing*	This EOB Code displayed because the Present on Admission (POA) indicator was not selected to group the diagnoses into the proper DRG for an inpatient/outpatient admission to general Acute Care Hospitals.	▪ Enter a POA indicator for all diagnosis codes on the claim that were present at time of the admission ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
405 ***Paid Pape With 0 Allowed Units***	This EOB Code displayed because payment already made for same/similar procedure within set time frame.	- Validate whether a prior approval was obtained before the date of the rendered service. MassHealth pays the Payment Amount Per Episode (PAPE) for the following allowable units if the payment has not already been paid. Refer to the following guidelines for the maximum allowable units within the specified period of time: - Occupational Therapy (OT) - 20 visits per 12-month period w/o prior approval (PA) - Physical Therapy(PT) - 20 visits per 12-month period w/o PA - Speech Therapy (ST) - 35 visits per 12-month period w/o PA - Resubmit claim with prior authorization information included, if additional units approved
410 ***Medicare Denial on Crossover Claim***	This EOB Code displayed because Medicare denied the service on a Part B crossover claim.	- Verify COB adjudication details and any other required documentation - Resubmit claim with corrected information
442 ***Medicare Paid Amount Not Numeric-Header***	This EOB Code displayed because the paid amount reported by Medicare is not numeric or has multiple decimal points.	- Verify COB adjudication details - Resubmit claim with corrected information
443 ***Medicare Paid Amount Not Numeric-Detail***	This EOB Code displayed because the paid amount reported by Medicare is not numeric or has multiple decimal points.	- Verify COB adjudication details - Resubmit claim with corrected information
459 ***Detail Diagnosis Treatment Indicator Invalid***	This EOB Code displayed because the diagnosis code listed on the claim does not align to the correct procedure code. The pointer indicator field is blank and there is a diagnosis code on the claim. The reference number is an invalid number.	- Confirm if there is an invalid diagnosis code and a valid reference number on the claim (the invalid diagnosis code on the claim causes the reference number to be invalid). - A pointer indicator should be listed for each diagnosis code. - Resubmit claim with corrected information
461 ***Value Code Is Invalid***	This EOB Code displayed because the value code/amount is invalid or incomplete.	- Verify the value code 24 is the Medicaid Rate Code - Resubmit claim with corrected information
484 ***LOA OSC Dates Cannot Span Across Different Months***	This EOB Code displayed because the Leave Of Absence (LOA) occurrence (OSC) was billed over multiple months.	- Confirm the occurrence code cannot span from one month to another - Resubmit claim with corrected information

Edit Code	Description	Provider Action
487 *NMLOA DAYS and Days Tween From and To DOS Not Same*	This EOB Code displayed because the Revenue Code 183 for NMLOA days was billed on multiple claim lines.	▪ Verify Revenue Code 183 is on one line with the total number of units from all occurrence span codes ▪ Resubmit claim with corrected information
488 *MLOA OSC Days Spanned > Detail From And To DOS*	This EOB Code displayed because the Revenue Code 185 for MLOA days, was billed on multiple claim lines.	▪ Verify Revenue Code 185 is billed on one line with the total number of units from all occurrence span codes (OSC) on that line and will systematically generate the total number of units ▪ Resubmit claim with corrected information
494 *Occurrence Span LOA Dates Not Within Claim Dates*	This EOB Code displayed because the medical leave-of-absence (MLOA) days or nonmedical leave-of-absence (NMLOA) dates are outside the claim header billed Date of Service (DOS).	▪ Confirm the MLOA or NMLOA dates correspond to the claim DOS ▪ Resubmit claim with corrected information
498 *The Occurrence Code Is Invalid*	This EOB Code displayed because the occurrence code is incomplete or invalid.	▪ Validate the correct occurrence code from the List of Occurrences per billing guides ▪ OR panel on the Provider Online Service Center (POSC) ▪ Resubmit claim with corrected information
508 *Total Charge Does Not Equal The Sum of All Details*	This EOB Code displayed because the total billed amount does not add up to the billed amount on each claim line.	▪ Review the claim total and the detail line billed amounts to confirm that they match ▪ Resubmit with corrected information
530 *Surgery Date Is After The Discharge Date*	This EOB Code displayed because the surgery date is after the "to date of service" (TDOS).	▪ Validate the surgery date listed ▪ Resubmit claim with corrected information
550 *Adjustment Failed*	This EOB Code displayed because the claim attempting to adjust was one of the following: ▪ in a denied status ▪ not the most recently paid ICN ▪ billed with the incorrect type of bill	▪ A denied claim cannot be adjusted, only resubmitted ▪ Use the most recently paid claim to adjust payment amount ▪ The type of bill for Institutional Claims, last digit for adjustments should be "7" (replacement) *Refer to the Paper Billing Guides & Billing Companion Guides*
554 *Header Billed Date Is Prior To Dates Of Service*	This EOB Code displayed because the header date billed is prior to the first date of service.	▪ Validate the header billed date compared to the date of service indicated ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
569 *Hdr Dte Of Accident Greater Than Last Dte Of Serv*	This EOB Code displayed the date of the accident is after the last date of service.	▪ Validate the date of accident ▪ Resubmit claim with corrected information
570 *Header Total Days Less than Covered Days*	This EOB Code displayed because the total number of days is less than the Revenue Code(s) number of units billed.	▪ Correct the number of days to equal the number of units billed for each Revenue Code(s) ▪ Resubmit claim with corrected information
572 *Room And Board Days Conflict*	This EOB Code displayed because total covered days do not match the units billed on each claim line.	▪ Correct the units billed to match the covered days. For example, one unit is billed at the detail but two days are indicated as covered days ▪ Resubmit claim with corrected information
575 *Surgery Dte Cannot Be Outside HDR Dates Of Service*	This EOB Code displayed because (inpatient/outpatient) surgery date(s) are not during the dates of services listed at the header level.	▪ Verify the surgery date(s) to the date of service billed ▪ Resubmit claim with corrected information
618 *No Outlier Days for HSN*	This EOB Code displayed because outlier date is not within date range of claim header date span.	▪ Verify the corresponding occurrence code(s) ▪ Verify outlier dates on claim header ▪ Resubmit claim with corrected information
619 *Invalid Type of claim for HSNI*	This EOB Code displayed because the claim type used is invalid.	▪ Verify the corresponding code(s) [SBR01 & SBR04] for benefit plan HSNI (HSN Inpatient Outlier) ▪ Resubmit claim with corrected information
620 *Occurrence Code 47 FDOS Is Invalid For HSNI*	This EOB Code displayed because the outlier start date in the claim's occurrence code segment is not 21 days after the header "From DOS."	▪ Correct either the "From DOS" or the beginning outlier date ▪ Resubmit claim with corrected information
700 *Multiple Primary Endoscopic Families Cannot Be Bill*	This EOB Code displayed because the modifier for the procedure code is inconsistent with the procedure or missing altogether.	▪ Verify procedure code and corresponding modifier ▪ Resubmit claim with corrected information
701 *No Primary Surgical Procedure Indicated*	This EOB Code displayed because the modifier for the procedure code is inconsistent with the procedure or missing altogether.	▪ Verify procedure code and corresponding modifier ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
703 *Endo Family Mixed Primary/Secondary*	This EOB Code displayed because modifier (51) was incorrectly used within the same family of endoscopic codes.	- Validate the procedure code the multiple surgery modifier (51) is used only on the endoscopic procedure(s) from a different family of codes, after the primary family of endoscopies. - Refer to Endoscopy CMS Pricing Guidelines and Transmittal Letter PHY-127 (October 2009) for more information - Resubmit claim with corrected information
800 *HCPCS Requires NDC*	This EOB code displayed because claim detail procedure code is missing National Drug Code (NDC).	- Validate the NDC for the procedure code - Resubmit claim with corrected information
815 *Type Of Bill Must Match Patient Status*	This EOB Code displayed because the type of bill is does not match with the patient status indicated.	- Verify the type of bill and patient status match - Type of Bill 111 or 114 and patient status is 30 OR - Type of bill is 112 or 113 and patient status is not 30 - Resubmit claim with corrected information
818 *Special Handling 90 Day Waiver*	This EOB code displays if the claim is billed for special handling (delay reason 11) without an attachment(s).	- Verify attachments are present for review. - Resubmit claim with corrected information
820 *NDC Given With No/Invalid Units For HCPCS*	This EOB code displayed because the national drug code (NDC) was missing/incomplete/or did not include the correct numeric format.	- Verify the NDC is in a 11-digit, 3-segment numeric format - Refer to National Drug Code (NDC) Requirements for Physician-Administered Medications for further information - Resubmit claim with corrected information
821 *NDC Given With No/Invalid Measurement For HCPCS*	This EOB code displayed because the claim contained an incorrect Unit of Measure Qualifier.	- Verify the Unit of Measure Qualifier on invoice or package - Refer to National Drug Code (NDC) Requirements for Physician-Administered Medications or the billing guide for further information - Resubmit claim with corrected information
828 *Claim / Appeal is Under Review*	This EOB code displayed because the claim included the delay reason code 9 and claim receipt is between one and three years of last DOS.	This is an informational EOB code. No further action needs to be taken until completion of adjudication

