EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0001-0097 AND 0700-0799					EXCEPTION CODES 001-097 AND 700-799 ARE RESERVED FOR UR PARAMETERS AS SPECIFIED BY THE USER.
0098	0	0	3	D	'3RD RX WITHIN SAME CALENDAR MONTH BWMC4000 THE ACCUMULATOR OF THE 30-DAY-RX-CRITERIA IS GREATER THAN 2 (THE ACCUMULATOR IS INCREMENTED EACH TIME THE FOLLOWING CONDITIONS ARE MET.) 1) SAME PRESCRIBING PHYSICIAN NUMBER. 2) THE FIRST 9 DIGITS OF THE NDC ARE THE SAME. 3) THE DATES ARE WITHIN THE SAME CALENDAR MONTH. (FDOS IS NOT LESS THAN FDOS OF 30-DAY-RX-CRITERIA AND LDOS IS NOT GREATER THAN LDOS OF 30-DAY-RX-CRITERIA.) 4) THE THERAPEUTIC CLASS IS NOT EQUAL TO 240,370,391,392, 411,412,500,510,520,530,531,540,550,560,570,580,590,592, 621,650,660,670,920,950,970, 'A1B', 'A1D', 'B3A', 'J5D', 'J5E', 'Q7C' 'Q7P', 'Z2F', 'P1C', 'Q5N', 'V1A', 'V1B', 'V1C', 'V1D', 'V1E', 'V1F', 'G8A', 'G8B', 'G8C', 'P1E', 'P5A', 'P5S', 'Q5P', 'H2V', 'J5B', 'F1A', 'H3A', 'W1E', 'W1D', 'W1A', 'W1F', 'W1C', 'W1B', 'W3A', 'W1H', 'W1J', 'W1K', 'W1L', 'W1N', 'W1P', 'W1S', 'Q5W', 'Q4B', 'Q4F', 'Q4S', 'Q4W', 'L0B', 'Q5B', 'Q5F', 'Q5R', 'Q5S', 'Q5V', 'W3B', 'W8D', 'Q6A', 'Q6B', 'Q6C', 'Q6D', 'Q6G', 'Q6J', 'Q6P', 'Q6R', 'Q6S', 'Q6V', 'Q6W', 'Q6Z'. 5) THE QUANTITY IS LESS THAN 100 ON ONE OF THE CLAIMS. 6) NDC IS NOT COGNITIVE SERVICES - 1ST FIVE DIGITS 88888 7) NDC IS NOT MEDISET - 1ST FIVE DIGITS 77777 8) NDC IS NOT CLOZARIL - 1ST NINE DIGITS OF NDC - 000780126 000780127 000780161 000780162 000780163 000780164 000780165 000780166 000780167 9) NDC IS NOT COMPOUND DRUG - 1ST FIVE DIGITS 00990 10) PROPOXYPHENE, PROXYPHENE NAPSYLATE AND ALL OTHER PROPOXYPHENE COMINATIONS ARE EXEMPT FROM EXCEPTION. A LIST OF 722 NDCS ARE MAINTAINED BY THE SYSTEM AND ARE AVAILABLE UPON REQUEST.
0099	0	0	3	D	'ONLY ONE 2 MONTH SUPPLY COVERED WITHIN A 45 DAY PERIOD.' BWMC4000 POSTS IF THE FOLLOWING ARE TRUE: A. BOTH THE INCOMING CLAIM AND THE RELATED CLAIM HAVE DAYS SUPPLY EQUAL TO 60. B. THE DATES OF SERVICE ARE WITHIN 45 DAYS. (FDOS IS NOT LESS THAN FDOS OF 45-DAY-RX-CRITERIA AND LDOS IS NOT GREATER THAN LDOS OF 45-DAY-RX-CRITERIA.)

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					C. THE THERAPUTIC CLASS IS EQUAL TO 370,G8A,G8B,G8C.
0100	0	0	3	RC=60 J.O	'ALL LINES EXACT DUPLICATE'
BWMC4000					POSTS USING THE SAME DUPLICATE CRIERIA AS, AND IN ADDITION TO EXCEPTION 101 (EXACT DUPLICATE), EXCEPTION 102 (POSSIBLE DUPLICATE), OR EXCEPTION 599 (EXACT DUPLICATE FOR COMMUNITY MENTAL HEALTH PROVIDER OR FQHC SPECIALTY CODE), AND ONE OF THE FOLLOWING APPLIES: A. THE CLAIM IS A PHYSICIAN CLAIM (J) WITH ALL OF THE FOLLOWING TRUE: - PROVIDER TYPE IS NOT (58) SCHOOL-DISTRICT OR (90) HEALTH-MAINT-ORG - INPUT MEDIA IS (0) HARD COPY, (1) DIRECT ENTRY, (2) TAPE, OR (3) EMC - BATCH DATE ON DUPLICATE CLAIM IS MORE THAN ONE DAY APART FROM BATCH DATE ON CLAIM BEING ADJUSTED OR; B. THE CLAIM IS A MEDICARE B- CROSS OVER CLAIM (O) WITH ALL OF THE FOLLOWING TRUE: - INPUT MEDIA IS (0) HARD COPY - THE DUPLICATE CLAIM IS A MEDICARE B- CROSS OVER CLAIM (O) - THE DUPLICATE CLAIM IS INPUT MEDIA (2) TAPE - TYPE OF SERVICE IS (3) OTHER-CPT-SERVICES, OR (Z) AMB-SURG-CTR, OR (9) VENDOR, OR (R) RENTAL - PROCEDURE CODE IS AN EXACT MATCH OF THE DUPLICATE CLAIM EXCEPTION WILL BYPASS UNDER THE FOLLOWING CONDITIONS: - THE CLAIM IS A MED VENDOR CLAIM (P) AND DUPLICATE CLAIM IS MEDICARE X-OVER OR; - THE CLAIM IS A MED VENDOR CLAIM (P) AND PROVIDER TYPE IS (44) HOME HEALTH
0101	0	0	3	ALL	'EXACT DUPLICATE'
BWMC4000					SEE EXHIBIT B AT BOTTOM OF DOCUMENT.
0102	0	0	3	ALL	'POSSIBLE DUPLICATE'
BWMC4000					SEE EXHIBIT B AT BOTTOM OF DOCUMENT.
0103	0	0	3	ALL	'POSSIBLE DUPLICATE-CONFLICT'
BWMC4000					SEE EXHIBIT B AT BOTTOM OF DOCUMENT.
0104	0	0	3	RC=60	'CALLS DURING FOLLOW-UP PERIOD ARE INCLUDED IN THE SURG- ICAL FLAT FEE.'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWMC4000					A. FOLLOW-UP-DATE-LIMIT IN TABLED MEDICAL CLAIM LINE-ITEM IS NOT EQUAL TO ZERO. B. TABLED CLAIM PROCEDURE CODE IS EQUAL TO 99211 - 99275, 92012, 92014, 99291 - 99292, 99301 - 99316, 99331 - 99333, 99347 - 99353, 99378, G0002, G0064-G0066. - (ONE OF THE FOLLOW-UP PROCEDURE CODES). C. FIRST DATE OF SERVICE ON INCOMING CLAIM IS LESS THAN OR EQUAL TO FOLLOW-UP DATE LIMIT ON HISTORY CLAIM. D. LAST DATE OF SERVICE ON INCOMING CLAIM IS GREATER THAN OR EQUAL TO LAST DATE OF SERVICE ON HISTORY CLAIM. E. LAST DATE OF SERVICE ON INCOMING CLAIM IS NOT EQUAL TO FIRST DATE OF SERVICE ON HISTORY CLAIM. F. FIRST THREE DIGITS OF THE DIAGNOSIS CODE ON BOTH CLAIMS ARE IDENTICAL OR DIAGNOSIS ON EITHER CLAIM IS ONE OF THE FOLLOWING: V24.0 THROUGH V24.2 V45.6 THROUGH V45.9 V58.4 THROUGH V58.9 V66.0 THROUGH V66.9 V67.0 THROUGH V67.9 EXCEPTION WILL BYPASS IF PROVIDER NUMBERS ARE DIFFERENT OR PROVIDERS ARE SAME AND PERFORMING PROVIDERS ARE DIFFERENT
0105	0	0	3	REC-CD	'DIAGNOSIS NOT ALLOWED WITH PROCEDURE.'
BWMC4000				60	DATE: 05/11/04
					EXCEPTION POST IF ONE OF THE FOLLOWING IS TRUE: 1.A. DIAGNOSIS INDICATOR ON THE UR CRITERIA FOR THE PROCEDURE CODE IS EQUAL TO 'I' (INCLUSIVE) B. DIAGNOSIS CODE (1) OR DIAGNOSIS (2) IS NOT ON THE LIST OF DIAGNOSIS CODES OR WITHIN THE SPECIFIED DIAGNOSIS RANGES 2.A. DIAGNOSIS INDICATOR ON THE UR CRITERIA FOR THE PROCEDURE CODE IS EQUAL TO 'E' (EXCLUSIVE) B. DIAGNOSIS CODE (1) OR DIAGNOSIS (2) IS ON THE LIST OF DIAGNOSIS CODES OR WITHIN THE SPECIFIED DIAGNOSIS RANGES
0106	1	1	3	0,V,W	'THE AMOUNT PAID BY MEDICARE, THE DEDUCTIBLE THAT MEDICAID IS TO PAY, AND THE THIRD PARTY PAYMENT IS GREATER THAN THE TOTAL AMOUNT BILLED TO MEDICARE.'
BWSC2050					CALCULATED TOTAL CLAIM CHARGE IS GREATER THAN TOTAL-CHARGE

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BILLED TO MEDICARE.
					TOTAL CLAIM CHARGE IS CALCULATED AS FOLLOWS:
					A. CLAIM TYPE 'O' (NON INSTITUTIONAL - PT. B MCARE)
					AMT PAID BY MCARE + MCARE DEDUCTABLE AMT (+ THIRD
					PARTY PAYMENT AMT, IF APPLICABLE.)
					B. CLAIM TYPES 'V' AND 'W' (MCARE INPAT/OUTPAT XOVER)
					AMT PAID BY MCARE + MCARE COINSURANCE AMT + MCARE
					DEDUCTIBLE AMT.
					C. BYPASS EXCEPTION 106 WHEN CLAIM TYPE IS:
					EFFECTIVE 12/20/00
					1. "V" (MEDICARE-INPATIENT-XOVER)
					2. "W" (MEDICARE-OUTPATIENT-XOVER)
					3. "O" (NON-INSTITUTIONAL-XOVER AND:
					A. HARD COPY(ICN STARTS WITH "O" AND
					TYPE OF SERVICE IS "Z"(AMB-SURG-CTR), AND
					(MODIFIER "SG" OR PROVIDER TYPE IS "22").
					B. TAPE CLAIMS(ICN STARTS WITH "2") AND
					PROVIDER TYPE "22" OR TYPE OF SERVICE IS "Z".
					C.TAPE CLAIMS(ICN STARTS WITH "2") AND
					PROCEDURE CODE (ZZZZZ) IS BILLED.
0107	1	1	3	O	'MEDICARE ALLOWED MORE THAN BILLED AMOUNT'
BWSC2050					
					PROCEDURE CHARGE IS NOT EQUAL TO ZERO AND THE LINE-ITEM
					MEDICARE ALLOWED AMOUNT IS GREATER THAN THE LINE-ITEM
					PROCEDURE CHARGE.
0108	0	0	3	RC=60	'THE DATE OF CONSENT WAS AFTER THE LAST DATE OF
					SERVICE.'
BWSC2050					
					CONSENT DATE AND LAST DATE OF SERVICE ARE NOT EQUAL TO
					ZERO AND CONSENT DATE IS GREATER THAN LAST DATE OF SVC.
0109	0	0	3	S,T	'EXCEEDS PAS LENGTH OF STAY CRITERIA.'
BWMC4000					
					THIS EXCEPTION WILL BE POSTED IF:
					1.THE PRIMARY DIAGNOSIS IS FOUND ON THE U/R CRITERIA FILE.
					LENGTH OF STAY ON THE FILE IS NOT LESS THAN WW-009-LOS.
					(WW-009-LOS = LAST DATE OF SERVICE - ADMISSION DATE)
					THE KEY FOR THE U/R CRITERIA FILE IS SET UP AS FOLLOWS:
					CLAIM TYPE TYPE OF FACILITY DIAGNOSIS-CODE-ICD-9
					T N DIAG-CODE-ICD-9 (1)
					S I DIAG-CODE-ICD-9 (1)
					THE LENGTHS OF STAY ON THE U/R CRITERIA FILE ARE INDEXED
					AS FOLLOWS:
					A.IF THERE IS MORE THAN ONE DIAGNOSIS CODE, AN INDEX IS
					SET FOR MULTIPLE DIAGNOSES, OTHERWISE IT IS SET FOR A
					SINGLE DIAGNOSIS;

