

Claim Edits



Sanford Health Plan utilizes the Optum® Claims Editing System to apply correct coding and standardization for editing of professional and institutional claims. We consider and apply industry standard edits as outlined by National Correct Coding Initiative, American Medical Association and Centers for Medicare & Medicaid Services guidelines etc. Authorizations or referrals do not override claim edits. Edits applied to claims are considered to be a provider adjustment and not billable to the member. Edits are applied to claims received from both participating and non-participating providers. Enhancements to edits may occur periodically as well as new edits being implemented.

Updated as of 7/15/2020

Effective Date	Optum® CES Edit Code	Edit Description	Institutional Claim Edit	Professional Claim Edit	Explanation Of Payment Code & Definition	835 Claim Adjustment Reason Code & Definition
7/15/2020	017IBP		X		CES2: Inappropriate Specification of Bilateral Procedure	CO-16: Inappropriate Specification of Bilateral Procedure Same Claim
7/15/2020	023BDS		X		CES19: Invalid Date/Missing Service Date	CO-19: the statement start date is greater than the service start date or the statement end date is less than the service start date
7/15/2020	041IRC	X	X		M50: Missing/Invalid Revenue Code	CO-16: Invalid or Missing Revenue Code
7/15/2020	048RRH	X	X		M20: Submission of revenue code requires a HCPCS code.	CO-16: Missing/Invalid HCPCS code.
7/15/2020	04AAGE		X		CES9: Diagnosis is inconsistent with patients age	CO-9: Diagnosis is either greater or less than age on record
7/15/2020	06PMDC		X		CES52: Manifestation code not allowed as principle diagnosis	CO-16: Manifestation codes cannot be used as the Principal diagnosis.
7/15/2020	076TRC	X	X		M50: Missing/Invalid Revenue Code	CO-16: Facility Outpatient Trauma Code Without Revenue Code
7/15/2020	092DDP		X		CES6: Claim lacks required Device Code	CO-16: Device-Dependent Procedure reported without Device Code
7/15/2020	09PUAD	X	X		CES15: Unacceptable Principle Diagnosis ICD-10	CO16: Missing, incomplete, or invalid principle diagnosis
7/15/2020	16DSC	X	X		N50: Patient Status is not valid.	CO-16: Invalid patient status.
7/15/2020	AHCf	X	X		CES20: Ambulance Service requires mileage	CO-16: Ambulance Service requires mileage HCPCS code
7/15/2020	DLP	X	X	X	DCD: Duplicate procedure performed by the same provider on the same day.	CO-181: Duplicate procedure.

7/15/2020	DLPB	X	X	X	DCD: Procedure is duplicate reported by provider using a LT or RT Modifier.	CO-181: Duplicate procedure
7/15/2020	IAG/IAGf		X	X	CES9: Diagnosis is inconsistent with patient's age	CO-9: Inappropriate age for diagnosis
7/15/2020	IDDMf	X	X		CES16: Missing/incomplete/invalid discharge information	CO-16: Missing/incomplete/invalid discharge information
7/15/2020	IDX	X	X	X	MISCD: Unspecified diagnosis code. Additional digits are required.	CO-96: Additional digits are required for nonspecific diagnosis codes.
7/15/2020	MF30		X		119B: Benefit max exceeded	CO-119: Cardiac Device frequency 30 day applies
7/15/2020	MF90		X		119B: Benefit max exceeded	CO-119: Cardiac Device frequency 90 day applies
7/15/2020	MFDf		X		119B: Benefit max exceeded	CO-119: Maximum frequency, one per day exceeded
7/15/2020	NPTf	X	X		CES24: Claim lacks required qualifying visit/patient code	CO16: New patient code for established patient rule
7/15/2020	PDSCf	X	X		CES16: Missing, incomplete, or invalid discharge information	CO-16: Interim claims with frequency code 2 and 3 requires patient discharge status code
7/15/2020	PSCf	X	X		CES16: Patient discharge status is missing.	CO-16: Invalid patient discharge status.
7/15/2020	001ICM	X	X		M76: missing/invalid diagnosis	CO-16: missing/invalid diagnosis
7/15/2020	005EPD	X	X		CES15: Missing/incomplete/invalid principal diagnosis.	CO-16: Missing/incomplete/invalid principal diagnosis.