Edit Code	Description	Provider Action
829 *NCCI Appeal/Special Handle Under Review*	This EOB Code displayed because the procedure requires a manual review. The claim remains in suspend status until adjudication. A future RA will indicate final status.	▪ Check to see if a letter was received, detailing what attachment(s) is missing ▪ Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* & *All Provider Bulletin 225: Special Circumstances for Electronic Claims* for more information about the appeal process ▪ Resubmit claim with corrected information
832 *3M-Record Does Not Meet Criteria For Any DRG*	This EOB Code displayed because member's gender does not correspond to the billed procedure code.	▪ Verify the member's gender and the billed procedure ▪ Resubmit claim with corrected information
850 *Billing Deadline Exceeded - Detail*	This EOB Code displayed because the claim date of service at the claim detail level is over 90 days from the bill date.	▪ Determine whether claim eligible for 90-Day Waiver by referring to *All Provider Bulletin 233: Revisions to the 90-Day Waiver Procedures* and follow the guidelines listed in the Submitting a 90-Day Waiver Request ▪ Resubmit claim with corrected information
851 *Original Claim Deadline Exceeded - Legacy 513*	This EOB Code displayed because the original claim was not received within the appropriate timely filing limit.	▪ Determine whether claim eligible for 90-Day Waiver by referring to *All Provider Bulletin 233: Revisions to the 90-Day Waiver Procedures* and follow the guidelines listed in the Submitting a 90-Day Waiver Request ▪ Resubmit claim with corrected information
852 *Billing Deadline Exceeded - Header*	This EOB Code displayed because the claim date of service at the claim header level is over 90 days from the bill date.	▪ Determine whether claim eligible for 90-Day Waiver by referring to *All Provider Bulletin 233: Revisions to the 90-Day Waiver Procedures* and follow the guidelines listed in the Submitting a 90-Day Waiver Request ▪ Resubmit claim with corrected information
853 *Final Deadline Exceeded - Detail*	This EOB Code displayed because the claim was received over a year from the date of service.	▪ For further information, see *All Provider Bulletin 232: Revisions to the Final Deadline Appeal Procedures* ▪ Resubmit claim with corrected information, if applicable
855 *Final Deadline Exceeded - Header*	This EOB Code displayed because the claim was received over a year from the date of service.	▪ For further information, see *All Provider Bulletin 232: Revisions to the Final Deadline Appeal Procedures* ▪ Resubmit claim with corrected information, if applicable
856 *Final Deadline Exceeds 36 Months - Detail*	This EOB Code displayed because the maximum timeframe to resolve the claim has been exceeded.	▪ For further information, see *All Provider Bulletin 232: Revisions to the Final Deadline Appeal Procedures* ▪ Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
857 *Final Deadline Exceeded 36 Months - Header*	This EOB Code displayed because the maximum timeframe to resolve the claim has been exceeded.	- For further information, see *All Provider Bulletin 232: Revisions to the Final Deadline Appeal Procedures* - Resubmit claim with corrected information, if applicable
1000 *Billing Prov ID Number Not on File*	This EOB Code displayed because the billing provider NPI is not listed in the provider's file.	- Verify the billing provider's file is up to date with the correct NPI - Resubmit claim with corrected information, if applicable
1002 *DTL Performing Prov Not Elig At Serv Loc For Prog*	This EOB Code displayed because the rendering provider is not an enrolled MassHealth Provider on the date of service rendered.	- Verify the rendering provider was active with MassHealth at the time of the date of service - Resubmit claim with corrected information, if applicable
1003 *Billing Prov Not Elig At Serv Loc For Prog Billed*	This EOB Code displayed because the billing provider has no eligibility for any provider program.	- Verify the billing provider was active with MassHealth at the time of the date of service - Resubmit claim with corrected information
1007 *Detail Rendering Provider I.D. Not on File*	This EOB Code displayed because the rendering provider ID is not on file or is not eligible to bill for date of service.	- Verify that rendering provider is enrolled/active provider with MassHealth - Resubmit claim with corrected information
1010 *Rendering Provider Not A Member of Billing Group*	This EOB Code displayed because the rendering provider is not linked to the group practice billing.	- Verify rendering provider is linked to the group and date of linkage effective at the time of services rendered - Resubmit claim with corrected information
1012 *Rendering Provider Specialty Not Eligible To Render Procedure*	This EOB Code displayed because the rendering provider's file does not have the appropriate specialty code to render the procedure code.	- Verify the rendering provider's certified specialty is on file by checking their profile on the Provider Online Service Center (POSC) - Resubmit claim with corrected information
1019 *No Provider LOC Rate On File*	This EOB Code displayed because procedure code or procedure rate cannot be determined, or was not on file, for the date of service/provider.	Please contact MassHealth Customer Service - providersupport@mahealth.net - 800-841-2900
1051 *Header Rendering Provider ID Not Valid*	This EOB Code displayed because the rendering provider's NPI or Provider ID /Service Location is missing or invalid.	- Verify the rendering provider's NPI/PIDSL is correct and the appropriate qualifier is used - Resubmit claim with corrected information

Edit Code	Description	Provider Action

1066
Billing Provider Not A Valid Biller
	This EOB code displayed because the billing provider is not marked as a valid billing (pay to) provider on provider files.	▪ The billing provider is not in a valid pay to status, further documentation may be required
		▪ For next steps, please contact MassHealth Customer Service at
		    • providersupport@mahealth.net
		    • 800-841-2900

1067
Rendering Equals Billing and Not a Valid Biller
	This edit posts when the rendering provider is also the billing provider (such as a facility) and the provider is at a no-pay status.	▪ Confirm that the billing and rendering provider should be the same and should be a *pay* provider, make corrections if necessary
		▪ If the provider numbers are correct and no corrections are necessary, contact MassHealth Customer Service for further assistance on this denial at
		    • providersupport@mahealth.net
		    • 800-841-2900

1080 *Ordering Provider Required*	This EOB displayed because the ordering provider was not indicated on the claim.	▪ Verify if ordering provider was inadvertently left off the claim ▪ Resubmit claim with corrected information
1081 *NPI required for Ordering Provider*	This EOB displayed because the ordering provider NPI was not indicated on the claim.	▪ Verify if ordering provider NPI was inadvertently left off the claim ▪ Resubmit claim with corrected information
1082 *Ordering Provider NPI not on file*	This EOB Code displayed because the ordering provider NPI is not listed in the provider's file.	▪ Verify that ordering provider is enrolled/active provider with MassHealth ▪ Confirm correct ordering provider NPI listed on claim ▪ Resubmit claim with corrected information, if applicable

1083
Mult Sak Prov Locs for Ordering Provider
	This EOB displayed because there are multiple Provider ID/Service Locations associated with the ordering provider NPI.	▪ For more information, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

1084 *Ordering Provider not actively enrolled*	This EOB displayed because the ordering provider on claim is not actively enrolled with MassHealth.	▪ Verify that ordering provider is enrolled/active provider with MassHealth ▪ Confirm correct ordering provider listed on claim ▪ Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
1085 *Ordering Provider Not Authorized to Order Services*	This EOB displayed because the ordering provider on claim is not an eligible ordering provider type.	▪ Refer to All Provider Bulletin 259: Ordering, Referring, and Prescribing Provider Requirements for eligible ordering provider types ▪ Resubmit claim with corrected information, if applicable
1100 *Adjust: Former ICN Incorrect*	This EOB displayed because an adjustment claim was submitted with the incorrect ICN.	Resubmit claim with the most recent ICN
1121 *Sterilization Form Incomplete*	This EOB code displayed because the required sterilization form attached to the claim was missing information.	Review the form for accuracy.
1122 *Sterilization Regs Not Met*	This EOB code displayed because the required sterilization form contained information which did not meet regulations.	▪ Review form to ensure it meets the Sterilization Regulations ▪ Resubmit claim with corrected information
1127 *Hysterectomy Regs Not Met*	This EOB code displayed because the required Hysterectomy Information Form contained information which did not meet regulations.	The information is not consistent with regulations
1130 *Invalid Sterilization Form*	This EOB code displayed because the incorrect form was submitted with the claim. Verify that correct form has been used (age, most recent version of the form, currently 5-09).	▪ Verify the correct form to use ▪ Resubmit claim with corrected information
1200 *Referring Provider Required*	This EOB displayed because the referring provider was not indicated on the claim.	▪ Verify if referring provider was inadvertently left off the claim ▪ Resubmit claim with corrected information
1201 *NPI of Provider Required—HDR*	This EOB displayed because the ordering, referring, or prescribing provider NPI was not indicated at the claim header level.	▪ Verify if ordering, referring, or prescribing provider NPI was inadvertently left off the claim ▪ Resubmit claim with corrected information
1202 *NPI of Referring Provider Required 2—HDR*	This EOB displayed because the secondary referring provider NPI was not indicated at the claim header level.	▪ Verify if secondary referring provider NPI was inadvertently left off the claim ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
1204 *NPI of Referring Provider Required 2—DTL*	This EOB displayed because the secondary referring provider NPI was not indicated at the claim detail level.	- Verify if secondary referring provider NPI was inadvertently left off the claim - Resubmit claim with corrected information
1205 *Referring Provider NPI not on file – HDR*	This EOB Code displayed because the referring provider NPI indicated at the claim header level is not listed in the provider's file.	- Verify that referring provider is enrolled/active provider with MassHealth - Confirm correct referring provider NPI listed on claim header - Resubmit claim with corrected information, if applicable
1206 *Referring Provider 2 NPI not on file – HDR*	This EOB Code displayed because the secondary referring provider NPI indicated at the claim header level is not listed in the provider's file.	- Verify that secondary referring provider is enrolled/active provider with MassHealth - Confirm correct secondary referring provider NPI listed on claim header - Resubmit claim with corrected information, if applicable
1207 *Referring Provider NPI not on file – DTL*	This EOB Code displayed because the referring provider NPI indicated at the claim detail level is not listed in the provider's file.	- Verify that referring provider is enrolled/active provider with MassHealth - Confirm correct referring provider NPI listed on claim detail - Resubmit claim with corrected information, if applicable
1208 *Referring Provider 2 NPI not on file – DTL*	This EOB Code displayed because the secondary referring provider NPI indicated at the claim detail level is not listed in the provider's file.	- Verify that secondary referring provider is enrolled/active provider with MassHealth - Confirm correct secondary referring provider NPI listed on claim detail - Resubmit claim with corrected information, if applicable
1209 *Mult Sak Prov Locs for Referring Provider – HDR*	This EOB displayed because there are multiple Provider ID/Service Locations associated with the referring provider NPI indicated at the claim header level.	- For more information, please contact MassHealth Customer Service MassHealth Customer Service - providersupport@mahealth.net 800-841-2900
1210 *Mult Sak Prov Locs for Referring Provider 2 – HDR*	This EOB displayed because there are multiple Provider ID/Service Locations associated with the secondary referring provider NPI indicated at the claim header level.	- For more information, please contact MassHealth Customer Service MassHealth Customer Service - providersupport@mahealth.net 800-841-2900

