

<i>New Code</i>	<i>Reason Code Description</i>
	MISCELLANEOUS ADJUSTMENTS TRANSACTIONS
0001	Increase Provider 1099
0002	Decrease Provider 1099
	PROVIDER AND DMAS USE ADJUSTMENTS
1000	Case Adjusted Readmission (1500)
1001	Case Adjusted Interim Claim Case Building (1501)
1002	Case Adjusted Implied Transfer 1502)
1003	Case Adjusted TPL on Interim Bill is 113 or 114 (1503)
1004	Case Adjusted DRG Code Diff from Claim Code (1504)
1005	Non-Groupable Claim Void (1505)
1006	DRG Payment Prorated to Span Benefit Program
1010	Credit Balance Process – Adjustment (1510)
1011	Overpayment Identified by TPL Contractor – Adjust (1511)
1012	Partial Payment by Primary Health Insurance (1512)
1021	Late Charges Received by Facility Business Office (1521)
1022	Credit Received by Facility Billing Department (1522)
1023	“Primary Carrier” has Made Additional Payment (1523)
1024	“Primary Carrier” has Denied Full Payment (1524)
1025	Accommodation Charge Correction (1525)
1026	Patient-Payment Amount Charged (1526)
1027	Correcting Service Period/Dates (1527)
1028	Correcting Procedure/Service Code (1528)
1029	Correcting Diagnosis Code (1529)
1030	Correcting Charges (1530)
1031	Correcting Units/Visits/Studies/Proc (1531)
1032	IC Reconsideration of Allowance, Documented (1532)
1033	Correction to Admitting, Referring, Prescribing Provider Adjust ID (1533)
1034	Correcting Quantity Dispensed (1534)
1035	Correcting Drug Code (1535)
1036	Allowance for Prescription Less Than Provider Cost (1536)

1037	Services Not Covered by Medicare (1537)
1038	Correcting Tooth Code (1538)
1039	Correcting Site Code (1539)
1040	Correcting Wait Time/# of Passengers/Miles (1540)
1041	Incorrect Amount Paid for Original Claim (1541)
1042	Original Claim has Multiple Incorrect Items (1542)
1043	Correcting an Error Made by Data Entry (1543)
1053	Adjustment (Miscellaneous) (1553)
1054	Partial Payment by Liability Insurance (1554)
1055	Claim Payment Changed Due to Relationship of This Proc to Another Proc (1555)
1057	Purpose of Submitting Not Clear (1557)
1058	Adjusted for Recovery of Overpayment (1558)
	PROVIDER AND DMAS USE VOIDS
1013	DHP License Not Renewed
1020	Voided 21 in 60 Limit Exceeded (1520)
1044	Wrong Provider ID Used by Billing Clerk (1544)
1045	Wrong Recipient ID Used by Billing Clerk (1545)
1046	Primary Carrier Paid VMAP Max Allowance (1546)
1047	Duplicate Payment (1547)
1048	Primary Carrier has Paid Full Charges (1548)
1049	Recipient Not Eligible (1549)
1050	Services Not Covered (1550)
1051	Recipient Not Patient of Provider (1551)
1052	Void Reason is in Miscellaneous Category (1552)
1056	Services Covered Under Total O.B. Care (1556)
1059	Voids/Conflicts with Previous Paid Claim (1559)
1060	Other Insurance is Available (1560)
1061	Third Party Payer Identified-File Claim With Primary Carrier
1070	Transplant Charges, Bill Hospital (1570)
1071	Included in ER Visit Payment (1571)
1072	Newborn/Mother in HMO, Bill HMO (1572)
1073	Credit Balance Process-Void (1573)
1074	Overpayment-TPL Contractor-Void (1574)
1075	Void Resulted from UR Review by DMAS (1575)

