

NOVA SCOTIA MEDICAL SERVICES INSURANCE
OPTOMETRY MANUAL

DECEMBER 2010

© MSI
PO Box 500
HALIFAX, NS B3J 2S1
PHONE (902) 496-7011
TOLL FREE 1-866-553-0585
FAX (902) 490-2275

OPTOMETRY SERVICES PROGRAM

PREAMBLE

Introduction

The program focuses on the delivery of preventive routine vision care for children up to their tenth birthday and for seniors over the age of sixty-five, as a means of early detection of problems that could lead to further pathology. The program also provides eye examinations of a non-routine nature to eligible residents of all ages.

ELIGIBLE RESIDENTS

“Eligible resident” means a person who is insured within the meaning of the Health Services and Insurance Act, RSNS, 1989, c. 197 or any successor legislation thereto, and, who meet the requirements as described below.

INSURED SERVICES

1. Optometric Vision Analysis, or Comprehensive Eye Examination of a routine nature is payable once in a two year period for children who have not yet reached their 10th birthday and for those who are 65 years of age and older.

This examination involves the determination of the refractive status of the eye and the identification of any observed abnormality or pathology in the visual system (including all tests, and preparation of the corresponding optometric prescription, where indicated).

2. Eye examinations of a non-routine nature are payable once per year for a comprehensive examination (full) and once per year for a continuing care examination (partial) for persons of all ages who:
 - present with any symptoms indicating that an eye pathology is present; such as red eyes, severe dry eyes, excessively watery eyes, itchy eyes, lid swelling, eye pain, reduced vision, flashes and/or floaters or foreign body sensations.
 - have any signs that raise suspicions of eye pathology; such as increased intra-ocular pressure, retinal or optic nerve abnormalities, and any external eye abnormalities.
 - have been **diagnosed** with diabetes, rheumatoid arthritis and other systemic diseases that present a high risk for sight-threatening complications. A family history is not sufficient to warrant eligibility.
 - are taking sight-threatening medications of various types.
 - are aged **10 to 19 years** presenting with symptoms indicating an increase in myopia or “nearsightedness” in already highly myopic patients.

Rates in these instances can also vary as physician referred services will pay a slightly higher fee.

ADDITIONAL INSURED SERVICES where eye pathology has been identified or suspected:

3. Treatment of ocular anterior segment disorders, using a noted differential diagnosis, with or without prescribed medications, not to include over the counter medications. See approved diagnostic codes on pages 13, 14 & 15.
4. **Health service code 03.03 RO=CCDX** – Six Continuing Care visits are insured **provided** the text segment of the claim verifies the visit is required to monitor progress. The text segment of the service encounters for these services must make reference to a prescribed drug or that no drug was prescribed.
5. **Health service code 03.03 RO=CCDX:PT=PRTO** – A visit where the diagnosis results in a referral to an Ophthalmologist, is payable once per patient incident. The text segment of the service encounter must indicate the name of the Ophthalmologist receiving the referral.
6. **Health service code 03.03 PT=PRBK** – If an Ophthalmologist refers a patient to an Optometrist, the Optometrist may bill MSI for a maximum of two follow up visits using either the modifier RO=CNCT or RO=CCDX along with modifier PT=PRBK. These two follow up visits will not be counted toward either the once/year or six/year maximum CNCT or CCDX visits respectively.
7. **Health service code 09.02F** – Optometric Vision Analysis under the **Enhanced Vision Screening Program** is billable when children are referred to an Optometrist by a Public Health Nurse for refraction. This program allows for a refraction for a child who fails the screening exam even though the child may previously have had a refraction in the eligibility period normally associated with this service.
8. **Health service code 09.02G** – Low Vision Assessment is payable in situations where the patient has subnormal vision as to be unable to perform normal activities with spectacles and have an acuity of 20/50 or worse in the better eye. A low vision assessment is billable once every two years with one follow up low vision assessment allowed after the initial assessment.
5. **Health service code 09.32A** – Contact Lens Fitting for Keratoconus under certain guidelines. The keratometer reading must be at least 47 diopters in the visual axis, the patient must have at least 5.0 diopters of astigmatism and their corrected vision with spectacles cannot be more than 6/12 in their better eye. This procedure includes follow up for three months.
6. **Health service code 21.31** – Dilation and irrigation of Lacrimal Punctum, monocular or binocular, once per eye per lifetime in true epiphora cases only where a positive Jones Test has been performed and where artificial tear and lid hygiene therapies have not been successful. The patient must not have ectropion.
7. **Health service code 22.69A - Insertion of permanent** punctal plugs. Punctal Occlusion is payable once per eye per lifetime in cases where artificial tear and lid hygiene therapies have not been successful. This service is not insured for patients whose dry eye symptoms are associated with contact lens wear.

PLEASE NOTE: MSI pays for **insertion** of permanent plugs only. Patients are responsible for material costs of the plugs.

PREMIUM FEES:

Premium fees are additional amounts paid above normal or customary rates on eligible services provided on an emergency basis during designated times. Premium fees have been approved for after-hours care of patients in emergency situations for certain conditions (see page 16).

Additional fees are only billable by Optometrists holding a valid optometric drug license. Full exams as well as partial exams will be eligible for premium billing if all elements of the guidelines are met.

Premium fees are payable only when the treating Optometrist's office is closed for normal business. In the instance where the treating optometrist is in a partnership arrangement, the facility must be closed for all optometrists in the partnership.

The following chart shows the applicable time periods and associated rates and modifiers for premium fees.

Day	Time	Additional Percentage Added to Fee
Monday to Friday	1700-2359	35% (US=PREM)
Tuesday to Saturday	0000-0759	50% (US=PR50)
Saturday	0800-1659	35% (US=PREM)
Saturday to Monday	1700-0759	50% (US=PR50)
Recognized Holidays	0800-2359	50% (US=PR50)

EXCLUSIONS:

The following exclusions apply:

1. Services for members of the Canadian Forces, The Royal Canadian Mounted Police; and such others who are covered under other statutes.
2. Services for persons covered under the Workers' Compensation Board, Department of Veterans' Affairs and persons covered by other government programs.
3. Examinations required for the purpose of employment or insurance; and similar examinations at the request of third party.
4. Services for any persons not falling within the categories of entitled beneficiaries noted above; i.e. non-residents of Nova Scotia or such others who do not qualify for health care coverage.

BILLING AND PAYMENT

For payment purposes, Optometrists are accepted by MSI as valid referring physicians.

90 DAY LIMIT ON BILLING

Service encounters submitted over 90 days from the date of service will be paid at zero with the following exception:

- Resubmissions of refused claims, or incorrect billings, must be submitted within six months from the date of service. Each resubmission must contain an annotation in the text field of the service encounter referencing the previous service encounter number.

Service encounters that fall outside of the specified time lines will only be considered if extenuating circumstances can be demonstrated; and **prior written approval** for the late submission has been obtained from the Manager, MSI Programs. Questions regarding this issue may be directed to the MSI Assessment Department.

**MSI BILLING GUIDELINES
FOR VISITS REQUIRING DIFFERENTIAL DIAGNOSIS
(HEALTH SERVICE CODE 03.03 – WITH APPROPRIATE MODIFIERS)**

- Claims for services in this category may be submitted only by Optometrists holding a valid Optometric Drug License.
- UP TO SIX ADDITIONAL Continuing Care visits (RO=CCDX) may be submitted to MSI for visits where a specific diagnostic code has been indicated. Text must be supplied verifying that the visit is related to the prescription of a drug or that no drug was prescribed. **Failure to include acceptable text could result in non-payment for the service.**

**MSI BILLING GUIDELINES
FOR VISITS RESULTING IN REFERRAL TO AN OPHTHALMOLOGIST
(HEALTH SERVICE CODE 03.03 – WITH APPROPRIATE MODIFIERS)**

- Claims for services in this category may be submitted only by Optometrists holding a valid Optometric Drug License.
- Diagnosis must result in referral to an Ophthalmologist.
- One visit (PT=PRTO) per patient incident is allowed.
- Text must be supplied indicating the name of the Ophthalmologist receiving the referral.
- These visits are not counted toward the once per year continuous care or partial exam (CNTC) or the maximum six per year CCDX visits.

**MSI BILLING GUIDELINES
FOR VISITS RESULTING IN REFERRAL FROM
OPHTHALMOLOGIST BACK TO OPTOMETRIST
(HEALTH SERVICE CODE 03.03 – WITH APPROPRIATE MODIFIERS)**

- Claims for services in this category may be submitted only by Optometrists holding a valid Optometric Drug License.
- Refers to an Ophthalmologist referring a patient back to the optometrist for follow-up.
- The optometrist may then bill MSI for a maximum of two follow-up visits using either the RO=CNTC or RO=CCDX codes along with modifier PT=PRBK.
- These visits are not counted toward the once per year continuous care or partial exam (CNTC) or the maximum six per year CCDX visits.

**MSI BILLING GUIDELINES
FOR REFRACTION UNDER THE ENHANCED VISION SCREENING PROGRAM
(HEALTH SERVICE CODE 09.02F)**

- The service is payable for children referred to Optometrists by Public Health Nurses under the Enhanced Vision Program.
- The service is payable even if the child previously had a refraction in the eligibility period normally associated with this service.
- The service is payable up to the age of 19 years.

**MSI BILLING GUIDELINES
FOR LOW VISION ASSESSMENT FEE
(HEALTH SERVICE CODE 09.02G)**

- Patient must have subnormal vision; not able to perform normal activities with spectacles.
- Acuity must be at least 20/50 or worse in better eye.
- A maximum low vision assessment fee is billable once in a two year period per patient.
- One follow-up visit allowed after the initial assessment to ensure that patients are utilizing their devices correctly and to address any other needs.

**MSI BILLING GUIDELINES
FOR CONTACT LENS FITTING FOR KERATOCONUS
(HEALTH SERVICE CODE 09.32A)**

- Only an insured service for keratoconus when diagnostic code 37160 (Keratoconus Unspecified) is indicated.
- Kerotometer reading must be at least 47 diopters in the visual axis.
- Patient must have at least 5.0 diopters of astigmatism.
- Corrected vision with spectacles cannot be more than 6/12 in the better eye.
- Procedure includes follow up for three months.

**MSI BILLING GUIDELINES
FOR DILATION AND IRRIGATION OF LACRIMAL SYSTEM
(HEALTH SERVICE CODE 21.31 - DILATION OF LACRIMAL PUNCTUM)**

- The service is payable once per eye per lifetime.
- The service is payable in true epiphora cases where a positive Jones Test has been performed.
- Artificial tear and lid hygiene therapies have been tried and found to be unsuccessful.
- The patient must not have ectropion.

**MSI BILLING GUIDELINES
FOR INSERTION OF PUNCTAL PLUGS
(HEALTH SERVICE CODE 22.69A - PUNCTAL OCCLUSION)**

- The service is payable once per eye per lifetime.
- Artificial tear and lid hygiene therapies have been tried and found to be unsuccessful.
- Insertion of permanent plugs **ONLY** is insured.
- Material costs for the plugs are not insured through MSI. Those costs are the responsibility of the patient.
- The service is not insured for patients whose dry eye symptoms are associated with contact lens wear.

**MSI BILLING GUIDELINES
FOR PREMIUM FEES**

- Claims for premium services may be submitted only by Optometrists holding a valid Optometric Drug License.
- Only applies to full exams or partial exams.
- Service must be provided after hours, on an emergency basis during an applicable time period for one of the conditions listed as warranting premium fees (see page 15).
- At time of patient contact, the treating Optometrist's office must be closed for normal business. If the treating Optometrist is in a partnership arrangement, the facility must be closed for all Optometrists in the partnership.

**MSI BILLING GUIDELINES
FOR NON-ROUTINE VISITS (WHEN MEDICALLY NECESSARY)**

- Reference to 'In child' under the Eligibility Column refers to persons 15 years and under.

<u>Condition</u>	<u>Associated Code</u>	<u>Eligibility</u>
Refractive Error		
Emmetropia	3679	None
Astigmatism	36720	None
Myopia	3671	None
Hyperopia/Hypermotropia	3670	None
Disorders of refraction and accommodation	36751	None
Anisometropia	36731	None
Presbyopia	3674	None
Reduced Vision, etc.		
High Myopia	36021	Full or partial
Amblyopia	36800	In child; full exam or partial
Asthenopia	36813	None
Diplopia	3682	Full exam or partial
Deuteranomaly	36852	None
Protanomaly	36851	None
Tritanomaly	36853	None
Hemianopsia	36846	Full exam or partial
Scotoma	36844	Full exam or partial
Metamorphopsia	36814	Full exam or partial
Photophobia	36813	None unless due to pathology eg: iritis
Sudden vision loss	36816	Full exam or partial
Disorders of Eyelid		
Blepharitis	37300	Partial if in chief complaint
Chalazion	3732	Partial if in chief complaint
Dermatitis of eyelid	37331	Partial if in chief complaint
Hordeolum, Stye	37311	Partial if in chief complaint
Disorders of E.O.M. (Extra Ocular Muscles)		
Convergence excess	37884	In child: full exam or partial
Convergence insufficiency	37883	In child: full exam or partial
Esotropia	37800	In child: full exam or partial
Exotropia	37810	In child: full exam or partial
Hyper(o)tropia	37831	In child: full exam or partial
Monofaxational phoria syndrome (NOTE: in adults: sudden onset of above: full exam or partial)	37834	In child: full exam or partial
Disorders of Lacrimal System		
Canaliculitis	37531	Partial
Disorders of lacrimal system	3759	Partial
Dry eye syndrome	37515	Full exam or partial if most significant complaint in chief complaint
Epiphora	37520	Full exam or partial if most significant complaint in chief complaint