7/15/2020	006IPC	X	X		CES13: Missing/incomplete/invalid other procedure code(s).	CO-16: Missing/incomplete/invalid other procedure code(s).
7/15/2020	010DNY		X		NOPAT: This service is not billable to the member	CO-45: This service is not billable to the member
7/15/2020	01ADID	X	X		M76: missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01AID	X	X		M76: missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01AMD	X	X		M76: missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01ODID	X	X		M76: missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01ODIP	X	X		CES13: Missing/incomplete/invalid other procedure code(s).	CO-16: Missing/incomplete/invalid other procedure code(s).
7/15/2020	01OID	X	X		M76: Deny missing/invalid diagnosis	CO:16- Deny missing/invalid diagnosis
7/15/2020	01OIP	X	X		CES13: Missing/incomplete/invalid other procedure code(s).	CO-16: Missing/incomplete/invalid other procedure code(s).
7/15/2020	01PDID	X	X		M76: Deny missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01PDIP	X	X		CES13: Missing/incomplete/invalid other procedure code(s).	CO-16: Missing/incomplete/invalid other procedure code(s).
7/15/2020	01PID	X	X		M76: Deny missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	01PIP	X	X		CES13: Missing/incomplete/invalid other procedure code(s).	CO-16: Missing/incomplete/invalid other procedure code(s).

7/15/2020	01PMD	X	X		M76: Deny missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	020CCP		X		CES51: Procedure code considered component of another procedure code	CO-97: Procedure code considered component of another procedure code
7/15/2020	021EMO		X		CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	022IMO		X		CES49: Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	025AGE	X	X		CES4: Missing/incomplete/invalid procedure code(s)	CO-16: Missing/incomplete/invalid procedure code(s)
7/15/2020	027OIS	X	X		CES50: Only incidental services reported on claim	CO-16: Only incidental services reported on claim
7/15/2020	037TBP	X	X		CES22: Inappropriate Reporting of Terminated Procedure	CO-96: Inappropriate Reporting of Terminated Procedure
7/15/2020	040CCO		X		CES51: Procedure code considered component of another procedure code	CO-97: Procedure code considered component of another procedure code
7/15/2020	042MMV	X	X		CES7: Multiple visits on same day with same revenue code without condition code G0	CO-16: Multiple visits on same day with same revenue code without condition code G0
7/15/2020	04OAGE		X		CES9: Diagnosis is inconsistent with patient's age	CO-9: Diagnosis is inconsistent with patient's age
7/15/2020	04PAGE		X		CES9: Diagnosis is inconsistent with patient's age	CO-9: Diagnosis is inconsistent with patient's age
7/15/2020	067SPA		X		EXPER: Deny experimental investigational proc not covered	CO-55: Deny experimental investigational proc not covered

7/15/2020	069SOP		X		CES41: Facility outpatient services provided outside of approval period	CO-198: Facility outpatient services provided outside of approval period
7/15/2020	074UBP	X	X		CES3: Units greater than one for bilateral procedure billed with modifier 50	CO-16: Units greater than one for bilateral procedure billed with modifier 50
7/15/2020	084LPC		X		CES19: Add-on code reported without required primary procedure code	CO-107: Add-on code reported without required primary procedure code
7/15/2020	086PMDC	X	X		CES52: Manifestation code not allowed as principal diagnosis	CO-16: Manifestation code not allowed as principal diagnosis
7/15/2020	089QVC	X	X		CES24: Claim lacks required qualifying visit/patient code	CO-B16: Claim lacks required qualifying visit/patient code
7/15/2020	092DDP	X	X		CES6: Claim lacks required device code	CO-16: Claim lacks required device code
7/15/2020	093CTP	X	X		CES14: Missing/incomplete/invalid principal procedure code.	CO-16: Missing/incomplete/invalid principal procedure code.
7/15/2020	099LPP	X	X		CES28: Pass-through/non-pass-through drug or biological lacks payable procedure	CO-16: Pass-through/non-pass-through drug or biological lacks payable procedure
7/15/2020	09OUAD	X	X		CES15: Missing/incomplete/invalid principal diagnosis.	CO-16: Missing/incomplete/invalid principal diagnosis.
7/15/2020	100AEC	X	X		CES35: Admission diagnosis external cause code icd-10	CO-16: Admission diagnosis external cause code icd-10
7/15/2020	100PEC	X	X		CES15: Missing/incomplete/invalid principal diagnosis.	CO-16: Missing/incomplete/invalid principal diagnosis.
7/15/2020	14AGE	X	X		CES5: Missing/incomplete/invalid patient birth date of birth	CO-16: Missing/incomplete/invalid patient birth date of birth