1076	Physician hospital visit outside of authorized inpatient hospitalization
	DMAS USE RECOUPMENT SET-UP
1200	Advance Payment to Provider
1201	System Claim Adjustment Set-up
1202	Interest Applied
1203	Manual Setup (Non Medicaid Program)
1204	Paid by DMAS and Partial Pay by Primary Carrier
1205	Paid by DMAS and Primary Carrier
1206	Payee Overpayment (HIPP)
1207	Provider Overpayment (Medicaid Misc)
1208	Provider Overpayment (Cost Settlement)
1209	Provider Overpayment (Fraud/Compliance)
1210	Provider Overpayment (QC Compliance)
1211	Provider Overpayment (SLH Misc)
1212	Provider Overpayment (CMSIP Misc)
1213	TPL Directed - Other Insurance Available
1214	TPL Directed - Medicare Available
1215	TPL Directed - Provider Lien Settlement
1216	TPL Directed -Credit Balance
1217	TPL-Credit Balances
1218	Drug Rebate Directed (NCB)
1219	Credit Balance Process – Void
1220	Overpayment Identified by TPL Contractor - Void/Recoup
1221	DHP License Not Renewed
1240	Manual Check -- Recoupment
1241	Recoupment Void Check Reversal
1242	Lien Void Check Reversal
1290	Managed Care – Recipient Added in Error
1291	Managed Care – Cancel Due to Fraud
1292	Managed Care – Cancel Due to Appeal
1293	Managed Care – Exempt by DMAS
1294	Managed Care – DMAS Exempt Special
1295	Managed Care – Nursing Home or Waiver
1296	Managed Care – Newborn Reconcile (Manual)
1297	Managed Care – Hospitalization at Enrollment
1298	Managed Care – Enrollment Error
1299	Managed Care – Rate Adjustment

	DECREASING RECOUPMENTS W/O RECEIPTS
2000	Manual Write Off (Non-Medicaid Program)
2001	Cash Receipts Applied
2002	Provider Overpayments Revised (Fraud Compliance)
2003	Provider Overpayments Revised (QC Compliance)
2004	Provider Overpayments Revised (Miscellaneous)
2005	System Reversal of Voided System Check
2006	TPL Directed
2007	Established for Wrong Provider
2008	Stop Pay System Check
2009	Drug Rebate Directed
2010	Claim Offset Applied
2011	Provider Overpayment Revised (Cost Settlement)
2012	Provider Overpayment Revised (CHIPS)
2013	Provider Overpayment Revised (Cancelled Provider)
2014	Provider Overpayment Revised (Miscellaneous)
2015	Provider Overpayment Revised (SLH)
2016	Provider Overpayment Revised (HIPP)
2017	Overpayment Revised (Manage Care)
	LIEN REASON
3000	IRS Levy – Continuous
3001	IRS Levy Est – One Time
3002	Dept of Taxation Continuous
3003	Locality Lien – Continuous
3004	Child Support Order Continuous
3005	Other
	LIEN ACTIVITY
	LIEN ACTIVITY-INCREASE
4001	Increase – Lien Void
	LIEN ACTIVITY - DECREASE
4102	Decrease – Cycle Activity
4103	Decrease Lien
4104	Decrease Lien Payment Received
4105	Release One Time Lien
4106	Release of Lien
	PAY HOLD
5000	DMAS Authorized Hold

5001	Other Payment Hold
	STOP PAY REASON
6000	Missing Check
6001	Possible Incorrect Payee
6002	Possible Fraud
6003	Other
6004	Voided Over 180 Days
	VOID and RE-ISSUE REASON
6100	Void and Reissue
	VOIDED CHECK – CREDIT REVERSAL
6200	Missing Check Reversal Transaction (Credit)
6201	Possible Incorrect Payee Reversal Transaction (Credit)
6202	Possible Fraud Reversal Transaction (Credit)
6203	Other Reversal Transaction (Credit)
6204	Voided Over 180 Days Reversal Transaction (Credit)
	VOIDED CHECK – DEBIT REVERSAL
6300	Missing Check Reversal Transaction (Debit)
6301	Possible Incorrect Payee Reversal Transaction (Debit)
6302	Possible Fraud Reversal Transaction (Debit)
6303	Other Reversal Transaction (Debit)
6304	Voided Over 180 Days Reversal Transaction (Debit)
	DEBIT TRANSACTION OFFSET
6400	Debit Transaction Offset
	CREDIT TRANSACTION OFFSET
6500	Credit Transaction Offset
	STOP PAY APPROVAL
7000	Approved (Related to 6000, 6001, 6002, and 6003)
	STOP PAY DENIAL