Edit Code	Description	Provider Action

1211
Mult Sak Prov Locs for Referring Provider – DTL
	This EOB displayed because there are multiple Provider ID/Service Locations associated with the referring provider NPI indicated at the claim detail level.	• For more information, please contact MassHealth Customer Service MassHealth Customer Service
		  o providersupport@mahealth.net
		  o 800-841-2900

1212
Mult Sak Prov Locs for Referring Provider 2 – DTL
	This EOB displayed because there are multiple Provider ID/Service Locations associated with the secondary referring provider NPI indicated at the claim detail level.	• For more information, please contact MassHealth Customer Service MassHealth Customer Service
		  o providersupport@mahealth.net
		  o 800-841-2900

1213 *Referring Provider not actively enrolled – HDR*	This EOB displayed because the referring provider indicated at the claim header level is not actively enrolled with MassHealth.	• Verify that referring provider is enrolled/active provider with MassHealth • Confirm correct referring provider is listed on claim header • Resubmit claim with corrected information, if applicable
1214 *Referring Provider 2 not actively enrolled – HDR*	This EOB displayed because the secondary referring provider indicated at the claim header level is not actively enrolled with MassHealth.	• Verify that secondary referring provider is enrolled/active provider with MassHealth • Confirm correct secondary referring provider is listed on claim header • Resubmit claim with corrected information, if applicable
1215 *Referring Provider not actively enrolled – DTL*	This EOB displayed because the referring provider indicated at the claim detail level is not actively enrolled with MassHealth.	• Verify that referring provider is enrolled/active provider with MassHealth • Confirm correct referring provider listed on claim detail • Resubmit claim with corrected information, if applicable
1216 *Referring Provider 2 not actively enrolled – DTL*	This EOB displayed because the secondary referring provider indicated at the claim detail level is not actively enrolled with MassHealth.	• Verify that secondary referring provider is enrolled/active provider with MassHealth • Confirm correct secondary referring provider listed on claim detail • Resubmit claim with corrected information, if applicable
1217 *Referring Provider Not Authorized to Refer – HDR*	This EOB displayed because the referring provider indicated at the claim header level is not an eligible referring provider type.	• Refer to All Provider Bulletin 259: Ordering, Referring, and Prescribing Provider Requirements for eligible referring provider types • Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
1218 *Referring Provider 2 Not Authorized to Refer – HDR*	This EOB displayed because the secondary referring provider indicated at the claim header level is not an eligible referring provider type.	▪ Refer to [All Provider Bulletin 259: Ordering, Referring, and Prescribing Provider Requirements](#) for eligible referring provider types ▪ Resubmit claim with corrected information, if applicable
1219 *Referring Provider Not Authorized to Refer – DTL*	This EOB displayed because the referring provider indicated at the claim detail level is not an eligible referring provider type.	▪ Refer to [All Provider Bulletin 259: Ordering, Referring, and Prescribing Provider Requirements](#) for eligible referring provider types ▪ Resubmit claim with corrected information, if applicable
1220 *Referring Provider 2 Not Authorized to Refer – DTL*	This EOB displayed because the secondary referring provider indicated at the claim detail level is not an eligible referring provider type.	▪ Refer to [All Provider Bulletin 259: Ordering, Referring, and Prescribing Provider Requirements](#) for eligible referring provider types ▪ Resubmit claim with corrected information, if applicable

1803 *Recycle Mcare Part A Claim*	This EOB code displayed because this claim suspended. Medicare crossover claims for dually eligible members that contain both Medicare covered and noncovered days are automatically transmitted from the coordination of benefits contractor (COBC) to MassHealth for processing. MMIS systematically collects Medicare Part B ancillary payments associated with the inpatient stay. Medicare Part A and Part B payments are deducted from the final mid-stay crossover claim payment	▪ This EOB code is informational only if less than 60 days has passed since receipt of Medicare payment
		▪ Submit claim electronically for Medicare noncovered days if one of the following occurred:
		  • if 60 days passed since receipt of the Medicare payment, or
		  • the member has other insurance in addition to Medicare and MassHealth and the claim has not appeared on a MassHealth remittance advice.

1804 *Deny Medicare Part A Interim Stay Claims*	This EOB code displayed because the type of bill (TOB) submitted with the claim was incomplete or invalid.	▪ Verify the TOB to use with the correct claim ▪ Do not use TOB 112 or TOB 113 with claim type A if provider type 70 or 73. ▪ Resubmit the claim with the corrected information
1808 *Unable To Perform Crossover Pricing- Header (Deny)*	This EOB code displayed because the patient liability amount listed was invalid, incomplete, or missing at the header level.	▪ Verify the patient liability amount ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
1809 *Unable To Perform Crossover Pricing-Detail(Deny)*	This EOB code displayed because the patient liability amount listed was invalid, incomplete, or missing in the claim detail.	▪ Verify the patient liability amount ▪ Resubmit claim with corrected information
1927 *NPI Required For Billing Prov*	This EOB code displayed because billing provider's NPI was not included on the claim.	▪ Add the billing provider's NPI number ▪ Resubmit claim with corrected information
1928 *NPI Required For Performing Prov*	This EOB code displayed because rendering provider's NPI was not included on the claim.	▪ Add the rendering provider's NPI number ▪ Resubmit claim with corrected information
1945 *Multi Sak Prov Locs for Billing Prov Spec*	This EOB Code displayed because the billing provider billed with a NPI linked to multiple Provider ID/Service Locations (PIDSL) and the system cannot route to the correct PIDSL	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
1946 *Multi Sak Prov Locs for Performing Prov Spec*	This EOB Code displayed because the rendering provider on the claim has multiple PID/SLs. This is unusual. Be sure to check provider file and make sure there are not multiple PID/SLs attached to the NPI.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
1952 *Mult Sak Prov Locs For DTL Perfom Prov Spec*	This EOB code displayed because there are multiple possible service locations corresponding to the NPI.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
2003 *Member Ineligible on Detail Date of Service*	This EOB Code displayed because the MassHealth member was not eligible on the date of service billed.	▪ Verify the member's eligibility on the POSC ▪ Resubmit claim with corrected information if applicable
2006 *Claims Submitted With Legacy Member ID*	This EOB Code displayed because the member's Social Security Number on the claim.	▪ Correct/Verify the member's 12-digit MassHealth ID is listed ▪ Resubmit claim with corrected information
2007 *Coverage Is Buy-In/Subsidy/QMB not a Xover Claim*	This EOB Code displayed because the member has no additional coverage other than MassHealth Buy-in, which is not a coverage type. MassHealth Buy-in assists the member with paying their Medicare Part B premiums.	▪ Verify the member's eligibility on the POSC ▪ Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
2014 *Mental HLTH/Substance Abuse Only, Bill Partnership*	This EOB code displayed because the member is Category of Assistance (COA) 35 and is not covered on date of service.	▪ Confirm there was no gap in member's coverage for date(s) of service ▪ If no gap, resubmit claim for date(s) of service that member was covered ▪ If there was a gap, claim cannot be resubmitted
2017 *Member Services Covered By MCO Plan*	This EOB Code displayed because the services being billed are covered by the member's managed care plan (MCO).	▪ Verify member's eligibility and managed care enrollment for date(s) of service ▪ Resubmit claim to the appropriate MCO, if applicable
2018 *Member is enrolled in Hospice*	This EOB code displayed because the billed procedure does not correspond to a member enrolled with a hospice facility.	▪ Verify member's eligibility on date of service ▪ MassHealth will only pay services rendered that are unrelated to the member's terminal illness ▪ Contact hospice facility to confirm the member's discharge date ▪ Resubmit claim if unrelated to hospice stay
2043 *Member is on review*	This EOB Code displayed because the member is enrolled in SCO/ICO.	▪ Verify member's eligibility and managed care segment for date(s) of service ▪ Resubmit claim to the member's SCO/ICO plan, if applicable
2049 *LTC/Hospice Conflict*	This EOB Code displayed because the member is enrolled in hospice and a Long Term Care (LTC) claim is received.	▪ Verify member's eligibility and enrollment on date of service ▪ If hospice receives denial, confirm member discharged from LTC facility, submit hospice election form and resubmit claim ▪ If LTC receives denial, confirm member discharged from hospice, complete SC-1 and resubmit claim
2502 *Member Covered By Other Insurance*	This EOB Code displayed because the member has another insurance listed on file.	▪ Check member's eligibility and verify if other insurance is active. Notify MassHealth Customer Service if other insurance is no longer active ▪ If other insurance is correct, verify the appropriate carrier code is entered on claim ▪ Once other insurance information is updated using the correct carrier code listed, resubmit claim with corrected information
2505 *Member covered by Medicare-Deny*	This EOB code displayed because the member is covered by Medicare. Medicare must adjudicate the claim before it can be billed to MassHealth.	▪ Confirm that Medicare has properly adjudicated the claim ▪ Resubmit claim with corrected Coordination of Benefits (COB)