7/15/2020	16DSC	X	X		CES16: Missing/incomplete/invalid discharge information	CO-16: Missing/incomplete/invalid discharge information
7/15/2020	16MDSC	X	X		CES16: Missing/incomplete/invalid discharge information	CO-16: Missing/incomplete/invalid discharge information
7/15/2020	18OWPP	X	X		CES40: Wrong procedure performed principal diagnosis	CO-96: Wrong procedure performed principal diagnosis
7/15/2020	18PWPP	X	X		CES40: Wrong procedure performed principal diagnosis	CO-96: Wrong procedure performed principal diagnosis
7/15/2020	19LOS	X	X		CES25: Facility Inpatient Procedure Inconsistent with Length of Stay	CO-96: Facility Inpatient Procedure Inconsistent with Length of Stay
7/15/2020	26TC			X	CES50: Service performed during active global period and not allowed	CO-97: Service performed during active global period and not allowed
7/15/2020	37TBP	X	X		CES22: Inappropriate Reporting of Terminated Procedure	CO-96: Inappropriate Reporting of Terminated Procedure
7/15/2020	42MMV	X	X		CES7: Multiple visits on same day with same revenue code without condition code G0	CO-16: Multiple visits on same day with same revenue code without condition code G0
7/15/2020	ANE			X	EX79:Services rendered are outside the scope of providers practice	CO-170: Services rendered are outside the scope of providers practice
7/15/2020	AOPf		X		CES1: Add-on code reported without required primary procedure code	CO-107: Add-on code reported without required primary procedure code
7/15/2020	APP	X		X	CES33: Laparoscopic Appendectomy at Time of Other Major Procedure	CO-96: Laparoscopic Appendectomy at Time of Other Major Procedure
7/15/2020	ARM			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier

7/15/2020	ARMf		X		CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	ASD			X	CES43: Anesthesia Secondary Procedure with Modifier Override	CO-59: Anesthesia Secondary Procedure with Modifier Override
7/15/2020	BPS	X		X	CES17: Missing or Invalid place of service type	CO-16- Missing or Invalid Place of Service
7/15/2020	CCDf	X	X		CES48: Missing/invalid/incomplete condition code	CO-16: Missing/invalid/incomplete condition code
7/15/2020	CCM1			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	CCM2			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	CDL			X	CES8: Invalid procedure code	CO-181: Invalid procedure code
7/15/2020	CPO			X	CES42: Care plan oversight	CO-151: Care plan oversight
7/15/2020	CPO1			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	CPT	X		X	CES4: Missing/incomplete/invalid procedure code(s)	CO-16: Missing/incomplete/invalid procedure code(s)
7/15/2020	CTNf	X	X		CES21: Mandatory 8 digit clinical trial registry number icd-10-cm	CO-16: Mandatory 8 digit clinical trial registry number icd-10-cm
7/15/2020	DOBf	X			CES5: Missing/incomplete/invalid patient birth date of birth	CO-16: Missing/incomplete/invalid patient birth date of birth
7/15/2020	DTU	X		X	CES54: days of service and units do not match	CO-16: Dates of Service to Units Discrepancy

