

ValueOptions® Maryland
Update
October 8, 2009

Explanation of Payment (EOP) Crosswalk: The EOP codes and accompanying descriptions displayed below, have also been posted on the ValueOptions® website (<http://maryland.valueoptions>) under “Provider Information”, “Claims/Finance”.

Explanation of Payment (EOP) Code	Description
109	CLAIM NOT COVERED BY THIS PAYER/CONTRACTOR.
AI	ADJUSTED:INCORRECT DATE OF SERVICE
BC5	BALT CAP PROGRAM - SEND CLAIM TO FACILITY
BC6	BALT CAP PROGRAM - CREATIVE ALTERNATIVES
BC7	CHESAPEAKE BALTIMORE CAP PROG
BED	SERVICES BEFORE 9/1/09 SEND TO ACS
BS	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
DH2	INVALID CONSUMER ID
DI1	PLEASE RESUBMIT WITH CONSUMERS ID
DOB	RESUBMIT WITH CORRECT DATE OF BIRTH FOR PATIENT
DRC	DENIED DUE TO REPLACEMENT CLAIM RECEIVED
DX1	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 5TH DIGIT
DX2	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 5TH DIGIT
DX3	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 4TH DIGIT
EL	RESUBMIT CLAIM WITH VALID DATE OF SERVICE
EY	SERVICE CODE BILLED NOT VALID FOR PLACE OF SERVICE
F9	CLAIM SUBMITTED IN ERROR
FP	ADJUSTED;CORRECTED BILLING RECEIVED
G1	DIAGNOSIS IS NOT COVERED
G6	DAILY THERAPY LIMITS EXCEEDED
GC	SERVICES INCLUDED IN PER DIEM
GD	NO AUTHORIZATION AVAILABLE FOR THIS DOS
GF	DUPLICATE CLAIM
GH1	RESUBMIT CLAIM WITH VALID DIAGNOSIS CODE
GJ	RESUBMIT CLAIMS TO EDS FOR PROCESSING
GJ1	SERVICES WERE PERFORMED BEFORE/AFTER CONTRACT EFFECTIVE DATE
GK1	CONSUMER NOT REGISTERED AT TIME OF SERVICE
GL	NOT A COVERED SERVICE
GX	AUTHORIZED UNITS EXCEEDED
HB	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
HG	REFER SERVICE TO MEDICAL PAYOR

HG3	NOT A COVERED SERVICE AND/OR DX
IS	PLEASE VALIDATE DX, SERVICE CODE AND MEMBER ID
JK	RESUBMIT WITH SERVICING PROVIDER NAME & LICENSURE
JP2	SVC/REV CODE MISSING OR INVALID
JPS	IF NOT DUP, SUBMIT CORRECTED CLM W/SERVICES ROLLED ON 1 LINE
JR	RESUBMIT CLAIM WITH MEDICARE EOMBD
JT	RESUBMIT CLAIM WITH VALID ICD-9 (DIAGNOSIS) CODE
KH	PLEASE SUBMIT VALID DATES OF SERVICE
KK	MEDICAL DIAGNOSIS, REFER CLAIM TO MEDICAL PAYOR
M4	PLEASE CHECK MODIFIER ORDER ON FUTURE CLAIMS
M91	CONSUMER NOT REGISTERED AT TIME OF SERVICE
ML1	DIAGNOSIS IS NOT COVERED
MO1	RESUBMIT WITH CORRECT MODIFIER
MO6	THE SUBMITTED MODIFIER HAS BEEN REMOVED FROM CLAIM
NAF	NO AUTHORIZATION ON FILE FOR DATE OF SERVICE
NP#	NPI MUST BE REGISTERED WITH MEDICAID
NP2	NPI MUST BE REGISTERED WITH MEDICAID
NPA	NO NPI SUBMITTED,PLEASE SEND NPI ON FUTURE CLAIMS
PDR	THIS CHARGE IS INCLUDED IN THE PER DIEM RATE
S1	DUPLICATE CLAIM
U02	CONSUMER ID IS NOT VALID. PLEASE SUBMIT W/VALID ID
UN1	UNITS CHANGED TO 1,W/CHARGES ADJSTD,ONLY 1 PER DAY
UN2	UNITS CHGD TO REMAINING >1,DATES/CHARGES ADJUSTED
UNM	DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA
W9	PLEASE FAX W9 TO: (757) 459-7529
W92	PLEASE FAX W9 TO: (757) 459-7529
WF	RETROACTIVE MEMBER ELIG
XI	REFER SERVICE TO MEDICAL PAYOR
XU	NON-COVERED SERVICE
Z20	ENCOUNTER CLAIM-PREPAID FEE