Edit Code	Description	Provider Action
2509 *Member Covered By Medicare B (Pharmacy)*	This EOB code displayed because the member is covered by Medicare. Medicare must adjudicate the claim before it can be billed to MassHealth.	▪ Confirm that Medicare has properly adjudicated the claim ▪ Resubmit claim with corrected Coordination of Benefits (COB)
2514 *TPL Adjudication Date Not Present Header*	This EOB code displayed because the third party liability (TPL) payer adjudication date is not present at the claim header level.	▪ Verify the TPL adjudication date is present and in the correct format ▪ Resubmit claim with corrected information
2525 *Member covered by Medicare-Deny*	This EOB code displayed because the member is covered by Medicare. Medicare must adjudicate the claim before it can be billed to MassHealth.	▪ Confirm that Medicare has properly adjudicated the claim ▪ Resubmit claim with corrected Coordination of Benefits (COB)
2526 *Zero TPL Amount And No Adj Rsn Code - Header*	This EOB code displayed because the third party liability (TPL) paid amount is zero or blank and there is no valid adjustment reason code present at the claim header.	▪ Confirm payer paid amount and the adjustment reason code(s) are listed on claim ▪ Resubmit claim with corrected information
2527 *Zero TPL Amount And No Adj Rsn Code-Detail*	This EOB code displayed because the third party liability (TPL) payer paid amount is zero or blank and there is no valid adjustment reason code present at the claim detail level.	▪ Confirm payer paid amount and the adjustment reason code(s) are listed on claim ▪ Resubmit claim with corrected information
2528 *Potential Medicare A in First 100 Days*	This EOB code displayed because the member has active Medicare Part A coverage, and date of service on claim is within 100 days of date of admission, and the claim does not contain Coordination of Benefits (COB) details pertaining to Medicare Part A coverage.	▪ Refer to *Nursing Facility Bulletin 133: Update to Third-Party-Liability Claim Submissions* ▪ Verify the COB detail for Medicare Part A ▪ Resubmit claim with corrected information
2542 *Medicare Payment Or Patient Responsibility is > 0*	This EOB code displayed because a professional claim was submitted detailing Medicare B payment.	▪ Incorrect claim type was submitted ▪ Complete crossover claim only if Medicare paid ▪ Resubmit claim with correct claim type

Edit Code	Description	Provider Action
2543 *Medicare Payment Or Patient Responsibility is > 0*	This EOB code displayed because an institutional claim was submitted detailing Medicare B payment.	▪ Incorrect claim type was submitted ▪ Complete crossover claim only if Medicare paid ▪ Resubmit claim with correct claim type
2545 *Header and Detail COB Payments Do Not Balance*	This EOB code displayed because the claim at the detail line and the claim level do not equal each other.	▪ Verify the claim amounts at both the detail line and claim level. The total claim charge amount must balance the sum of all detail line charge amounts ▪ Resubmit claim with corrected information
2546 *Detail COB Payments Do Not Balance*	This EOB code displayed because the claim at both the detail line and the claim level do not equal each other.	▪ Verify the claim amounts at both the detail line and claim level. This means that the total claim charge amount must balance to the sum of all detail line charge amounts ▪ Resubmit claim with corrected information
2548 *Non Covered Amt Is Not Equal To Billed*	This EOB code displayed because the claim has a non-covered amount at the header, and the non-covered amount is not equal to the billed amount at the header.	▪ Verify the non-covered amount and the billed amount at the header level ▪ Resubmit claim with corrected information
2555 *Invalid filing Indicator/Carrier Combination*	This EOB code displayed because the claim filing indicator of either MA (Medicare Part A) or MB (Medicare Part B) and the carrier code do not correspond to each other.	▪ Verify the carrier code. When using MA or MB, the carrier code should be 0084000 (Medicare Part A) or 0085000 (Medicare Part B) ▪ Resubmit claim with corrected information
2556 *Potential Medicare C in First 100 Days*	This EOB code displayed because the member has an active Medicare Advantage plan (Part C), the date of service on the claim is within 100 days of the date of admission, and the claim does not contain Coordination of Benefits (COB) details pertaining to Medicare Advantage plan.	▪ Refer to *Nursing Facility Bulletin 133: Update to Third-Party-Liability Claim Submissions* ▪ Verify the COB detail for Medicare Advantage plan ▪ Resubmit claim with corrected information
2557 *Potential Private Insurance in First 100 Days*	This EOB code displayed because the member has active other insurance coverage, the date of service on the claim is within 100 days of the date of admission, and the claim does not contain COB details pertaining to other insurance coverage.	▪ Refer to *Nursing Facility Bulletin 133: Update to Third-Party-Liability Claim Submissions* ▪ Verify the COB detail for other insurance ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
2560 *Duplicate EOB Dates at the Detail*	This EOB code displayed because at least two carriers have the same EOB date on the claim header.	▪ Verify the correct EOB/adjudication date for all carriers. The remittance date should not match either the EOB date of any other insurer or the service date(s) on the claim ▪ Resubmit claim with corrected information
2564 *Member Has Supplemental Insurance - Detail*	This EOB code displayed because the claim is a crossover B or C claim, and the member has Supplemental Third Party Liability (TPL) coverage that is not indicated on the claim.	▪ Verify the member's TPL information ▪ Resubmit claim with corrected information
2566 *Member Has Medicare Supp INS*	This EOB code displayed because the claim is a Part A crossover, and the member has Supplemental Third Party Liability (TPL) coverage that is not indicated on the claim.	▪ Verify the member's TPL information ▪ Resubmit claim with corrected information
2568 *Claim Has Non-Covered Amt, DTL is Not Eligible*	This EOB code displayed because provider not authorized to submit 'total non-covered' amount for specific third-party-liability (TPL) exception conditions.	This EOB code is informational. The following providers are authorized to use a "total non-covered amount" when reporting specific TPL exception conditions. Details of submitting claims with TPL are outlined in the respective provider manual. • Acute Inpatient Hospitals • Chronic Disease and Rehabilitation Inpatient Hospitals • Community Health Centers • Home Health Agencies • Mental Health Centers • Nursing Facilities • Psychiatric Inpatient Hospitals
2592 *Detail/Commercial/Deny Edit from TPL Deny Table*	This EOB displays when TPL has denied a line and MassHealth does not accept the denial reason.	▪ Confirm that TPL has properly adjudicated this claim ▪ Resubmit the claim with corrected COB information (if applicable)
2593 *Detail/Medicare/Deny Edit from TPL Deny Table*	This EOB displays when Medicare has denied a line and MassHealth does not accept the denial reason.	▪ Confirm that Medicare has properly adjudicated this claim ▪ Resubmit the claim with corrected COB information (if applicable)
2594 *Detail/Commercial/Suspend Edit from TPL Deny Table*	This EOB displays when MassHealth has suspended a line after TPL adjudication.	▪ Provider should wait until the claim fully adjudicates with MassHealth ▪ Resubmit the claim with corrected COB information (if applicable)

Edit Code	Description	Provider Action
2595 *Detail/Medicare/ Suspend Edit from TPL Deny Table*	This EOB displays when MassHealth has suspended a line after Medicare adjudication	▪ Provider should wait until the claim fully adjudicates with MassHealth ▪ Resubmit the claim with corrected COB information (if applicable)
2596 *Header/Commer cial/Pay Edit from TPL Deny Table*	This EOB is informational only.	No further action is necessary unless there are changes to report
2597 *Header/Medicare /Pay Edit from TPL Deny Table*	This EOB is informational only.	No further action is necessary unless there are changes to report
2598 *Header/Commer cial/Deny Edit from TPL Deny Table*	This EOB displays when TPL has denied a line and MassHealth does not accept the denial reason.	▪ Confirm that TPL has properly adjudicated this claim ▪ Resubmit the claim with corrected COB information (if applicable)
2599 *Header/Medicare /Deny Edit From The TPL Deny Table*	This EOB displays when Medicare has denied a line and MassHealth does not accept the denial reason.	▪ Confirm that Medicare has properly adjudicated this claim ▪ Resubmit the claim with corrected COB information (if applicable)

2614 *Managed Care Service Should Be Paid By MassHealth BHVL HLTH*	This EOB code displayed because the member was not covered on date of service.	▪ Verify there was no gap in member's coverage for DOS. If YES, split claim accordingly
		▪ Resubmit via DDE with Delay Reason Code 11 (Other), using the Attachment tab, include a cover letter, medical records, and RA with 2614 denial
		▪ These claims will appear in a suspense status on RA with Edit 829 (NCCI Appeal/Special Handle under Review). A decision will be reflected when claim appears processed on subsequent RA
		