7/15/2020	ESR1			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	ESR2			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	ESR3			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	FCRP	X		X	CES39: HCPCS code not reportable on professional claim	CO-96: HCPCS Home Health and Hospice Codes Reported on a Professional Claim
7/15/2020	FTDf	X	X		M52: Deny missing statement from date	CO-16: Deny missing statement from date
7/15/2020	GFP/GFP1			X	CES53: Performed during active Global Period and not allowed	CO-97: Procedure code is within the global period of 6 days of history procedure code
7/15/2020	GSP			X	CES53: Service performed during active global period and not allowed	CO-97: Service performed during active global period and not allowed
7/15/2020	HACNf		X		CES27: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis	CO-233: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis
7/15/2020	HBS			X	EX79: Services rendered are outside the scope of providers practice	CO-170: Services rendered are outside the scope of providers practice
7/15/2020	HPS			X	EX79: Services rendered are outside the scope of providers practice	CO-170: Services rendered are outside the scope of providers practice
7/15/2020	ICD	X		X	M76: Deny missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis
7/15/2020	ICM	X		X	M76: Deny missing/invalid diagnosis	CO-16: Deny missing/invalid diagnosis

7/15/2020	ICMf	X			CES15: Missing/incomplete/invalid principal diagnosis	CO-16: Missing/incomplete/invalid principal diagnosis
7/15/2020	IM27f		X		CES49: Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	IMC			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	IMO			X	CES49: Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	INV			X	EXPER: Deny experimental investigational procedure not covered	CO-55: Deny experimental investigational procedure not covered
7/15/2020	LNМ			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	LNМf		X		CES49: Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	LPR			X	4MC: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	M27f		X		CES49: Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	M62			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	M62R			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	MFD	X		X	119B: Benefit max exceeded	CO-119: Typical Daily frequency exceeded
7/15/2020	MFХ1	X		X	119B: Benefit max exceeded	CO-119: Maximum frequency exceeded once per calendar month

7/15/2020	MOD			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	NCS			X	NOPAT: This service is not billable to the member	CO-45: This service is not billable to the member
7/15/2020	NPT	X		X	CES24: Claim lacks required qualifying visit/patient code	CO-B16: Claim lacks required qualifying visit/patient code
7/15/2020	OBA	X		X	CES34: Antepartum care codes submitted prior to OB package code	CO-96: Antepartum care codes submitted prior to OB package code
7/15/2020	OBC			X	CES44: Claim lacks required qualifying visit/patient code	CO-234: Claim lacks required qualifying visit/patient code
7/15/2020	ONL			X	CES59: Code should not be reported more than once same date of service	CO-97: Code should not be reported more than once same date of service
7/15/2020	PCM			X	CES49:Missing/invalid modifier	CO-4: Missing/invalid modifier
7/15/2020	POAEf		X		CES27: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis	CO-233: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis
7/15/2020	POAf	X	X		CES26: POA Diagnosis or Indicator Code	CO-16: POA Diagnosis or Indicator Code
7/15/2020	POANf		X		CES27: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis	CO-233: Medicaid Health Care-Acquired Condition Non-exempt Diagnosis
7/15/2020	PPGD	X		X	CES44: Procedure code is bundled and not separately payable	CO-234: Postpartum care within 49 days of delivery
7/15/2020	PRE			X	CES53: Service performed during active global period and not allowed	CO-97: Service performed during active global period and not allowed
7/15/2020	PRVf	X	X		INDPR: Deny-must submit with individual provider	CO-170: Deny-must submit with individual provider