<u>Condition</u>	<u>Associated Code</u>	<u>Eligibility</u>
Disorders of Conjunctiva		
Blepharoconjunctivitis	37220	Partial
Concretions conjunctiva	37254	Partial
Chemosis conjunctiva	37273	Partial
Conjunctivitis	37230	Partial
Cyst conjunctiva	37275	Partial
Disorders of conjunctiva	3729	Partial
Pterygium	37240	Partial
Subconjunctival hemorrhage	37272	Partial
Disorders of Cornea		
Arcus senilis	37141	None
Dystrophy corneal	37150	Full exam or partial
Edema corneal	37120	Partial
Erosion corneal	37142	Partial
Fuchs endothelial dystrophy	37157	Full exam or partial
Keratoconus	37160	Full exam or partial
Corneal Inflammation, etc.		
Corneal ulcer	37000	Partial
Corneal neovascularization	37060	None if contact-lens related
Keratitis	3709	Partial
Keratoconjunctivitis	37040	Partial
Pannus corneal	37062	Full exam or partial (non-CL related)
Epidermic Keratoconjunctivitis	0771	Partial
Foreign Bodies	9309	Partial
Superficial Injury of Eye & Adnexa	9189	Partial
Disorders of Pupil, Lens, etc.		
Aphakia	37931	Full exam or partial
Adie pupil	37946	Full exam or partial
Argyll Robertson pupil	09489	Full exam or partial
Episcleritis	37900	Partial
Nystagmus	37950	Full exam or partial if recent onset
Subluxation of lens	37932	Full exam or partial
Pseudoexfoliation of the lens	36611	Full exam or partial
Significant eye pain	37991	Full exam or partial
Disorders of Iris or Ciliary Body		
Synechiae Iris	36470	None
Iris atrophy	36459	Full exam or partial
Iritis	3643	Full exam or partial
Glaucoma or Ocular Hypertension		
Glaucoma	3659	Full exam or partial
Ocular hypertension	36504	Full exam or partial
		(NOTE: Patient must be a glaucoma suspect, family history is not enough)
Cataract	3669	Full exam or partial
		(NOTE: Vision must be impaired, condition is progressing, Rx is changing rapidly or patient is being referred for surgery, to be covered)

<u>Condition</u>	<u>Associated Code</u>	<u>Eligibility</u>
Disorders of Retina		
Cyst Macula	36254	Full exam or partial
Diabetic retinopathy	25050	Full exam or partial
Degeneration retina	36260	Full exam or partial
Lattice	36263	Full exam or partial
Peripheral	36260	Full exam or partial
Hole macula	36254	Full exam or partial
Ischemia retina	36284	Full exam or partial
Occlusion retinal vein, artery	36230	Full exam or partial
Macular degeneration (must be significant)	36250	Full exam or partial
Microaneurysms retina	36214	Full exam or partial
Chorioretinitis	36320	Full exam or partial
High Risk of Retinal Detachment	3619	Full exam or partial
Disorders of Optic Nerve		
Atrophy optic	37710	Full exam or partial
Disorder of optic chiasm	37754	Full exam or partial
Drusen optic disc	37721	Full exam or partial
Neuritis optic	37730	Full exam or partial
Papilloedema	37700	Full exam or partial
Congenital Anomalies		
Anomalies (eyelids, lacrimal system, orbit)	7439	In child: full exam or partial
Aniridia	74345	In child: full exam or partial
Anisocoria (congenital)	74346	In child: full exam or partial
Blindness	36900	Full exam or partial
Migraine	34690	Full exam or partial when differential diagnosis required
Headache	7840	None (unless serious pathology suspected)
Head Injury	85400	Full exam or partial
Diabetes		
Diabetes (patient must be diagnosed)	25000	Full exam or partial
Diabetes with ophthalmic manifestations	25080	Full exam or partial
Diabetic cataract	25050	Full exam or partial
Diabetic retinopathy	25050	Full exam or partial
Rheumatoid Arthritis	7140	Full exam or partial
Multiple Sclerosis	340	Full exam or partial
Graves Disease	24200	Full exam or partial
Marfan's Syndrome	75982	Full exam or partial

<u>Condition</u>	<u>Associated Code</u>	<u>Eligibility</u>
Lupus (Patient must be on chloroquine drug, e.g. Plaquenil)	7100	Full exam or partial
Myasthenia Gravis	3580	Full exam or partial
Mild Retardation (For patients taking Phenothiazine)	317	Full exam or partial
Crohn's Disease (For patients taking oral corticosteroids on a chronic basis)	5559	Full exam or partial
Sarcoidosis	135	Full exam or partial
AIDS	0429	Full exam or partial

NOTES

Partial Exam Health Service Code 03.03 Continuing Care, Full Exam 09.02C

- Amblyopia and strabismus are only covered in children where therapy is indicated. Extraocular muscle disorders are only covered in adults if they are of sudden onset (including nystagmus).
- Photophobia is not covered unless due to an ocular pathology such as iritis.
- Dry eyes are not covered unless mentioned as the most significant complaint in the chief complaint, severe enough to endanger corneal health or warrant ophthalmological referral.
- Epiphora (watery eyes) is not covered unless mentioned as the most significant complaint in the chief complaint or unless intervention is required for medical reasons.
- Eyelid disorders such as blepharitis are only covered if the patient mentions the symptoms as part of the presenting complaint.
- To avoid confusion, the term corneal neovascularization is used when caused by contact lens wear and is not covered. Pannus is used to indicate blood vessel growth due to pathological conditions such as a chronic lid staph infection and is covered.
- Children who suffer from serious myopia and show medical necessity will be covered with text to justify.
- In child: full exam or partial applies to individuals up to and including 15 years of age, or, in other words, those who have not yet reached their 16th birthday.
- Glaucoma suspect is covered if the patient has either intraocular pressure, field anomalies, narrow angles or optic nerve appearance that put him/her at risk for glaucoma. Family history alone is not enough to warrant coverage.
- Cataract is covered if the opacities are impairing the patient's vision or lifestyle, are progressing rapidly, are causing a rapid prescription change, or, if ophthalmological referral is indicated. Congenital anomalies are only covered in children.
- Macular degeneration is covered for a yearly assessment. The patient must have significant macular changes to warrant MSI billing. There must be a serious likelihood of visual acuity loss.
- Headaches are generally not covered. You must have reason to suspect a grave pathology is present, e.g. brain tumor. Headaches due to narrow-angle glaucoma, iritis and other ocular pathology would be billed under the code for that pathology. However, if a G.P. refers a patient with headaches to your office to rule out suspected pathology, (not the need for glasses), the visit is covered.
- Migraines are covered when you must differentiate the aura from a retinal detachment. Otherwise, patients with a history of migraine that has been diagnosed are not covered.
- Diabetic patients are covered if they have been diagnosed diabetic by a physician. Again, family history of diabetes is not enough to bill MSI.

- Patients taking chloroquine-like drugs for Lupus are covered by MSI for one full exam and one partial exam per year.
- Patients taking a chronic course of oral corticosteroids for diseases such as Crohn's Disease are covered for a full eye exam every year. You must bill under the code for the underlying systemic disease.
- If a patient is referred to you by an ophthalmologist for follow-up after a surgical procedure, you may bill a partial visit only if one has not been billed in the previous year.

REMEMBER: The above guidelines and recommendations are to be used when billing MSI for non-routine "medically necessary" service encounters. You may use any code to bill MSI for routine visits every 2 years for patients 0-9 years and 65 years of age or older.

If a full eye examination is performed on a patient with a condition that is eligible for a partial (continuing care) billing only, you may bill the patient the difference between your customary full exam fee and the partial/continuing care payment from MSI.

**DIAGNOSTIC CODES WARRANTING VISITS FOR CONTINUING CARE
IN CONJUNCTION WITH ATTENDING
AND DESCRIBING A DIFFERENTIAL DIAGNOSIS**

Keratitis Sicca and Non-Ulcerative Keratitis

0771	EPIDEMIC KERATOCONJUNCTIVITIS	2644	VITAMIN A DEFIC W KERATOMALACIA
37020	SUPERFICIAL KERATITIS UNSPEC	37021	PUNCTATE KERATITIS
37023	FILAMENTARY KERATITIS	37024	PHOTOKERATITIS
37031	PHLYCTENULAR KERATOCONJUNCT	37033	KERATOCONJUNCTIVITIS SICCA
37034	EXPOSURE KERATOCONJUNCTIVITIS	37035	NEUROTROPHIC KERATOCONJUNCT
37040	KERATOCONJUNCTIVITIS UNSPEC	37044	KERATIT/KERATOCONJUNCT EXANTHMA
37049	OTHER KERATOCONJUNCTIVITIS	3708	OTHER FORMS OF KERATITIS
3709	UNSPECIFIED KERATITIS	37123	BULLOUS KERATOPATHY
37143	BAND-SHAPED KERATOPATHY	37160	KERATOCONUS UNSPECIFIED
37161	KERATOCONUS STABLE CONDITION	37162	KERATOCONUS ACUTE HYDROPS
70211	INFLAMED SEBORRHEIC KERATOSIS	70219	OTHER SEBORRHEIC KERATOSIS
7102	SICCA SYNDROME		

Blepharitis

37220	BLEPHAROCONJUNCTIVITIS UNSPEC	37221	ANGULAR BLEPHAROCONJUNCTIVITIS
37222	CONTACT BLEPHAROCONJUNCTIVITIS	37300	BLEPHARITIS UNSPECIFIED
37301	ULCERATIVE BLEPHARITIS	37302	SQUAMOUS BLEPHARITIS
37263	SYMBLEPHARON	37434	BLEPHAROCHALASIS
37446	BLEPHAROPHIMOSIS		

Conjunctivitis (Bacterial, allergic, toxic, mechanical, inflammatory)

0770	INCLUSION CONJUNCTIVITIS	0773	OTHER ADENOVIRAL CONJUNCTIVITIS
0774	EPIDEM HEMORRHAG CONJUNCTIVITIS	0778	OTHER VIRAL CONJUNCTIVITIS
09840	GC CONJUNCTIVITIS (NEONATORUM)	1301	TOXOPLASMOSIS CONJUNCTIVITIS
37032	LIMBR/CORN INVOLV VERN CONJUNC	37200	ACUTE CONJUNCTIVITIS UNSPEC
37201	SEROUS CONJUNCTIVITIS EXC VIRAL	37202	ACUTE FOLLICULAR CONJUNCTIVITIS
37203	OTH MUCOPURULENT CONJUNCTIVIT	37204	PSEUDOMEMBRANOUS CONJUNCTIVITIS
37205	ACUTE ATOPIC CONJUNCTIVITIS	37210	CHRONIC CONJUNCTIVITIS UNSPEC
37211	SIMPLE CHRONIC CONJUNCTIVITIS	37212	CHR FOLLICULAR CONJUNCTIVITIS
37213	VERNAL CONJUNCTIVITIS	37214	OTH CHR ALLERGIC CONJUNCTIVITIS
37215	PARASITIC CONJUNCTIVITIS	37230	CONJUNCTIVITIS UNSPECIFIED
37231	ROSACEA CONJUNCTIVITIS	37239	OTHER CONJUNCTIVITIS

Episcleritis

37902	NODULAR EPISCLERITIS
37909	OTHER SCLERITIS/EPISCLERITIS

Pingueculitis

37251	PINGUECULA
-------	------------

Non-Surgical Treatment of Chalazions

3732 CHALAZION

Non-Surgical Treatment of Hordeolae

37311 HORDEOLUM EXTERNUM

37312 HORDEOLUM INTERNUM

Corneal Abrasions and Erosions

2642 VIT A DEFIC W CORNEAL XEROSIS

2646 VIT A DEFIC/XEROPHTH SCAR CORN

37001 MARGINAL CORNEAL ULCER

37140 CORNEAL DEGENERATION UNSPEC

37142 RECURRENT EROSION OF CORNEA

37146 NODULAR DEGENERATION OF CORNEA

37149 OTHER CORNEAL DEGENERATIONS

37151 JUV EPITHELIAL CORN DYSTROPHY

37153 GRANULAR CORNEAL DYSTROPHY

37155 MACULAR CORNEAL DYSTROPHY

37157 ENDOTHELIAL CORNEAL DYSTROPHY

37170 CORNEAL DEFORMITY UNSPECIFIED

37173 CORNEAL STAPHYLOMA

37182 CORNEAL DISORD D/T CONTACT LENS

3719 UNSPECIFIED CORNEAL DISORDER

9402 ALKALINE BURN CORNEA/CONJUNCT

9404 OTHER BURN CORNEA/CONJUNCTIVA

74342 CONGEN CORNEAL OPAC AFFECT VIS

99651 MECH COMPLICATION CORNEAL GRAFT

2643 VIT A DEFIC W CORN ULC/XEROSIS

37000 CORNEAL ULCER UNSPECIFIED

37130 CORNEAL MEMBRANE CHANGE UNSPEC

37141 SENILE CORNEAL CHANGES

37144 OTHER CALCEROUS DEGEN OF CORNEA

37148 PERIPHERAL DEGENERATIONS CORNEA

37150 CORNEAL DYSTROPHY UNSPECIFIED

37152 OTH ANTERIOR CORNEAL DYSTROPHY

37154 LATTICE CORNEAL DYSTROPHY

37156 OTH STROMAL CORNEAL DYSTROPHIES

37158 OTH POSTERIOR CORN DYSTROPHIES

37171 CORNEAL ECTASIA

37181 CORNEAL ANESTHESIA/HYPOESTHESIA

37189 OTHER CORNEAL DISORDERS

9181 SUPERFICIAL INJURY CORNEA

9403 ACID BURN CORNEA/CONJUNCTIVA

74341 ANOMALIES OF CORNEAL SIZE/SHAPE

74343 OTHER CONGEN CORNEAL OPACITIES

Foreign Body and Eyelash Removal

37486 RETAINED FOREIGN BODY OF EYELID

9301 FOREIGN BODY CONJUNCTIVAL SAC

9308 OTH/COMBIN FOREIGN BODY EXT EYE

9300 CORNEAL FOREIGN BODY

9302 FOREIGN BODY LACRIMAL PUNCTUM

9309 UNSPEC FOREIGN BODY ON EXT EYE

Corneal Edema

37120 CORNEAL EDEMA UNSPECIFIED

37121 IDIOPATHIC CORNEAL EDEMA

37122 SECONDARY CORNEAL EDEMA

37124 CORNEAL EDEMA D/T CONTACT LENS

Breast Cancer Patient on Tamoxifen

1749 MAL NEO OTH/UNSPEC SITE MALE BR

1759 MAL NEO FEMALE BREAST UNSPEC

* Text must be included stating that the patient is taking Tamoxifen.