7100	Denied – Check Already Cashed (Related to all 6000 Range)
7101	Denied – Check Already Void (Related to all 6000 Range)
7102	Denied – Other (Related to 6000, 6001, 6002, and 6003)
	RECEIPTS(NO NEGATIVE BALANCE)
	CASH RECEIPTS (PAYEE CHECKS)
	CASH RECEIPTS CLAIMS CURRENT PERIOD
8000	Wrong Provider (CB & NCB) – (8580)
8001	Wrong Recipient (CB & NCB) – (8581)
8002	Billing Error (CB & NCB) – (8582)
8003	Services Not Covered (CB & NCB) – (8583)
8004	Recipient Not Patient of Provider (CB & NCB) – (8584)
8005	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)
8006	Partial Payment Provider - Primary Carrier (8586)
8007	Duplicate Payment (CB & NCB) – (8587)
8008	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)
8009	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)
8010	Manual Refund (CB & NCB) – (8590)
8011	MMIS Check Stop Pay/Void (CB & NCB)
8012	MMIS Check Returned No Reissue (CB & NCB)
8013	Applied to Claim (Miscellaneous)
8014	Provider Miscellaneous Receivable Receipts (CB & NCB)
8015	Provider Overpayment Receipts (Fraud/Compliance)
8016	Provider Overpayment Receipt (QC Compliance)
8017	Provider TPL Carrier Payment Receipts
8018	Provider TPL Settlement Receipts
8019	Casualty Insurance Recovery
8020	Provider Overpayment Receipt (CHIPS)
8021	Provider Overpayment Receipt (HIPP)
8022	Estate Recovery
8023	System Refund (Miscellaneous)
8024	TPL Medicare Related (CB & NCB)
8025	Wrong Provider (CB & NCB) – (8580)
8026	Wrong Recipient (CB & NCB) – (8581)
NON	CASH RECEIPTS FINANCIAL TRANSACTIONS CURRENT PERIOD

8100	Wrong Provider (CB & NCB) – (8580)
8101	Wrong Recipient (CB & NCB) – (8581)
8102	Billing Error (CB & NCB) – (8582)
8103	Services Not Covered (CB & NCB) – (8583)
8104	Recipient Not Patient of Provider (CB & NCB) – (8584)
8105	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)
8106	Partial Payment Provider - Primary Carrier (8586)
8107	Duplicate Payment (CB & NCB) – (8587)
8108	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)
8109	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)
8110	Manual Refund (CB & NCB) – (8590)
8111	MMIS Check Stop Pay/Void (CB & NCB)
8112	MMIS Check Returned No Reissue (CB & NCB)
8113	Applied to Claim (Miscellaneous)
8114	Provider Miscellaneous Receivable Receipts (CB & NCB)
8115	Provider Overpayment Receipts (Fraud/Compliance)
8116	Provider Overpayment Receipt (QC Compliance)
8117	Provider TPL Carrier Payment Receipts
8118	Provider TPL Settlement Receipts
8119	Casualty Insurance Recovery
8120	Provider Overpayment Receipt (CHIPS)
8121	Provider Overpayment Receipt (HIPP)
8122	Estate Recovery
8123	System Refund (Miscellaneous)
8124	TPL Medicare Related (CB & NCB)
8127	Cost Settlement: Prior Yr Inpat Subject to Audit
8128	Cost Settlement: Prior Yr Outpat Subject to Audit
8129	Cost Settlement: Depreciation Recapture
8130	Cost Settlement: Prior Yr Inpat Tent-Settlement
8131	Cost Settlement: Prior Yr Outpat Tent-Settlement Cost
8132	Cost Settlement: Cur Yr Inpat Tent-Settlement
8133	Cost Settlement: Cur Yr Outpat Tent-Settlement
8134	Cost Settlement: Cur Yr Inpat Final-Settlement
8135	Cost Settlement: Cur Yr Outpat Final-Settlement
8136	Credit Balance – Full Payment Received (CB & NCB)

8137	Credit Balance – Partial Payment Received (CB & NCB)
8138	TPL Contractor – Full Payment Received from Provider (CB & NCB)
8139	TPL Contractor – Partial Payment Received from Provider (CB & NCB)
8140	Negative Balance Reduction Received from Provider
8141	Health Insurance Carrier Recovery
8142	Full Payment Provider – Miscellaneous (Non Medicaid Program)
8143	Full or Partial Refund (Manage Care)
	CASH RECEIPTS (NON-PAYEE CHECKS – INFORMATIONAL) CURRENT PERIOD
8200	Full Payment Recovered by TPL Contractor
8201	Partial Payment Recovered by TPL Contractor
8202	Full Payment Received by Estate Funds
8203	Partial Payment Received by Estate Funds
8204	Full Payment Received by Casualty Insurance
8205	Partial Payment Received by Casualty Insurance
8206	Full Payment by Primary Health Insurance
8207	Partial Payment by Primary Health Insurance
8208	Full Payment Received from Attorney/Settlement
8209	Partial Payment Received from Attorney/Settlement
8210	Full Payment Received from Recipient
8211	Partial Payment Received from Recipient
8212	Full Payment received Medical Child Support Order
8213	Partial Payment received Medical Child Support Order
8214	Full Payment Received from Trust Account
8215	Partial Payment Received From Trust Account
8216	TPL Miscellaneous Reason Void
8217	TPL Miscellaneous Reason Adjustment
	CASH RECEIPTS CLAIMS PRIOR PERIOD
8300	Wrong Provider (CB & NCB) – (8580)
8301	Wrong Recipient (CB & NCB) – (8581)
8302	Billing Error (CB & NCB) – (8582)
8303	Services Not Covered (CB & NCB) – (8583)
8304	Recipient Not Patient of Provider (CB &