7/15/2020	PSC1f	X	X		CES16: Missing/incomplete/invalid discharge information	CO-16: Missing/incomplete/invalid discharge information
7/15/2020	REF	X		X	CES17: Missing/incomplete/invalid referring provider name.	CO-16: Missing/incomplete/invalid referring provider name.
7/15/2020	RFVRf	X	X		CES36: Patient Reason for Visit Required	CO-16: Patient Reason for Visit Required
7/15/2020	RMEGf	X	X		M50: Deny missing/invalid revenue code	CO-16: Deny missing/invalid revenue code
7/15/2020	SAM	X		X	CES55: Team Surgeons are not permitted for this procedure	CO-54: Multiple assistant surgery not allowed
7/15/2020	sAP	X		X	CES38: Medicaid add-on procedure - primary procedure flagged	CO-B15: Medicaid add-on procedure - primary procedure flagged
7/15/2020	SAS			X	EX27: Asst/co-surgeon not allowed for this procedure	CO-54: Asst/co-surgeon not allowed for this procedure
7/15/2020	sBC			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	sBI			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	sCO	X		X	EX27: assistant surgeon not allowed for this procedure	CO-54: Co-surgeons not permitted for this procedure
7/15/2020	sIM			X	CES49: Deny missing/inconsistent modifier	CO-4: Deny missing/inconsistent modifier
7/15/2020	SIP	X		X	CES37: Sequential Intravenous Push Reported by a Physician	CO-16: Sequential Intravenous Push Reported by a Physician
7/15/2020	sM62	X		X	CES32: Medicaid co-surgeon rule - modifier 62	CO-54: Medicaid co-surgeon rule - modifier 62

7/15/2020	sMGK	X		X	CES29 : Modifier GK or GZ	CO-4: Modifier GK or GZ
7/15/2020	sMGZ	X		X	CES29 : Modifier GK or GZ	CO-4: Modifier GK or GZ
7/15/2020	sNE			X	NOPAT: This service is not billable to the member	CO-45: This service is not billable to the member
7/15/2020	sNP			X	CES46: Code not allowed when performed by this specialist at location	CO-171: Code not allowed when performed by this specialist at location
7/15/2020	sPI	X		X	CES31: Physician interpretation only policy	CO-96: Physician interpretation only policy
7/15/2020	sSB			X	CES1: Add-on code reported without required primary procedure code	CO-107: Add-on code reported without required primary procedure code
7/15/2020	sTS	X		X	CES55: Team surgeons not permitted for this procedure	CO-54: Team surgeons not permitted for this procedure.
7/15/2020	sUN				CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	sUNf		X		CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	TCM			X	119B: Deny benefit max exceeded	CO-119: Deny benefit max exceeded
7/15/2020	TEL			X	CES59: Code should not be reported more than once same date of service	CO-97: Code should not be reported more than once same date of service
7/15/2020	TOBf	X	X		MA30: Missing/Invalid type of Bill	CO16: Invalid type of bill, inpatient.
7/15/2020	UEX			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable

7/15/2020	UIN			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	UNB			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
7/15/2020	uNDC		X	X	M119: Deny NDC required	
7/15/2020	UNID			X	CES44: Procedure code is bundled and not separately payable	CO-234: Procedure code is bundled and not separately payable
6/15/2020	006IPC	Invalid Procedure Code	X		CES13: Missing, Incomplete, or invalid Procedure Code	CO-16: Invalid HCPCS code
6/15/2020	APP	Laparoscopic Appendectomy at Time of Other Major Procedure		X	CES33: Laparoscopic appendectomy at time of other major procedure	CO96: More appropriate code available to report for a non-incidental appendectomy
6/15/2020	099LPP	Claim With Pass-Through or Non-Pass-Through Drug Or Biological Lacks Payable Procedure	X		CES28: Lacks payable procedure	CO-16: Lacks the associated payable procedure that must be submitted on the same claim
6/15/2020	sPI	Physician Interpretation Only Policy		X	CES31: Inappropriate place of service	CO:96 Inappropriate physician interpretation at the place of service reported.
6/15/2020	042MMV	Multiple Medical Visits on Same Day with Same Revenue Code Without Condition Code G0	X		CES7: Multiple Visits on same day with same revenue code without condition code G0.	CO-16: Multiple medical visits on same day, same revenue without condition code.