ADDITIONAL ACCEPTABLE CONDITIONS AND ASSOCIATED DIAGNOSTIC CODES

SUDDEN VISION LOSS (NOT DUE TO REFRACTIVE ERROR)	36811
VISUAL FIELD DEFECT UNSPECIFIED	36840
ACUTE ANGLE CLOSURE GLAUCOMA	36522
OPTIC NEURITIS, PAPILLEDEMA	37700 or 37739
SUDDEN GLOBE PROTRUSION, I.E. EXOPHTHALMOS	36089
SUDDEN CHANGE IN BINOCULAR VISION STATUS (ADULT)	36830
RETINAL TEAR OR HOLE	36130
DISORDERS OF LACRIMAL SYSTEM (EPIPHORA, DACRYOCYSTITIS, CANALICULITIS)	37589
EYELID DISORDERS (PTOSIS, ECTROPION, ENTROPION, SPASM)	37489
ANTERIOR UVEITIS	3643 or 74346
FLASHING LIGHTS (POSTERIOR VITREOUS DETACHMENT, MIGRAINE, TRANSIENT ISCHEMIC ATTACKS)	37926 or 34690
CONJUNCTIVAL HEMORRHAGES, CONCRETIONS, CYST	3729 or 37272
PTERYGIUM	37240
HEAD INJURY – MINIMAL WITHOUT SYMPTOMS	95901
EYE PAIN – MINOR, NON SIGHT THREATENING	37991
POST CATARACT EXTRACTION REFRACTION	V4561
POST SCLERAL BUCKLE REFRACTION	37919

CONDITIONS WARRANTING PREMIUM FEES AND ASSOCIATED DIAGNOSTIC CODES

FOREIGN BODIES	9309
CORNEAL ABRASION OR EYE INJURY	9189
SUDDEN VISION LOSS	36811
HYPER ACUTE CONJUNCTIVITIS	37239
SEVERE EYE PAIN	37991

**HEALTH SERVICE CODES (HSC)
WITH QUALIFIERS, MODIFIERS AND UNIT VALUES**

Health Service Codes indicate the service performed by the Optometrist

1. **Qualifiers:** alpha characters appended to a health service code to subdivide the code and therefore distinguish differences specific to that procedure.

Qualifiers are used to distinguish multiple MSI service codes where the unit value differs and/or they cannot be distinguished by modifiers.

2. **Modifiers:** describe the context of a service according to who performed the service, who received the service, when, where and sometimes how the service was provided.

Codes With Qualifiers, Modifiers and Unit Values

<u>HSC</u>	<u>Qualifier</u>	<u>Description</u>	<u>Modifier</u>	<u>Unit Value</u>
09.02	C	Comprehensive Eye Examination Optometric Vision Analysis	SP=OPTO	20.48
			US=PREM	27.65
			US=PR50	30.72
09.02	C	Comprehensive Eye Examination Optometric Vision Analysis (PH referral only)	SP=OPTO	24
			RF=REFD	
			US=PREM	32.40
			US=PR50	36
09.02	F	Comprehensive Eye Examination - Optometric Vision Analysis under the Enhanced Vision Screening Program	SP=OPTO	20.48
			US=PREM	27.65
			US=PR50	30.72
09.02	G	Low Vision Assessment Fee	RP=INTL	30
			RP=SUBS	15
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care)	SP=OPTO	11.00
			RO=CNTR	
			LO=OFFC	
			US=PREM	14.85
			US=PR50	16.50

<u>HSC</u>	<u>Qualifier</u>	<u>Description</u>	<u>Modifier</u>	<u>Unit Value</u>
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care) (other than PH referral)	SP=OPTO RO=CNTC LO=OFFC RF=REFD	11.00
			US=PREM	14.85
			US=PR50	16.50
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care) (PH referral only)	SP=OPTO RO=CNTC LO=OFFC RF=REFD	11
			US=PREM	14.85
			US=PR50	16.50
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care) (PH referral only)	SP=OPTO RO=CNTC PT=PRBK LO=OFFC RF=REFD	11
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care in Conjunction with Attending and Describing a Differential Diagnosis)	SP=OPTO RO=CCDX LO=OFFC	11
			US=PREM	14.85
			US=PR50	16.50
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care in Conjunction with Attending and Describing A Differential Diagnosis)	SP=OPTO RO=CCDX LO=OFFC RF=REFD	14
			US=PREM	18.90
			US=PR50	21
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care in Conjunction with Attending and Describing A Differential Diagnosis when Diagnosis Warrants Referral to an Ophthalmologist)	SP=OPTO RO=CCDX PT=PRTO LO=OFFC RF=REFD	14
			US=PREM	18.90
			US=PR50	21
03.03		Diagnostic Interview and Evaluation Described as Limited (Continuing Care in Conjunction with Attending and Describing A Differential Diagnosis when Referred back by an Ophthalmologist)	SP=OPTO RO=CCDX PT=PRBK LO=OFFC RF=REFD	14

<u>HSC</u>	<u>Qualifier</u>	<u>Description</u>	<u>Modifier</u>	<u>Unit Value</u>
09.32	A	Contact Lens Fitting – with Follow-Up for 3 Months	SP=OPTO AG=ADUT RG=RIGT RG=LEFT RG=BOTH	83.3 83.3 166.6
09.32	A	Contact Lens Fitting – with Follow-Up for 3 Months	SP=OPTO AG=CH16 RG=RIGT RG=LEFT RG=BOTH	104.13 104.13 208.25
21.31		Dilation of Lacrimal Punctum (regions required)	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	30 30 45
22.69	A	Punctal Occlusion (regions required)	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	22 22 33

AG=ADUT – Age, Person 16 years and older

AG=CH16 – Age, Child up to sixteen years

LO=OFFC - Location, Office

PT=PRBK – Patient, Patient Referred Back

PT=PRTO – Patient, Patient referred to Ophthalmologist

RF=REFD – Referred

RG=RIGT – Region, Right

RG=LEFT – Region, Left

RG=BOTH –Region, Both

RO=CCDX – Role, Continuing care in conjunction with attending and describing a differential diagnosis

RO=CNTC – Role, Continuing Care

US=PR50 – Unscheduled, Premium fee of 50 percent

US=PREM – Unscheduled, Premium fee of 35 percent

OPTOMETRY TARIFF AGREEMENT

Optometry Tariff Agreement (2010-2011)

The new rates and effective dates are described in the table below.

UNIT VALUES

Effective Date	13 July 10	1 April 11	
MSU Values	\$2.65	\$2.68	

Explanatory Codes

- AD001 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- AD002 SERVICE ENCOUNTER HAS BEEN REFUSED AS A DUPLICATE BILLING EXISTS.
- AD003 SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT IS REQUIRED.
- AD004 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED THIS SERVICE.
- AD005 SERVICE ENCOUNTER HAS BEEN REFUSED. A PREVIOUS SERVICE ENCOUNTER FOR 13.59L, RO=INPN HAS BEEN APPROVED AT THIS SAME ENCOUNTER.
- AD006 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER HAS BEEN APPROVED AND INCLUDES THIS SERVICE.
- AD007 SERVICE ENCOUNTER HAS BEEN REFUSED AS PREVIOUS PAYMENT HAS BEEN APPROVED UNDER 13.59L, RO=INTD.
- AD008 SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ORIGINAL IMMUNIZATION APPROVED THIS DAY AND SUBMIT A NEW SERVICE ENCOUNTER USING THE APPROPRIATE COMBINATION MODIFIER VALUE.
- AD009 SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ONE OF THE ORIGINAL SUBMISSIONS AND SUBMIT A SERVICE ENCOUNTER FOR THE COMBINATION OF THIS IMMUNIZATION AND THE ONE FROM THE DELETED SERVICE ENCOUNTER.
- AD010 SERVICE ENCOUNTER HAS BEEN REFUSED AS PREVIOUS PAYMENT HAS BEEN MADE THIS DAY FOR A PORTION OF THIS COMBINATION.
- AD011 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS PAYMENT HAS BEEN MADE THIS DAY FOR A PORTION OF THIS COMBINATION INJECTION.
- AD012 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS PAYMENT HAS BEEN MADE THIS DATE FOR A PORTION OF THIS COMBINATION INJECTION.
- AD013 SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT IS REQUIRED FOR THIS SERVICE TO BE APPROVED AT LOCATION INDICATED.

- AD014 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS SURGERY HAS BEEN PERFORMED DURING THIS HOSPITALIZATION.
- AD015 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS SERVICE ENCOUNTER HAS BEEN APPROVED FOR THE DISCHARGE FEE AT THIS HOSPITALIZATION.
- AD016 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS SURGERY HAS BEEN PERFORMED BY YOU DURING THIS HOSPITALIZATION.
- AD017 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PATIENT HISTORY INDICATES CONFLICTING HOSPITAL ADMIT DATES. CHECK YOUR RECORDS TO CONFIRM ADMIT DATE AND SUBMIT A REASSESS (ACTION CODE R) ONCE YOU HAVE VERIFIED THE DATE.
- AD018 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE BEEN APPROVED THIS SERVICE UNDER A COMBINATION CODE.
- AD019 SERVICE ENCOUNTER HAS BEEN REFUSED. A PORTION OF THIS COMBINATION SERVICE HAS PREVIOUSLY BEEN APPROVED TO YOU.
- AD020 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS PAYMENT HAS BEEN MADE TO YOU FOR A PORTION OF THIS SERVICE.
- AD021 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS APPROVAL HAS OCCURRED TO YOU UNDER MMRV.
- AD022 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS APPROVAL HAS OCCURRED TO YOU UNDER PENV.
- AD023 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS APPROVAL HAS OCCURRED TO YOU UNDER MMQU.
- AD024 SERVICE ENCOUNTER HAS BEEN REFUSED. PREVIOUS APPROVAL HAS OCCURRED UNDER MMR2 AND/OR QUAD.
- AD025 SERVICE ENCOUNTER HAS BEEN REFUSED AS PREVIOUS APPROVAL HAS OCCURRED TO YOU UNDER MMQU.
- AD026 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED AN INJECTION COVERED IN THIS SERVICE.
- AD027 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A PORTION OF THIS SERVICE.

- AD028 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50% . ONLY ONE 13.59L AT FULL FEE IS PAYABLE WHEN A VISIT IS CLAIMED.
- AD029 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50% AS TWO PREVIOUS IMMUNIZATIONS WERE PAID AT FULL FEE ON THIS DATE.
- AD030 SERVICE ENCOUNTER HAS BEEN REFUSED. TWO IMMUNIZATIONS WERE PAID AT FULL FEE ON THIS DATE.
- AD031 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT'S BIRTHDATE IS INAPPROPRIATE FOR THIS SERVICE.
- AD032 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM NUMBER OF PENT INJECTIONS HAS BEEN REACHED.
- AD033 SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT MUST BE ONE YEAR OF AGE.
- AD034 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50% AS A VISIT AND A PREVIOUS INJECTION HAVE BEEN BILLED.
- AD035 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM NUMBER OF PNEC UNJECTIONS HAVE BEEN APPROVED.
- AD036 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT HAS NOT REACHED THE APPROPRIATE AGE FOR THIS TYPE OF INJECTION.
- AD037 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE DIAGNOSTIC CODE INDICATED AND AGE OF THE PATIENT DOES NOT WARRANT PAYMENT OF THE INFLUENZA VACCINE.
- AJ001 SERVICE ENCOUNTER HAS BEEN ADJUSTED ACCORDING TO INFORMATION PROVIDED BY YOU.
- AJ002 SERVICE ENCOUNTER HAS BEEN ADJUSTED ACCORDING TO INFORMATION PROVIDED ON ANOTHER SERVICE ENCOUNTER.
- AN001 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN MULTIPLE PROCEDURES ARE PERFORMED DURING THE SAME TIME, ONLY ONE ANAESTHETIC FEE APPLIES.
- AN002 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.

- BG001 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50% OF THE APPROPRIATE BONE GRAFT CODE IN ADDITION TO THE PRIMARY FRACTURE PROCEDURE.
- BG002 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- BG003 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- BG004 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50% AS ANOTHER PROCEDURE HAS BEEN APPROVED AT 100% FOR THIS SAME SERVICE ENCOUNTER.
- BG005 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50%. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME ONLY ONE IS APPROVED AT 100%.
- BT002 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS TRANSPORTATION CLAIM HAS BEEN APPROVED.
- BT003 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE CHARGES INDICATED ARE NOT A BENEFIT OF THE BTO PROGRAM.
- CC001 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- CC002 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50% AS ANOTHER PROCEDURE HAS PREVIOUSLY BEEN APPROVED AT 100% AT THIS SAME ENCOUNTER.
- CN001 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN BILLING A STRESS TEST AND A CONSULTATION AND THE PATIENT HAS BEEN EXAMINED BY A DIFFERENT CARDIOLOGIST IN THE PREVIOUS 14 DAYS, A VISIT FEE ONLY APPLIES.
- CN002 SERVICE ENCOUNTER HAS BEEN REFUSED AS A REPEAT CONSULTATION IS NOT PAYABLE UNLESS A CONSULTATION FOR A RELATED DIAGNOSIS WITH THE SAME REFERRING PHYSICIAN HAS BEEN APPROVED IN THE PREVIOUS 30 DAYS.
- CN003 SERVICE ENCOUNTER HAS BEEN REFUSED AS A COMPLETE CARE CODE INCLUDES RELATED VISITS FOR THE FOLLOWING 14 DAYS.
- CN004 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID A VISIT OR CONSULTATION THIS DAY UNDER THE SAME SERVICE OCCURRENCE NUMBER.