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B.IF THE SURGERY INDICATOR ON THE CLAIM IS SET TO YES, THE INDEX IS SET FOR SURGERY, OTHERWISE IT IS SET FOR NO SURGERY;
					C.THE THIRD INDEX FOR THE LENGTH OF STAY VALUES IS SET BY AGE OR BABY WEIGHT:
					1) IF THE DIAGNOSIS CODE IS IN THE RANGE V30.0-V39.2 THE INDEX IS SET BY THE BABY WEIGHT IN GRAMS,
					2) OTHERWISE THE INDEX IS SET BY THE RECIPIENT'S AGE.
					2.EXTENSION DAYS IS GREATER THAN ZERO AND LMC INDICATOR IS NOT EQUAL TO Y.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) PCOP TYPE ON CLAIM IS "P" (PRIMARY CARE), OR
					2) CLAIMS WHERE ITA IND EQUALS 'I' (ITA CLAIM), OR
					3) THE FIRST TWO DIGITS OF THE PROV NUMBER ARE '36', OR
					4) THE DRG CODE IS IN THE RANGES 385-391 OR 602-640.
0110	0	0	3	V, W	'MISSING OR INVALID MEDICARE ASSIGNMENT INDICATOR'
					MEDICARE ASSIGNMENT INDICATOR IS NOT EQUAL TO 'Y' OR 'N'.
BWSC2060					(THIS EXCEPTION WILL NEVER POST SINCE 'Y' IS PLUGGED BY ONLINE PROGRAM.)
0111	0	0	3	RC= 60	'MULTIPLE SURGERY PROCEDURES IN THE SAME DAY.
BWMC4000					THE RELATED CLAIM AND THE TABLED CLAIM HAVE THE PROCEDURE
					CODES IN THE RANGE OF 1000-69999, TYPE OF SERVICE = 3,
(N O L O N G E R P O S T S)					MODIFIERS NOT EQUAL TO 23,30,46,47,5A-5E, OR 80, AND
					EXCEPTION 374 IS NOT DETECTED IN THE TABLED CLAIM.
					(LOGIC REMOVED TO POST THIS EXCEPTION.)
0112	1	1	3	ALL	'TPL CARRIER CODE NOT ON FILE.'
BWSC2020,2040,2050,2060,2070					NO MATCH IS FOUND ON THE CARRIER TEXT FILE FOR THE TPL
					CARRIER CODE IN THE CLAIM.
0113	0	0	3	O	'MPI ERROR ON PART B CROSSOVER'
BWSC2050					MEDICARE PAYMENT INDICATOR IS EQUAL TO '0' (MPI-0)
					AND MEDICARE ALLOWED AMOUNT IS NOT EQUAL TO ZERO.
0114	0	0	3	O	'MEDICARE DEDUCTIBLE GREATER THAN ALLOWED AMOUNT.'
BWSC2050					MEDICARE DEDUCTIBLE IS GREATER THAN COMPUTED
					MEDICARE ALLOWED AMOUNT. COMPUTED MCARE ALLOWED AMT =
					SUM OF LINE-ITEM MEDICARE ALLOWED AMOUNTS.
					CLAIM TYPE MUST BE MEDICARE-NON-INSTITUTIONAL.
011X	1	0	3		'VERIFIES THAT THE TOTAL DAYS STAY MATCHES THE FROM AND TO DATE SPAN.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC2060, BWSC3530					DATE: 06/02/04
					1.A. RECORD CODE IS EQUAL TO '64' (MEDICARE PART A)
					B. NUMBER OF UNITS IS GREATER THAN TOTAL NUMBER OF DAYS (1)
					2.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL CLAIM)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. HEADER FIRST DATE OF SVC IS EQUAL TO HEADER LAST DATE SVC
					D. PATIENT STATUS IS EQUAL TO '02' (DISCHARGE/TRANSFER GENERAL HOSPITAL)
					E. HEADER DAYS OF SERVICE ARE NOT EQUAL TO LINE ITEM DAYS SERVICE
					DOES NOT POST IF ONE OF THE FOLLOWING:
					1.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. FIRST DATE OF SERVICE AT THE HEADER IS EQUAL TO ZERO
					2.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. LAST DATE OF SERVICE AT THE HEADER IS EQUAL TO ZERO
					3.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. PROVIDER NUMBER IS EQUAL TO '36#####' (DETOX)
					4.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. HEADER FIRST DATE OF SERVICE IS EQUAL TO HEADER LAST DATE OF SERVICE
					D. DRG CODE IS EQUAL TO 370-375 385-391 602-641 650-652
					5.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. TOTAL NUMBER OF DAYS (1) IS EQUAL TO TOTAL NURSERY DAYS + TOTAL MOTHER DAYS
					6.A. RECORD CODE IS EQUAL TO '61' (INSTITUTIONAL)
					B. CLAIM TYPE IS NOT EQUAL TO 'M' (OUTPATIENT CLAIM)
					C. TOTAL NUMBER OF DAYS (1) IS EQUAL TO TOTAL MOTHER DAYS
					CALCULATED FIELDS:

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					1. TOTAL NURSERY DAYS = ALL THE UNITS OF SERVICE FOR EACH LINE THAT MEETS THE FOLLOWING: A. CLAIM TYPE IS EQUAL TO 'S' (INPATIENT) OR 'R' (DRG) B. REVENUE CODE EQUAL TO 0170 0172 0175
					2. TOTAL MOTHER DAYS = ALL THE UNITS OF SERVICE FOR EACH LINE THAT MEETS THE FOLLOWING: A. CLAIM TYPE IS EQUAL TO 'S' (INPATIENT) OR 'R' (DRG) B. REVENUE CODE EQUAL TO 0100-0179 0190-0219 0511
					3. TOTAL NUMBER OF DAYS (1) = HEADER LAST DATE OF SERVICE - HEADER FIRST DATE OF SERVICE + 1
					4. TOTAL NUMBER OF DAYS (2) = HEADER LAST DATE OF SERVICE - HEADER FIRST DATE OF SERVICE
					*5. TOTAL DAYS FROM LINE ITEMS = ALL THE UNITS OF SERVICE FOR EACH LINE THAT MEETS THE FOLLOWING: A.1.CLAIM TYPE IS EQUAL TO 'S' (INPATIENT) OR 'R' (DRG) 2.REVENUE CODE EQUAL TO 0100-0179 0190-0219 0511 B.1.CLAIM TYPE IS EQUAL TO 'T' (NURSING HOME)
					2. HEADER DAYS OF SVC= HEADER LAST DATE OF SERVICE - HEADER FIRST DATE OF SERVICE + 1
0115	1	0	3		'VERIFIES THAT THE TOTAL DAYS STAY MATCHES THE FROM AND TO DATE SPAN.'
BWSC2060				V,W	LINE ITEM DAYS IS NOT EQUAL TO TOTAL CLAIM DAYS (TOTAL CLAIM DAYS = LDOS - FDOS). DOES NOT POST IF ONE OF THE FOLLOWING:
BWSC3530				R,S,T	1) TOTAL CLAIM DAYS IS EQUAL TO SUM OF LINE ITEM DAYS FOR MOTHER AND/OR BABY. 2) REVENUE CODE IS EQUAL TO 0100-0179, 0190-0219, OR 0511 (ACCOMODATION CODES) AND TOTAL CLAIM DAYS EQUAL ZERO 3) DETOX PROVIDER (BEGIN WITH '36') 4) IF NEONATE DRG (370-378, 380-381, 385-391, 602,640), FDOS = LDOS, AND LINE ITEM DAYS IS LESS THAN 2. 5) FDOS IS EQUAL TO ZERO OR IS GREATER THAN LDOS.
0116	1	1	3	ALL, EXCEPT RC= 64	'INVALID LMC APPROVAL CODE.'
BWSC2020,2040,2050,2060,2070					THE LMC APPROVAL INDICATOR IS NOT EQUAL TO A SPACE, N, OR

