

837 Adjustment Reason Codes

1	DEDUCTIBLE AMOUNT	Y
2	COINSURANCE AMOUNT	Y
19	CLAIM DENIED BECAUSE THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER.	Y
20	CLAIM DENIED BECAUSE THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	Y
21	CLAIM DENIED BECAUSE THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	Y
25	PAYMENT DENIED. YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET.	Y
30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.	Y
35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED.	Y
36	BALANCE DOES NOT EXCEED CO-PAYMENT AMOUNT.	Y
37	BALANCE DOES NOT EXCEED DEDUCTIBLE.	Y
42	CHARGES EXCEED OUR	Y

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	FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.	
43	GRAMM-RUDMAN REDUCTION.	Y
44	PROMPT-PAY DISCOUNT.	Y
45	CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT.	Y
46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.	Y
47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.	Y
48	THIS (THESE) PROCEDURE(S) IS (ARE) NOT COVERED.	Y
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING CONDITION	Y
72	COINSURANCE DAY. (HANDLED IN QTY, QTY01=CD)	Y
126	DEDUCTIBLE -- MAJOR MEDICAL	Y
127	COINSURANCE -- MAJOR MEDICAL	Y
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	Y
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	Y
178	PATIENT HAS NOT MET THE REQUIRED	Y

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	SPEND DOWN REQUIREMENTS.	
179	PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS.	Y
180	PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS.	Y
191	NOT A WORK RELATED INJURY/ILLNESS AND THUS NOT THE LIABILITY OF THE WORKERS' COMPENSATION CARRIER.	Y
201	WORKERS COMPENSATION CASE SETTLED. PATIENT IS RESPONSIBLE FOR AMOUNT OF THE CLAIM/SERVICE THROUGH WC 'MEDICARE SET ASIDE	Y
202	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.	Y
214	WORKERS' COMPENSATION CLAIM ADJUDICATED AS NON-COMPENSABLE. THIS PAYER NOT LIABLE FOR CLAIM OR SERVICE/TREATMENT (NOTE:	Y
215	BASED ON SUBROGATION OF A THIRD PARTY SETTLEMENT	Y
217	BASED ON PAYER REASONABLE	Y

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	AND CUSTOMARY FEES. NO MAXIMUM ALLOWABLE DEFINED BY LEGISLATED FEE ARRANGEMENT. (NOTE: TO BE	
218	BASED ON ENTITLEMENT TO BENEFITS (NOTE: TO BE USED FOR WORKERS' COMPENSATION ONLY)	Y
219	BASED ON EXTENT OF INJURY (NOTE: TO BE USED FOR WORKERS' COMPENSATION ONLY)	Y
230	NO AVAILABLE OR CORRELATING CPT/HCPCS CODE TO DESCRIBE THIS SERVICE. NOTE: USED ONLY BY PROPERTY AND CASUALTY.	Y
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET.	Y
B1	NON-COVERED VISITS.	Y
D22	REIMBURSEMENT WAS ADJUSTED FOR THE REASONS TO BE PROVIDED IN SEPARATE CORRESPONDENCE.	Y
W1	WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT	Y