- CN005 SERVICE ENCOUNTER FOR A CONSULTATION WITH DETENTION HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A VISIT ALLOWED PROCEDURE AT THE SAME SERVICE ENCOUNTER.
- CN006 SERVICE ENCOUNTER HAS BEEN REFUSED AS A CONSULTATION AND PSYCHOTHERAPY OR COUNSELLING ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- CN007 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE POSTOPERATIVE CARE.
- CN008 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE POSTOPERATIVE CARE OF FRACTURES.
- CN009 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTACT LENS FITTING INCLUDES FOLLOW UP FOR THREE MONTHS.
- CN010 SERVICE ENCOUNTER HAS BEEN DISALLOWED. THE FIRST POSTOPERATIVE CLINIC OR OFFICE RECHECK SHOULD BE CLAIMED, BUT WILL BE APPROVED AT 0 UNITS DURING THE 90 DAYS FOLLOWING MAJOR SURGERY.
- CN011 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONSULTATION IS NOT APPROVED THE SAME DAY AS CRITICAL CARE.
- CN012 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS COMPRESSION SCLEROTHERAPY INCLUDES AFTER CARE FOR ONE YEAR.
- CN013 SERVICE ENCOUNTER HAS BEEN REFUSED AS DETENTION IS NOT PAYABLE IN THE OFFICE.
- CN014 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED AS POSTOPERATIVE CARE OF A FRACTURE.
- CN015 SERVICE ENCOUNTER HAS BEEN DISALLOWED. CONTACT LENS FITTING INCLUDES FOLLOW UP FOR THREE MONTHS.
- CN016 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONSULTATION IS CONSIDERED INCLUDED IN THE PROCEDURAL CODE FOR INDUCTION OF LABOR BY ARTIFICIAL RUPTURE OF MEMBRANES AS WELL AS THE PROCEDURAL CODE FOR REMOVAL OF RETAINED PLACENTA.
- CN017 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS PAYABLE ONCE PER PATIENT PER PHYSICIAN.
- CR001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A COMPREHENSIVE CRITICAL CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN ON THIS DAY

- CR002 SERVICE ENCOUNTER HAS BEEN REFUSED AS ANOTHER INTENSIVE CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN THIS DAY.
- CR003 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER TYPE [IN] VALUE, DATE OF SERVICE AND ADMIT TO INTENSIVE CARE DATE DO NOT AGREE.
- CR004 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- CR005 SERVICE ENCOUNTER HAS BEEN REFUSED AS DATE OF SERVICE INDICATED IS PRIOR TO INTENSIVE CARE ADMIT DATE GIVEN.
- CR006 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A CONSULTATION OR VISIT THIS DAY.
- CR007 SERVICE ENCOUNTER HAS BEEN DISALLOWED. CRITICAL CARE AND VENTILATORY SUPPORT ARE INCLUDED IN COMPREHENSIVE CARE.
- CR008 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT VALID FOR PROVIDING INTENSIVE CARE ASSOCIATED WITH RESPIRATORY INSUFFICIENCY.
- CR009 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER TYPE {IN} VALUE, ADMIT TO INTENSIVE CARE DATE AND DATE OF SERVICE DO NOT AGREE.
- CR010 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER TYPE {IN} VALUE, DATE OF SERVICE AND ADMIT TO INTENSIVE CARE DATE DO NOT AGREE.
- CS001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS APPLICATION OF CASTS AND/OR SPLINTS IS NOT APPROVED FOLLOWING A FRACTURE PROCEDURE.
- CS002 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS APPLICATION OF CASTS AND/OR SPLINTS IS INCLUDED IN THE FRACTURE PROCEDURE.
- CS003 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE SURGERY PERFORMED.
- CS004 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME ONLY ONE IS APPROVED AT 100%.
- CS006 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND__THE DAILY RATE FOR INTENSIVE CARE

ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.

- CS007 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A VISIT AND MINOR SURGERY ARE PERFORMED AT THE SAME SERVICE ENCOUNTER, ONLY ONE IS APPROVED.
- CS008 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS APPLICATION OF CASTS AND/OR SPLINTS IS INCLUDED IN THE FRACTURE PROCEDURE.
- DE001 SERVICE ENCOUNTER HAS BEEN REFUSED AS IS INVALID FOR SERVICE PROVIDED.
- DE002 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY IS NOT VALID FOR SERVICE INDICATED.
- DE003 SERVICE ENCOUNTER HAS BEEN REFUSED. PAYMENT RESPONSIBILITY INDICATED IS NOT VALID FOR THIS SERVICE.
- DE004 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY AND SERVICE INDICATED DO NOT AGREE.
- DE005 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ELECTRONIC TEXT IS REQUIRED FOR THIS SERVICE
- DE006 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS C9999 HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS 30 DAYS.
- DE007 SERVICE ENCOUNTERED HAS BEEN DISALLOWED AS THIS SERVICE IS RESTRICTED TO INDIVIDUALS AGED 18-64 YEARS.
- DE008 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE RECIPIENT IS 65 YEARS OF AGE OR OLDER.
- DL001 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- DL002 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A VISIT AND DISLOCATION ARE PERFORMED AT THE SAME SERVICE ENCOUNTER, ONLY ONE IS APPROVED.
- DL003 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- DL004 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50 % AS ANOTHER PROCEDURE HAS PREVIOUSLY BEEN APPROVED AT 100%.

DL005 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50% AS ANOTHER PROCEDURE HAS PREVIOUSLY BEEN APPROVED AT 100% AT THIS SAME ENCOUNTER.

DL006 WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.

DL007 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A VISIT AND MAJOR SURGERY ARE NOT BOTH PAYABLE THE SAME DAY.

ED001 INVALID OR OMITTED RECORD TYPE.

ED002 OMITTED ACTION CODE OR INVALID ACTION CODE AND RECORD SUB-TYPE COMBINATION.

ED003 INVALID SERVICE ENCOUNTER NUMBER. (INVALID OR OMITTED SUBMITTER ID, YEAR, SEQUENCE NUMBER, AND/OR CHECK DIGIT).

ED004 INVALID OR OMITTED TXN TYPE.

ED005 OMITTED RECORD SUB-TYPE OR INVALID TXN TYPE AND RECORD SUB-TYPE COMBINATION.

ED006 INVALID PAYMENT RESPONSIBILITY.

ED007 INVALID OR OMITTED SERVICE ENCOUNTER TYPE.

ED008 INVALID OR OMITTED SERVICE START DATE.

ED009 INVALID OR OMITTED SERVICE OCCURRENCE NUMBER.

ED010 INVALID OR OMITTED DIAGNOSTIC CODE 1.

ED011 INVALID OR OMITTED DIAGNOSTIC CODE 2 OR 3.

ED012 INVALID MULTIPLES INDICATED.

ED013 INVALID MODIFIER TYPE, MODIFIER VALUE OR INVALID COMBINATION OF TYPE AND VALUE.

ED014 INVALID CLAIMED UNIT VALUE.

ED015 CLAIMED UNIT VALUE MUST BE NUMERIC IF UNIT VALUE INDICATOR CONTAINS A VALUE OF Y OR HEALTH SERVICE CODE CONTAINS A VALUE OF EC, IC, OR IF.

ED016 INVALID CLAIMED AMOUNT.

ED017 INVALID UNIT VALUE INDICATOR.

ED018 UNIT VALUE INDICATOR MUST BE BLANK IF CLAIMED UNIT VALUE IS BLANK.

ED019 INVALID PAPER SUPPORT DOCUMENT INDICATOR.

ED020 INVALID OR OMITTED HOSPITAL ADMIT DATE OR HOSPITAL ADMIT DATE INAPPROPRIATE FOR THE LOCATION.

ED021 HOSPITAL ADMIT DATE CANNOT BE SUBSEQUENT TO SERVICE DATE.

ED022 HOSPITAL ADMIT DATE MUST BE PRESENT IF SERVICE IS FOR A REGISTERED INPATIENT.

ED023 INVALID INTENSIVE CARE ADMIT DATE.

ED024 INTENSIVE CARE ADMIT DATE CANNOT BE PRIOR TO HOSPITAL ADMIT DATE.

ED025 INTENSIVE CARE ADMIT DATE IS REQUIRED WHEN FUNCTIONAL CENTRE CONTAINS A VALUE OF NICU OR INCU.

ED026 INVALID START TIME.

ED027 INVALID PRE-AUTHORIZATION NUMBER.

ED028 INVALID INJURY DIAGNOSTIC CODE.

ED029 OMITTED OR INVALID SERVICE PROVIDER NUMBER OR NUMBER NOT VALID FOR DATE OF SERVICE.

ED030 INVALID OR OMITTED PROVIDER TYPE.

ED031 PROVIDER TYPE IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE INDICATED.

ED032 INVALID REFERRAL PROVIDER NUMBER.

ED033 REFERRAL PROVIDER NUMBER MUST BE PRESENT AND MUST BE VALID.

ED034 REFERRAL PROVIDER NUMBER AND REFERRAL PROVIDER TYPE MUST BE BLANK IF OOP REFERRAL INDICATOR CONTAINS A VALUE OF Y.

ED035 REFERRAL PROVIDER NUMBER MUST BE BLANK IF REFERRAL PROVIDER TYPE IS BLANK.

ED036 REFERRAL PROVIDER NUMBER MUST BE PRESENT IF REFERRAL PROVIDER TYPE IS PRESENT.

ED037 INVALID REFERRAL PROVIDER TYPE.

ED038 REFERRAL PROVIDER TYPE MUST BE BLANK IF REFERRAL PROVIDER NUMBER IS BLANK.

ED039 INVALID BUSINESS ARRANGEMENT FOR PROVIDER NUMBER OR PROVIDER TYPE ; OR , INEFFECTIVE FOR THE SERVICE START DATE ON THE SERVICE ENCOUNTER.

ED040 BUSINESS ARRANGEMENT IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.

ED041 INVALID OR OMITTED SPECIALTY CODE.

ED042 SPECIALTY CODE NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.

ED043 SPECIALTY CODE PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.

ED044 INVALID OR OMITTED FACILITY NUMBER OR FUNCTIONAL CENTRE.

ED048 INVALID OR OMITTED SERVICE RECIPIENT HEALTH CARD NUMBER.

ED049 INVALID SERVICE RECIPIENT HEALTH CARD NUMBER FOR DATE OF SERVICE OR RECIPIENT IS INELIGIBLE FOR THE PROGRAM.

ED050 DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED.

ED051 SERVICE ENCOUNTER NUMBER MATCH NOT FOUND.

ED052 REFERRAL PROVIDER TYPE MUST BE PRESENT AND VALID FOR SERVICE DATE IF REFERRAL PROVIDER NUMBER IS INDICATED.

ED053 INVALID OR OMITTED REFERRAL PROVIDER TYPE.

ED054 REFERRAL PROVIDER TYPE NOT VALID FOR DATE OF SERVICE FOR REFERRAL PROVIDER NUMBER INDICATED.

ED055 FACILITY NUMBER INVALID FOR LOCATION CODE INDICATED.

ED056 FACILITY NUMBER PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.

ED057 INVALID OR OMITTED LOCATION CODE.

ED058 INVALID OR OMITTED PROGRAM.

ED060 SERVICE RECIPIENT BIRTH DATE IS OMITTED OR SERVICE START DATE IS PRIOR TO BIRTH DATE.

ED062 HEALTH SERVICE CODE IS INVALID, OMITTED OR INVALID FOR THE BUSINESS ARRANGEMENT INDICATED.

ED063 INVALID OR OMITTED PAY TO CODE.

ED064 INVALID PAY TO HEALTH CARD NUMBER.

ED065 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE SERVICE ENCOUNTER THAT SHARES THE SAME TEXT CANNOT BE FOUND.

ED066 INVALID RECORD SEQUENCE.

ED067 INVALID OR OMITTED SURNAME ON PERSON DATA RECORD.

ED068 INVALID OR OMITTED GIVEN NAME ON PERSON DATA RECORD.

ED069 INVALID DATE OF BIRTH ON PERSON DATA RECORD.

ED070 BIRTH DATE IN PERSON DATA RECORD MUST BE BLANK IF PAY TO CODE IS OTHR AND BIRTH DATE MUST BE PRESENT ON PERSON DATA RECORD IF PAY TO CODE IS RECP.

ED071 INVALID GENDER CODE ON PERSON DATA RECORD.

ED072 OMITTED ADDRESS ON PERSON DATA RECORD.

ED073 INVALID OR OMITTED CITY NAME ON PERSON DATA RECORD.

ED074 INVALID OR OMITTED PROVINCE/STATE CODE ON PERSON DATA RECORD.

ED075 INVALID COUNTRY ON PERSON DATA RECORD.

ED076 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PERSON DATA RECORD IS ABSENT.

ED077 ONLY ONE CPD1,CBE1, OR CTX1 PERMITTED FOR EACH SERVICE ENCOUNTER TRANSACTION.

ED078 RECIPIENT HEALTH CARD NUMBER AND PAY TO HEALTH CARD NUMBER ARE THE SAME.

ED079 REMUNERATION METHOD NOT FEE FOR SERVICE OR SHADOW BILLING.

ED080 HEALTH SERVICE CODE MUST CONTAIN SUPPORTING TEXT AND CLAIMED UNIT VALUE.

ED081 INVALID HEALTH CARD NUMBER CHECK DIGIT.

ED082 INVALID RECORD LENGTH.

ED083 CPD1 RECORD SUB- TYPE PRESENT WHEN IT IS NOT REQUIRED.

ED084 OUT OF PROVINCE REFERRAL INDICATOR IS NOT BLANK OR IT CONTAINS A VALUE OTHER THAN Y.

ED085 NON-PRINTABLE CHARACTERS IN CHART NUMBER FIELD.

ED086 NON-PRINTABLE CHARACTERS IN UNUSED FIELD.

ED087 INVALID POSTAL CODE FORMAT.

ED088 GUARDIAN/PARENT HCN IS NOT ALPHANUMERIC.

ED089 SUPPORTING TEXT CONTAINS UNPRINTABLE CHARACTERS.

ED090 INVALID SUBMITTER ID.

ED091 INVALID YEAR IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE.

ED092 INVALID SEQUENCE NUMBER IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE.

ED093 INVALID CHECK DIGIT ON THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE.

ED094 UNSUPPORTED TRANSACTION TYPE.

ED095 TRANSACTION BADLY FORMED.

ED096 PARENT OR GUARDIAN MUST CONTACT MSI TO VALIDATE HEALTH CARD NUMBER FOR PREREGISTERED NEWBORN.

ED097 DATE OF SERVICE IS SUBSEQUENT TO EXPIRY DATE FOR HEALTH CARD NUMBER.

ED098 HOSPITAL ADMIT DATE AND INTENSIVE CARE ADMIT DATE MUST BE BLANK FOR ACTION CODE OF P.

ED099 BIRTH DATE IS BLANK ON BASE SERVICE ENCOUNTER RECORD AND PERSON DATA RECORD.

ED100 DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED, CURRENTLY IN HELD STATUS, WAITING FOR MANUAL REVIEW.

ED101 PROVIDER TYPE NOT ALLOWED TO BILL.

ED102 PROVIDER TYPE NOT ALLOWED TO REFER.

ED103 SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD.

ED104 SERVICE ENCOUNTER ACCEPTED AT ZERO AS IT IS OUTDATED.