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					Y (VALID LMC APPROVAL CODES).
0117	1	0	3	RC= 60	'INVALID PROCEDURE CODE MODIFIER.'
BWSC2050					PROCEDURE MODIFIER NOT EQUAL (SPACE,AA,AB,AC,AD,AH,AJ,
					AM,AP,AR,AS,AT,BB,BP,BR,BU,CB,CC,DB,DD,DE,DH,DJ,DL,DN,
					DP,DR,DT,ED,EE,EG,EH,EJ,EM,EN,EP,ER,ES,ET,E1,E2,E3,E4,
					FA,FP,F1,F2,F3,F4,F5,F6,F7,F8,F9,GA,GB,GC,GE,GG,GH,GJ,
					GK,GL,GM,GN,GO,GP,GQ,GR,GT,GV,GW,GY,GZ,G1,G2,G3,G4,G5,
					G6,HA,HB,HC,HD,HE,HG,HH,HI,HJ,HN,HP,HR,HT,HX,IH,IR,JD,
					JE,JH,JN,JR,KA,KB,KC,KD,KE,KF,KG,KH,KI,KK,KJ,KM,KO,KP,
					KQ,KR,KS,KX,K0,K1,K2,K3,K4,LC,LD,LL,LR,LS,LT,MN,MP,MS,
					ND,NE,NG,NH,NI,NJ,NN,NP,NR,NU,NX,NZ,PD,PE,PH,PI,PL,PN,
					PR,PS,P1,P2,P3,P4,P5,P6,QA,QB,QC,QD,QE,QF,QG,QH,QI,QL,
					QP,QR,QT,QU,QV,QW,Q1,Q2,Q3,Q4,Q5,Q6,Q7,Q8,Q9,RC,RD,RE,
					RG,RH,RI,RJ,RP,RN,RR,RT,RX,SA,SB,SC,SD,SE,SF,SG,SH,SI,
					SJ,SK,SP,SN,SS,ST,SX,TA,TC,TD,TE,TF,TG,TH,TJ,TL,TN,TS,
					T1,T2,T3,T4,T5,T6,T7,T8,T9,UE,VP,WR,WQ,WU,XA,XC,XH,XR,
					XX,YL,YR,YY,Y1,Y2,ZU,ZX,ZY,
					ZZ,2N,21,22,23,24,25,26,32,47,50,51,52,53,54,55,56,57,
					58,59,60,62,66,75,76,77,78,79,80,81,82,90,91,98,99,A1,
					A2,A3,A4,A5,A6,A7,A8,A9,AU,AV,AW,AX,BA,BO,EY,H9,HF,HK,
					HL,HM,HO,HQ,HS,HU,HV,HW,HY,HZ,JW,QJ,SU,SV,TK,TM,TP,TQ,
					TR,TT,TU,TV,TW,U1,U2,U3,U4,U5,U6,U7,U8,U9,UA,UB,UC,UD)
					MODIFIERS QX AND QZ ARE VALID AS OF FDOS 08/01/94;
					MODIFIER QY IS VALID AS OF FDOS 07/01/98;
					MODIFIER 1G IS VALID FOR FDOS 11/01/97 THRU 07/31/2003;
					MODIFIERS AE,AF,AG,QS,1A,2A,3A ARE VALID FOR FDOS
					UP TO AND INCLUDING 07/31/94;
					MODIFIERS 5C,QJ,QO,QQ ARE VALID FOR FDOS UP TO AND
					INCLUDING 04/30/95;
					MODIFIERS 20,AK,AL,AN,AU,AV,AW,AND AY
					ARE VALID FOR FDOS UP TO AND INCLUDING 06/30/99;
					MODIFIER DY IS VALID AS OF FDOS 07/01/00;
					MODIFIER QK IS VALID AS OF FDOS 05/01/95;
					MODIFIER 1L IS VALID UP TO AND INCLUDING 06/30/96;
					MODIFIER 2R IS VALID ONLY THROUGH FDOS 03/31/99;
					MODIFIERS GJ, GT, GX, G6, QL, G7, G8, G9 VALID AS OF
					FDOS 01/01/99;
					MODIFIER MS ON A CLAIM TYPE P (MEDICAL VENDOR) IS ONLY
					VALID WITH TOS 'R' AS OF 04/01/99;
					MODIFIERS AB,AC,AND QR ARE VALID UP TO AND INCLUDING
					03/31/00.
					MODIFIER GU IS VALID UP TO AND INCLUDING 03/31/2002
					MODIFIER GX IS VALID UP TO AND INCLUDING 03/31/2002
					MODIFIER 47 IS VALID UP TO AND INCLUDING 07/01/2000
					MODIFIER 1H IS VALID UP TO AND INCLUDING 09/30/2002
					MODIFIER SL IS VALID AS OF 07/01/2002
					MODIFIERS 1C, 1G, 1R, 5A, 5B, 5D AND 9T ARE VALID UPTO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND INCLUDING JULY 31, 2003.
					MODIFIERS 1M, 1P, 4N, 5N AND 6N AR VALID UPTO AND
					INCLUDING OCTOBER 14, 2003.
					MODIFIERS X1 X2 X3 X4 X5 X6 X7 X8 X9 NOT VALID ON MEDICAL
					VENDOR CLAIMS WITH A TYPE OF SERVICE '9' AND
					A FIRST DATE OF SERVICE ON OR AFTER OCTOBER 16,
					2003.
					MODIFIERS A1 A2 A3 A4 A5 A6 A7 A8 A9 ARE VALID FOR
					MEDICAL VENDOR CLAIMS WITH A TYPE OF SERVICE OF
					'9' AND A FIRST DATE OF SERVICE ON OR AFTER
					OCTOBER 1, 2003.
					MODIFIERS A1 A2 A3 A4 A5 A6 A7 A8 A9 ARE VALID FOR ALL
					MEDICARE NON-INSTITUTIONAL CLAIMS (CLAIM TYPE
					'O').
					MODIFIERS 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2T, 3B, 3C, 3D,
					3E, 3F, 3G, 3H, 3J, 3K, 3M, 3N, 3T, 3V, 3W,
					3Q, 3R, 4A, 4B, 4C, 4D, 9A, 9B, 9C, 9D, 9E,
					9F, 9G FOR CLAIM TPYE P (MEDICAL VENDOR) AND
					DATES OF SERVICE PRIOR TO OCTOBER 15, 2003.
					BYPASS EXCEPTION 117 WHEN THE FOLLOWING ARE TRUE:
					1. CLAIM INPUT FORM INDICATOR EQUAL TO 'O'.
					2. CLAIM INPUT MEDIUM INDICATOR EQUAL TO '2'.
					3. TYPE OF SERVICE EQUAL TO '3' OR 'Z'.
BWSC5010				O	MODIFIERS KO, KP, KQ, AND MS ARE VALID FOR CLAIM TYPE
					'O' (MCARE-NON-INST) WITH MCARE-PMT-IND '3' (MPI-3).
					OR
					MODIFIER KM IS VALID FOR CLAIM TYPE 'O' (MCARE-NON-INST)
					IF: A. MEDICAL CODE EQUALS (1 OR 8) (MCARE-BUY-IN,
					MCARE-BUY-IN-QDWI) AND MATCH CODE EQUALS 'D'
					(QMB); OR,
					B. MEDICAL CODE EQUALS (7 OR 8) (MCARE-BUY-IN-QMB,
					MCARE-BUY-IN-QDWI) AND MATCH CODE IS NOT EQUAL
					TO 'D' (QMB).
					BYPASS EXCEPTION 117 WHEN THE FOLLOWING ARE TRUE:
					1. CLAIM INPUT FORM INDICATOR EQUAL TO 'O'.
					2. CLAIM INPUT MEDIUM INDICATOR EQUAL TO '2'.
					3. TYPE OF SERVICE EQUAL TO '3' OR 'Z'.
					4. CLAIM INPUT FORM INDICATOR EQUAL TO 'O'
					A) RECIPIENT IS QMB ONLY (MATCH CODE D,
					PROGRAM CODE OF A, B, OR P)
					B) RECIPIENT IS DUAL ELIGIBLE (ELIGIBILITY
					CODE OF '7' OR '8' WITH ANY MATCH EXCEPT
					'D') AND AN MEDICARE PMT IND OF '3' OR '0'
0118	1	0	3	RC= 60	'MISSING PLACE OF SERVICE'
BWSC2050					LINE-ITEM PLACE OF SERVICE IS EQUAL TO SPACES.
0119	1	0	3	RC= 60	'VERIFIES THAT THE MODIFIER IS USED WITH CORRECT TOS.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BWSC2050 IF PROC CODE MODIFIER IS NOT EQUAL TO SPACES, THEN DO NOT POST IF: 1) TYPE OF SERVICE EQUAL 3; OR 2) IF TYPE OF SVC EQUAL Z AND PROC CODE MOD EQUAL '5A' OR '5B'; OR 3) TYPE OF SVC EQUAL 9 AND PROC CODE MOD EQUAL 'PP', 'RT', 'LT', 'HB', OR 'NH'; OR 4) TYPE OF SVC EQUALS R AND PROC CODE MOD EQUAL 'RR'.
					(N O L O N G E R P O S T S)
0120				RC= 60	'PROCEDURE CODE MODIFIER TC VS POS'
					BWSC2050 PROC CODE MOD = TC (TECHNICAL COMPONEN) AND PLACE OF SVC NOT EQUAL TO 3, 11, 71, 81 AND PROCEDURE CODE IS EQUAL TO(70336,70450-70492,70540-70553,71250-71550, 72125-72158,72192-72196,73200-73221,73700-73721,74150- 74181,75552,76070,76128,7614M,76148,76355-76380,76400, 76499, OR 76515);
					OR
					PROCEDURE CODE MODIFIER TC (TECH-COMP) AND PLACE OF SVC EQUAL TO 1, 4, 7, 8, 21, 51, 12, 54, 31, OR 32. (INPATIENT-HOSPITAL, RESIDENCE, NURSING-HOME-ICF, NURSING-HOME-SNF)
					PROCEDURE CODE MODIFIER TC (TECH-COMP) AND PLACE OF SVC IS 1 (INPATIENT), 2 (OUTPATIENT), 5 (ER), 21, 22, 23, 51 OR 52 AND PROCEDURE IS AN MRI, MRA OR CAT SCAN, (70336, 70450-70553), 71250-71555, 72152-72159, 72192- 72198, 73200-73225, 73700-73725, 74150-74185, 75522-75556, 76070, 76093-76094, 76355-76400OR 76499) THEN POST EXCEPTION 120.
0121	2	2	1	ALL	'PROVIDER NUMBER MISSING.'
					BWSC2020,2040,2050,2060,2070 THE PROVIDER NUMBER IS EQUAL TO ZERO.
0122	2	2	1	ALL	'INVALID PROVIDER NUMBER CHECK-DIGIT'
					BWSC2020,2040,2050,2060,2070 THE PROVIDER NUMBER IS GREATER THAN ZERO AND HAS FAILED A MATHEMATICAL CALCULATION FOR THE LAST DIGIT.
					WHEN THE CLAIM MEDIA INPUT IND EQUAL 1, 2 OR 3 AUTOMATICALLY INSERT THE ELECTRONIC DUMMY PROVIDER NUMBER 0011601.
0123	2	2	1	ALL	'INVALID PAY-TO PROVIDER NUMBER CHECK DIGIT.'
					BWSC2020,2040,2050,2060,2070 THE PAY-TO-PROVIDER NUMBER IS NOT EQUAL TO ZERO AND HAS FAILED A MATHEMATICAL CALCULATION FOR THE LAST DIGIT.
0124	2	0	3	ALL	'MISSING FROM DATE OF SERVICE.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				BWSC2020,2040,2050,2060,2070	1) THE FIRST DATE OF SERVICE ON CLAIM IS EQUAL TO ZERO AND THE LAST DATE OF SERVICE ON CLAIM IS EQUAL TO ZERO. OR 2) LINE-ITEM FIRST DATE OF SERVICE IS EQUAL TO ZERO OR THE LINE-ITEM LAST DATE OF SERVICE IS EQUAL TO ZERO.
0125	0	0	3	ALL	'CLAIM PAST TIMELY FILING LIMITATION.'
				BWCS2020,2040,2050,2060,2070 (S3202)	CLAIM IS AN ORIGINAL CLAIM AND LAST DATE OF SERVICE IS LESS THAN FILING LIMIT. (LAST D.O.M. - CLAIM FILING LIMIT). CLAIM FILING LIMIT IS SYSTEM PARAMETER 29. (PERFORMED FOR BOTH HEADER & LINE-ITEM LEVELS)
0126	2	0	3	ALL	'FROM DATE OF SERVICE PAST 'TO' DATE OF SERVICE'. DATE: 02/26/04
				BWSC2020,2040,2050,2060,2070	1) FIRST DATE OF SERVICE IS GREATER THAN LAST DATE OF SERVICE ON THE CLAIM. 2) LINE-ITEM FIRST DATE OF SERVICE IS GREATER THAN LINE-ITEM LAST DATE OF SERVICE(WILL POST ON MEDICAL AND INSTITUTIONAL OUTPAITENT CLAIMS(M)
0127	0	0	3	ALL	'DOS GREATER THAN BATCH DATE-CLAIM DATES OF SERVICE CANNOT BE AFTER THE DATE THAT THE BATCH OF CLAIMS WAS ENTERED INTO THE SYSTEM.'
				BWSC2020,2040,2050,2060,2070	1) THE LAST DATE OF SERVICE ON THE CLAIM IS GREATER THAN THE BATCH DATE OF THE TCN AND THE LINE-ITEM PROCEDURE CODE IS NOTE EQUAL TO '0350M' OR '0351M' OR 2) CLAIM TYPE IS NOT A PHYSICIAN CLAIM (J). BYPASS EXCEPTION IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN) AND; 2. PROC CODE IS EQUAL TO 'T2022' AND; 3. THE FIRST DATE OF SERVICE IS ON OR AFTER JANURAY 1, 2004 AND; 4. PROVIDER TYPS IS EQUAL TO '90' AND; 5. PROVIDER NUMBER BEGINS WITH 759.
0128	0	0	3	ALL	'DATE OF ACCIDENT GREATER THAN THE 'TO' DATE OF SERVICE.'
				BWSC2020,2040,2050,2060,2070	THE DATE OF ACCIDENT IS GREATER THAN THE LAST DATE OF SERVICE.
0129	2	0	2	ALL, EXCEPT	'MISSING PIC'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC2020,2040,2050,2060,2070				RC= 66	RECIPIENT IDENTIFICATION NUMBER IS EQUAL TO SPACES ON THE CLAIM.
0130	2	0	2	ALL, EXCEPT Q,V,W, O	'INVALID PIC' ONE OF THE FOLLOWING IS TRUE: 1. FIRST FIVE DIGITS OF LAST NAME IS NUMERIC OR SPACES 2. FIRST INITIAL IS NUMERIC OR SPACES 3. MIDDLE INITIAL IS NUMERIC 4. RECIPIENT DATE OF BIRTH IS NOT NUMERIC 5. TIE BREAKER CODE IS NOT ALPHABETIC OR NUMERIC (2-9)
BWSC2020,2040,2050,2060,2070					
0131				J,P,L	'DSHS DENY LINE ITEM' CLAIM TYPE IS EQUAL TO J (PHYSICIAN), P (MEDICAL VENDOR) OR L (EPSDT) AND PROCEDURE CODE MODIFIER IS EQUAL TO 'DL'.
BWSC2050					
0132	2	0	3	ALL	'MISSING TOTAL CLAIM CHARGE.' THE TOTAL CLAIM CHARGE IS EQUAL TO ZERO. WILL NOT POST WHEN ONE OF THE FOLLOWING IS TRUE: 1. PROCEDURE CODE IS 9701M. 2. PROCEDURE CODE IS T1015, FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO OCTOBER 01, 2003 AND THE PROVIDER NUMBER IS EQUAL TO ONE OF THE FOLLOWING: 1980333 1980341 1980358 1980523 1980689 1980713 1980721 1980945 7033889 7066517.
BWSC2020,2040,2050,2060,2070					
0133	2	0	3	ALL	'INVALID TOTAL CLAIM CHARGE' THE TOTAL CLAIM CHARGE IS NOT EQUAL TO ZERO AND THE CLAIM TOTAL CHARGE IS NOT EQUAL TO THE SUM OF THE LINE ITEM SUBMITTED CHARGES. NOTE: HMO PROVIDER TYPE CLAIMS (PROV TYPE = HEALTH-MAINT-ORG (90) WILL NOT POST THIS EXCEPTION.
BWSC2040,BWSC2050					
0134	2	0	3	ALL	'INVALID NET CLAIM CHARGE.' COMPUTED NET-CLAIM-CHARGE IS NOT EQUAL TO NET-CLAIM-CHARGE CARRIED IN THE CLAIM. COMPUTE NET-CLAIM-CHARGE = TOTAL-CLAIM-CHARGE - TOT-NON-COV-CLM-CHG - THIRD-PRTY-AMT - CLM-RECIP-PMT-AMT - AMT-PAID-BY-MCARE. CLAIM TYPE CANNOT BE EQUAL TO MEDICAL OR NURSING HOME. NOTE: NH CLASS 24 CLAIMS WILL NOT POST THIS EXECPTION. A NH CLASS 24 CLAIM WILL ALWAYS HAVE A NET-CLAIM-CHARGE OF ZERO AND AN AMT-PAID-BY-MCARE EQUAL TO OR GREATER THAN THE TOTAL-CLAIM-CHARGE.
BWSC2020,2040,2050,2060,2070					