6/15/2020	037TBP	Inappropriate Reporting of Terminated Procedure	x		CES22 Inappropriate reporting of terminated procedure	CO-96: Inappropriate reporting of terminated procedure
6/15/2020	37TBP	Inappropriate Reporting of Terminated Procedure		x	CES22 Inappropriate reporting of terminated procedure	CO-96: Inappropriate reporting of terminated procedure
6/15/2020	DOBf	Patient DOB is Invalid	x		CES5: Patient DOB is invalid or missing	CO-16: Patient DOB is invalid or missing
6/15/2020	sIM			x	CES49: Inappropriate modifier	CO-4: Inappropriate modifier per Medicaid guidelines
5/1/2020	017IBP		xx		CES2: Inappropriate Specification of Bilateral Procedure	CO-16: Inappropriate Specification of Bilateral Procedure Same Claim
5/1/2020	023BDS		x		CES19: Invalid Date/Missing Service Date	CO-19: the statement start date is greater than the service start date or the statement end date is less than the service start date
5/1/2020	041IRC		x		M50: Missing/Invalid Revenue Code	CO-16: Invalid or Missing Revenue Code
5/1/2020	04AAGE		x		CES9: Diagnosis is inconsistent with patients age	CO-9: Diagnosis is either greater or less than age on record
5/1/2020	06PMDC		x		CES52: Manifestation code not allowed as principle diagnosis	CO-16: Manifestation codes cannot be used as the Principal diagnosis.
5/1/2020	076TRC		x		M50: Missing/Invalid Revenue Code	CO-16: Facility Outpatient Trauma Code Without Revenue Code

5/1/2020	092DDP		x		CES6: Claim lacks required Device Code	CO-16: Device-Dependent Procedure reported without Device Code
5/1/2020	09PUAD		x		CES15: Unacceptable Principle Diagnosis ICD-10	CO16: Missing, incomplete, or invalid principle diagnosis
5/1/2020	AHCf		x		CES20: Ambulance Service requires mileage	CO-16: Ambulance Service requires mileage HCPCS code
5/1/2020	ANE	x			EX79: Services Rendered are outside of the scope of Provider's Practice	CO-170: Anesthesia performed by Non-Anesthesia provider
5/1/2020	BPS	x			CES17: Missing or Invalid place of service type	CO:16- Missing or Invalid Place of Service
5/1/2020	DTU	x			CES54: days of service and units do not match	CO-16: Dates of Service to Units Discrepancy
5/1/2020	FCRP			X	CES39: HCPCS code not reportable on professional claim	CO-96: HCPCS Home Health and Hospice Codes Reported on a Professional Claim
5/1/2020	GFP/GFP1			X	CES53: Performed during active Global Period and not allowed	CO-97: Procedure code is within the global period of 6 days of history procedure code
5/1/2020	IAG/IAGf		x	x	CES9: Diagnosis is inconsistent with patient's age	CO-9: Inappropriate age for diagnosis
5/1/2020	MF30		x		119B: Benefit max exceeded	CO-119: Cardiac Device frequency 30 day applies
5/1/2020	MF90		x		119B: Benefit max exceeded	CO-119: Cardiac Device frequency 90 day applies

5/1/2020	MFD	x			119B: Benefit max exceeded	CO-119: Typical Daily frequency exceeded
5/1/2020	MFDf		xx		119B: Benefit max exceeded	CO-119: Maximum frequency, one per day exceeded
5/1/2020	MFx1	x			119B: Benefit max exceeded	CO-119: Maximum frequency exceeded once per calendar month
5/1/2020	NPTf		x		CES24: Claim lacks required qualifying visit/patient code	CO16: New patient code for established patient rule
5/1/2020	OBA	x			CES34: Antepartum care codes submitted prior to OB package code	CO-96: Antepartum care codes submitted prior to OB package code
5/1/2020	PDSCf		x		CES16: Missing, incomplete, or invalid discharge information	CO-16: Interim claims with frequency code 2 and 3 requires patient discharge status code
5/1/2020	PPGD	x			CES44: Procedure code is bundled and not separately payable	CO-234: Postpartum care within 49 days of delivery
5/1/2020	SAM	x			CES55: Team Surgeons are not permitted for this procedure	CO-54: Multiple assistant surgery not allowed
5/1/2020	sCO	x			EX27: assistant surgeon not allowed for this procedure	CO-54: Co-surgeons not permitted for this procedure
5/1/2020	sM62	x			BES32: Medicaid Co-Surgeon rule -Modifier 62	CO-54: Medicaid Co-Surgeon rule - Modifier 62
5/1/2020	STS	x			CES55: Team surgeons not permitted for this procedure	CO-54: Team surgeons not permitted for this procedure.
5/1/2020	TOBf	x	X		MA30: Missing/Invalid type of Bill	CO16: Invalid type of bill, inpatient.