- GN001 SERVICE ENCOUNTER HAS BEEN REFUSED AS A SIMILAR SERVICE HAS BEEN APPROVED ON THE SAME DAY.
- GN002 SERVICE ENCOUNTER HAS BEEN REFUSED AS HOSPITAL ADMIT DATE IS REQUIRED FOR SERVICES PERFORMED ON REGISTERED INPATIENTS.
- GN003 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS AN EXCLUDED SERVICE UNDER THE RECIPROCAL BILLING AGREEMENT.
- GN004 SERVICE ENCOUNTER HAS BEEN REFUSED AS SELF REFERRAL IS NOT ACCEPTABLE.
- GN005 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY WCB IS NOT VALID FOR PATIENT UNDER SIXTEEN.
- GN006 SERVICE ENCOUNTER HAS BEEN REFUSED AS HOSPITAL ADMIT DATE IS NECESSARY FOR PROCESSING THIS SERVICE.
- GN007 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER AG VALUE DOES NOT AGREE WITH AGE OF PATIENT.
- GN008 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS PROCEDURE IS INCLUDED IN CRITICAL CARE.
- GN009 SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT'S SEX IS INVALID FOR SERVICE PROVIDED.
- GN010 SERVICE ENCOUNTER HAS BEEN REFUSED. PLEASE RESUBMIT WITH TEXT INDICATING SPECIFIC AREAS INVOLVED.
- GN011 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONSULTATION HAS BEEN APPROVED TO YOU IN THE PREVIOUS 14 DAYS.
- GN012 SERVICE ENCOUNTER HAS BEEN REFUSED AS NO PREAUTHORIZATION NUMBER WAS INDICATED OR NUMBER INDICATED IS INVALID.
- GN013 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS A DUPLICATE SUBMISSION.
- GN014 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUSLY REDUCED MATCHING SERVICE ENCOUNTER IS NOT PRESENT.
- GN015 SERVICE ENCOUNTER HAS BEEN REASSESSED.
- GN016 INVALID OR OMITTED HEALTH SERVICE CODE.

- GN017 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT APPROVED FOR PERFORMING THIS SERVICE.
- GN018 SERVICE ENCOUNTER HAS BEEN REFUSED AS FIRST AND CONSECUTIVE ANAESTHETIC START TIMES CANNOT BE THE SAME.
- GN019 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN EXACT DUPLICATE TO A PREVIOUSLY SUBMITTED SERVICE ENCOUNTER.
- GN020 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO INFORMATION PROVIDED.
- GN021 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO A DECISION BY THE MEDICAL CLAIMS EVALUATION COMMITTEE.
- GN022 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN UNINSURED SERVICE UNDER MSI.
- GN023 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS OUTDATED.
- GN024 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS AN UNINSURED SERVICE UNDER MSI.
- GN025 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS INCLUDED IN THE COMPOSITE FEE.
- GN026 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON DURATION OF SERVICE.
- GN027 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT REQUIRES MULTIPLES. RESUBMIT USING THE CORRECT NUMBER OF MULTIPLES.
- GN028 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT INDICATING DURATION OF SERVICE.
- GN029 SERVICE ENCOUNTER HAS BEEN REFUSED AS AN ASSISTANT IS NOT APPROVED FOR THIS SERVICE.
- GN030 SERVICE ENCOUNTER HAS BEEN REFUSED. IF RESUBMITTING, PROVIDE ALL DETAILS THAT WILL ASSIST IN DETERMINING PAYMENT.
- GN031 SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD. BIRTH DATE FROM HEALTH CARD SHOULD BE USED. THIS DOES NOT AFFECT PAYMENT.
- GN032 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE HEALTH SERVICE CODE(S) AS LISTED IN YOUR PHYSICIANS' MANUAL.

- GN033 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT, INDICATING IN THE CLAIMED UNIT VALUE FIELD, THE NUMBER OF UNITS REQUIRED FOR THE PROCEDURE PERFORMED.
- GN034 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT APPROPRIATE.
- GN035 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAY TO CODE INDICATED IS NOT VALID FOR PAYMENT RESPONSIBILITY INDICATED.
- GN036 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE UNDER THIS SAME SERVICE CODE HAS BEEN APPROVED.
- GN037 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE HAS BEEN APPROVED UNDER THIS SAME SERVICE CODE AT THIS SERVICE ENCOUNTER.
- GN038 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER HAS BEEN ACCEPTED FOR THIS SAME SERVICE CODE.
- GN039 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER FOR THIS SAME HEALTH SERVICE CODE HAS BEEN APPROVED.
- GN040 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A VISIT AND SURGERY ARE NOT BOTH PAYABLE.
- GN041 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER WAS APPROVED FOR THIS SAME HEALTH SERVICE CODE.
- GN042 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY IS NOT VALID FOR DATE OF SERVICE INDICATED.
- GN043 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT INDICATING THE START AND FINISH TIME FOR THE PROCEDURE PERFORMED.
- GN046 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT INCLUDE THE TIME OF THE ENCOUNTER.

- MA001 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50%. WHEN MULTIPLE CLOSED OR NO REDUCTIONS ARE PERFORMED ON THE SAME FRACTURE, AT DIFFERENT SERVICE ENCOUNTERS, BY THE SAME PROVIDER 50% FOR EACH REDUCTION SHOULD BE CLAIMED.
- MA002 SERVICE ENCOUNTER HAS BEEN REDUCED. 50% OF THE LISTED FEE FOR THE INITIAL CLOSED OR NO REDUCTION IS APPROVED WHEN A DIFFERENT PHYSICIAN PERFORMS A SUBSEQUENT CLOSED OR NO REDUCTION ON THE SAME FRACTURE.
- MA003 SERVICE ENCOUNTER FOR CLOSED REDUCTION HAS BEEN APPROVED AT 50% OF THE LISTED FEE AS IT HAS BEEN FOLLOWED BY AN OPEN REDUCTION.
- MA004 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- MA005 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- MA006 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME ENCOUNTER ONLY ONE IS APPROVED AT 100%.
- MA007 SERVICE ENCOUNTER HAS BEEN REDUCED. ONLY ONE PROCEDURE IS APPROVED AT 100% WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME.
- MA008 SERVICE ENCOUNTER HAS BEEN REFUSED. INTERIM SERVICE CODE HAS EXPIRED. APPLICATION MUST BE SUBMITTED TO THE MEDICAL SOCIETY FOR ESTABLISHING A PERMANENT HEALTH SERVICE CODE.
- MI001 SERVICE ENCOUNTER HAS BEEN APPROVED AT 50%. WHEN MULTIPLE CLOSED OR NO REDUCTIONS ARE PERFORMED ON THE SAME FRACTURE, AT DIFFERENT SERVICE ENCOUNTERS, BY THE SAME PROVIDER 50% FOR EACH REDUCTION SHOULD BE CLAIMED.
- MI002 SERVICE ENCOUNTER HAS BEEN REFUSED. 50% OF THE LISTED FEE FOR THE INITIAL CLOSED OR NO REDUCTION IS APPROVED WHEN A DIFFERENT PROVIDER PERFORMS A SUBSEQUENT CLOSED OR NO REDUCTION ON THE SAME FRACTURE.
- MI003 SERVICE ENCOUNTER FOR NO OR CLOSED REDUCTION HAS BEEN APPROVED AT 50% OF THE LISTED FEE AS IT HAS BEEN FOLLOWED BY AN OPEN REDUCTION.

- MI004 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- MI005 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- MI006 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME ENCOUNTER, ONLY ONE IS APPROVED AT 100%.
- MJ001 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50%. WHEN MULTIPLE SURGICAL PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- MJ002 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- MJ003 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED.
- MJ004 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ADJUSTMENT OF LEADS OCCURRED WITHIN 30 DAYS OF PACEMAKER INSERTION.
- MJ005 SERVICE ENCOUNTER HAS BEEN REFUSED AS INITIAL CAUTERIZATION OF THE RECTUM HAS BEEN APPROVED IN THE PREVIOUS 30 DAYS.
- MJ006 SERVICE ENCOUNTER HAS BEEN REFUSED AS INITIAL PHOTO COAGULATION HAS BEEN APPROVED FOR EYE(S) INDICATED IN THE PREVIOUS 30 DAYS.
- MJ007 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS NOT THE APPROPRIATE HEALTH SERVICE CODE FOR POST-OP HAEMORRHAGE WHEN CLAIMED BY THE SURGEON WHO PERFORMED THE TONSILLECTOMY.
- MJ008 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREAUTHORIZATION NUMBER WAS NOT INDICATED.
- MJ009 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE SURGEONS SUBMISSION.
- MJ010 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT WITH A COPY OF THE OPERATIVE REPORT TO AID IN THE ADJUDICATION OF YOUR SERVICE ENCOUNTER.

- MJ011 SERVICE ENCOUNTER HAS BEEN REFUSED BASED ON THE AGE OF THE RECIPIENT.
- MJ012 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS HEALTH SERVICE IS NOT APPROPRIATE FOR PERSONS 16 YEARS OR OLDER.
- MJ013 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS HEALTH SERVICE IS NOT APPROPRIATE FOR PERSONS UNDER 16 YEARS OF AGE.
- MJ014 SERVICE ENCOUNTER HAS BEEN REDUCED TO 50%. ONLY ONE PROCEDURE IS APPROVED AT 100% WHEN MULTIPLE SURGICAL PROCEDURES ARE PERFORMED AT THE SAME TIME.
- MJ015 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS PROCEDURE IS INCLUDED IN A PREVIOUSLY APPROVED SERVICE.
- MJ016 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN A PREVIOUSLY APPROVED PROCEDURE.
- MJ017 SERVICE ENCOUNTER HAS BEEN REFUSED AS NO PREAUTHORIZATION NUMBER WAS INDICATED.
- MJ018 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE REQUIRES ELECTRONIC TEXT OR A PRIOR APPROVAL NUMBER.
- MJ019 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER FOR A SECOND PHYSICIAN HAS BEEN APPROVED.
- MJ020 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER FOR AN ASSIST FEE HAS BEEN APPROVED.
- MJ021 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT WITH A COPY OF THE OUTPATIENT REPORT TO AID IN THE ADJUDICATION OF YOUR SERVICE ENCOUNTER.
- MN001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE DELIVERY.
- MN002 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS COMPRESSION SCLEROTHERAPY INCLUDES AFTER CARE FOR ONE YEAR.
- MN003 SERVICE ENCOUNTER HAS BEEN DISALLOWED . WHEN A VISIT AND A SURGICAL PROCEDURE ARE CLAIMED TOGETHER, ONLY ONE IS APPROVED.

- MN004 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A VISIT AND MINOR SURGERY ARE PERFORMED AT THE SAME SERVICE ENCOUNTER, ONLY ONE IS APPROVED.
- MN005 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS PROCEDURE HAS BEEN PERFORMED WITHIN THE PREVIOUS 7 DAYS.
- MN006 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- MN007 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME TIME, ONLY ONE IS APPROVED AT 100%.
- MN008 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS A DEINSURED SERVICE FOR PATIENTS UNDER ONE YEAR OF AGE.
- MN009 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE PROCEDURES ARE PERFORMED AT THE SAME ENCOUNTER, ONLY ONE IS APPROVED AT 100%.
- MN010 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE FEE FOR THE ADENOIDECTOMY.
- MN011 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PROCEDURE CLAIMED AND A CONSULTATION ARE NOT BOTH PAYABLE.
- MS001 SERVICE ENCOUNTER HAS BEEN REFUSED. COMPLETE DETAILS ARE NECESSARY WHEN BILLING THIS SERVICE.
- NR001 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON A DECISION BY THE MEDICAL CONSULTANT.
- NR002 SERVICE ENCOUNTER HAS BEEN APPROVED UNDER THE APPROPRIATE CODE.
- NR003 SERVICE ENCOUNTER HAS BEEN REFUSED AS A SECOND ASSISTANT IS NOT APPROVED FOR THIS SERVICE.
- NR004 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE FEE PAYABLE FOR THE ASSISTANT.
- NR005 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE FEE PAYABLE TO THE SECOND ASSISTANT.
- NR006 SERVICE ENCOUNTER HAS BEEN REFUSED. INDICATE ACTUAL PROCEDURE PERFORMED WHEN RESUBMITTING.
- NR007 SERVICE ENCOUNTER HAS BEEN APPROVED AT THE GENERAL PRACTICE RATE RE AGE OF PATIENT.

- NR008 SERVICE ENCOUNTER HAS BEEN REFUSED. SUBMIT A NEW SERVICE ENCOUNTER ONCE APPROVAL HAS BEEN RECEIVED FROM THE PSYCHOTHERAPY WAIVER REVIEW COMMITTEE.
- NR009 PLEASE DELETE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER FOR A PARTIAL EYE EXAM.
- NR010 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS VISIT IS NOT PAYABLE DURING INTENSIVE CARE.
- NR011 SERVICE ENCOUNTER HAS BEEN REFUSED AS DATE OF SERVICE APPEARS INCORRECT ACCORDING TO OUR RECORDS.
- NR012 SERVICE ENCOUNTER HAS BEEN ADJUSTED BASED ON INFORMATION PROVIDED BY MSI AUDIT.
- NR013 SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ORIGINAL SUBMISSION AND RESUBMIT USING THE APPROPRIATE MODIFIER OF REGION BOTH.
- NR014 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT WITH A COPY OF THE PATHOLOGY REPORT TO AID IN THE ADJUDICATION OF YOUR SERVICE ENCOUNTER.
- NR015 SERVICE ENCOUNTER HAS BEEN APPROVED AT THE INTERNAL MEDICINE RATE RE AGE OF PATIENT.
- NR016 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ALL THE REQUIREMENTS FOR BILLING THIS SERVICE HAVE NOT BEEN MET.
- NR017 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS PAYMENT COVERS ALL OR A PORTION OF THIS COMBINATION.
- NR018 SERVICE ENCOUNTER HAS BEEN REFUSED AS PREVIOUS PAYMENT COVERS THIS SUBMISSION.
- NR019 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SAME SERVICE HAS BEEN APPROVED FOR ANOTHER PROVIDER.
- NR020 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE SERVICE OCCURRENCE NUMBER.
- NR021 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE TIME INDICATED FOR THE CONSECUTIVE ANAESTHETIST.
- NR022 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO THE WEEKLY MAXIMUM PAYABLE AFTER 56 DAYS OF HOSPITALIZATION.