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					NOTE: HMO PROVIDER TYPE CLAIMS (PROV TYPE = HEALTH-MAINT-ORG (90) WILL NOT POST THIS EXCEPTION.
					NOTE: THE 'AMT-PAID-BY-MCARE' IS USED TO CALCULATE THE NET-CLAIM-CHARGE ON INSTITUTIONAL CLAIMS ONLY.
0135	2	2	3	RC=66	'INVALID ADJUSTMENT REASON.'
BWSC2070					ADJUSTMENT REASON DOES NOT EQUAL (A - M,S,X,Y) (VALID ADJUSTMENT REASON CODES.)
0136	1	0	3	RC=60	'PROCEDURE CODE MODIFIER 26 IS INVALID TO PLACE OF SVC'
BWSC2050					IF PROCEDURE CODE MODIFIER EQUAL 26 (PROFESSIONAL COMP), THEN DO NOT POST IF: 1) PLACE OF SERVICE EQUAL 1,2, OR 5 (INPAT-HOSP, OUTPAT-HOSP,EMERGENCY ROOM); OR 2) PLACE OF SVC EQUAL 3 (OFFICE) AND PROCEDURE CODE EQUAL 70000-79999 OR 7000M-7999M OR R0070-R0075.
0137	1	1	3	ALL	'INVALID NON-COVERED CHARGE.'
BWSC2040					THE CLAIM TOTAL-NON-COVERED-CHARGE IS NOT EQUAL TO THE SUM OF THE LINE ITEM TOTAL-NON-COVERED-CHARGES.
0138				ALL	'CLAIM KEYED BY A TRAINEE '
BWMC5000					THIS EXCEPTION WILL POST IF THERE IS A 'Q' IN THE LMC INDICATOR FIELD.
0139	0	0	5	M,R,S	'MISSING ATTENDING PROVIDER NUMBER.'
BWSC2040,BWSC3520					IN BWSC2040, POSTS IF: A. ATTENDING PROVIDER NUMBER IS EQUAL TO ZERO. IN BWSC3520, POSTS IF: A. LAST DATE OF SVC IS GREATER THAN/EQUAL TO 07122 (07/01/83) AND (B. ATTENDING PROVIDER NUMBER IS EQUAL TO ZERO OR C. A '7' APPEARS IN THE 4TH POSITION OF THE ATTENDING PHYSICIAN PROVIDER NUMBER; AND PROVIDER TYPE IS NOT EQUAL TO 37 (AUDIO-SPEECH-PATH) OR 94 (MIDWIFE)).
0140	1	0	3	D	'INVALID REFILL INDICATOR.'
BWSC2020					THE REFILL INDICATOR IS NOT EQUAL TO A SPACE, 1 2, OR 3. (VALID REFILL INDICATOR VALUES.)
0141	0	0	3	ALL	'FROM DATE OF SERVICE IS BEFORE PRIOR BIENNIUM.'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BWSC2020,2040,2050,2060,2070 CLAIM IS AN ORIGINAL CLAIM AND FIRST DATE OF SERVICE IS LESS THAN THE PRIOR BIENNIUM DATE.
0142				ALL	'1981 - 1983 BIENNIUM'
					BWMC5000 (N O L O N G E R P O S T S) MEDICAL, INST, PHARMACY OR MED PART A RECORD AND THE CLAIM STATUS IS EQUAL TO 'TO-BE-PAID' AND THE FDOS IS LESS THAN 07/01/83 AND THE REIMB AMT IS GREATER THAN ZERO AND THE RETURNED WARRANT NUMBER IS NOT NUMERIC.
0143	1	0	1	ALL	'PAY-TO PROV SHOULD NOT BE THE SAME AS PROVIDER NUMBER.'
					BWSC2020,2040,2050,2060,2070 THE CLAIM IS AN ORIGINAL CLAIM AND EITHER A PHARMACY, MEDICAL, INSTITUTIONAL, MEDICARE PART A, OR GROSS ADJUSTMENT AND THE PROVIDER NUMBER IS EQUAL TO THE PAY-TO PROVIDER NUMBER. PROVIDER NUMBER CANNOT BE EQUAL TO ZERO.
0144	0	0	2	D	'RX WRITTEN DATE MISSING.'
					BWSC2020 THE DATE PRESCRIBED IS EQUAL TO ZERO.
0145	1	1	3	RC=60	'INVALID TYPE OF SERVICE.'
					BWSC2050 TYPE OF SERVICE IS NOT EQUAL TO SP, I, O, R, X, Z, 0, 3, 4, OR 9. (VALID TYPE OF SERVICE CODES)
0146	1	0	3	D	'INVALID RX WRITTEN DATE.'
					BWSC2020 DATE PRESCRIBED IS NOT EQUAL TO ZERO AND DATE PRESCRIBED IS GREATER THAN FIRST DATE OF SERVICE ON THE CLAIM.
0147	1	0	3		'MISSING DAILY ROOM RATE.'
				R, S	BWSC2040 1. INPATIENT OR DRG CLAIM. ACCOMODATION REVENUE CODE IS EQUAL TO 0100 - 0179, 0190 - 0219, 0511. ROOM RATE IS EQUAL TO ZERO. 2. NURSING HOME CLAIM. ROOM RATE IS EQUAL TO ZERO.
0148	1	0	3	RC=61	'MISSING REVENUE CODE'
					BWSC2040 LINE ITEM REVENUE CODE IS EQUAL TO SPACES OR ZEROS.
0149				T	'PATIENT CLASSIFICATION ERROR'
					BWSC2040 NH CLAIM AND THE PATIENT CLASS IS NOT EQUAL TO (20, 23, 24, 25 ,26, 27,OR 29).(SNF, ICF-MR,SNF-XOVER,ICF-MR-STATE,EXCEP-CARE, OUT-STATE, INTER-CARE,MCARE-PD-IN-FULL)

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0150	1	1	3	ALL	'ITA-BLIND INDICATOR ERROR.'
BWSC2020,2040,2050,2060,2070,3520					ITA BLIND IND NOT EQUAL SPACE, B, C, D, E, F, I, L, O, P, S, V, I, OR W. (VALID ITA-BLIND INDICATOR VALUES). (ADDED 04/11/01 PER CSR 3649) IN BWSC3520- ITA-BLIND-IND EQUAL TO 'I' OR 'V' AND PROVIDER TYPE IS NOT 18,19,20,26,31,51,55,59,64, OR 65.
0151	0	0	5	RC=62	'MISSING PRESCRIBING PROVIDER NO.'
BWSC3520					THE BILLING PROVIDER TYPE IS EQUAL TO 26 OR 85 (PHARMACIST OR UNIT DOSE DRUG); AND, PRESCRIBING PROVIDER NUMBER IS ZEROS.
0152	2	0	2	D	'MISSING NATIONAL DRUG CODE - NDC.'
BWSC2020					THE DRUG CODE ON THE CLAIM IS EQUAL TO SPACES.
0153	1	1	3	D	'INVALID DRUG CODE.'
BWSC2020					THE FIRST POSITION OF DRUG CODE IS NOT EQUAL TO A SPACE AND THE SECOND POSITION OF THE DRUG CODE IS NOT NUMERIC.
0154	1	0	2	D	'PRESCRIPTION NUMBER ON THE PHARMACY CLAIM IS BLANK.'
BWSC2020					THE PRESCRIPTION NUMBER IS EQUAL TO SPACES.
0155	2	0	2	D	'MISSING DRUG QUANTITY.'
BWSC2020					THE DRUG QUANTITY IS EQUAL TO ZERO.
0156	1	0	2	D	'MISSING DAYS SUPPLY.'
BWSC2020					THE DAYS SUPPLIED FIELD IS EQUAL TO ZERO.
0157	0	0	3	Q	'GROSS ADJUSTMENT - MISSING TPL AMOUNT'
BWSC2070					ADJUSTMENT REASON IS EQUAL TO D OR G AND THIRD PARTY PAYMENT AMOUNT IS NOT LESS THAN ZERO.
0158	0	0	5	ALL	'WK-996-ECS-CLAIM-REVIEW'
					ALL ECS CLAIMS WITH REEL/ROLL NUMBERS 70-75. AND ALL ECS CLAIMS WITH REEL/ROLL NUMBER 79 AND NOT POSTING EXCEPTION 197.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0159	2	2	3	ALL	'INVALID LINE ITEM EOB CODE - NOT ON FILE OR INVALID.' BWSC2040, BWSC2050 LINE-ITEM EOB'S 1 AND 2 ARE BOTH NOT EQUAL TO ZERO AND DETAIL EOB CODE IS NOT A VALUE BETWEEN 001 - 999 (INCLUSIVE). (VALID EXCEPTION CODE VALUES.)
0160	1	1	3	RC=60	'EPSDT INDICATOR MUST BE BLANK, 'I' OR 'F'.' BWSC2050 EPSDT INDICATOR IS NOT EQUAL TO A SPACE, F, OR I. (VALID EPSDT INDICATOR VALUES.)
0161				RC=60	'EPSDT REFERRAL INDICATOR ERROR' BWSC2050 MEDICAL CLAIM AND PROCEDURE CODE IS EQUAL TO (0200M,0201M,0202M,0203M,09000,09001,09011,09012,90760-90764,99381-99385, OR 99391-99395) AND ONE OF THE FOLLOWING: A. EPSDT INDICATOR IS EQUAL TO 'I' (INITIAL VISIT) AND EPSDT-REFER-IND IS EQUAL TO SPACE. B. EPSDT-REFER-IND IS NOT EQUAL TO (SPACE,NR,X0,X1,X2,X3, X9,Y,OR YR) (VALID EPSDT REFERRAL INDICATOR VALUES.)
0162	1	0	3	RC=60	'REFERRAL REASON MISSING OR INVALID.' BWSC2050 MEDICAL CLAIM AND PROCEDURE CODE IS EQUAL TO (0200M,0201M,0202M,0203M,09000,09001,09011,09012,90760-90764,99381-99385, OR 99391-99395) AND ONE OF THE FOLLOWING: A. EPSDT-REFER-IND IS EQUAL TO (X1,X2,X3,X9,Y OR YR) AND EPSDT-REFER-REASON IS EQUAL TO SPACES AND THERE IS NO DIAGNOSIS CODE ON ANY LINE ITEM. B. EPSDT-REFER-REASON IS NOT EQUAL TO (SPACE,A-I, OR Z). (VALID EPSDT REFERRAL REASON CODES.)
0163	0	0	5		'MISSING DIAGNOSIS CODE.' BWSC2040, BWSC2050 DATE: 05/05/04 ONE OF THE FOLLOWING IS TRUE: A.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG) 2. PRIMARY DIAGNOSIS CODE IS EQUAL TO SPACES B.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG) 2. DIAGNOSIS CODE 2 IS EQUAL TO SPACES 3. ANY OF THE DIAGNOSIS CODES 3 - 9 ARE NOT EQUAL TO SPACES C.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 3 IS EQUAL TO SPACES
					3. ANY OF THE DIAGNOSIS CODES 4 - 9 ARE NOT EQUAL TO SPACES
					D.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 4 IS EQUAL TO SPACES
					3. ANY OF THE DIAGNOSIS CODES 5 - 9 ARE NOT EQUAL TO SPACES
					E.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 5 IS EQUAL TO SPACES
					3. ANY OF THE DIAGNOSIS CODES 6 - 9 ARE NOT EQUAL TO SPACES
					F.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 6 IS EQUAL TO SPACES
					3. ANY OF THE DIAGNOSIS CODES 7 - 9 ARE NOT EQUAL TO SPACES
					G.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 7 IS EQUAL TO SPACES
					3. ANY OF THE DIAGNOSIS CODES 8 - 9 ARE NOT EQUAL TO SPACES
					H.1. THE CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'S' (INPATIENT) OR 'R' (DRG)
					2. DIAGNOSIS CODE 8 IS EQUAL TO SPACES
					3. DIAGNOSIS CODE 9 IS NOT EQUAL TO SPACES
					I.1. THE CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN), 'L' (EPSDT) OR 'P' (MEDICAL VENDOR)
					2. THE PRIMARY DIAGNOSIS CODE IS EQUAL TO SPACES
0164	1	1	3	RC=60	'MISSING REFERRING PROVIDER.'
BWSC3520					ONE OF THE FOLLOWING IS TRUE:
					A. BILLING PROVIDER TYPE IS 25, 31, 38, 39, OR 43 (RADIOLOGY, PSYCHOLOGIST, PROSTHETIST-ORTHOTIST, DME SUPPLIERS, OR LAB FACILITY); AND,
					REFERRING PROVIDER NUMBER IS ZEROS.
					B. PROVIDER TYPE IS 40 (OTHER PROVIDER); AND
					PROVIDER SPECIALTY CODE IS EQUAL TO 68 (CERTIFIED DIETICIAN); AND
					REFERRING PROVIDER NUMBER IS ZEROS.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					C. PROVIDER TYPE IS 20 (PHYSICIAN); AND PROVIDER SPECIALTY CODE IS EQUAL TO 30 (RADIOLOGY DIAG); AND PROCEDURE CODE IS IN THE RANGE 70000-89999; AND REFERRING PROVIDER NUMBER IS ZEROS. D. PROCEDURE CODE ON THE LINE ITEM LEVEL IS (90600, 90605, 90610, 90620, 90630, 90640-90643, 07252, 07253, 07255, 07256, 99241-99245, 99251-99255, 99261-99263, 99271-99275, 7583E, 7930E, 7932E, 7934E) (CONSULTATION PROCEDURE CODES); AND, BYPASS THE POSTING OF EXCEPTION 164 IF ALL OF THE FOLLOWING ARE TRUE: 1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN); 2. PROVIDER TYPE IS EQUAL TO '40' (OTHER PROVIDER); 3. PROVIDER SPECIALTY IS EQUAL TO '61' (GENETIC COUNSELING); 4. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO JULY 01, 2003.
0165	0	0	3	ALL EXCEPT RC=66	'THE CLAIM OTHER RESOURCES INDICATOR INDICATES THAT THE RECIPIENT HAS THIRD PARTY COVERAGE.' DATE: 05/19/04 POSTS IF ONE OF THE FOLLOWING CONDITIONS IS TRUE: 1.A. OTHER INSURANCE INDICATOR ON THE CLAIM IS EQUAL TO 'Y' (OTHER-INSUR-APPL) B. THE THIRD PARTY PAYMENT AMOUNT IS EQUAL TO ZERO C. THE PAYER NAME IS NOT EQUAL TO *M OR *MMEDICARE 2.A. THERE ARE ONE OR MORE INSURED INFORMATION SEGMENTS ON THE CLAIM B. THE THIRD PARTY PAYMENT AMOUNT IS EQUAL TO ZERO C. THE PAYER NAME IS NOT EQUAL TO *M OR *MMEDICARE EXCEPTION IS BYPASSED IF THE ONE OF THE FOLLOWING CONDITIONS ARE TRUE: 1.A. THE PROVIDER TYPE IS EQUAL TO 63 (HOSPICE) B. THE REVENUE CODE IS EQUAL TO 115 125 135 650 651 OR 653 2.A. PROVIDER TYPE IS EQUAL TO 58 (SCHOOLS DISTRICT) B. THE RECIPIENT HAS A TPL SEGMENT WITH CARRIER CODE CH01 CH10 HI01 OR HI50 3.A. PROVIDER TYPE IS EQUAL TO 58 (SCHOOLS DISTRICT) B. FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN
BWSC3580					

