

FY11 BCCCP / WISEWOMAN/ CRC ~ Hold Codes

7/2010

Hold Code	Hold Code Descriptor as it appears on Health Advantage's Explanation of Payments (EOP)	BCCCP Hold Code Description	Status
AB	Benefit not covered for age	BCCCP services inappropriate for age of client	REJECT
CH	Charge less than zero	Amount charged for service is less than zero	REJECT
E2	Requesting Primary Carrier's EOB	Primary insurance EOB missing	REJECT
FF	Facility Fee	CPT code only payable to the physician, not the hospital	REJECT
I9	ICD-9 Code Not In Contract	Non-Program ICD-9 code	REJECT
IC	Insurance Payment	Primary insurance paid more than the BCCCP rate - claim paid in full	REJECT
IP	Insurance Partial Payment	Primary insurance is less than the BCCCP rate	PAID
IV	Code No longer valid	No longer a valid CPT/HCPCS or ICD-9 code	REJECT
JL	Revenue Code Not In Contract	Non-Program Revenue Code (facility fees)	REJECT
JM	CPT/HCPCS Code Not In Contract	Non-Program CPT/HCPCS code	REJECT
JU	No Related Service On File	Claim line rejected for no related service (e.g. anesthesia billed, with no related surgery) then rejected	REJECT
N6	State Override	State BCCCP approved payment	PAID
N8	Provider not enrolled	Provider/Billing Agency not enrolled in MBCIS	REJECT
N9	Service Partially / Fully Done By Another Provider	Service performed by another provider	REJECT
ND	Duplicate Claim	Duplicate claim	REJECT
NE	Place of Service not covered	Inappropriate site for care given	REJECT
PB	Authorization Required	Claim requires authorization by LCA	REJECT
RC	Client is not a COLORECTAL client	Not a COLORECTAL client	REJECT
RE	Refund	Provider sent a refund check to Health Advantage	(-) Pay
TB	Take Backs	BCCCP has requested funds back from a provider	(-) Pay
UN	Number of Units Mismatch	Number of units on claim does not match MBCIS units	REJECT
VR	Void & Replace	New claim number issued (for various reasons)	REJECT
WC	Client is not a WISEWOMAN client	Not a WISEWOMAN Client (Possible BCCCP claim being billed w/ incorrect ICD-9 code)	REJECT
XA	Denied Claim Paid	Claim denied in error. Denied claim now paid	PAID
XB	Payment Error	Claim paid in error. TPA reversed payment made in error. (Take Back)	REJECT
ZMM	Client not found - billing error. (EOP will be from McLaren Health Plan/Health Advantage, rather than BCCCP)	Claim rejected for various reasons. PLEASE FAX EOP AND CLAIMS TO TORY OR SAM FOR RE-PROCESSING (517) 335-8752	REJECT

AC	<i>INTERNAL</i>	Anesthesia Client ID mismatch	PEND
AP	<i>INTERNAL</i>	Anesthesia Procedure Date mismatch	PEND
AR	<i>INTERNAL</i>	Claim not authorized by LCA	PEND
DR	<i>INTERNAL</i>	Don't Reprocess - to send the entire claim back to HA	-
HC	<i>INTERNAL</i>	Historical claim line paid or pended	REVIEW
JT	<i>INTERNAL</i>	Claim line pended for 30 days waiting for related service (e.g. anesthesia waiting for surgeon to bill)	PEND
N5	<i>INTERNAL</i>	Service date for prior fiscal year	REVIEW
NG	<i>INTERNAL</i>	Service date prior to client's enrollment in MBCIS	REVIEW
NP	<i>INTERNAL</i>	Non-participating provider	PEND
NS	<i>INTERNAL</i>	Status Does Match Hold Code	REVIEW
PS	<i>INTERNAL</i>	Program Service Match	PEND
UT	<i>INTERNAL</i>	Units in system do not match claim	PEND