- NR023 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PAP SMEAR IS NOT PAYABLE WITH A VISIT FOR A GYNAECOLOGICAL OR OBSTETRICAL DIAGNOSIS.
- NR024 SERVICE ENCOUNTER HAS BEEN ADJUSTED IN ACCORDANCE WITH THE SURGICAL RULES DESCRIBED IN THE PREAMBLE.
- NR025 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE PREAMBLE RULING FOR OUTDATED SUBMISSIONS.
- NR026 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE HOSPITAL ADMIT DATE INDICATED IS INCORRECT.
- NR027 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON PREAMBLE RULES
- NR028 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON PAYMENT FOR A BILATERAL PROCEDURE.
- NR029 RESUBMIT UNDER THE APPROPRIATE HEALTH SERVICE CODE FOR THIS BILATERAL PROCEDURE.
- NR030 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS MEDICAL NECESSITY WAS NOT INDICATED.
- NR031 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE APPROPRIATE DOCUMENTATION HAS NOT BEEN RECEIVED.
- NR032 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS COPIES OF THE REFERRAL LETTER AND CONSULT REPORT ARE REQUIRED.
- NR033 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE REQUIRED WCB FORM WAS NOT RECEIVED WITHIN THE APPROPRIATE TIME
- NR034 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO THE RATE SET BY WORKERS' COMPENSATION BOARD.
- NR035 SERVICE ENCOUNTER HAS BEEN REFUSED AS REGION (RIGHT, LEFT, BOTH) WAS NOT INDICATED.
- NR036 SERVICE ENCOUNTER MAY BE READJUDICATED ACCORDING TO THE SUBMISSION BY THE SURGEON.
- NR037 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE INJECTION INDICATED IS NOT ON THE PROVINCIAL IMMUNIZATION LIST.
- NR038 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE TRAY FEE IS NOT APPLICABLE FOR SERVICE PROVIDED.

- NR039 SERVICE ENCOUNTER HAS BEEN ACCEPTED AT ZERO AS IT IS OUTDATED.
- NR040 SERVICE ENCOUNTER HAS BEEN REFUSED AS PRIOR APPROVAL NUMBER INDICATED IS NOT VALID.
- NR041 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF THIS TYPE OF VISIT ALLOWED WITHOUT A PRIOR APPROVAL NUMBER HAVE BEEN APPROVED FOR THIS EPISODE.
- NR042 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF PREAUTHORIZED VISITS FOR THIS EPISODE HAVE BEEN APPROVED.
- NR043 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF ENCOUNTERS FOR THIS SERVICE PER YEAR HAS BEEN REACHED.
- NR044 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF WELL BABY VISITS ALLOWED HAVE BEEN APPROVED FOR PAYMENT.
- NR045 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE HEALTH SERVICE CODE(S) AS LISTED IN THE PHYSICIANS' MANUAL AND/OR PHYSICIANS' BULLETIN.
- NR046 SERVICE ENCOUNTER PAYMENT HAS BEEN CALCULATED BASED ON THE PERCENTAGE PAYABLE ON THE TOTAL MAJOR SURGICAL PROCEDURAL FEE(S) EXCLUDING THE PREMIUM FEE PORTION.
- NR047 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE HEALTH SERVICE CODE BASED ON INFORMATION PROVIDED.
- NR048 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT INDICATING THE BASE UNITS USED FOR THE PROCEDURE PERFORMED.
- NR049 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT INDICATING THE CORRECT REGION.
- NR050 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT WARRANT APPROVAL.
- NR051 PATIENT HISTORY TRANSFER HAS OCCURRED DUE TO DUPLICATE REGISTRATION OF INDIVIDUAL. PATIENT HISTORY WILL NOW APPEAR UNDER THE ACTIVE REGISTRATION NUMBER.
- NR052 SERVICE ENCOUNTER HAS BEEN REFUSED AS PREVIOUS PAYMENT HAS OCCURRED UNDER AN INCORRECT HCN.

INTERNAL ADJUSTMENT WILL BE MADE TO CORRECT OUR RECORDS.

- NR053 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE BUSINESS ARRANGEMENT INDICATED IS INCORRECT ACCORDING TO OUR RECORDS.
- NR054 SERVICE ENCOUNTER HAS BEEN DISALLOWED. DELETE THE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER UNDER THE APPROPRIATE BUSINESS ARRANGEMENT.
- NR055 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PATIENT HISTORY INDICATES CONFLICTING INTENSIVE CARE ADMIT DATES. CONFIRM INTENSIVE CARE ADMIT DATE AND SUBMIT A REASSESS (ACTION CODE R) ONCE YOU HAVE VERIFIED THE DATE YOU HAVE INDICATED IS CORRECT.
- NR056 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON INFORMATION PUBLISHED IN A PHYSICIANS' BULLETIN.
- NR057 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON INFORMATION CONTAINED IN THE BILLING INSTRUCTIONS MANUAL
- NR058 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON INFORMATION CONTAINED IN THE PHYSICIANS' MANUAL.
- NR059 SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT WAS NOT PRESENT EXPLAINING DATE OF SERVICE AND MODIFIER USED IN RELATION TO INTENSIVE CARE ADMIT DATE INDICATED.
- NR060 SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE THE ORIGINAL SUBMISSION AND SUBMIT A NEW ENCOUNTER BASED ON THE INFORMATION YOU HAVE PROVIDED.
- NR061 SERVICE ENCOUNTER HAS BEEN REFUSED RE DIAGNOSIS INDICATED.
- NR062 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS ONLY INSURED IN CONJUNCTION WITH PRESCRIBED MEDICATION. AN OVER THE COUNTER DRUG OR PRODUCT IS NOT INSURED.
- NR063 SERVICE ENCOUNTER HAS BEEN REFUSED AS DIAGNOSIS INDICATED DOES NOT WARRANT APPROVAL OF A COMPREHENSIVE VISIT.
- NR064 SERVICE ENCOUNTER HAS BEEN REFUSED. REFERRING PROVIDER INDICATED IS INVALID FOR REFERRAL.
- NR065 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON TELEPHONE CONVERSATION.

- NR066 SERVICE ENCOUNTER HAS BEEN REFUSED AS HOSPITAL ADMIT DATE IS INCORRECT.
- NR067 SERVICE ENCOUNTER HAS BEEN REFUSED AS INTENSIVE CARE ADMIT DATE IS INCORRECT.
- NR068 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE OPERATIVE AND/OR PATHOLOGY REPORT.
- NR069 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT A NEW SERVICE ENCOUNTER BASED ON INFORMATION PUBLISHED IN THE PHYSICIANS' BULLETIN.
- NR070 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE TIME INDICATED FOR THE SIMULTANEOUS ANAESTHETISIT.
- NR071 INDICATE TYPE OF ANAESTHESIA (GENERAL OR LOCAL) FOR PROCEDURE PERFORMED.
- NR072 SERVICE ENCOUNTER HAS BEEN DISALLOWED. SUBMIT A REASSESS (ACTION CODE R) ALONG WITH A COPY OF THE OPERATIVE REPORT TO AID IN THE ASSESSMENT OF YOUR CLAIM.
- NR073 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PAP SMEAR IS NOT PAYABLE IN ADDITION TO A VISIT, CONSULTATION OR PROCEDURE FOR A GYNECOLOGICAL OR OBSTETRICAL DIAGNOSIS.
- NR074 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF ONE HOUR ONLY FOR A PALLIATIVE CARE SUPPORT VISIT IS PAYABLE PER PATIENT PER DAY.
- NR075 SERVICE ENCOUNTER FOR TRAY FEE HAS BEEN ADJUSTED TO AGREE WITH NUMBER OF INJECTIONS APPROVED.
- NR076 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON DIAGNOSIS INDICATED.
- NR077 SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON CORRESPONDENCE FROM MSI.
- NR078 SERVICE ENCOUNTER HAS BEEN DISALLOWED. SUBMIT A REASSESS (ACTION CODE R) ALONG WITH A COPY OF THE OUTPATIENT REPORT TO AID IN THE ASSESSMENT OF YOUR SERVICE ENCOUNTER.
- NR079 SERVICE ENCOUNTER PAYMENT HAS BEEN CALCULATED BASED ON THE PERCENTAGE PAYABLE ON THE MAJOR SURGICAL PROCEDURE(S).
- NR080 SERVICE ENCOUNTER HAS BEEN REFUSED AS PAY TO CODE INDICATED IS NOT BAPY.

NR082 PLEASE CONTACT MSI REGARDING THIS CLAIM.

OB001 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.

OB002 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BEEN APPROVED FOR TRANSFER DURING LABOUR.

OP001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ROUTINE VISION CARE IS UNINSURED RE AGE OF PATIENT.

OP002 SERVICE ENCOUNTER HAS BEEN DISALLOWED. ONLY ONE EXAM FOR MEDICAL NECESSITY IS PAYABLE PER YEAR. PAYMENT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.

OP003 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS NOT PAYABLE FOR PERSONS 19 YEARS OF AGE AND OLDER.

OP004 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.

OP005 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.

OP006 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.

OP007 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.

OP008 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS NOT PAYABLE FOR YOUR SPECIALTY.

OP009 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.

OP010 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.

OP011 SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT IS REQUIRED WITH REFERENCE TO THE SPECIFIC DRUG INVOLVED.

- OP012 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT, LEFT OR BOTH.
- OP013 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION LEFT OR BOTH.
- OP014 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT OR BOTH.
- OP015 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE VISION ANALYSIS IS NOT AN INSURED SERVICE RE AGE OF PATIENT.
- OP016 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS ROUTINE IN NATURE.
- OP017 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS ONLY PAYABLE FOR A NON-ROUTINE DIAGNOSIS.
- OP018 SERVICE ENCOUNTER HAS BEEN DISALLOWED RE ROUTINE DIAGNOSIS INDICATED.
- OP019 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED IN THE PAST YEAR.
- OP020 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT IS PAYABLE ONLY ONCE PER YEAR.
- OP021 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS WAS APPROVED DURING THE PREVIOUS YEAR.
- OP022 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTINUING CARE VISITS ARE PAYABLE ONCE PER YEAR ONLY.
- OP023 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE DIAGNOSIS HAS BEEN INDICATED.
- OP024 SERVICE ENCOUNTER HAS BEEN DISALLOWED DUE TO ROUTINE DIAGNOSIS INDICATED
- OP025 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ANOTHER NON-ROUTINE VISION ANALYSIS HAS BEEN APPROVED DURING THE PREVIOUS YEAR

- OP026 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED DURING THE LAST YEAR.
- OP027 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS DIAGNOSIS DOES NOT WARRANT PAYMENT OF THIS SERVICE.
- OP028 SERVICE ENCOUNTER HAS BEEN APPROVED AT THE NON REFERRED RATE FOR THIS SERVICE AS THE REFERRING PROVIDER TYPE IS NOT PH.
- OP029 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM 6 VISITS ALLOWED PER YEAR FOR THIS TYPE OF SERVICE HAVE BEEN APPROVED.
- OP030 SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE PRESCRIBED DRUG OR THAT NO PRESCRIPTION WAS REQUIRED.
- OP031 SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE OPHTHALMOLOGIST RECEIVING THE REFEEAL.
- OP032 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT VALID FOR SERVICE CLAIMED.
- OP033 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE REQUIRED KERATOCONUS DIAGNOSTIC CODE (37160) WAS NOT INCLUDED ON THE SERVICE ENCOUNTER.
- OP034 SERVICE ENCOUNTER HAS BEEN REFUSED AS NO DIAGNOSTIC CODE WARRANTING PAYMENT OF PREMIUM WAS INDICATED.
- OP035 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVOIUSLY BEEN PAID A VISIT THIS DAY.
- OP036 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID AN OPTOMETRIC VISION ANALYSIS THIS DAY.
- PC001 SERVICE ENCOUNTER HAS BEEN REFUSED AS PSYCHOTHERAPY OR COUNSELLING AND A CONSULTATION ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- PC002 SERVICE ENCOUNTER HAS BEEN REFUSED AS PSYCHOTHERAPY OR COUNSELLING AND A VISIT ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- PC003 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF 90 CONTINUOUS MINUTES OF INDIVIDUAL PSYCHOTHERAPY ONLY IS ALLOWED PER PATIENT PER DAY.

- PC004 SERVICE ENCOUNTER HAS BEEN REFUSED AS A MINIMUM OF ONE HALF HOUR MUST BE SPENT PER VISIT FOR PSYCHOTHERAPY TO BE PAYABLE.
- PC005 SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT IS UNDER FOUR YEARS OF AGE.
- PC006 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO TOTAL HOURS APPROVED IN THE PREVIOUS 365 DAYS
- PC007 SERVICE ENCOUNTER HAS BEEN REFUSED AS ANOTHER PHYSICIAN IS PROVIDING PSYCHOTHERAPY TO THIS PATIENT.
- PC008 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF 2 HOURS OF GROUP PSYCHOTHERAPY ONLY IS ALLOWED PER PATIENT PER DAY
- PC009 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF 2 HOURS OF FAMILY THERAPY ONLY IS ALLOWED PER PATIENT PER DAY.
- PC010 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED THE INTENSIVE CARE DAILY RATE THIS DAY.
- PC011 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF 90 MINUTES OF HYPNOTHERAPY ONLY IS ALLOWED PER PATIENT PER DAY.
- PC012 SERVICE ENCOUNTER HAS BEEN REFUSED. A MINIMUM OF ONE HALF HOUR MUST BE SPENT PER VISIT FOR HYPNOTHERAPY TO BE PAYABLE.
- PC013 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF ONE HOUR OF COUNSELLING ONLY IS ALLOWABLE PER PATIENT PER DAY
- PC014 SERVICE ENCOUNTER HAS BEEN REFUSED. A MAXIMUM OF 30 MINUTES OF LIFESTYLE COUNSELLING ONLY IS ALLOWABLE PER PATIENT PER DAY
- PC015 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT A WAIVER OR PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 15 HOURS PER YEAR FOR INDIVIDUAL PSYCHOTHERAPY HAS PREVIOUSLY BEEN APPROVED.
- PC016 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT A WAIVER OR PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 15 HOURS PER YEAR OF GROUP PSYCHOTHERAPY HAS PREVIOUSLY BEEN APPROVED

- PC017 SERVICE ENCOUNTER HAS BEEN REFUSED. MAXIMUM LIMIT OF 15 HOURS OF FAMILY THERAPY PER YEAR HAS PREVIOUSLY BEEN APPROVED
- PC018 SERVICE ENCOUNTER HAS BEEN REFUSED. MAXIMUM LIMIT OF 10 HOURS OF HYPNOTHERAPY PER YEAR HAS PREVIOUSLY BEEN APPROVED
- PC019 SERVICE ENCOUNTER HAS BEEN REFUSED. MAXIMUM LIMIT OF 5 HOURS OF COUNSELLING PER YEAR HAS PREVIOUSLY BEEN APPROVED.
- PC020 SERVICE ENCOUNTER HAS BEEN REFUSED. MAXIMUM LIMIT OF 2 HOURS OF LIFESTYLE COUNSELLING PER YEAR HAS PREVIOUSLY BEEN APPROVED.
- PC021 SERVICE ENCOUNTER HAS BEEN APPROVED AT THE MAXIMUM ALLOWED PER DAY FOR THIS SERVICE
- PC022 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PATIENT IS 19 YEARS OF AGE OR GREATER.
- PC023 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS LOCATION AND/OR PROVIDER SPECIALTY IS NOT APPROPRIATE FOR SERVICE CLAIMED.
- PC024 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 20 HOURS PER YEAR FOR INDIVIDUAL PSYCHOTHERAPY HAS PREVIOUSLY BEEN APPROVED.
- PC025 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 20 HOURS PER YEAR FOR GROUP PSYCHOTHERAPY HAS PREVIOUSLY BEEN APPROVED.
- PC026 SERVICE ENCOUNTER HAS BEEN REFUSED. MAXIMUM LIMIT OF 20 HOURS OF FAMILY THERAPY PER YEAR HAS PREVIOUSLY BEEN APPROVED.
- PC027 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 20 HOURS OF FAMILY THERAPY PER YEAR HAS PREVIOUSLY BEEN APPROVED.
- PC028 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 20 HOURS PER YEAR FOR GROUP THERAPY HAS PREVIOUSLY BEEN APPROVED.
- PC029 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 20 HOURS PER YEAR FOR INDIVIDUAL THERAPY HAS PREVIOUSLY BEEN APPROVED.