		Massachusetts Acute Inpatient Hospitals must submit the following documentation to MassHealth for review of Edit 2614:
		
		▪ Cover letter: Include patient name, MH ID number, date of service, hospital contact person, hospital contact phone number and a brief description why MassHealth needs to review the claim
		▪ RA showing the 2614 denial
		▪ Medical records *(only the following should be submitted)*
		  • Fact sheet
		  • Emergency department history and physical exam
		  • Admission history and physical exam
		  • Social worker/Case management notes
		  • Admission orders
		  • Discharge summary
		  • Consultation notes

Edit Code	Description	Provider Action
2616 *Service Not Reimbursable by Medical Assistance Program*	This EOB code displayed because the procedure is not covered by the member's coverage type.	- Check all Diagnosis, Procedure, Revenue, NDC, ICD-10 codes billed on the claim to verify they are NOT covered by the member's coverage type. If the procedure code(s) are related to Mental Health/Substance abuse, the claim must be billed to MBHP - Resubmit claim with corrected information, if applicable
2617 *Procedure Requires Review of Report*	This EOB Code displayed because the procedure code requires supporting documentation to be attached to the claim.	Resubmit the claim with a general written report or a discharge summary for individual consideration (I.C.) *Consult Subchapter 6 in the [MassHealth Provider Manual](#) for additional information.*
2626 *Request for 90 Day Waiver Denied*	This EOB Code displayed because either the stated reason for request was not backed up with supporting documentation or the stated reason was not appropriate.	- For questions on reasons for 90-day waiver denial, please contact MassHealth Customer Service at providersupport@mahealth.net 800-841-2900
2628 *Medical Necessity Denial By Prepayment Review*	This EOB Code displayed because either the stated reason for request was not backed up with supporting documentation or the stated reason was not appropriate.	For questions about Preadmission Screening, please contact Permedion at 1-877-735-7416 - Fax: 1-877-735-7415
2802 *No Benefit Program for Member Found*	This EOB Code displayed because the member was not eligible for MassHealth on date of service.	- Verify member's eligibility - Resubmit claim with corrected information, if applicable
3003 *Procedure Code Requires PA*	This EOB Code displayed because the Prior Authorization (PA) number was not indicated on the claim	- Refer to Subchapter 6 of the [Provider Manual](#) for which procedure codes need a PA - Verify the PA number on the claim is correct - Resubmit claim with corrected information
3009 *PA Number Not On The Database*	This EOB Code displayed because the Prior Authorization (PA) number listed is incomplete or incorrect.	- Verify the PA number on the claim is correct - Resubmit claim with corrected information
3015 *Modifier on Claim and PA Mismatch*	This EOB Code displayed because there is a discrepancy between the PA modifier(s) and modifier(s) listed on the claim.	- Confirm that modifier(s) on claim detail line exactly match the modifier(s) on the PA - Resubmit claim with corrected information

Edit Code	Description	Provider Action
3023 *Invalid Rate ID/Pymt Type Combo*	This EOB Code displayed because PAS for Administrative Days (AD) was not submitted with the appropriate occurrence code 21 (UR Notice Received) or 22 (Active Care Ended).	▪ Confirm the correct occurrence code is listed(occurrence code 21 or 22) ▪ Resubmit claim with corrected information
3024 *Line Item Not Found For Pas Number*	This EOB Code displayed because the Hospital Level of Care and Administrative Days, were billed on the same claim. This EOB Code also displays if the Administrative Days are not approved on the PAS.	▪ Resubmit claim with Hospital Level of Care and Administrative Days on separate claims ▪ Verify the PAS is approved for Administrative Days
3032 *PAS Is Required*	This EOB Code displayed because the inpatient elective admission claim was submitted without a PAS number.	▪ Verify if PAS was inadvertently left off the claim ▪ Resubmit with corrected information
3035 *Claim Selected for Pre-Payment Review*	This EOB Code displayed because inpatient claim was submitted with 3 or less covered days.	▪ This EOB Code is informational only. This claim will automatically suspend for up to 85 days ▪ If inpatient stay is approved, the claim will adjudicate to paid status ▪ If the inpatient stay is not approved, the claim will adjudicate to denied status
3041 *Prov# On Claim And PA Mismatch*	This EOB Code displayed because there is a discrepancy between the Provider ID Service Location (PIDSL) and the PA.	▪ Confirm that the PIDSL on claim detail line exactly matches the PIDSL on the PA ▪ Resubmit claim with corrected information
3109 *PA Units and/or Dollars Presently Exhausted*	This EOB Code displayed because the available units/dollars on the Prior Authorization (PA) are exhausted.	▪ Confirm the PA units and/or dollars remaining on the PA. A new PA may be required. If there are still units available on the PA, advise the Provider to rebill the claim. ▪ Resubmit claim with corrected information
3120 *Referral Required on Claim*	This EOB Code displayed because the referral number was not indicated on the claim.	▪ Verify there is a referral on file for the member ▪ Resubmit claim with corrected information
3122 *No More Units Available on Referral*	This EOB Code displayed because the referral does not have units/visits remaining.	▪ Obtain a new referral from the members PCC provider ▪ Resubmit claim with corrected information
3124 *Rendering Provider Does Not Match Referral Auth*	This EOB Code displayed because the billing or rendering provider on the claim does not match the referral.	▪ Obtain a new referral from the members PCC provider ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
3125 *Recipient In Claim Does Not Match Referral*	This EOB Code displayed because the member ID on the referral does not match the member ID on claim.	▪ Verify the member ID on claim/referral is correct ▪ Resubmit claim with corrected information (or with updated referral)
3126 *Service Date is Outside Referral Auth*	This EOB Code displayed because the date of service billed is outside the referral authorization period.	▪ Obtain a new referral from the members PCC Provider ▪ Resubmit claim with corrected information
3300 *JCODE Given With Invalid NDC*	This EOB Code displayed because the injection procedure (JCODE) was billed with an invalid/incorrect NDC Code.	▪ Verify the NDC is in a 11-digit, 3-segment numeric format ▪ For more information refer to the [National Drug Code (NDC) Requirements for Physician- Administered Medications](#) ▪ Resubmit claim with corrected information
3314 *POS invalid for Radiology*	This EOB Code displayed because the place of service (POS) listed is Inpatient, Outpatient, ER setting, and modifier 26 was not indicated on a professional claim.	▪ Verify the appropriate modifier is used when billing for professional service ▪ Refer to Subchapter 6 for more information ▪ Resubmit claim with corrected information
4013 *Procedure Code Is Not Covered For Date Service*	This EOB Code displayed because the service code entered on the claim was not valid for the date of service.	▪ Refer to Subchapter 6 of the appropriate [Provider Manual](#) for procedure code listing ▪ Resubmit claim with corrected information
4014 *No Pricing Segment On File*	This EOB Code displayed because the procedure code may not have the proper rate on file.	▪ Please contact MassHealth Customer Service at 800-841-2900
4019 *Procedure Code Requires Attachment*	This EOB Code displayed because the procedure code requires supporting documentation (i.e. operative notes).	▪ Refer to Subchapter 6 of the appropriate [Provider Manual](#) for any attachment requirements ▪ Resubmit claim with corrected information
[**4021**](#) *Procedure Not Covered for Benefit Plan*	This EOB Code displayed because the services delivered to the member are not covered under their benefit plan.	▪ Refer to [Subchapters 1 through 3: Administrative and Billing Regulations](#) for benefit plan covered services ▪ Resubmit claim with corrected information
4036 *Prov Contract POS Restriction on Procedure*	This EOB Code displayed because the procedure code is restricted to specific place of service (POS) based on the rendering provider.	▪ Refer to Subchapter 6 of the appropriate [Provider Manual](#) for billable codes ▪ Contact MassHealth Customer Service at 800-841-2900 if code is billable under the provider contract
[**4037**](#) *Procedure Code vs Diagnosis Restriction*	This EOB Code displayed because the procedure is restricted to specific diagnosis codes based on the rendering provider.	▪ Refer to Subchapter 6 of the appropriate [Provider Manual](#) for billable codes ▪ Contact MassHealth Customer Service at 800-841-2900 if code is billable under the provider contract

Edit Code	Description	Provider Action
4038 *Non-Emergency on Limited BP*	This EOB Code displayed because the emergency indicator was set to No.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services. MassHealth Limited does not pay for non-emergency claims ▪ Resubmit claim with corrected information, if applicable
4039 *Diagnosis Cannot Be Used As Principal Diagnosis*	This EOB code is informational only. The principal diagnosis cannot be used as a primary diagnosis.	Review claim and claim information for accuracy and resubmit if necessary
4066 *ICD9-CM Procedure/Diagnosis Restriction*	This EOB Code displayed because the ICD procedure is submitted on the claim where none of the submitted diagnoses are compatible.	Resubmit claim with corrected information
4140 *Benefit Plan Bill Type Restriction On Procedure*	This EOB Code displayed because the billing provider is not allowed to bill the procedure for the members plan.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services ▪ Members with certain benefit plans (i.e. EAEDC) may only receive services at specified provider locations
4141 *Benefit Plan Perf PR Type Restriction On Procedure*	This EOB Code displayed because the rendering provider is not allowed to bill the procedure for the members plan.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services ▪ Members with certain benefit plans (i.e. EAEDC) may only receive services at specified provider locations
4142 *Benefit Plan Bill Pr Type Restriction On Revenue*	This EOB Code displayed because the billing provider is not allowed to bill the revenue for the members plan.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services ▪ Members with certain benefit plans (i.e. EAEDC) may only receive services at specified provider locations
4143 *Benefit Plan Perf Pr Type Restriction On Revenue*	This EOB Code displayed because the rendering provider is not allowed to bill the revenue for the members plan.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services ▪ Resubmit claim with corrected information
4149 *Prov Contract Bill Pr Typ Restriction On Procedure*	This EOB Code displayed because the billing provider type is not allowed to bill for the procedure code.	▪ Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services ▪ Resubmit claim with corrected information

