

**VALUE BEAHVIORAL HEALTH OF PA
MOST COMMONLY USED EOP CODES**

EOP Code	EOP CODE DESCRIPTION
AD8	ADJUSTED;OHI Verified
BP	RESUB /W PRACTICE LOC BLK 32
BR	CLM DENIED PER SERVICE CENTER
CDU	RESUBMIT W/ CORRECT DAYS/UNITS
DH	SUBSCRIBER ID NOT ON MHS
DNC	DISCHARGE DAY IS NOT COVERED
DQ	PROV NOT ELIG FOR REIMBURSMENT
DX1	5TH DIGIT NOT ON DX CODE
DX2	5TH DIGIT NOT ON DX CODE
DX3	4TH DIGIT NOT ON DX CODE
E4	RESUBMIT WITH CORRECT UNITS
EG	RESUB CLAIM WITH SECONDARY EOB
EL	INVALID SERVICE DATE
EQ	V DX CODES ARE NOT COVERED
EX	RESUB CLM /W VENDOR NUMBER
EY	SVC CODE NOT VALID WITH POS
F0	ADJUSTED;Provider billed inappropriately
F02	ADJUSTED;Voided Check
F10	ADJUSTED;Refund
F12	ADJUSTED;Stop Payment Obtained
F4	ADJUSTED;Provider Paid at Incorrect Rates
F5	ADJUSTED;Incorrect Procedure Code
F6	ADJUSTED;Add'l OHI info received
FA1	Doc Does Not Supp Srvc Billed
FA2	Supp Doc Not Submitted
FA3	DOC REQUESTED NOT REC'D - DENY
FC	ADJUSTED;COB Calc Error
FD	ADJUSTED;Eligibility Verified
FE	ADJUSTED;MEMBER NOT ELIGIBLE
FF	ADJUSTED;Services now authorized
FG	ADJUSTED;INCORRECT MEMBER NUMBER
FH	ADJUSTED;INCORRECT PROVIDER NUMBER
FI	ADJUSTED;Incorrect Vendor #
FJ	ADJUSTED;Incorrect Authorization
FK	ADJUSTED;Incorrect Dates of Service
FL	ADJUSTED;INCORRECT PLACE OF SERVICE
FM	ADJUSTED;Incorrect Charged Amount
FO	ADJUSTED;Provider Paid in Error
FP	ADJUSTED;Corrected Billing
FQ	ADJUSTED;Incorrect Units
FR	ADJUSTED;Requested Information Received
FS	ADJUSTED;PER APPEAL DECISION
FT	ADJUSTED;Waive Timely Filing
FU	ADJUSTED;Per Administrative Decision
FY	ADJUSTED;Coding Error
FZ	ADJUSTED;Inappropriate Denial
G1	DIAGNOSIS IS NOT COVERED
G3	NO OUT-OF-PLAN COVERAGE
G4	AUTHORIZED UNITS ARE EXHAUSTED
G5	DTS OF SVC OUTSIDE DTS AUTH
G6	DAILY THERAPY LIMITS EXCEEDED
G7	BILLING PROVIDER NOT AUTHORIZED
G8	LEVEL OF CARE BILLED NOT AUTH
GC	SVCS INCLUDED IN PER DIEM
GD	NO AUTH AVAILABLE FOR DOS
GE	PROV NOT LIC'D TO PERFORM SVC
GF	DUPLICATE CLAIM
GG	INVALID PROCEDURE CODE
GH	INVALID DIAGNOSIS CODE
GI	CLM FILED OUTSIDE TIME LIMIT
GJ	GROUP OR CONTRACT NOT EFFECT
GK	SVCS BEFORE/AFTER MEMBR EFF DT
GL	NOT A COVERED SERVICE
GX	AUTHORIZED UNITS EXCEEDED
HG	REFER SERVICE TO MEDICAL PAYOR
HG8	REFER SERVICE TO MEDICAL PAYOR
HQ	SVCS PROVIDED NOT AUTHORIZED
HT	NOT A CONTRACTED SERVICE
I8	SUBMIT PAY TO ADDRESS BLK 33
IH	RESUB CLM WITH CORRECT TAX ID
JP	RESUB /W VALID PROCEDURE CODE

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EOP Code	EOP CODE DESCRIPTION
JQ	SUBMIT PRIMARY EOB
JR	SUBMIT MEDICARE EOMB
JT	RESUBMIT WITH VALID ICD-9 CODE
JV	SUBMIT ITEMIZED STATEMENT
JX	EOB DOES NOT MATCH SERVICES
JY	FUTURE DATE NOT ALLOWED
KH	SUBMIT VALID DATES OF SERVICE
KI	SUBMIT CORRECT PLACE OF SVC
KR	RESUBMIT WITH VALID POS
KZ	RESBMT CM OHI FOR CONSIDERATIO
LA2	NEED PROVIDER NAME IN BOX 31
M7	SVCS AFTER MEMBR TERMINATION
ML	V DX CODES ARE NOT COVERED
MOD1	RESUBMIT WITH CORRECT MODIFIER
MOD2	RESUBMIT WITH MODIFIER
MOD3	RESUBMIT WITHOUT MODIFIER
MPE	SUBMIT CORR MEDICARE PAYOR EOB
MT	ALLOW AMT COVRD IN FULL BY PRIMARY
MW	ADJUSTED;Duplicate Claim Payment
N21	DOS RANGE SEPARATED 2 IND LINE
NU	PROV NOT CON'T AT LOCATION
QW	ADJUSTED;Provider Now Contracted
TA	PROVIDER LICENSE REQUIRED
TP	THIS CODE IS TPL EXEMPT
W8	PLS. SEND OTHER INSURANCE INFO
W9	PLEASE RESUBMIT CLAIM WITH W9
X10	CHECK MBR DOB ON FUTURE SUBMISSION
X11	CHECK SPELL OF NAME ON FUTURE SUBMISSION
XA	1ST ER EXP NECESSARY TO PAY
XD	PRIMARY APPLIED TO DEDUCTIBLE
XE	PRIMARY BENEFITS EXHAUSTED
XG	VOI DEN DUE TO PRI CARR DENIAL
XH	PRIM INS DEN SRVC, VBH PD AS PRIM
XJ	PYMT REDUCED BY MEDICARE PYMT
XT	NON-COV W/SUBSTANCE ABUSE DX
XU	NON-COV SERVICE W/PSYCH DX
XW	PYMT REDUCED BY COMMERCIAL PYMT
XY	MEDICARE DEDUCTIBLE PAID