	NCB) – (8584)
8305	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)
8306	Partial Payment Provider - Primary Carrier (8586)
8307	Duplicate Payment (CB & NCB) – (8587)
8308	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)
8309	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)
8310	Manual Refund (CB & NCB) – (8590)
8311	MMIS Check Stop Pay/Void (CB & NCB)
8312	MMIS Check Returned No Reissue (CB & NCB)
8313	Applied to Claim (Miscellaneous)
8314	Provider Miscellaneous Receivable Receipts (CB & NCB)
8315	Provider Overpayment Receipts (Fraud/Compliance)
8316	Provider Overpayment Receipt (QC Compliance)
8317	Provider TPL Carrier Payment Receipts
8318	Provider TPL Settlement Receipts
8319	Casualty Insurance Recovery
8320	Provider Overpayment Receipt (CHIPS)
8321	Provider Overpayment Receipt (HIPP)
8322	Estate Recovery
8323	System Refund (Miscellaneous)
8324	TPL Medicare Related (CB & NCB)
8325	Wrong Provider (CB & NCB) – (8580)
8326	Wrong Recipient (CB & NCB) – (8581)
NON	CASH RECIEPTS FINANCIAL TRANSACTIONS PRIOR PERIOD
8400	Wrong Provider (CB & NCB) – (8580)
8401	Wrong Recipient (CB & NCB) – (8581)
8402	Billing Error (CB & NCB) – (8582)
8403	Services Not Covered (CB & NCB) – (8583)
8404	Recipient Not Patient of Provider (CB & NCB) – (8584)
8405	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)
8406	Partial Payment Provider - Primary Carrier (8586)
8407	Duplicate Payment (CB & NCB) – (8587)
8408	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)
8409	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)
8410	Manual Refund (CB & NCB) – (8590)
8411	MMIS Check Stop Pay/Void (CB & NCB)
8412	MMIS Check Returned No Reissue (CB

	& NCB)
8413	Applied to Claim (Miscellaneous)
8414	Provider Miscellaneous Receivable Receipts (CB & NCB)
8415	Provider Overpayment Receipts (Fraud/Compliance)
8416	Provider Overpayment Receipt (QC Compliance)
8417	Provider TPL Carrier Payment Receipts
8418	Provider TPL Settlement Receipts
8419	Casualty Insurance Recovery
8420	Provider Overpayment Receipt (CHIPS)
8421	Provider Overpayment Receipt (HIPPA)
8422	Estate Recovery
8423	System Refund (Miscellaneous)
8424	TPL Medicare Related (CB & NCB)
8425	
8426	
8427	Cost Settlement: Prior Yr Inpat Subject to Audit
8428	Cost Settlement: Prior Yr Outpat Subject to Audit
8429	Cost Settlement: Depreciation Recapture
8430	Cost Settlement: Prior Yr Inpat Tent-Settlement
8431	Cost Settlement: Prior Yr Outpat Tent-Settlement Cost
8432	Cost Settlement: Cur Yr Inpat Tent-Settlement
8433	Cost Settlement: Cur Yr Outpat Tent-Settlement
8434	Cost Settlement: Cur Yr Inpat Final-Settlement
8435	Cost Settlement: Cur Yr Outpat Final-Settlement
8436	Credit Balance – Full Payment Received (CB & NCB)
8437	Credit Balance – Partial Payment Received (CB & NCB)
8438	TPL Contractor – Full Payment Received from Provider (CB & NCB)
8439	TPL Contractor – Partial Payment Received from Provider (CB & NCB)
8440	Negative Balance Reduction Received from Provider
8441	Health Insurance Carrier Recovery
8442	Full Payment Provider – Miscellaneous (Non Medicaid Program)
8443	Full or Partial Refund (Manage Care)
	CASH RECEIPTS (NON-PAYEE CHECKS – INFORMATIONAL) PRIOR PERIOD
8500	Full Payment Recovered by TPL Contractor
8501	Partial Payment Recovered by TPL Contractor