Edit Code	Description	Provider Action
4150 *Prov Contract Perf PR Typ Restriction On Procedure*	This EOB Code displayed because the rendering provider type is not allowed to bill for the procedure code.	▪ Refer to [Subchapters 1 through 3: Administrative and Billing Regulations](#) for benefit plan covered services ▪ Resubmit claim with corrected information
4151 *Prov Contract Bill PR Typ Restriction On Revenue*	This EOB Code displayed because the billing provider type is not allowed to bill the revenue code.	▪ Refer to [Subchapters 1 through 3: Administrative and Billing Regulations](#) for benefit plan covered services ▪ Resubmit claim with corrected information
4152 *Prov Contract Perf PR Typ Restriction On Revenue*	This EOB Code displayed because the rendering provider type is not allowed to bill for the revenue code.	▪ Refer to [Subchapters 1 through 3: Administrative and Billing Regulations](#) for benefit plan covered services ▪ Resubmit claim with corrected information
4170 *Units Billed Greater Than Allowed*	This EOB Code displayed because the units billed is greater than the units allowed for the procedure code.	▪ This edit is informational only ▪ The units billed were greater than what is allowed for the procedure code
4171 *Units Billed Less Than Allowed*	This EOB Code displayed because the units billed are less than the units allowed for the procedure code.	▪ Verify the units billed correspond to the units allowed for the procedure code ▪ Resubmit claim with corrected information
4185 *7 - 24 Diag Code Not Covered For Date Of Service*	This EOB displays when a diagnosis is used for sequence 7-24 and they are invalid to use for the Date of Service (DOS) billed.	▪ Check the diagnosis submitted in sequences 7-24 for accuracy and verify that the correct diagnoses were used for the dates of service being billed ▪ Resubmit with any corrections if applicable
4188 *Diag not covered on DO Professional Claims*	This EOB Code displayed because the primary diagnosis code is not allowed for the date of service.	▪ Verify that the submitted diagnosis code is billable as primary for the date(s) of service ▪ Resubmit claim with corrected information, if applicable
4189 *Second Diag Code Not Covered For DOS*	This EOB Code displayed because the diagnosis code is not allowed for the date of service.	▪ Verify that the submitted diagnosis code is billable as primary for the date(s) of service ▪ Resubmit claim with corrected information, if applicable
4190 *Third Diag Code Not Covered For DOS*	This EOB Code displayed because the diagnosis code is not allowed for the date of service.	▪ Verify that the submitted diagnosis code is billable as primary for the date(s) of service ▪ Resubmit claim with corrected information, if applicable
4191 *Fourth Diag Code Not Covered For DOS*	This EOB Code displayed because the diagnosis code is not allowed for the date of service.	▪ Verify that the submitted diagnosis code is billable as primary for the date(s) of service ▪ Resubmit claim with corrected information, if applicable

Edit Code	Description	Provider Action
4192 *Fifth Diag Code Not Covered For DOS*	This EOB Code displayed because the diagnosis code is not allowed for the date of service.	- Verify that the submitted diagnosis code is billable as primary for the date(s) of service - Resubmit claim with corrected information, if applicable
4193 *Sixth Diag Code Not Covered For DOS*	This EOB Code displayed because the diagnosis code is not allowed for the date of service.	- Verify that the submitted diagnosis code is billable as primary for the date(s) of service - Resubmit claim with corrected information, if applicable
4194 *7-24 Diag Code Not Covered For DOS*	This EOB displays when a diagnosis is used for sequence 7-24 and they are invalid to use for the Date of Service (DOS) billed.	- Check the diagnosis submitted in sequences 7-24 for accuracy and verify that the correct diagnoses were used for the dates of service being billed - Resubmit with any corrections if applicable
4207 *CLIA Number Not On File For Dates Of Service*	This EOB Code displayed because an active CLIA number is not on file for the date of service.	- If applicable, submit CLIA certification to MassHealth PEC Unit via uploading to POSC - After update is processed, resubmit claim with corrected information
4209 *No Pricing Segment For Procedure/Modifier Combinat*	This EOB displays when a procedure/modifier combination does not yield a proper pricing segment.	If information reported on the claim is accurate, please contact MassHealth Customer Service at - providersupport@mahealth.net 800-841-2900
4215 *CLIA Number Terminated*	This EOB Code displayed because the CLIA number is not active for the date of service.	- If applicable, submit CLIA certification to MassHealth PEC Unit via uploading to POSC - After update is processed, resubmit claim with corrected information
4227 *Revenue Not Covered For Benefit Plan*	This EOB Code displays because the revenue code is not allowed for the member's plan.	- Refer to Subchapters 1 through 3: Administrative and Billing Regulations for benefit plan covered services - Members with certain benefit plans (i.e. EAEDC, Limited) may have restrictions on covered services
4240 *Procedure Must Be Billed Separately*	This EOB Code displayed because the procedure code cannot be billed using a from/through date of service.	- Verify the procedure is submitted on separate claim lines for each date of service - Resubmit claim with corrected information
4250 *Reimbursement Rule Prov Type Restriction*	This EOB Code displayed because the billing or rendering provider type is not allowed for reimbursement for the procedure code.	- Refer to Subchapter 6 of the appropriate Provider Manual for billable codes - If the code is billable under the provider contract, please contact MassHealth Customer Service at - providersupport@mahealth.net 800-841-2900

Edit Code	Description	Provider Action
4252 *13-24, Admit or Emerg Diagnosis Code Not on File*	This EOB Code displayed because the diagnosis code related to the reason for visit (admitting, external injury, patient reason) is not allowed for the ICD version.	▪ Verify the diagnosis code is allowed for the ICD-10 version ▪ Resubmit claim with corrected information
4257 *Provider Contract Modifier Restriction On Procedure*	This EOB Code displayed because the modifier is not allowed with the procedure code.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
4270 *ICD Version Invalid for DOS – Diagnosis*	This EOB Code displayed because the ICD version (ICD-9 or ICD-10) used for the diagnosis code is not valid for the date of service or discharge date.	▪ Confirm the diagnosis code is the appropriate version (ICD-9 or ICD-10) based on date of service ▪ Resubmit claim with corrected information

4271
Mixed ICD Versions – Diagnosis
	This EOB Code displayed because the 837 batch qualifier does not correspond to the correct ICD version (ICD-9 or ICD-10) used for reporting the diagnosis code.	Ensure that proper qualifiers are being reported appropriately
		
		▪ 837 Batch
		  • Valid ICD-9 qualifiers are BK, BF, BJ, PR, and BN
		  • Valid ICD-10 qualifiers are ABK, ABF, ABJ, APR, and ABN
		▪ DDE
		  • On the ICD Version panel select the radio button corresponding to the ICD Version for the claim.
		Resubmit claim with corrected information

4312 *Prov Contract Prim Dtl Diag Restrict On Procedure*	This EOB Code displayed because the primary diagnosis is not compatible with the procedure code for the billing/rendering provider.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
4371 *Benefit Plan Claim Type Restriction On Procedure*	This EOB Code displayed because the type of claim (e.g. crossover, inpatient, and outpatient) is not compatible with member's coverage and procedure code.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
4374 *Benefit Plan Claim Type Restriction On revenue*	This EOB Code displayed because the revenue code cannot be billed on this type of claim (e.g. crossover, inpatient, and outpatient) for the member's coverage type.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
4801 *Procedure Not Covered By Provider Contract*	This EOB Code displayed because the procedure code on the claim is not billable by the rendering/billing provider.	▪ This is informational only ▪ Refer to Subchapter 6 of the provider manual for more information

Edit Code	Description	Provider Action
4825 *Mixed Holiday/Weekend/Weekday Dates*	This EOB Code displayed because Holiday, Weekend & Weekday dates are billed span dates.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
4831 *No Reimbursement Rule For Service*	This EOB Code displayed because the rates are not on file for the service provided.	Please contact MassHealth Customer Service ▪ providersupport@mahealth.net ▪ 800-841-2900
5000 *Exact Duplicate - Inpatient Claim*	This EOB Code displayed because there is another Inpatient claim (for the same member, date of service and provider) in paid status.	▪ This is informational only ▪ Review your billing history for member to confirm payment was received

5002
Conflict - Inpatient vs Outpatient
	This EOB Code displayed because there is an inpatient or outpatient claim that conflicts with an inpatient or outpatient claim for the same member & date of service	▪ Verify member records to confirm accurate admission hour was captured
		▪ If information reported on the claim is accurate, please Contact MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

5004 *Exact Duplicate - Inpatient Claim/ LTC Crossover A*	This EOB Code displayed because there is another Inpatient claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received
5006 *Exact Duplicate - Physician Crossover*	This EOB Code displayed because there is another crossover claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received