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					MARCH 01, 1995
					4.A. THE TYPE OF SERVICE IS EQUAL TO 9 (MEDICAL VENDOR)
					B. THE PROCEDURE CODE IS EQUAL TO 6906T 6907T 6908T
					6909T 6913T 6906V 6907V 6908V 6909V OR 6913V
					5.A. THE PROCEDURE CODE IS EQUAL TO 92070 92310-92313
					92340-92342 92352-92354 92370-92371 92390 OR
					9272M-9276M
					6.A. THE CLAIM TYPE IS EQUAL TO P (MEDICAL VENDOR)
					B. THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: A4554 4521A 4610A 4611A 4612A 4616A
					4617A 4618A 4619A 4620A 4621A 4625A 4630A 4640A
					4790A 4791A 4792A 4795A 4796A 4797A 4805A T1500
					A4335 A4521 A4522 A4523 A4525 A4526 A4527 A4528
					A4529 A4530 A4531 A4532 A4533 A4535 A4536 A4537
					A4538 6912E 6950E OR 6951E
					7.A. THE PROVIDER NUMBER IS EQUAL TO 3318904 (MADIGAN
					ARMY HOSPITAL)
					B. THE REVENUE CODE IS EUAL TO 0160
					8.A. THE RECORD CODE IS EQUAL TO '60' (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO J3490 OR S9445
					C. THE DIAGNOSIS CODE IS EQUAL TO V28.09
					9.A. THE PROGRAM CODE IS EQUAL TO G (TAKE CH FP)
					B. THE MEDICAL CODE IS EQUAL TO P (FAMILY PLANNING P)
					C. THE MATCH CODE IS EQUAL TO M (MEDICAL ONLY) OR T
					(ADOPT SUPP MED PROG)
					10.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 09920
					11.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0122D OR D1203
					C. THE PROVIDER TYPE IS NOT EQUAL TO 27 (DENTIST)
					12.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0998D-4444D OR
					4450D-4506D
					13.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0352M-0353M OR
					9274M-9277M
					14.A. THE RECORD CODE IS EQUAL TO 62 (PHARMACY CLAIM)
					B. THE NATIONAL DRUG CODE IS ONE SPECIFIED AS

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					COGNITIVE SERVICES
					15.A. THE PROCEDURE CODE IS EQUAL TO A4524
					16.A. THE DIAGNOSIS CODE IS EQUAL TO ONE OF THE
					FOLLOWING:
					632 633.1 634 - 634.99
					635 - 635.99 637 - 637.99 638 - 638.99
					639 - 639.99
					********** SPECIAL NOTES **********
					SYSTEM FORCE:
					IF ENTIRE CLAIM IS BEING DENIED, EXCLUDING
					EXCEPTIONS 0165 0166 AND 0263
					SYSTEM DENY:
					DENY WITH EOB 485 IF THE FOLLOWING IS TRUE:
					1.A. CLAIM INPUT FORM INDICATOR IS EQUAL TO 1 2 OR 3
					B. NO OTHER EXCEPTION POSTING ON CLAIM
0166	0	0	3	ALL EXCEPT RC=66	'THE CLAIM CONTAINS A THIRD PARTY PAYMENT AMOUNT AND NO CARRIER CODE TO PRESENT.'
BWSC3580					DATE: 05/14/04
					POSTS IF THE FOLLOWING CONDITION IS TRUE:
					1. THIRD PARTY AMOUNT IS GREATER THAN ZERO
					BYPASS IF ONE OF THE FOLLOWING IS TRUE:
					1. CARRIER CODE IS 1111
					2. CARRIER CODE IS 1112
					3.A. THE CLAIM TYPE IS EQUAL TO 'P' (MEDICAL VENDOR)
					B. THE PROCEDURE CODE IS EQUAL TO J3490 OR S9445
					C. THE DIAGNOSIS CODE IS EQUAL TO V28.09
					4.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 09920
					5.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0122D OR D1203
					C. THE PROVIDER TYPE IS NOT EQUAL TO 27 (DENTIST)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					6.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0998D-4444D OR
					4450D-4506D
					7.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0352M-0353M OR
					9274M-9277M
					8.A. THE RECORD CODE IS EQUAL TO 62 (PHARMACY CLAIM)
					B. THE NATIONAL DRUG CODE IS ONE SPECIFIED AS
					COGNITIVE SERVICES
					9.A. PROVIDER TYPE IS EQUAL TO 58 (SCHOOLS DISTRICT)
					B. FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN
					MARCH 01, 1995
					10.A. THE CLAIM TYPE IS EQUAL TO 'P' (MEDICAL VENDOR)
					B. THE PROCEDURE CODE IS EQUAL TO 6912E 6950E 6951E
					**********
					********** SPECIAL NOTES **********
					**********
					SYSTEM FORCE;
					1. IF ENTIRE CLAIM IS BEING DENIED, EXCLUDING EXCEPTIONS
					165, 166, AND 263.
					2. FORCE WITH EOB 031
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT $0.01 TO 499.00
					D. EXCEPTION 263, 495, OR 269 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
					SYSTEM DENY;
					1. DENY WITH EOB 802
					A. CLAIM INPUT FORM 1, 2, OR 3
					B. NO OTHER EXCEPTION POSTING ON CLAIM
					2. DENY WITH EOB 032
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT ZERO
					D. EXCEPTION 263, 495, OR 269 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
0167	1	1	3	IR,S,V,W	'INVALID PATIENT STATUS.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC2040, BWSC2060					DATE: 05/19/04
					PATIENT STATUS ON THE CLAIM NOT EQUAL 01-08, 20, 30, 43, 50, 51, 61, 62, 63, 64 OR 65.
					** BYPASS THE POSTING OF THIS EXCEPTION IF THE PATIENT STATUS IS EQUAL TO '43' AND THE ADMISSION DATE IS ON OR AFTER OCTOBER 01, 2003.
					** BYPASS THE POSTING OF THIS EXCEPTION IF THE PATIENT STATUS IS EQUAL TO '65' AND THE ADMISSION DATE IS ON OR AFTER APRIL 01, 2004.
0168	0	0	3	L	'EPSDT VS PROC MOD'
BWSC2050					EPSDT CLAIM AND PROC MODIFIER IS NOT EQUAL TO SPACES.
0169	0	0	3	ALL	'MODIFIER INVALID WITH PROCEDURE.'
BWSC2050					DATE: 05/24/04
					SEE THE FOLLOWING PROC CODE RANGE TABLE TO SEE WHICH PROC CODE MODIFIERS AND PROCEDURES WILL POST EXCEPTION 169:

PROCEDURE CODE RANGE TABLE

THESE PROCEDURE CODE MODIFIERS ARE VALID WITH ALL PROCEDURE CODES:
AA,AB,AC,AD,AH,AJ,AK,AL,AM,AN,AP,AR,AS,AT,AY,BP,BR,BU,
CC,DD,EJ,EM,EP,ET,E1,E2,E3,E4,FA,FP,F1,F2,F3,F4,F5,F6,F7,F8,F9,
GQ,KA,KC,KD,KE,KF,KG,KH,KI,KJ,KO,KP,KQ,LL,LR,LS,MP,NR,NU,PL,
QB,QC,QD,QE,QF,QG,QH,QI,QT,QU,Q2,Q3,Q4,Q5,Q6,SF,SP,TA,
T1,T2,T3,T4,T5,T6,T7,T8,T9,VP,YY,XC,ZY,ZX,ZZ,57,58.

THESE PROCEDURE CODE MODIFIERS ARE VALID WITH ALL PROCEDURE CODES, WITH A TYPE OF SERVICE OF '3', CLAIM TYPE OF 'J' AND FIRST DATE OF SERVICE ON OR AFTER JANUARY 1, 2003:
A1,A2,A3,A4,A5,A6,A7,A8,A9,AU,AV,AW,AX,BA,BO,EY,H9,HB,HC,
HF,HH,HJ,HK,HL,HM,HN,HO,HP,HR,HS,HT,HU,HV,HW,
HY,HZ,JW,KB,KX,QJ,SK,SU,SV,TK,TL,TM,TN,TP,TQ,TR,TS,TT,TU,
TV,TW,U7,U8,U9,UA,UB,UC,UD

THESE PROCEDURE CODE MODIFIERS ARE VALID WITH THESE PROCEDURE CODES:

PROCEDURE CODE MODIFIER	PROCEDURE CODES
	FOR FDOS 10/01/03 AND AFTER:
A1	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF SERVICE EQUAL TO '9' AND THE PROCEDURE CODE EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649 A6021 A6022 A6023 A6024 A6154 A6196

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A2	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF
					SERVICE EQUAL TO '9' AND THE PROCEDURE CODE
					EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649
					A6021 A6022 A6023 A6024 A6154 A6196
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A3	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF
					SERVICE EQUAL TO '9' AND THE PROCEDURE CODE
					EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649
					A6021 A6022 A6023 A6024 A6154 A6196
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A4	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF
					SERVICE EQUAL TO '9' AND THE PROCEDURE CODE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649
					A6021 A6022 A6023 A6024 A6154 A6196
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A5	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF
					SERVICE EQUAL TO '9' AND THE PROCEDURE CODE
					EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649
					A6021 A6022 A6023 A6024 A6154 A6196
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A6	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF
					SERVICE EQUAL TO '9' AND THE PROCEDURE CODE
					EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649
					A6021 A6022 A6023 A6024 A6154 A6196
					A6197 A6198 A6199 A6200 A6201 A6202
					A6203 A6204 A6205 A6206 A6207 A6208
					A6209 A6210 A6211 A6212 A6213 A6214
					A6209 A6210 A6211 A6212 A6213 A6214
					A6221 A6222 A6223 A6224 A6228 A6229
					A6230 A6234 A6235 A6236 A6237 A6238
					A6239 A6240 A6241 A6242 A6243 A6244
					A6245 A6246 A6247 A6248 A6251 A6252
					A6253 A6254 A6255 A6256 A6257 A6258
					A6259 A6260 A6261 A6262 A6263 A6264
					A6402 A6403 A6404 A6405 A6406 E1399
					K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				A7	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF SERVICE EQUAL TO '9' AND THE PROCEDURE CODE EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649 A6021 A6022 A6023 A6024 A6154 A6196 A6197 A6198 A6199 A6200 A6201 A6202 A6203 A6204 A6205 A6206 A6207 A6208 A6209 A6210 A6211 A6212 A6213 A6214 A6209 A6210 A6211 A6212 A6213 A6214 A6221 A6222 A6223 A6224 A6228 A6229 A6230 A6234 A6235 A6236 A6237 A6238 A6239 A6240 A6241 A6242 A6243 A6244 A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255 A6256 A6257 A6258 A6259 A6260 A6261 A6262 A6263 A6264 A6402 A6403 A6404 A6405 A6406 E1399 K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A8	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF SERVICE EQUAL TO '9' AND THE PROCEDURE CODE EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649 A6021 A6022 A6023 A6024 A6154 A6196 A6197 A6198 A6199 A6200 A6201 A6202 A6203 A6204 A6205 A6206 A6207 A6208 A6209 A6210 A6211 A6212 A6213 A6214 A6209 A6210 A6211 A6212 A6213 A6214 A6221 A6222 A6223 A6224 A6228 A6229 A6230 A6234 A6235 A6236 A6237 A6238 A6239 A6240 A6241 A6242 A6243 A6244 A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255 A6256 A6257 A6258 A6259 A6260 A6261 A6262 A6263 A6264 A6402 A6403 A6404 A6405 A6406 E1399 K0620 S8431.
					FOR FDOS 10/01/03 AND AFTER:
				A9	CLAIM TYPE EQUAL TO MEDICAL VENDOR, TYPE OF SERVICE EQUAL TO '9' AND THE PROCEDURE CODE EQUAL TO A4322 A4450 A4452 A4462 A4624 A4649 A6021 A6022 A6023 A6024 A6154 A6196 A6197 A6198 A6199 A6200 A6201 A6202 A6203 A6204 A6205 A6206 A6207 A6208 A6209 A6210 A6211 A6212 A6213 A6214 A6209 A6210 A6211 A6212 A6213 A6214 A6221 A6222 A6223 A6224 A6228 A6229 A6230 A6234 A6235 A6236 A6237 A6238 A6239 A6240 A6241 A6242 A6243 A6244 A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255 A6256 A6257 A6258 A6259 A6260 A6261 A6262 A6263 A6264 A6402 A6403 A6404 A6405 A6406 E1399