8502	Full Payment Received by Estate Funds
8503	Partial Payment Received by Estate Funds
8504	Full Payment Received by Casualty Insurance
8505	Partial Payment Received by Casualty Insurance
8506	Full Payment by Primary Health Insurance
8507	Partial Payment by Primary Health Insurance
8508	Full Payment Received from Attorney/Settlement
8509	Partial Payment Received from Attorney/Settlement
8510	Full Payment Received from Recipient
8511	Partial Payment Received from Recipient
8512	Full Payment received Medical Child Support Order
8513	Partial Payment received Medical Child Support Order
8514	Full Payment Received from Trust Account
8515	Partial Payment Received From Trust Account
8516	TPL Miscellaneous Reason Void
8517	TPL Miscellaneous Reason Adjustment
	ADD PAY (NON-CLAIM BASED ONLY)
	ADD-PAY -- OTHER
9001	Refund TPL-Duplicate Recovery
9002	Refund Other Duplicate Recovery
9003	Error Recoupment (Cost Settlement)
9004	Error Recoupment (TPL)
9005	Error Recoupment (Fraud/Compliance)
9006	Error Recoupment (Miscellaneous)
9008	Miscellaneous Payment (NCB)
9009	Additional Payment for Lien Check Void
9011	Additional Payment for Negative Balance Reversal
9030	Additional Payment for Recoupment Reversal
9039	Additional Payment for Payment Reversal
9059	Additional Payment for Issued Check Reversal
9090	Manage Care – Newborn Reconcile (Manual)
9091	Manage Care – Hospitalize at Enrollment
9092	Manage Care – Enrollment Error
9093	Manage Care – Rate Adjustment
9094	Manage Care – MCO Sanctions

	ADD-PAY – COST SETTLEMENT
9100	Cost Settlement: Prior Yr Inpat Retro-Adj
9101	Cost Settlement: Prior Yr Outpat Retro-Adj
9102	Cost Settlement: Prior Yr Inpat Tent-Settlement
9103	Cost Settlement: Prior Yr Outpt Tent-Settlement
9104	Cost Settlement: Retroactive Cash Adj (Prior Year)
9105	Cost Settlement: Retroactive Cash Adj (Current Year)
9106	Cost Settlement: Cur Yr Private Duty Nurse Cost
9107	Cost Settlement: Pr-Yr Inpat Subj to Audit
9108	Cost Settlement: Pr-Yr Outpat Subj to Audit
9109	Cost Settlement: Prior Yr Inpat Final-Settlement
9120	Cost Settlement: Prior Yr Outpt Final-Settlement
9121	Cost Settlement: Cur-Yr Inpat Spcl-Pay
9122	Cost Settlement: Cur-Yr Outpat Spcl-Pay
9123	Cost Settlement: Pr-Yr Inpat Spcl-Pay
9124	Cost Settlement: Pr-Yr Outpat Spcl-Pay
9125	Cost Settlement: Special Payment for Charges
9126	Cost Settlement: Cur Yr Inpat Tent-Settlement
9127	Cost Settlement: Cur Yr Outpt Tent-Settlement
9128	Cost Settlement: Pr Yr Private Duty Nurse Cost
	ADD-PAY – PREMIUM PAYMENTS
9200	HIPP Payment (NCB)
9201	HIV Premium Payments
9202	FAMIS Premium Payments
9203	Medicare Buy-In Premium Payments
9204	QI2 Premium Payments
	ADD-PAY – ADVANCE PAYMENT
9300	Provider Advance Payment
	ADD-PAY – ENHANCED DSH
9400	Enhanced DSH Payments

	DMAS RECOUPMENT – MANUAL CHECK
9500	Manual Checks -- Recoupment
	SYSTEM GENERATED
	MEMO TRANSACTION RECOUPMENT
9997	Memo Transactions – Recoupments
	MEMO TRANSACTION NEGATIVE BALANCE SETUP
9999	Memo Transactions – Negative Balance Increase
	MEMO TRANSACTION LIEN PAYMENT
9995	Memo Transactions – Lien Payment
	MEMO TRANSACTION LIEN PAYMENT REVERSAL
9996	Memo Transaction – Lien Payment Reversal