- PC030 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 10 HOURS PER YEAR FOR HYPNOTHERAPY HAS PREVIOUSLY BEEN APPROVED.
- PC031 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 2 HOURS PER YEAR FOR LIFESTYLE COUNSELLING HAS PREVIOUSLY BEEN APPROVED.
- PC032 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE NOT INDICATED THAT PRIOR APPROVAL HAS BEEN ISSUED. MAXIMUM LIMIT OF 5 HOURS PER YEAR FOR COUNSELLING HAS PREVIOUSLY BEEN APPROVED.
- PP001 HOSPITAL OUT-PATIENT AND/OR EMERGENCY ROOM CHARGES INCURRED OUTSIDE CANADA ARE NOT INSURED.
- PP002 RADIOLOGY AND/OR LABORATORY COSTS INCURRED OUTSIDE CANADA ARE NOT INSURED.
- PP003 PRIVATE FACILITY COSTS ARE NOT INSURED
- PP004 SERVICES RECEIVED OUTSIDE CANADA FOR NON-URGENT/PRE-EXISTING MEDICAL CONDITIONS ARE NOT INSURED
- PP005 MEDICAL SERVICES KNOWN TO BE REQUIRED PRIOR TO DEPARTURE FROM YOUR HOME PROVINCE ARE NOT INSURED.
- PP006 MEDICAL SERVICES SUCH AS MONITORING, STABILIZING OR CONTINUING TREATMENT OF EXISTING MEDICAL CONDITIONS ARE NOT INSURED.
- PP007 ROUTINE/ANNUAL PHYSICAL EXAMINATIONS OR THOSE REQUESTED BY A THIRD PARTY ARE NOT INSURED
- PP008 ROUTINE EYE EXAMS PERFORMED OUTSIDE NOVA SCOTIA ARE NOT INSURED
- PP009 PRESCRIPTION DRUGS PURCHASED OUTSIDE NOVA SCOTIA ARE NOT INSURED.
- PP010 SERVICES PROVIDED BY NON-MEDICAL PERSONNEL ARE NOT INSURED.(EXAMPLES-CHIROPRACTOR, PHYSIOTHERAPIST, PAC-PHYSICIAN'S ASSISTANT CERTIFIED, PODIATRIST).
- PP011 AMBULANCE SERVICES, MEDICAL SUPPLIES, MILEAGE COSTS, TELEPHONE ADVICE OR CHARGES FOR PREPARATION OF REPORTS, RECORDS, CERTIFICATES ARE NOT INSURED.

- PP012 EYE GLASSES, HEARING AIDS OR OTHER PROSTHETIC APPLIANCES ARE NOT INSURED.
- PP013 THIS SERVICE ENCOUNTER WAS SUBMITTED BY ACTIVE CLAIMS MANAGEMENT. PLEASE REFER TO ELECTRONIC TEXT.
- PP014 THIS CLAIM IS NOT PAYABLE AS OUR RECORDS SHOW THIS PATIENT IS REGISTERED FOR MSI ON A STUDENT VISA/WORK PERMIT/NATO EXCHANGE AND THEREFORE IS ELIGIBLE FOR HEALTH COVERAGE ONLY IN THE PROVINCE OF NOVA SCOTIA.
- PP015 YOUR CLAIM FOR MEDICAL SERVICES OUTSIDE NOVA SCOTIA HAS BEEN PAID AT THE AMOUNT ALLOWABLE BASED ON THE PAYMENT POLICY OF THE PROVINCE WHERE YOU RECEIVED TREATMENT.
- PP016 YOUR CLAIM FOR MEDICAL SERVICES RECEIVED OUTSIDE CANADA HAS BEEN PAID AT THE MAXIMUM AMOUNT ALLOWABLE BASED ON NOVA SCOTIA RATES
- PP017 YOUR CLAIM FOR MEDICAL SERVICES RECEIVED IN NOVA SCOTIA HAS BEEN PAID AT THE MAXIMUM AMOUNT ALLOWABLE BASED ON NOVA SCOTIA RATES
- PP018 SERVICE ENCOUNTER HAS REFUSED AS A PAY TO CODE OF BAPY IS NOT APPROPRIATE. PAYMENT METHOD FOR THIS BUSINESS ARRANGEMENT IS CHEQUE
- PP019 THE REMAINDER OF YOUR CLAIMS HAVE BEEN FORWARDED TO THE NOVA SCOTIA DEPARTMENT OF HEALTH FOR THEIR REVIEW.
- PP020 SERVICES RECEIVED OUTSIDE CANADA FOR NON-URGENT MEDICAL CONDITIONS ARE NOT INSURED.
- PP021 SERVICES RECEIVED OUTSIDE CANADA FOR PRE-EXISTING MEDICAL CONDITIONS ARE NOT INSURED.
- PP022 YOUR CLAIM FOR MEDICAL SERVICES OUTSIDE NOVA SCOTIA HAS BEEN PAID AT THE MAXIMUM AMOUNT ALLOWABLE BASED ON NOVA SCOTIA RATES.
- PR001 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS TWO YEARS.
- PR002 THIS CLAIM FOR EARLY REPLACEMENT HAS BEEN APPROVED FOR PAYMENT.
- PR003 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS 7 YEARS.
- PR004 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS 2 YEARS.

PR005 THIS CLAIM FOR PROSTHETIC SERVICES HAS BEEN APPROVED AT THE MAXIMUM AMOUNT ALLOWABLE, BASED ON NOVA SCOTIA RATES.

PR006 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS 5 YEARS.

PR007 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS 2 YEARS.

PR008 THIS CLAIM HAS NOT BEEN APPROVED AS YOUR CLIENT IS OVER 19 YEARS OF AGE AND UNDER 65 YEARS OF AGE, AND IS NOT REGISTERED WITH CNIB.

PR009 THIS CLAIM HAS BEEN REFUSED AS IT REQUIRES MULTIPLES. RESUBMIT INDICATING THE APPROPRIATE NUMBER OF MULTIPLES.

PR010 SERVICE ENCOUNTER HAS REFUSED AS PAY TO CODE SHOULD BE BAPY.

PRO11 THIS CLAIM IS NOT PAYABLE AS REPLACEMENT COSTS HAVE BEEN APPROVED IN THE PREVIOUS 4 YEARS.

RF001 SERVICE ENCOUNTER HAS BEEN REFUSED. NO ADJUSTMENT IS WARRANTED

RF002 SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ORIGINAL SUBMISSION(S) AND SUBMIT NEW ACTION CODE A TRANSACTION BASED ON CORRECT INFORMATION OR INFORMATION PROVIDED BY YOU.

RF003 REQUEST FOR READJUDICATION HAS BEEN REFUSED. APPROVAL FOR THIS REQUEST HAS BEEN PREVIOUSLY PROCESSED.

RF004 REQUEST FOR READJUDICATION HAS BEEN REFUSED. DENIAL OF THIS REQUEST HAS BEEN PREVIOUSLY PROCESSED.

RF005 PAYMENT UNDER THIS VISIT SERVICE CANNOT BE APPROVED. DELETE THE ORIGINAL SERVICE ENCOUNTER AND SUBMIT UNDER THE APPROPRIATE SUBSEQUENT VISIT SERVICE.

VA001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PAP SMEAR IS NOT PAYABLE WITH A COMPREHENSIVE EVALUATION.

VA002 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS INCLUDED IN THE CONSULTATION.

- VA003 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE DIAGNOSTIC AND THERAPEUTIC PROCEDURES ARE PERFORMED, ONLY THE FEE FOR ONE IS APPROVED AT 100%.
- VA004 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS PROCEDURE CANNOT BE CLAIMED IN ADDITION TO THE BASIC UNITS FOR CARDIAC BYPASS.
- VA005 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN LIMITED PRENATAL AND POSTNATAL VISITS.
- VA006 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE DELIVERY.
- VA007 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS VENIPUNCTURE IS NOT PAYABLE IN HOSPITAL UNLESS MEDICAL NECESSITY EXISTS.
- VA008 SERVICE ENCOUNTER HAS BEEN REFUSED AS SERVICE IS NOT APPROVED IN LOCATION INDICATED.
- VA009 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM LIMIT PER WEEK HAS PREVIOUSLY BEEN APPROVED.
- VA010 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS LOCAL ANAESTHETIC IS NOT APPROVED WHEN PERFORMED IN CONJUNCTION WITH MINOR SURGERY.
- VA011 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A CONSULTATION WITH DETENTION AT THE SAME SERVICE ENCOUNTER.
- VA012 SERVICE ENCOUNTER HAS BEEN REFUSED AS VENIPUNCTURE IS INCLUDED IN THE COMPREHENSIVE PRENATAL EXAM.
- VA013 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER VALUE INDICATED AND PATIENTS AGE DO NOT AGREE.
- VA014 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- VA015 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN A VISIT OR CONSULTATION.
- VA016 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS INCLUDED IN THE FEE FOR A COMPLETE EYE EXAM.

- VA017 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT APPROVED FOR PERFORMING THIS PROCEDURE.
- VA018 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE DIAGNOSTIC AND THERAPEUTIC PROCEDURES ARE PERFORMED, ONLY ONE IS APPROVED AT 100%.
- VA019 SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS A STAND ALONE PROCEDURE AND ANOTHER SERVICE HAS BEEN APPROVED.
- VA020 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS STAND ALONE PROCEDURE HAS BEEN APPROVED.
- VA021 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A VISIT WITH DETENTION AT THE SAME SERVICE ENCOUNTER.
- VA022 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS INCLUDED IN THE COMPREHENSIVE VISIT
- VA023 SERVICE ENCOUNTER HAS BEEN REFUSED. THIS SERVICE IS INCLUDED IN THE COMPREHENSIVE VISIT.
- VA024 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS PROCEDURE IS INCLUDED IN THE COMPREHENSIVE VISIT.
- VA025 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE SURGERY.
- VA026 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PROVIDER MUST BE A QUALIFIED ALLERGIST.
- VA027 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS ONLY APPROVED AT HOSPITAL LOCATIONS.
- VA028 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE VISIT PREVIOUSLY APPROVED AT THIS SAME SERVICE ENCOUNTER.
- VA029 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS PROCEDURE IS INCLUDED IN THE PREVIOUSLY APPROVED VISIT.
- VA030 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS LOCAL ANAESTHESIA IS NOT PAYABLE IN ADDITION TO THE SURGICAL FEE.
- VA031 SERVICE ENCOUNTER HAS BEEN REFUSED AS A COMPREHENSIVE EXAMINATION FOR THE SAME OR SIMILAR DIAGNOSIS HAS BEEN APPROVED TO YOU WITHIN THE PAST 6 MONTHS . PLEASE PROVIDE FURTHER DETAILS REGARDING THE MEDICAL NECESSITY OF THE COMPLETE EXAMINATION.

- VE001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS VISIT EXCLUDED PROCEDURES ARE INCLUDED IN THE CONSULTATION.
- VE002 SERVICE ENCOUNTER HAS BEEN REDUCED. WHEN MULTIPLE DIAGNOSTIC AND THERAPEUTIC PROCEDURES ARE PERFORMED, ONLY THE FEE FOR ONE IS APPROVED AT 100%.
- VE003 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- VE004 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS VISIT EXCLUDED PROCEDURES AND A VISIT ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- VE005 SERVICE ENCOUNTER HAS BEEN REFUSED. WHEN A PROCEDURE AND THE DAILY RATE FOR INTENSIVE CARE ARE BOTH CLAIMED, ONLY ONE, THE PROCEDURE OR INTENSIVE CARE IS APPROVED.
- VE006 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE APPLIES ONLY TO PATIENTS IN THE INSURED AGE GROUP.
- VT001 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE POSTOPERATIVE CARE OF FRACTURES.
- VT002 SERVICE ENCOUNTER FOR COMPREHENSIVE EVALUATION HAS BEEN REFUSED AS A COMPREHENSIVE EVALUATION HAS BEEN APPROVED IN THE PREVIOUS 30 DAYS.
- VT003 SERVICE ENCOUNTER FOR IN-PATIENT COMPREHENSIVE EVALUATION HAS BEEN REFUSED AS ANOTHER IN-PATIENT COMPREHENSIVE EVALUATION HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN IN YOUR SPECIALTY FOR THIS ADMISSION.
- VT004 SERVICE ENCOUNTER BEEN HAS DISALLOWED AS AN IN-PATIENT COMPREHENSIVE EVALUATION HAS PREVIOUSLY BEEN APPROVED AND THE PATIENT HAS BEEN READMITTED WITHIN 30 DAYS FOR THE SAME OR RELATED CONDITION.
- VT005 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT HAS BEEN READMITTED WITHIN 10 DAYS FOR THE SAME OR SIMILAR DIAGNOSIS.
- VT006 SERVICE ENCOUNTER HAS BEEN REFUSED AS A COMPREHENSIVE PREGNANCY EXAM HAS BEEN APPROVED

DURING THE PREVIOUS 9 MONTHS TO YOU OR ANOTHER PHYSICIAN.