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I-----------------------------------------------------------------------------------------------------I
I  EXC I       I      I           I CLAIM  I                                                           I
I CODE I FORCE I DENY I DISP      I TYPES  I       DESCRIPTION                                          I
I------I-------------------------------------------------------------------------------------------I
I                                                                K0620 S8431.                         I
I                                                 FOR FDOS THROUGH 09/01/99:                          I
I                                          BB             1000B-1011B                                  I
I                                          BO             TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE     I
I                                                         EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE    I
I                                                         CODE EQUAL TO B4100 B4150-B4156              I
I                                                 FOR FDOS THROUGH 09/01/99:                          I
I                                          CB             1000B-1011B                                  I
I                                                 FOR FDOS THROUGH 09/01/99:                          I
I                                          DB             1000B-1011B                                  I
I                                                 FOR FDOS 08/01/94 AND AFTER:                        I
I                                          DH             A0324 A0326 A0328 A0330 A0360 A0362 A0364    I
I                                                         A0366 A0368 A0370 A0380 A0382 A0390 A0392    I
I                                                         A0394 A0396 A0398 A0420 A0422 A0424 A0888    I
I                                                         A0999 W6103 93012                            I
I                                                         0001A-0016A 0018A-0020A 0022A 0030A          I
I                                                         0033A-0039A 0041A 0044A                      I
I                                                       * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE     I
I                                                         EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE    I
I                                                         CODE EQUAL TO A0170 A0425-A0431 A0433-A0436  I
I                                          DJ             A0370 A0380 A0382 A0390 A0392                I
I                                                         A0394 A0396 A0398 A0420 A0422 A0424 A0888    I
I                                                         A0999 W6103 W6105 93012                      I
I                                                         0001A-0016A 0018A-0020A 0022A 0030A          I
I                                                         0033A-0039A 0041A 0044A                      I
I                                                       * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE     I
I                                                         EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE    I
I                                                         CODE EQUAL TO A0170 A0425-A0431 A0433-A0436  I
I                                          DP             A0370 A0380 A0382 A0390 A0392                I
I                                                         A0394 A0396 A0398 A0420 A0422 A0424 A0888    I
I                                                         A0999 W6103 W6105 93012                      I
I                                                         0001A-0016A 0018A-0020A 0022A 0030A          I
I                                                         0033A-0039A 0041A 0044A                      I
I                                                 FOR FDOS AFTER   08/14/00:                          I
I                                          DY             4790A 4791A 4792A 4796A 4797A                I
I                                          ED             A0324 A0326 A0328 A0330 A0360 A0362 A0364    I
I                                                         A0366 A0368 A0370 A0380 A0382 A0390 A0392    I
I                                                         A0394 A0396 A0398 A0420 A0422 A0424 A0888    I
I                                                         A0999 W6103 93012                            I
I                                                         0001A-0016A 0018A-0020A 0022A 0030A          I
I                                                         0033A-0039A 0041A 0044A                      I
I                                                       * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE     I
I                                                         EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE    I
I                                                         CODE EQUAL TO A0170 A0425-A0431 A0433-A0436  I
I                                          EG             A0370 A0380 A0382 A0390 A0392                I
I                                                         A0394 A0396 A0398 A0420 A0422 A0424 A0888    I
I                                                         A0999 W6103 W6105 93012                      I
I                                                         0001A-0016A 0018A-0020A 0022A 0030A          I
I                                                         0033A-0039A 0041A 0044A                      I
I-----------------------------------------------------------------------------------------------------I
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EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				EH	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 08/01/94 AND AFTER:
				EN	A0324 A0326 A0328 A0330 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 W6105 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				ES	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS THROUGH 04/01/97:
				GB	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 93012 0001A 0002A 0004A-0015A 0019A-0020A 0022A 0030A 0033A-0039A 0041A 0044A 00001-77417 77431-99199 99500-99999
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				GM	TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO 0005A 0006A
					FOR FDOS 01/01/99 AND AFTER:
				GN	92506-92508 92510 92525-92526 92551 92597-92598 97770
					FOR FDOS 01/01/01 AND AFTER:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					97532-97533 0001A-0016A 0018A-0020A 0044A
					FOR FDOS 01/01/03 AND AFTER:
					92605-92610
					FOR FDOS 01/01/99 AND AFTER:
				GO	64550 97003 97110 97112 97703 97504
					97530 97770
					FOR FDOS 01/01/01 AND AFTER:
					97532-97533
					FOR FDOS 07/01/02 AND AFTER:
					97520 97535 97537 0002M
					FOR FDOS 01/01/99 AND AFTER:
				GP	64550 95831-95834 95851-95852 97001-97002
					97010-97039 97110-97150 97504-97546 97703
					97750 97770 97799
					FOR FDOS 01/01/01 AND AFTER:
					97532-97533 97601-97602
					FOR FDOS 08/01/94 AND AFTER:
				GR	A0324 A0326 A0328 A0330 A0360 A0362
					A0364 A0366 A0370 A0380 A0382 A0390
					A0392 A0394 A0396 A0398 A0420 A0422
					A0888 A0999 W6103 93012 W6105
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 01/01/01 AND AFTER:
				GT	99241-99245 99251-99255 99261-99263
					99271-99275 90862 90804-90809
					99201-99205 99211-99215
					FOR FDOS 09/01/03 AND AFTER:
					TYPE OF SERVICE EQUAL TO '3' CLAIM TYPE EQUAL
					TO 'J' (PHYSICIAN) AND PROCEDURE CODE EQUAL
					TO 90801 90804-90809 90862 99201-99215
					99241-99275
					FOR FDOS 01/01/01 AND AFTER:
				GU	ALL PROCEDURE CODES ARE VALID
					FOR FDOS 01/01/03 THRU 06/30/2003
				HA	ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' OR 'L'
					AND PROCEDURE CODE 99201-99215
					FOR FDOS 10/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE H0001-H2036 T1009 T1028
					0025M-2196M
					FOR ALL DATES OF SERVICE:
					TYPE OF SERVICE '3' AND THE PROCEDURE CODE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					IS EQUAL TO T2022 OR 0351M
					FOR FDOS 08/01/94 AND AFTER:
				HD	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					FOR FDOS 01/01/03 THRU 09/30/2003
					ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 0025M-2196M 80100 80101 96152
					H0001-H2036 S5125 S9436 S9470 T1002 T1017
					T1019 T1023
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				HE	FOR FDOS 01/01/03 THRU 09/30/2003
					ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 9701M 9000M T1015
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' IS VALID WITH PROCEDURE
					CODE 5988M
				HG	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					FOR FDOS 01/01/03 THRU 09/30/2003
					ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 0037M 0038M 80100 80101
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 08/01/94 AND AFTER:
				HI	A0324 A0326 A0328 A0330 A0362 A0364 A0366
					A0368 A0370 A0380 A0382 A0390 A0394 A0396
					A0398 A0420 A0422 A0424 A0888 A0999 W6103

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					FOR FDOS 01/01/03 THRU 06/30/2003
					ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 0310M T1023
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				HJ	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				HN	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0032A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				HP	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 01/01/03 THRU 09/30/2003
				HQ	ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 0130S 0140S 0150S 92700 97799
					T1024
				HR	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				HX	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0041A 0044A
					FOR FDOS 01/01/03 THRU 09/30/2003
					ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE T1015 T1017 0001M-9999M
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 08/01/94 AND AFTER:
				IH	A0324 A0326 A0328 A0330 A0362 A0364 A0366
					A0368 A0370 A0380 A0382 A0390 A0394 A0396
					A0398 A0420 A0422 A0424 A0888 A0999 W6103
					93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				IR	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				JD	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				JE	A0370 A0380 A0382 A0390 A0392

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 08/01/94 AND AFTER:
				JH	A0324 A0326 A0328 A0330 A0362 A0364 A0366
					A0368 A0370 A0380 A0382 A0390 A0394 A0396
					A0398 A0420 A0422 A0424 A0888 A0999 W6103
					93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				JN	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					FOR FDOS 08/01/94 AND AFTER:
				JR	A0324 A0326 A0328 A0330 A0362 A0364 A0366
					A0368 A0370 A0380 A0382 A0390 A0394 A0396
					A0398 A0420 A0422 A0424 A0888 A0999 W6103
					93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				KS	CLAIM TYPES 'O' (CROSS OVER) AND 'P' (MED
					VENDOR) ARE VALID WITH ALL PROCEDURE CODES.
				KX	CLAIM TYPES 'O' (CROSS OVER) AND 'P' (MED
					VENDOR) ARE VALID WITH ALL PROCEDURE CODES.
					ANY CLAIM TYPE 'P' (MED VENDOR) CLAIM
				K0	L5000-L9999
				K1	L5000-L9999
				K2	L5000-L9999
				K3	L5000-L9999
				K4	L5000-L9999
				LT - RT	4953A 4961A 4962A
					A4500 A4510
					A4490 A4495 A4570 A5500-A5507 A4636

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					E0111 E0112 E1399 E0154 XX015
					K0015-K0019 K0021 K0034-K0053
					K0059-K0078 K0067 K0068 K0079 K0081
					K0082-K0087
					K0090-K0097 K0106 K0108 K0127 K0129 K0285
					0711E-0714E 0716E 0799E 0815E 0845E 0857E
					0899E 0975E 0000L-9999L
					L0000-L9999 7000M-7999M 9274M
					5000V-5069V V0000-V5999
					10000-69999 80000-99999
					70000-73660 76355-76645 78700-78761 0857E
					FOR FDOS 12/31/99 AND PRIOR, AND CLAIM TYPE 'P'
					(MED VENDOR):
				MS	E0424 E0431 E0434 E0439 E1400-E1406 E0601
					K0193 K0268 E0452 E0570 E0575 E0580 E0585
					K0269 K0270 K0501 K0530 E0565 E0500 E0550
					E0560 E0600 E0608 E0450 E0453 E0460 E0480
					FOR FDOS 01/01/00 AND AFTER, AND CLAIM TYPE 'P'
					(MED VENDOR):
				MS	E0450 E0460 K0532 K0533 E0601
				ND	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NE	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NG	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NH	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012 A0427
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NI	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NJ	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NN	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				NU	CLAIM TYPES 'O' (CROSS OVER) AND 'P' (MED
					VENDOR) ARE VALID WITH ALL PROCEDURE CODES.
				NX	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				PD	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				PE	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				PI	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				PN	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				PR	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				P1	00100-01999
				P2	00100-01999
				P3	00100-01999
				P4	00100-01999
				P5	00100-01999
				P6	00100-01999
					FOR FDOS THROUGH 04/30/95:
				QJ	00001-99999 0000A-9999Z A0000-Z9999
					FOR FDOS ON OR AFTER 05/01/95:
				QK	00001-99999 0000A-9999Z A0000-Z9999
					FOR FDOS THROUGH 04/30/95:
				QL	TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0426 A0429 A0433
				QO	00001-99999 0000A-9999Z A0000-Z9999
				QP	80000-89999 8000M-8999M
					FOR FDOS 01/01/01 AND AFTER:
				QQ	ALL PROCEDURE CODES ARE VALID
					FOR FDOS 01/01/98 AND AFTER:
				QR	80000-89999 8001M-8009M G0001-G0098
					P3001 36415 Q0111-Q0115
					FOR FDOS 01/01/01 AND AFTER:
				QV	ALL PROCEDURE CODES ARE VALID
				QW	70000-79999 80000-89999 G0026 G0027
					Q0111-Q0115
					FOR FDOS 08/01/94 AND AFTER:
				QX	00001-99999 0000A-9999Z A0000-Z9999
					FOR FDOS 07/01/98 AND AFTER:
				QY	00001-99999 0000A-9999Z A0000-Z9999
					FOR FDOS 08/01/94 AND AFTER:
				QZ	00001-99999 0000A-9999Z A0000-Z9999
				Q1	10000-69999 8000M-8999M
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE OF '3'
				Q7	11719-11765
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE OF '3'
				Q8	M0101 11000-11057 11719-11765
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE OF '3'
				Q9	11000-11057 11719-11765
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE OF '3'
				RD	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RE	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				RG	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RH	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 W6105 93012 A0427 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RI	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0888 A0999 W6103 93012 0001A-0004A 0007A 0010A 0012A 0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RJ	A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 W6105 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RN	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 W6103 93012 0001A-0016A 0018A-0020A 0022A 0030A 0033A-0039A 0041A 0044A * TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				RP	A0324 A0326 A0328 A0330 A0360 A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0390 A0392 A0394 A0396 A0398 A0420 A0422 A0424 A0888 A0999 A4254 W6103 93012 E0000-E9999 K0001-K0109 K0195