5009 *Conflict- Long Term Care vs Crossover A*	This EOB Code displayed because there is a LTC or crossover claim that conflicts with an LTC or crossover claim for the same member & date of service.	▪ Verify there is no crossover payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

5010 *Exact Duplicate - Outpatient Claim*	This EOB Code displayed because there is another outpatient claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received
5032 *Exact Duplicate - Outpatient Procedures*	This EOB Code displayed because there is another outpatient claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received

Edit Code	Description	Provider Action
5044 *Exact Duplicate - Physician Claim*	This EOB Code displayed because there is another physician claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received

5045
Suspect Duplicate - Physician Claim - Different Prov
	This EOB Code displayed because there is another claim for the same member, same DOS, same procedures, different provider.	▪ Verify the services billed were not paid under a different PIDSL
		▪ If verified payment under another PIDSL has not been issued, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5046 *Exact Duplicate Outpatient Procedures (Clinic)*	This EOB Code displayed because there is another outpatient claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received
5052 *Exact Duplicate Long-Term-Care*	This EOB Code displayed because there is another LTC claim (for the same member, date of service and provider) in paid status.	▪ This is information only ▪ Review your billing history for member to confirm payment was received

5065
Conflict: Home Health vs. Outpatient
	This EOB Code displayed because there is a HHA or outpatient claim that conflicts with a Home Health or outpatient claim for the same member & date of service	▪ Verify there is no payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5067
Conflict: Home Health vs. Crossover B
	This EOB Code displayed because there is a Home Health or crossover claim that conflicts with a HHA or crossover claim for the same member & date of service.	▪ Verify there is no payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5067
Conflict: Home Health vs. Crossover A
	This EOB Code displayed because there is a Home Health or crossover claim that conflicts with a HHA or crossover claim for the same member & date of service.	▪ Verify there is no payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5069
Conflict: Home Health vs. Crossover C
	This EOB Code displayed because there is a Home Health or crossover claim that conflicts with a HHA or crossover claim for the same member & date of service	▪ Verify there is no payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

Edit Code	Description	Provider Action
5079 *Conflict: : LTC vs. Physician (S5160 & S5161) Same DOS*	This EOB displays when a claim is received for emergency response systems installed in home, but the member is in a Long Term Care facility.	▪ Confirm that the member is no longer in Long Term Care and is properly coded in MMIS ▪ Resubmit claim if necessary (LTC information updated, etc.)

5081
Conflict: ASC Facility VS OPD Facility
	This EOB Code displayed because the same surgical procedure code, either an ASC facility or an OPD facility can bill on same DOS, but not both. This audit is for provider type 80 (Acute Outpatient) and 84 (Ambulatory Surgery Center). Claim types that will conflict are Physician (M) vs. Outpatient (O) OR Physician Crossover (B) vs. Outpatient Crossover (C).	▪ Verify there is no payment or claim previously submitted
		▪ If payment not received, please contact MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5083
Limit 1 Surgical Code With Different Mod Per Day
	This EOB Code displayed because same surgical procedure was used by different rendering providers without a modifier.	▪ Refer to Subchapter 4 of provider manual related to Surgery & Services
		▪ For more information, please call MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5085
One Primary Assist Surgery Per Day
	This EOB Code displayed because the same rendering providers billed surgical procedures as the primary assistant surgical code.	▪ Refer to Subchapter 4 of provider manual related to Surgery & Services
		▪ For more information, please call MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5095
Bilateral Surgery 1 Of Same Procedure Code Per Day
	This EOB Code displayed because there are multiple bilateral procedure codes billed on the same date of service.	▪ Refer to Subchapter 4 of provider manual related to Surgery & Services
		▪ For more information, please call MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

5096 *NCCI Conflict With Adjusted Oth Serv Prev Paid*	This EOB Code displayed because the services billed do not meet the NCCI guidelines set forth by CMS.	▪ Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* which describes the NCCI process and *All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates* for updates on the NCCI process ▪ For more information refer to the medicaid.gov website @ The National Correct Coding Initiative in Medicaid

Edit Code	Description	Provider Action
5927 *NCCI Another Service Prev Paid Same Claim*	This EOB Code displayed because the services billed do not meet the NCCI guidelines set forth by CMS.	• Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* which describes the NCCI process and *All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates* for updates on the NCCI process • For more information refer to the medicaid.gov website @ The National Correct Coding Initiative in Medicaid
5928 *NCCI Another Service Prev Paid Other Claim*	This EOB Code displayed because the services billed do not meet the NCCI guidelines set forth by CMS.	• Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* which describes the NCCI process and *All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates* for updates on the NCCI process • For more information refer to the medicaid.gov website @ The National Correct Coding Initiative in Medicaid
5929 *NCCI Conflict With Other Service Prev Paid*	This EOB Code displayed because the services billed do not meet the NCCI guidelines set forth by CMS.	• Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* which describes the NCCI process and *All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates* for updates on the NCCI process • For more information refer to the medicaid.gov website @ The National Correct Coding Initiative in Medicaid
5930 *MUE Units Exceeded*	This EOB Code displayed because the services billed do not meet the NCCI guidelines set forth by CMS. A Medically Unlikely Edit (MUE) is a Medicare unit of service claim edit applied to medical claims against a procedure code for medical services rendered by one provider/supplier to one patient on one day.	• Refer to *All Provider Bulletin 209: Medicaid National Correct Coding Initiative* which describes the NCCI process and *All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates* for updates on the NCCI process • For more information refer to the medicaid.gov website @ The National Correct Coding Initiative in Medicaid
6000 *Manual Pricing Required*	This EOB Code displayed because the services provided requires supporting documentation attached to claim *(i.e. invoices, operative notes, etc.)*	• Refer to Subchapter 6 of the provider manual regarding attachment requirements • Resubmit claim with attachment(s)

6006
Unable To Price Hospice LOC Claim
	The EOB Code displayed because an outpatient hospice claim with LOC pricing and the member is not coded, or the provider has no rate on file.	• Confirm that the member is tied to hospice on the date of service
		• If so, please contact MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

Edit Code	Description	Provider Action
6010 *Multiple Surgeries/Visits Within Global Period*	This EOB Code displayed because two or more surgeries within the global time period.	- Refer to [Subchapter 4 of provider manual re: Surgery & Services](#) - If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service [providersupport@mahealth.net](#) 800-841-2900
6020 *MLOA Days Exceeds Max*	This EOB Code displayed because the 20 MLOA days per inpatient hospital stay in an acute, chronic disease, psychiatric, or rehabilitation hospital prior to September 1, 2014 when the MLOA days max was increased.	- Verify MLOA Days billed - Resubmit claim with corrected information, if applicable
6215 *HCAC Claim Eligible for Cost Outlier Payment*	This EOB Code displayed because an inpatient claim was submitted with Health Care Acquired Condition(s) present and requires additional information in order to calculate an outlier payment.	**Suspended Claims:** Provide required information via email to [EHS.HCACOutlierClaimReview@state.ma.us](#) before 5/19/2016: - In email subject line reference: hospital name and suspended claim's 13-digit ICN - Indicate which medical services have any charges that represent or resulted from an HCAC - Revise charges to show what they would have been had the HCAC(s) not occurred - Provide name of HCAC(s) - Briefly indicate the rationale for determining revised charges. **Denied Claims:** Resubmit claim via POSC indicating the following information as a claim attachment: - Hospital name and suspended claim's 13-digit ICN. - Which medical services have any charges that represent or resulted from an HCAC - Revised charges showing what they would have been had the HCAC(s) not occurred - Name of the HCAC(s) - Rationale for determining revised charges
8005 *Contraceptive Injectable 3Mth. Depro-Provera*	This EOB Code displayed because two Depro-Provera procedures were submitted within 3-months.	- Verify when the service was rendered to the member - Resubmit claim with corrected information, if applicable
8011 *2 Monural Code V5241 Dispensing Fees In 5 Years*	This EOB Code displayed because there are limits for each member per year on these types of services.	- Refer to [Subchapter 4 of provider manual](#) to confirm procedure code limits - If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service [providersupport@mahealth.net](#) 800-841-2900

Edit Code	Description	Provider Action
8016 *Orthotics 2 Units In 1 Year From DOS*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8025 *Home Health PT LIM 20 Visits (100 Units) 12 Months*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8026 *Home Health OT LIM 20 Visits (100 Units) 12 Months*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8027 *Home Health ST LIM 35 Visits (140 Units) 12 Months*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8028 *DME 1 Unit In 1 Calendar Month*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8038 *DME Limits 31 units in 1 calendar month*	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900

Edit Code	Description	Provider Action

8069
DME Limits 1 Unit 5 Years (Purchase Only)
	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8091 *Modifier 26 or TC Required for Group 4113*	This EOB Code displayed a procedure code was billed that requires modifier 26 and/or TC.	▪ Confirm the procedure was billed with modifier 26 or TC ▪ Resubmit claim with corrected information

8092
Orthotic - Prosthetic - Limit 4 Units/Member/Yr
	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8121
Adult Day Care Service S5102 Limit 1 Per Day
	This EOB displayed because more than 1 unit for adult daycare service is being submitted.	▪ Confirm all records and check for previously paid claims
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8122
Limit 1 in 5 Years on Month of Capped Rental
	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8123
2ND & 3RD Months Capped Rental - Limit 2 in 5 Years
	This EOB Code displayed because there are limits for each member per year on these types of services.	▪ Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