- VT007 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS POST NATAL CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN.
- VT008 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A COMPLETE CARE CODE INCLUDES A VISIT THE SAME DAY AND RELATED VISITS FOR THE FOLLOWING 14 DAYS.
- VT009 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A FRACTURE PROCEDURE HAS BEEN APPROVED TO YOU ON THE SAME DAY OR IN THE PREVIOUS 42 DAYS.
- VT010 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A WELL BABY VISIT IS NOT PAYABLE AFTER ONE YEAR OF AGE.
- VT011 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A WELL BABY VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN DURING THIS AGE INTERVAL.
- VT012 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AFTER SIX MONTHS OF AGE WELL BABY VISITS ARE APPROVED ON THE BASIS OF ONCE EVERY THREE MONTHS UP TO ONE YEAR OF AGE.
- VT013 SERVICE ENCOUNTER FOR COMPREHENSIVE VISIT HAS BEEN REFUSED AS YOU HAVE BEEN APPROVED A CONSULTATION IN THE PREVIOUS 30 DAYS.
- VT014 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF PRENATAL VISITS HAVE BEEN APPROVED.
- VT015 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A POST PARTUM VISIT CANNOT BE APPROVED ON THE SAME DAY AS A DELIVERY.
- VT016 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU OR ANOTHER PHYSICIAN HAVE PREVIOUSLY BEEN APPROVED FOR FIRST EXAM OF HEALTHY NEWBORN.
- VT017 SERVICE ENCOUNTER HAS BEEN REFUSED AS NEWBORN CARE OF A HEALTHY INFANT IS ONLY APPROVED FOR THE FIRST FIVE DAYS AFTER BIRTH.
- VT018 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS VISIT EXCLUDED PROCEDURES AND A VISIT ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- VT019 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ANOTHER PHYSICIAN HAS BEEN APPROVED AN INPATIENT HOSPITAL VISIT ON THIS DATE.

- VT020 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS IS INCLUDED IN THE ASSIST FEE.
- VT021 SERVICE ENCOUNTER HAS BEEN REFUSED AS CONTINUING OR DIRECTIVE CARE MUST BE PRECEDED BY A CONSULTATION.
- VT022 SERVICE ENCOUNTER HAS BEEN REFUSED AS A VISIT AND PSYCHOTHERAPY OR COUNSELLING ARE NOT PAYABLE AT THE SAME SERVICE ENCOUNTER.
- VT023 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A VISIT OR CONSULTATION THIS DAY UNDER THE SAME SERVICE OCCURRENCE NUMBER.
- VT024 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE PREOPERATIVE CARE.
- VT025 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS INCLUDED IN THE POSTOPERATIVE CARE.
- VT026 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU OR ANOTHER PHYSICIAN HAVE PREVIOUSLY BEEN APPROVED ANTICOAGULANT SUPERVISION FOR THIS SAME MONTH.
- VT027 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTACT LENS FITTING INCLUDES FOLLOW UP FOR THREE MONTHS.
- VT028 SERVICE ENCOUNTER FOR A VISIT ON THE SAME DAY AS A STRESS TEST HAS BEEN DISALLOWED AS THE PATIENT WAS SEEN IN CONSULTATION IN THE PREVIOUS 14 DAYS.
- VT029 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A VISIT IS NOT APPROVED THE SAME DAY AS CRITICAL CARE.
- VT030 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS COMPRESSION SCLEROTHERAPY INCLUDES AFTER CARE FOR ONE YEAR.
- VT031 SERVICE ENCOUNTER HAS BEEN REFUSED AS DETENTION IS NOT PAYABLE IN THE OFFICE.
- VT032 SERVICE ENCOUNTER FOR A VISIT WITH DETENTION HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN APPROVED A VISIT ALLOWED PROCEDURE AT THE SAME SERVICE ENCOUNTER.
- VT033 SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO THE WEEKLY MAXIMUM OF 32.2 UNITS ALLOWED PER WEEK AFTER 28 FROM ADMISSION.
- VT034 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN INPATIENT COMPREHENSIVE EVALUATION HAS PREVIOUSLY

BEEN APPROVED AND THE PATIENT HAS BEEN READMITTED WITHIN 10 DAYS FOR THE SAME OR RELATED CONDITION.

- VT035 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A COMPREHENSIVE VISIT HAS BEEN PREVIOUSLY APPROVED TO YOU THIS DAY OR SUBSEQUENT DAY FOR THE SAME OR RELATED CONDITION.
- VT036 SERVICE ENCOUNTER HAS BEEN REFUSED AS A COMPREHENSIVE VISIT HAS BEEN APPROVED TO YOU IN THE PREVIOUS 30 DAYS.
- VT037 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS VISIT HAS BEEN CLAIMED BY YOU IN THE PREVIOUS 30 DAYS.
- VT038 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE BEEN APPROVED A CONSULTATION IN THE PREVIOUS 30 DAYS FOR THE SAME OR RELATED DIAGNOSIS.
- VT039 SERVICE ENCOUNTER FOR INITIAL LIMITED VISIT HAS BEEN REFUSED AS YOU HAVE ATTENDED THIS PATIENT IN THE PREVIOUS 30 DAYS.
- VT040 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS SUPPORTIVE CARE IS APPROVED ONCE EVERY THREE DAYS UP TO AND INCLUDING THE NINTH DAY FROM ADMISSION AND TWICE WEEKLY THEREAFTER.
- VT041 SERVICE ENCOUNTER HAS BEEN ACCEPTED AT ZERO. THE FIRST POSTOPERATIVE CLINIC OR OFFICE RECHECK SHOULD BE CLAIMED, BUT WILL BE APPROVED AT 0 UNITS DURING THE 90 DAYS FOLLOWING MAJOR SURGERY.
- VT042 SERVICE ENCOUNTER HAS BEEN DISALLOWED. WHEN A VISIT AND SURGERY ARE PERFORMED AT THE SAME SERVICE ENCOUNTER, ONLY ONE IS APPROVED.
- VT043 SERVICE ENCOUNTER HAS BEEN REFUSED AS A NEWBORN CARE VISIT HAS PREVIOUSLY BEEN APPROVED FOR THIS DAY.
- VT044 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER DA VALUE IS INAPPROPRIATE AFTER 28 DAYS FROM ADMISSION.
- VT045 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS AN INVALID SERVICE FOR AGE OF PATIENT.
- VT046 SERVICE ENCOUNTER HAS BEEN REFUSED AS HEALTH SERVICE CODE AND MODIFIER COMBINATION INDICATED IS INVALID FOR YOUR SPECIALTY.

- VT047 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF THREE SERVICES PER PATIENT PER DAY HAS BEEN APPROVED.
- VT048 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS NOT PAYABLE IN ADDITION TO THE ASSISTANT FEE.
- VT049 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE POSTOPERATIVE CARE OF FRACTURES.
- VT050 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT UNDER THE VISIT CODE USING MODIFIER FOR ROLE OF DETENTION IN CONJUNCTION WITH ALL OTHER REQUIRED MODIFIERS.
- VT051 SERVICE ENCOUNTER HAS BEEN REFUSED. YOU HAVE PREVIOUSLY BEEN APPROVED A COMPREHENSIVE EVALUATION DURING THIS HOSPITALIZATION.
- VT052 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS WELL BABY VISIT HAS BEEN APPROVED FOR THIS THREE MONTH PERIOD.
- VT053 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE SURGERY PERFORMED AT THIS SAME ENCOUNTER.
- VT054 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN THE FRACTURE PROCEDURE PERFORMED THIS SAME DAY.
- VT055 SERVICE ENCOUNTER HAS BEEN DISALLOWED. CONTACT LENS FITTING INCLUDES FOLLOW UP CARE FOR THREE MONTHS.
- VT056 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE HAS BEEN APPROVED TO YOU OR ANOTHER PHYSICIAN.
- VT057 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ATTENDANCE WITH PATIENT DURING LABOUR IS INCLUDED IN THE DELIVERY.
- VT058 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT HAS NOT YET REACHED THE AGE OF 65.
- VT059 SERVICE ENCOUNTER HAS BEEN REFUSED. TWO PREVIOUS SERVICE ENCOUNTERS HAVE BEEN APPROVED FOR IMMUNIZATIONS AT THIS SAME ENCOUNTER.
- VT060 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A VISIT THE SAME DAY AS MAJOR SURGERY IS INCLUDED IN THE SURGERY.

- VT061 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS INCLUDED IN A DIAGNOSTIC AND THERAPEUTIC PROCEDURE PREVIOUSLY APPROVED AT THIS SAME SERVICE ENCOUNTER.
- VT062 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE PREVIOUSLY BEEN APPROVED A DELIVERY FEE.
- VT063 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS DELIVERY DID OCCUR AT THE SAME FACILITY.
- VT064 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A VISIT IS INCLUDED IN THE PREVIOUSLY APPROVED PROCEDURE.
- VT065 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS 30 DAYS HAS NOT ELAPSED SINCE RECIPIENT WAS LAST SEEN BY THIS PROVIDER.
- VT066 SERVICE ENCOUNTER HAS BEEN DISALLOWED. COMPREHENSIVE VISITS CANNOT BE APPROVED WITHIN 30 DAYS OF A PREVIOUS VISIT BY THE SAME PROVIDER.
- VT067 SERVICE ENCOUNTER HAS BEEN DISALLOWED. THIS SERVICE IS ONLY APPROVED FOR GENERAL PRACTITIONERS.
- VT068 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT AS A LIMITED VISIT OR RESUBMIT PROVIDING ELECTRONIC TEXT EXPLAINING THE MEDICAL NECESSITY OF A COMPREHENSIVE VISIT WITHIN 30 DAYS OF A PREVIOUS VISIT.
- VT069 SERVICE ENCOUNTER HAS BEEN DISALLOWED BASED ON THE LIMITATIONS APPLIED TO SUPPORTIVE CARE VISITS.
- VT070 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED A VISIT DURING THE PREVIOUS TWO DAYS.
- VT071 SERVICE ENCOUNTER FOR SUPPORTIVE CARE HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED TWO VISITS WITHIN THE PREVIOUS TWO DAYS.
- VT072 SERVICE ENCOUNTER FOR SUPPORTIVE CARE HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED TWO VISITS WITHIN THE PREVIOUS THREE DAYS.
- VT073 SERVICE ENCOUNTER FOR SUPPORTIVE CARE HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED TWO VISITS WITHIN THE PREVIOUS FOUR DAYS.
- VT074 SERVICE ENCOUNTER FOR SUPPORTIVE CARE HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED TWO VISITS WITHIN THE PREVIOUS FIVE DAYS.

VT075 SERVICE ENCOUNTER FOR SUPPORTIVE CARE HAS BEEN DISALLOWED AS YOU HAVE BEEN APPROVED TWO VISITS WITHIN THE PREVIOUS SIX DAYS.

VT076 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER VALUE OV65 DOES NOT AGREE WITH AGE OF PATIENT.

VT077 SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT UNDER THE SAME HEALTH SERVICE CODE USING THE APPROPRIATE MODIFIERS FOR THE SERVICE PROVIDED.

VT078 SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT AGE IS INAPPROPRIATE FOR THIS SERVICE.

VT079 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM NUMBER OF COMPLEX CARE VISITS FOR THE YEAR HAS PREVIOUSLY BEEN APPROVED.

VT080 SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER DA VALUE IS INAPPROPRIATE AFTER 56 DAYS OF HOSPITAL ADMISSION.

VT081 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 8 WELL BABY CARE VISITS IN THE FIRST 13 MONTHS OF LIFE HAS PREVIOUSLY BEEN APPROVED.

VT082 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 8 WELL BABY CARE VISITS IN THE FIRST 13 MONTHS OF LIFE HAS PREVIOUSLY BEEN APPROVED.

VT083 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT IS NOT INSURED FOR THIS SERVICE AT THIS TIME.

VT084 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PATIENT IS NOT INSURED FOR THIS SERVICE AT THIS TIME.

VT085 SERVICE ENCOUNTER HAS BEEN REFUSED AS THE MAXIMUM OF 9 WELL BABY CARE VISITS HAS BEEN PREVIOUSLY APPROVED.

VT086 SERVICE ENCOUNTER HAS BEEN REFUSED AS ONLY ONE WELL CARE VISIT IS INSURED WHEN PATIENT IS AGED 18 MONTHS.

WB001 SERVICE ENCOUNTER HAS BEEN DISALLOWED ACCORDING TO INFORMATION PROVIDED BY WORKERS COMPENSATION BOARD.

WB002 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PREVIOUS PAYMENT UNDER WCB7 OR WCB8 HAS BEEN APPROVED.

WB003 SERVICE ENCOUNTER HAS BEEN APPROVED AT THE WCB6 RATE.

WB004 SERVICE ENCOUNTER HAS BEEN ADJUSTED BASED ON A DECISION BY WORKERS' COMPENSATION BOARD.

WB005 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PAYMENT UNDER WCB7 HAS BEEN APPROVED.

WB006 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PAYMENT UNDER WCB8 HAS BEEN APPROVED.

WB007 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS FORM CODE HAS NOT BEEN APPROVED FOR IMPLEMENTATION.

WB008 SERVICE ENCOUNTER HAS BEEN REFUSED RE PAYMENT RESPONSIBILITY INDICATED.

WB009 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS PREVIOUS PAYMENT UNDER WCB 9 OR WCB 10 HAS BEEN APPROVED.

WB010 SERVICE ENCOUNTER HAS BEEN REFUSED AS A CONSULTATION SERVICE HAS NOT BEEN CLAIMED FOR THIS DATE.

WB011 SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS TYPE OF VISIT IS NO LONGER PAYABLE UNDER WCB. PLEASE RESUBMIT USING THE APPROPRIATE PHYSICIAN ASSESSMENT HEALTH SERVICE CODE.

WB012 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED A PHYSICIAN ASSESSMENT SERVICE THIS DAY.

WB013 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED A PHYSICIAN ASSESSMENT SERVICE THIS DAY.

WB014 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID A SPECIAL ASSESSMENT SERVICE THIS DAY.

WB015 SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID AN ASSESSMENT SERVICE WITH COMPLETION OF FORM 8/10 THIS DATE.

WB016 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS ASSESSMENT HAS BEEN CLAIMED BY YOU FOR THIS DATE.

WB017 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS ASSESSMENT HAS BEEN CLAIMED BY YOU FOR THIS DATE.

WB018 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS CHART SUMMARY HAS BEEN CLAIMED BY YOU FOR THIS DATE.

- WB019 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS CHART SUMMARY HAS BEEN CLAIMED BY YOU FOR THIS DATE.
- WB020 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS CASE CONFERENCE HAS BEEN CLAIMED BY YOU FOR THIS DATE.
- WB021 SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS CASE CONFERENCE HAS BEEN CLAIMED BY YOU FOR THIS DATE.
- WB022 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS SERVICE FOR WCB HAS BEEN CLAIMED THIS DAY.
- WB023 SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS VISIT FEE HAS BEEN CLAIMED THIS DAY.