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0001A-0012A 0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					0717E 0799E 0815E 0851E 0899E 0905E 0858E
					0973E 0974E 3300L
					5002V 5003V 5042V 5047V-5050V 5060V-5069V
					K0452 L0000-L9999
					ANY CLAIM TYPE 'P' IS VALID
					FOLLOWING MODIFIERS ARE VALID IF TYPE OF
					SERVICE IS EQUAL TO 9 AND CLAIM TYPE IS
					EQUAL TO MEDICAL (P):
					A5113 A5114
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					A5113 A5114
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P', FIRST DATE OF
					SERVICE ON OR AFTER OCTOEBER 1, 2003 AND PROC
					CODE EQUAL TO V2020 S0516 V2025 V5008-V5299
					A4640 E0182 1101V 1116V 1125V
					* TYPE OF SERVICE EQUAL TO '9' AND PROCEDURE
					CODE EQUAL TO 5044V 5051V 5052V OR 5056V
				RR	0000A-9999A A0000-A9999 0000B-6800B
					B4000-B9999
					0000E-9999E E0000-E9999
					K0001-K0109 K0112-K0116 K0193 K0195 K0268
					K0269 K0270 K0413-K0414 K0417 K0501
					K0456-K0459 K0531-K0534
					0000L-9999L
					5020V 5021V 5024V 5028V 5032V 5040V 5042V
					5044V 5046V V5050 Y4100 S8105
					* TYPE OF SERVICE EQUAL TO 'R', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO K0538-K0540 K0549-K0500
					* TYPE OF SERVICE EQUAL TO 'R', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P', FIRST DATE OF
					SERVICE ON OR AFTER OCTOBER 1, 2003 AND PROC
					CODE EQUAL TO V5050 V5060
					* TYPE OF SERVICE EQUAL TO 'R', CLAIM TYPE
					EQUAL TO MEDICARE NON INSTITUTIONAL 'O',
					FIRST DATE OF SERVICE ON OR AFTER OCTOBER 1,
					2003 AND PROCEDURE CODE EQUAL TO K0538-K0540
					K0549-K0550
				RX	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				SD	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				SE	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
					* PROCEDURE CODE 0341 IS VALID ON EVERYTHING
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE T1015 T1017 0001M-9999M
				SH	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012 A0427
					0001A-0016A 0018A-0020A 0022A 0030A
					0032A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				SN	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				SS	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				ST	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0427
					A0888 A0999 W6103 W6105 93012
					0001A 0002A 0003A-0016A 0018A 0020A 0022A
					0030A 0033A-0039A 0041A 0044A 0503A 0504A
					0510A 0511A
					FOR FDOS 07/01/03 AND AFTER:
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE NOT 80000-89999
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				SX	A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 W6105 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A0170 A0425-A0431 A0433-A0436
				TC	51725-51797 54240-54250 59020-59025
					62367 62368 70000-97799 9000M-9999M
					G0062-G0063 62252 G0202-G0236 G0252-G0274
					G0106-G0132 G0030-G0047
					FOR FDOS 10/01/03 AND AFTER:
				TD	TYPE OF SERVICE '9' IS VALID WITH PROCEDURE
					CODES 8928H 8929H 8932H 8933H
					FOR FDOS 10/01/03 AND AFTER:
				TE	TYPE OF SERVICE '9' IS VALID WITH PROCEDURE
					CODES 8930H 8931H 8934H 8935H
					FOR FDOS 10/01/03 AND AFTER:
				TF	TYPE OF SERVICE '3' CLAIM TYPE 'J' VALID
					WITH ALL PROCEDURE CODES
					FOR FDOS 07/01/03 AND AFTER:
				TG	TYPE OF SERVICE '3' CLAIM TYPE 'J' VALID
					WITH ALL PROCEDURE CODES
					FOR FDOS 10/01/03 AND AFTER:
					TYPE OF SERVICE '9' IS VALID WITH PROCEDURE
					CODES 0803H 0805H 0807H
				TH	ALL PROCEDURE CODES ARE VALID WITH A TYPE OF
					SERVICE OF '3' OR 'C' AND CLAIM TYPE OF 'J'
					*** FOR DATES OF SERVICE ON OR AFTER JULY 1, 2004
					PROCEDURE CODE T1001 IS NO LONGER VALID
					FOR FDOS 01/01/03 THRU 06/30/2003
				U1	ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND PROCEDURE CODE 0001T-0040T 10000-69999 1000M-6999M 78306 78320 78802 78806 78807 92018 92502 92975-92997 93501-93553 96405-96406 99170 G0101-G0132 G0168-G0186 G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL TO 93580
				U2	ALL PROCEDURE CODES ARE VALID WITH TYPE OF SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND PROCEDURE CODE 0001T-0040T 10000-69999 1000M-6999M 78306 78320 78802 78806 78807 92018 92502 92975-92997 93501-93553 96405-96406 99170 G0101-G0132 G0168-G0186 G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL TO 93580
				U3	ALL PROCEDURE CODES ARE VALID WITH TYPE OF SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND PROCEDURE CODE 0001T-0040T 10000-69999 1000M-6999M 78306 78320 78802 78806 78807 92018 92502 92975-92997 93501-93553 96405-96406 99170 G0101-G0132 G0168-G0186 G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL TO 93580
				U4	ALL PROCEDURE CODES ARE VALID WITH TYPE OF SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND PROCEDURE CODE 0001T-0040T 10000-69999 1000M-6999M 78306 78320 78802 78806 78807 92018 92502 92975-92997 93501-93553 96405-96406 99170 G0101-G0132 G0168-G0186 G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL TO 93580
				U5	ALL PROCEDURE CODES ARE VALID WITH TYPE OF SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROCEDURE CODE 0001T-0040T 10000-69999
					1000M-6999M 78306 78320 78802 78806 78807
					92018 92502 92975-92997 93501-93553
					96405-96406 99170 G0101-G0132 G0168-G0186
					G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL
					TO 93580
				U6	ALL PROCEDURE CODES ARE VALID WITH TYPE OF
					SERVICE '3' AND CLAIM TYPE 'J'
					FOR FDOS 07/01/03 AND AFTER
					TYPE OF SERVICE '3' CLAIM TYPE 'J' AND
					PROCEDURE CODE 0001T-0040T 10000-69999
					1000M-6999M 78306 78320 78802 78806 78807
					92018 92502 92975-92997 93501-93553
					96405-96406 99170 G0101-G0132 G0168-G0186
					G0260 E0450 E0460
					FOR ANY DATES OF SERVICE
					TYPE OF SERVICE '3' AND PROCEDURE CODE EQUAL
					TO 93580
					FOR FDOS 10/01/03 AND AFTER:
				U8	TYPE OF SERVICE '3' IS VALID WITH PROCEDURE
					CODE 0470M
					FOR FDOS 10/01/03 AND AFTER:
				U9	TYPE OF SERVICE '3' IS VALID WITH PROCEDURE
					CODE 0471M
				WR	90782 G0001 90788 90799 99201-99215
				XX	A0324 A0326 A0328 A0330 A0360 A0362 A0364
					A0366 A0368 A0370 A0380 A0382 A0390 A0392
					A0394 A0396 A0398 A0420 A0422 A0424 A0888
					A0999 W6103 93012
					0001A-0016A 0018A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
				XA	E0776
				X1	K0154 K0196-K0199 K0203-K0224 K0228-K0230
					K0234-K0266 K0402-K0406 A4322
					4461A-4482A 4570A 4585A 4595A A4624
					A4649 A6154 A6196-A6199 A6200-A6224
					A6228-A6230 A6234-A6266 A6302 A6402-A6406
					4760A-4771A 4799A 0100A 0089A 0090A
					0094A 0095A 0098A A4460 A4462 A6020-A6024
					OR A4322 AND X-OVER(O) CLAIM
					**********
					*ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC *
					OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER
					*16 OR AFTER ARE NO LONGER VALID *
					**********
				X2	K0154 K0196-K0199 K0203-K0224 K0228-K0230
					K0234-K0266 K0402-K0406 A4322

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X3	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X4	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X5	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				X6	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X7	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X8	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A6200-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********
				X9	K0154 K0196-K0199 K0203-K0224 K0228-K0230 K0234-K0266 K0402-K0406 A4322 4461A-4482A 4570A 4585A 4595A A4649 A6154 A6196-A6199 A620O-A6224 A6228-A6230 A6234-A6266 A6302 A6402-A6406 4760A-4771A 4799A 0100A 0089A 0090A 0094A 0095A 0098A A4460 A4462 A6020-A6024 OR A4322 AND X-OVER(O) CLAIM ********** *ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC * *OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER* *16 OR AFTER ARE NO LONGER VALID * **********

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					*ANY MEDICAL VENDOR CLAIM WITH A TYPE OF SVC *
					OF '9' AND A FIRST DATE OF SERVICE OF OCTOBER
					*16 OR AFTER ARE NO LONGER VALID *
					**********
				YL	G0001 80000-89999
					FOR FDOS THROUGH 07/31/94:
				1A	00001-99999 0000M-9999M
				1C	99201-99215
					FOR FDOS 11/01/97 AND AFTER:
				1G	0066V-0085V 0098V-0101V 0164V-0175V
					0219V-0223V 0288V 0300V 0303V 0306V
					0309V 0312V 0315V 0318V 0321V 0324V
					0324V 1100V 1103V 1106V 1109V 1112V
					1115V 1118V 1121V 1124V 1127V-1154V
					1157V-1169V 1175V-1178V V0380
					FOR FDOS THROUGH 07/31/94:
				1H	90200-90749 9045M 9073M 9076M
					9068M-9072M J0000-J9999
				1L	80000-89999 8000M-8999M
				1M	70000-70332 70350-70492 71010-71270
					72010-72133 72170-72194 72200-73202
					73500-73702 74000-74170 74210-75527
					75600-89999 0000M-9999M 90000-99999
					J0000-J9999 10000-69999
				1P	0000A-9999A A0000-A9999 0000B-6800B
					B4000-B9999 0000E-9999E E0000-E9999
					0000L-9999L L0000-L9999
					K0001-K0109 K0112-K0116 K0132 K0133 K0138
					K0139 K0147 K0168-K0193 K0195 K0268 K0280
					K0281 K0283 K0410 K0411 K0419 K0452 K0530
					K0456-K0459
					5020V 5024V
					5028V 5032V 5040V 5042V 5044V 5046V
					V5050 Y4100
					ANY CLAIM TYPE 'P' IS VALID
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE OF '3'
				1R	70000-79999
					FOR FDOS THROUGH 07/31/94:
				2A	00001-99999 0000M-9999M
				2B	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2C	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2D	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2E	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2F	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2G	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				2H	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
					FOR FDOS THROUGH 04/01/97:
				2N	36400-36415 80000-89999 8000M-9999M
					FOR FDOS AFTER 6/30/98:
				2R	90742
				2T	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
					FOR FDOS THROUGH 07/31/94:
				20	10000-69999 1000M-6999M
				21	00001-99999 0000M-9999M
				22	00001-70332 70350-70390 71010-71130
					72010-72120 72170-72190 72200-73140
					73500-73660 74000-74020 74210-74775
					75600-76066 76075-76092 76095-76350
					76499-99999 0000M-9999M G0130-G0133
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A4351 A4352
				23	00001-99999 0000M-9999M
				26	51725-51797 54240-54250 59020-59025
					62367 62368 70000-99999 7000M-9999M
					G0062-G0063 62252 G0202-G0236 G0030-G0047

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					G0106-G0132 P3001 G0252-G0274
					FOR FDOS THROUGH 07/31/94:
				3A	00001-99999 0000M-9999M
				3B	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3C	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3D	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3E	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3F	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3G	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3H	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3J	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3K	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3M	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3N	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
					00100-00900
				3Q	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3R	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				3T	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3V	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				3W	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				32	00001-99999 0000M-9999M
				4A	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0403B-0407B 0409B-0413B
					0377B 0380B-0397B 0399B 0400B-0402B
				4B	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				4C	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				4D	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				4N	00100-00900
				47	00001-99999 0000M-9999M
				5A	10000-69999 1000M-6999M 92975-92997
					93501-93536 G0051-G0168 G0101-G0133
					96405 99170 78306 78320 78802 78806
					78807 G0002 G0185 G0186 G0187
					* TYPE OF SERVICE IS EQUAL TO '3' AND THE
					PROCEDURE CODE IS EQUAL TO 0001T - 0040T OR
					93580
					FOR FDOS BEFORE 01/01/99:
				5B	10000-69999 1000M-6999M 92975-92997
					93501-93553 G0051-G0053 G0101-G0133
					78306 78320 78802 78806 78807 G0002
					G0185 G0186 G0187
					FOR FDOS 01/01/99 AND AFTER:
				5B	10000-69999 1000M-6999M 92975-92997
					93501-93536 G0051-G0168 G0101-G0133
					E0450 E0453 E0460
					96405 99170
					78306 78320 78802 78806 78807 G0002