Edit Code	Description	Provider Action

8124
10 Months Capped Rental Allow Limit 10 IN 5 Years
	This EOB Code displayed because there are limits for each member per year on these types of services.	• Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		• If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8125
Various Repair & Mobility Codes Require a Modifier
	This EOB Code displayed because there are limits for each member per year on these types of services.	• Refer to Subchapter 4 of provider manual to confirm procedure code limits
		• If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8126
Modifier Required for Codes A4450, A4452 AND A5120
	This EOB Code displayed because there are limits for each member per year on these types of services.	• Refer to Subchapter 4 of provider manual to confirm procedure code limits
		• If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8127 *Transportation T2003 Limit- 2 One Way Trips Day*	This EOB Code displayed because there are more than two one way trips billed on the same detail line.	• Verify each date of service is billed on a separate line • Resubmit claim with corrected information

8131
DME Limit One Unit Per Month - Rental Only
	This EOB displayed because DME rentals should only be billed once per month.	• Confirm that this service has not already been billed for the month in question
		• If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

8133
DME Conflict: Purchase Vs Rental In 3 Years
	This EOB Code displayed because there are limits for each member per year on these types of services.	• Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		• If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   • providersupport@mahealth.net
		   • 800-841-2900

Edit Code	Description	Provider Action

8139
DME Conflict: Purchase Vs Rental In 5 Years
	This EOB Code displayed because there are limits for each member per year on these types of services.	- Refer to Subchapter 4 of provider manual & DME Coverage Guideline tool to confirm procedure code limits
		- If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

8152
H2014 Day Habilitation Limit 24 Units Per Day
	This EOB displayed because h2014 was billed for more than 24 units in one day.	- Confirm that services have not already been billed for the day in question
		- If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

8158 *Service Cannot be Billed on a Prof XOVER*	This EOB Code displayed because procedure code T1015 was billed on a Professional Crossover Claim Type B.	- Confirm the appropriate claim type was used for this procedure - Resubmit claim with corrected information, if applicable

8175
Serv Provd Day Of Procedure Included In Fee Amount
	This EOB Code displayed because there were services provided during the global payment timeframe.	- Refer to Subchapter 4 of provider manual related to Surgery & Services
		- After reviewing the regulations and need more information, please contact MassHealth Customer Service MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

8176
Serv Provd Day Before And 10 Day Global Included
	This EOB Code displayed because there were services provided during the global payment timeframe.	- Refer to Subchapter 4 of provider manual related to Surgery & Services
		- After reviewing the regulations and need more information, please contact MassHealth Customer Service MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

8177
Serv Provd Day Before And 90 Day Global Included
	This EOB Code displayed because there were services provided during the global payment timeframe	- Refer to Subchapter 4 of provider manual related to Surgery & Services
		- After reviewing the regulations and need more information, please contact MassHealth Customer Service MassHealth Customer Service
		    • providersupport@mahealth.net
		    • 800-841-2900

Edit Code	Description	Provider Action

8250
Invalid Combination Of Procedures
	This EOB Code displayed because multiple procedures were billed that should not have been billed together, such as Hospital procedures and lab tests.	▪ For more information, please contact MassHealth Customer Service MassHealth Customer Service
		  • providersupport@mahealth.net
		  • 800-841-2900

8252
Invalid Combination Of Procedures
	This EOB Code displayed because multiple procedures were billed that should not have been billed together, such as Hospital procedures and lab tests.	▪ For more information, please contact MassHealth Customer Service MassHealth Customer Service
		  • providersupport@mahealth.net
		  • 800-841-2900

8253
Visit & Surgery Not Allowed Same Day/Same POS
	The provider cannot bill for a visit and a surgery on the same date of service unless the visit is separately identifiable from the procedure done.	▪ Refer to *All Provider Bulletin 209:Medicaid National Correct Coding Initiative* and *All Provider Bulletin 227:Modifier Coverage and National Correct Coding Initiative (NCCI) Updates*
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		  • providersupport@mahealth.net
		  • 800-841-2900

8255 *Chiropractor Manipulation / Visit = 1 Per Day*	This EOB code displayed because chiropractor manipulations or visits were billed for more than one day.	▪ This EOB code is informational ▪ Chiropractor manipulation or visit is limited to one per day
8256 *Chiropractor Manipulation / Visit 20 Per Cal Year*	This EOB code displayed because the maximum number of office visits/chiropractic manipulative treatments have been exceeded.	▪ This EOB code is informational ▪ Chiropractor services are limited to a total of 20 office visits or chiropractic manipulative treatments, or any combination of office visits and chiropractic manipulative treatments, up to a total of 20, per member per calendar year

8261
10 Hours PDN Per Day For 22 School Days
	This EOB code displayed because the Municipal Medicaid Private Duty Nurse billable hours were exceeded.	▪ Confirm the proper hours were billed
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		  • providersupport@mahealth.net
		  • 800-841-2900

8262 *Muni Medicaid Procs Conflict With Therapy*	This EOB code displayed because school based municipal Medicaid procedures were billed on the same date as therapy procedures.	▪ This EOB code is informational ▪ Procedure code T1018 cannot be billed on the same date as codes for therapy by a non- municipal provider
8263 *Lab Unrinalysis Conflict W Each Other On Same Day*	This EOB code displayed because more than one lab urinalysis was billed on the same day.	▪ This EOB code is informational ▪ Multiple procedure codes cannot be billed on the same date. Only one lab urinalysis can be billed per day

Edit Code	Description	Provider Action
8270 *Speech Therapy Codes Limit 1 Hr (4 Units) Per Day*	This EOB code displayed because speech therapy billed for more than one hour (4 units)	▪ This EOB code is informational ▪ Multiple procedure codes cannot be billed on the same date for a total more than one hour
8271 *Antepartum Care Limit 1 Of Either Code Per Year*	This EOB code displayed because more than one procedure code (either 59425 or 59426) was billed in a year. Antepartum care limits one of either code per year.	▪ This EOB code is informational ▪ Antepartum care is limited to the use of only one code per year
8274 *2 Monaural Hearing Aids In 5 Years*	This EOB code displayed because the number of units exceed 2 in 5 years.	▪ This EOB code is informational ▪ Codes are limited to two units in five years
8275 *1 Binaural Hearing Aid In 5 Years*	This EOB Code displayed because the number of units exceed 1 in 5 years.	▪ This EOB code is informational ▪ Refer to subchapter 4 of you [Provider Manual](#) to confirm limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8276 *1 Dispensing Fee In 5 Yrs (Bilateral)*	This EOB Code displayed because the number of units exceed 1 in 5 years.	▪ This EOB code is informational ▪ Refer to subchapter 4 of your [Provider Manual](#) to confirm limits ▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8277 *Eval & Mangmnt Conflicts W/ Treatment Prec Sa*	This EOB Code displayed because an evaluation visit and a procedure rendered on the same date of service unless the visit is separately identifiable from the procedure done.	▪ Refer to *[All Provider Bulletin 227: Modifier Coverage and National Correct Coding Initiative (NCCI) Updates](#)* for more information ▪ Any further questions, please contact MassHealth Customer Service • providersupport@mahealth.net • 800-841-2900
8281 *Diapers Limit 248 Per Memb/Per Cal Month*	This EOB code displayed because the maximum number of diapers dispensed per calendar month have been exceeded.	▪ This EOB code is informational only ▪ A member is allowed a maximum of 248 diapers a month; confirm the amount of units approved on PA

Edit Code	Description	Provider Action
8297 *Psych Inpatient Limit 30 Consectv Days Per Admit*	This EOB code displayed because the maximum number of inpatient consecutive days have been exceeded.	▪ This EOB code is informational only. ▪ For further information, refer to Subchapter 4 of the Psychiatric Inpatient Hospital Manual, see Regulation 425.410(B) on service limitations for members aged 21 through 64
8302 *Adult & Group Foster Care-Limit 31 Units / Calendar Month*	This EOB code displayed when the number of units for procedure codes H0043 or S5140 exceed 31 units per month.	This EOB code is informational only

8304
Lab Conflict w/Each Other on the Same Day
	This EOB displayed because multiple lab codes that were incompatible with each other were billed in the same day.	▪ Refer to: *Community Health Center Bulletin 74: Drug Screen/Quantitative Drug Test Claim Edit; Drug Screens Performed For Residential Monitoring* or Independent Clinical Laboratory Bulletin 9: Drug Screen/Quantitative Drug Test Claim Edit; Drug Screens Performed For Residential Monitoring
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   ● providersupport@mahealth.net
		   ● 800-841-2900

8309
Lab Panel Code 80053 Comprehensive Metabolic Panel
	This EOB displayed because a comprehensive LAB code (80053) which includes services described in the following series of CPT code*s was billed*: 82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84450, 84460, and 84520.	▪ Comprehensive lab codes that contain the codes referenced will not be paid separately
		▪ If you feel you received this denial in error, contact MassHealth Customer Service MassHealth Customer Service
		   ● providersupport@mahealth.net
		   ● 800-841-2900

9918 *Pricing Adjustment - Max Fee Pricing Applied*	This EOB is informational only. It denotes the reduction in payment from the billed amount and the approved payment rate per the fee schedule.	No action is necessary
9928 *COB-TPL Cost Savings*	This EOB is informational only. It denotes the reduction in payment from the billed amount and the approved payment rate per the fee schedule.	No action is necessary