4/1/2020	001ICM		X		M76: Facility Outpatient Invalid Principal Diagnosis	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	010ID		X		M76: Inpatient Invalid Other Diagnosis	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	01PID		X		M76: Invalid Principal Diagnosis	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	020CCP		X		CES51: Procedure Code Considered Component Of Another Procedure Code	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
4/1/2020	021emo		x		CES49: Missing/Inconsistent Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
4/1/2020	040CCO		X		CES51: Procedure Code Considered Component Of Another Procedure	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
4/1/2020	AOPf		X		CES1: Add-On Code Reported Without Required Primary Procedure Code	CO-107: The related or qualifying claim/service was not identified on this claim.
4/1/2020	ARMf		X		CES49: Deny Missing/Inconsistent Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
4/1/2020	CDL			X	CES8: Deleted Procedure Code	CO-181: Procedure code was invalid on the date of service.
4/1/2020	CPT			X	CES4: Invalid Procedure Code	CO-16: Claim/service lacks information or has submission/billing error(s).

4/1/2020	FTDf		X		M52: Missing or Invalid Admission Date	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	GSP			X	CES53: Surgical Global Follow-up – Same Provider	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
4/1/2020	HACNf		X		CES27: Medicare HAC Non-exempt Diagnosis Code	CO-233: Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.
4/1/2020	ICD			X	M76: Invalid Diagnosis Code	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	ICM			X	M76: Missing Diagnosis Code	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	POAf		X		CES26: POA Diagnosis or Indicator Code	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	POAEf		X		CES27: Exempt Diagnosis Code	CO-233: Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.
4/1/2020	POANF		X		CES27: POA Non-exempt Diagnosis Code	CO-233: Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.
4/1/2020	PRE			X	CES53: Pre-op Procedure One Day Before Surgery	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

4/1/2020	RFVRF		X		CES36: Patient Reason for Visit Required	CO-16: Claim/service lacks information or has submission/billing error(s).
4/1/2020	sAP			X	CES38: Medicaid Add-On Procedure – Primary Procedure Flagged	CO-B15: This service/procedure requires that a qualifying service/procedure be received and covered.
4/1/2020	SAS			X	EX27: Typically No Surgical Assistant	CO-54: Multiple physicians/assistants are not covered in this case.
1/1/2020	074UBP			X	CES3: Units Greater Than One for Bilateral Procedure Billed With Modifier 50	CO-16: Claim/service lacks information or has submission/billing error(s).
1/1/2020	26TC			X	CES50: Service Performed During Active Global Period and Not Allowed	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
1/1/2020	IM27f		X		CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	IMC			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	IMO			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	LNM			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.

1/1/2020	LNMf		X		CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	LPR			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	M27f		X		CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	MOD			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	NPT	New Patient Code Billed for Established Patient		X	CES24: Claim Lacks Required Qualifying Visit/Patient Code	CO-B16: 'New Patient' qualifications were not met.
1/1/2020	PCM			X	CES49: Missing/Invalid Modifier	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	sBC	Medicaid Bundled Edit		X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	sBI	Medicaid Bundled Edit		X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	sMGK			X	CES29: Modifier GK or GZ	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.

1/1/2020	sMGZ			X	CES29: Modifier GK or GZ	CO-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
1/1/2020	sNP	Medicaid Non-Physician Services		X	CES46: Code not allowed when performed by this specialist at location	CO-171: Payment is denied when performed/billed by this type of provider in this type of facility.
1/1/2020	sSB	Medicaid Add-on Procedure without Primary Procedure		X	CES1: Add-on code reported without required primary procedure code	CO-107: The related or qualifying claim/service was not identified on this claim.
1/1/2020	sUN	Medicaid Unbundle		X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	sUNf	Medicaid Unbundle	X		CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	UEX	Unbundle		X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	UIN			X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately
1/1/2020	UNB			X	CES44: Procedure code is bundled and not separately payable	CO-234: This procedure is not paid separately

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