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					G0185 G0186 G0187
					* TYPE OF SERVICE IS EQUAL TO '3' AND THE
					PROCEDURE CODE IS EQUAL TO 0001T - 0040T OR
					93580
					FOR FDOS THROUGH 04/30/95:
				5C	1000M-6999M 10000-11044 11450-11471
					11700-15999
					19000-69999 92975-92996 93501-93553
					FOR FDOS 08/01/94 AND AFTER:
				5D	11719-11765
					FOR FDOS THROUGH 07/31/94:
				50	10000-79999 1000M-7999M 1602L 92225 92226
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND 92230-92240 92135
				51	00001-99999 0000M-9999M J0000-9999
					G0000-G0099
				52	L0000-L9999 00001-99999 0000M-9999M A4323
					AND ALL WITH X_OVER(O) CLAIMS
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
					FOR FDOS 01/01/97 AND AFTER:
				53	10000-99999 1000M-9999M G0001-G9016
					00100-01999
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
					FOR FDOS THROUGH 07/31/94:
				54	10000-69999 1000M-6999M G0051-G0053
				55	10000-69999 1000M-6999M G0051-G0053
				56	10000-69999 1000M-6999M G0051-G0053
				57	99201-99435
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
				58	10000-99999 1000M-9999M
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
					FOR FDOS 01/01/97 AND AFTER:
				59	00001-77417 77431-99199 99500-99999
					Q0103 Q0104 Q0109 Q0110
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
					* TYPE OF SERVICE EQUAL TO '9', CLAIM TYPE
					EQUAL TO MEDICAL VENDOR 'P' AND PROCEDURE
					CODE EQUAL TO A4351 A4352 A4525-A4528 A4535
					FOR FDOS THROUGH 07/31/94:
				6N	0260M-0390M
					FOR FDOS 01/01/01 AND AFTER:
				60	10000-69999 78306 78320 78802-78803
					78806-78807 92975 92980-92997
					93501-93536 96406 99170 G0002 G0104

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					G0105 G0127 G0160 G0168
					76499-99999 0000M-9999M G0130-G0133
				62	10000-69999 1000M-6999M
					90000-99999 9000M-9999M
				66	10000-69999 1000M-6999M
					90000-99999 9000M-9999M
				76	00001-70332 70350-70390 71010-71130
					72010-72120 72170-72190 72200-73140
					73500-73660 74000-74020 74210-74775
					75600-76066 76075-76092 76095-76350
					76499-99999 0000M-9999M
				77	00001-99999 0000M-9999M
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
				78	10000-69999 1000M-6999M
					G0001-G0099
				79	00001-99999 0000M-9999M
					G0001-G0099
					ANY CLAIM TYPE 'J' OR 'O' WITH A TYPE OF
					SERVICE '3' OR 'Z' AND J0000-J9999
				80	10000-69999 1000M-6999M
				81	10000-69999 1000M-6999M
				82	10000-69999 1000M-6999M
				9A	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9B	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9C	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9D	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9E	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9F	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
				9G	0000B-0017B 0019B 0021B 0023B 0025B
					0027B-0057B 0059B 0061B 0063B-0069B
					0071B 0073B 0075B 0077B 0079B 0081B
					0083B 0085B 0087B 0089B 0091B 0093B
					0095B 0097B 0100B-0111B 0113B-0143B
					0145B 0147B 0149B 0159B-0160B 0164B
					0167B-0170B 0177B-0184B 0188B-0190B
					0194B-0200B 0203B-0205B 0209B-0210B
					0217B-0220B 0365B 0370B 0371B 0376B

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0377B 0380B-0397B 0399B 0400B-0402B
					0403B-0407B 0409B-0413B
					FOR FDOS 03/01/98 AND AFTER, AND
					TOS '3' (OTHER-CPT-SERVICES):
				9T	80000-89999
				90	80000-89999 8000M-8999M
					ANY CLAIM TYPE 'J' WITH A TYPE OF SERVICE '3'
					OR 'Z' AND G0026-G0061 Q0111-Q0115
					ANY CLAIM TYPE '0'
				91	80000-89999 8000M-8999M G0001-G0098
					Q0111-Q0115 P3000 P3001 P9023 36415
				98	00001-99999 0000M-9999M
					A0000-A9999 J0000-J9999
				99	00001-99999 0000M-9999M
					*-
					ANY CLAIM TYPE 'O' WITH A TYPE OF SERVICE OF
					'9' OR 'R', AND A CLAIM INPUT MEDIUM OF '2'
					OR '3' BYPASS EXCEPTION 169.
0170	1	0	3	RC= 60	'INVALID PLACE OF SERVICE'
BWSC2050					PLACE OF SERVICE IS NOT EQUAL TO 1,2,3,4,5,6,7,8,9,03,04, 05,06,07,08,11,12,13,14,15,20,21,22,23,24,25,26,31,32,33, 34,41,42,49,50,51,52,53,54,55,56,57,60,61,62,65,71,72,81, OR 99. (VALID PLACE OF SERVICE CODES.)
0171	2	0	3	RC= 61	'NON COVERED CHARGE GREATER THAN BILLED CHARGE.'
BWSC2040					NON-COVERED LINE-ITEM CHARGE IS GREATER THAN THE SUBMITTED LINE-ITEM CHARGE ON THE CLAIM.
0172	1	0	3	RC= 60	'MISSING PROCEDURE CODE'
BWSC2050					PROCEDURE CODE IS EQUAL TO SPACES ON THE LINE-ITEM.
0173	1	0	3	ALL	'DATE OF ADMISSION AFTER FROM DATE OF SERVICE.'
BWSC2040,BWSC2060					ADMISSION DATE, FIRST DATE OF SERVICE ARE NOT EQUAL TO ZERO AND ADMISSION DATE IS GREATER THAN FIRST DATE OF SERVICE.
0174	2	0	3	RC=60 EXCEPT	'MISSING PERFORMING PROVIDER NUMBER'
BWSC3520				O	THIS EXCEPTION POSTS IF:
					A. NUMBER OF PROVIDERS IN GROUP IS GREATER THAN ZERO, AND
					B. PERFORMING PROVIDER NUMBER EQUAL TO ZEROS, AND
					C.1) BILLING PROVIDER TYPE EQUAL TO
					(18,19,20,24,27,28,30,31,32,34,38,48,49,93,94)
					(EMERGENCY-ROOM-PHYSICIAN, PSYCHIATRIST, PHYSICIAN,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HEALTH DEPT, DENTIST, OPTOMETRIST, CHIROPRACTOR,
					PSYCHOLOGIST, PODISTRIST, PHYSICAL-THERAPIST,
					PROSTHETIST-ORTHOTST, ANESTHESIOLOGIST,
					NURSE ANESTHESIOLOGIST, ARNP, MIDWIFE),
					OR
					2) BILLING PROVIDER TYPE EQUAL TO
					40 (OTHER PROVIDERS), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					60 (AGENCY INTERPRETER), AND
					FDOS IS GREATER THAN OR EQUAL TO 12/31/00.
					OR
					3) BILLING PROVIDER TYPE EQUAL TO
					40 (OTHER PROVIDERS), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					66 (OCCUPATIONAL-THERAPY)
					OR
					4) BILLING PROVIDER TYPE EQUAL TO
					37 (AUDIO-SPEECH-PATH), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					70 (CLINIC)
					OR
					5) BILLING PROVIDER TYPE EQUAL TO
					82 (INHAL-THERAPY-NONCNT), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					67 (RESPIRATORY-THERAPY)
					OR IF:
					A. CLAIM HAS A PROC CODE MODIFIER '90' (REFERENCE-LAB)
					ON IT AND (PROVIDER TYPE EQUAL TO '43' (LABORATORY)
					OR (PROVIDER TYPE EQUAL TO '20' (PHYSICIAN) AND
					PROVIDER SPECIALTY CODE EQUAL TO '22')) AND
					B1.THE PERFORMING PROVIDER NUMBER IS EQUAL TO ZEROS OR
					B2.THE PERFORMING PROVIDER NUMBER IS EQUAL TO BILLING
					PROVIDER NUMBER.
					B3.THE PERFORMING PROVIDER NUMBER IS EQUAL TO 8999500
					OR 9999905 AND ADJUSTMENT REASON NOT EQUAL TO QRS OR
					PRP.
					B4.THE PERFORMING PROVIDER NUMBER IS INVALID AND
					ADJUSTMENT REASON NOT EQUAL TO QRS OR PRP.
					OR IF:
					A. CLAIM HAS PROC CODES (0357M, 0366M, 0368M) (FQHC
					ENHANCEMENT PROCEDURES); AND,
					B. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/97; AND,
					C. FIRST DATE OF SERVICE PRIOR TO 01/01/98; AND,
					D. THE PERFORMING PROVIDER NUMBER IS EQUAL TO ZEROS; OR
					THE PERFORMING PROVIDER NUMBER IS NOT EQUAL TO THE
					PCOP PERFORMING PROVIDER NUMBER.
					BYPASS IF THE FOLLOWING IS TRUE:
					A. PROVIDER TYPE EQUAL '20'.
					B. PROVIDER SPECIALTY EQUAL '90'.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					C. PROCEDURE CODE EQUAL (9992M THROUGH 9997M, 0980M THROUGH 0982M).
					D. IF PROCEDURE CODE IS 0997M (SIGN LANGUAGE)
0175				RC= 60	'EPSDT REF INDICATOR ERROR'
BWSC2050					MEDICAL CLAIM AND PROCEDURE CODE IS NOT EQUAL TO (0200M, 0201M,0202M,0203M,09000,09001,09011,09012,90760-90764, 99381-99385, OR 99391-99395), AND; EPSDT REFERRAL REASON IS NOT EQUAL TO SPACES, AND; EPSDT IND IS NOT EQUAL TO (F OR I) (FOLLOW-UP-EPSDT-CLAIM OR INITIAL-EPSDT-CLAIM).
0176	0	0	3	M	'FROM AND TO DATES MUST BE EQUAL ON OUTPATIENT CLAIMS.' DATE: 02/23/04
BWSC3530					FIRST DATE OF SERVICE IS NOT EQUAL TO ZERO, AND FIRST DATE OF SERVICE DOES NOT EQUAL LAST DATE OF SERVICE ON THE CLAIM. EXCEPTION WILL NOT POST IF ONE OF THE FOLLOWING IS TRUE: A. PROCEDURE CODE IS EQUAL TO (08010,08020,92506-92508, 95831-95852,97010-97040,97110-97145,97220-97261, 97500-97555,97600,97700-97752,97799). B. REVENUE CODE IS EQUAL TO (0303,0304,0820,0825,0830, 0835,0840,0845,0850,0855,0882,0883,0884,0650-0659, 0115,0125,0135,0145). C. PROVIDER TYPE IS EQUAL TO 44 (HOME-HEALTH-AGENCY).
0177	0	0	3	RC= 60,61	'SERVICES CANNOT BE FILLED WITH MORE THAN 1 UNIT OF SERVICE.'
BWSC3530,BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE: A. MULTIPLE-UNI-IND ON THE PDD FILE IS EQUAL TO 'N' (MULTIPLE UNTS NOT OKAY). B. UNITS OF SERICE IS GREATER THAN ONE. BYPASS EXCEPTION IF: A. FROM AND TO DATES ON DETAIL LINE IS DIFFERENT AND UNITS ON THAT LINE EQUALS NUMBER OF DAYS BILLED AND PROCEDURE COES: (0097M-0099M 0133M-0134M 0143M-0144M 0153M-0154M) OR (0163M-0164M 0171M-0172M 0174M-0179M 0183M-0189M) OR (0190M-0196M 0701M 0801H-0830H 2139M 2197M) OR (2133M-2134M 2143M-2144M 2153M-2154M 2173M-2174M) OR (2183M-2184M 2190M-2194M 9000M 9005-90007M 77465)OR (92525 92527 99291 99296 99297 99356 99433) OR (77400-77416 90922-90925 94010-94652 94664-94770) OR (99171-99174 99201-99215 99231-99233 99261-99263) OR (99351-99354) OR (6909T 6906V 6907T 6907V 6908T 6908V

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					6909T 6909V 6913T 6913V 6912E 6950E 6951E) OR (B4034
					B4035 B4036 4051B 4057B 4058B).
					B. PLACE OF SERICE EQUALS 1 AND
					PROCEDURE CODES: 90801 THRU 90844.
					C. DATE OF SERVCE EQUALS 070100 AND LATER AND
					PROCEDURE CODES: B4220,B4222 OR B4224.
					D. TO AND FROM DATES THE SAME AND
					PROCEDURE CODES: 8900N-8903N OR 96412.
					E. DATE OF SERVCE 070198 AND LATER AND
					PROCEDURE CODES: 90742 AND
					MODIFIER EQUAL 2R.
					F. DATES OF SERVICE PRIOR TO 060100 AND
					PROCEDURE CODE: 97504.
					G. DATES OF SERVICE 060100 AND LATER AND
					PROVIDER TYPE 36(NEUROMUSCULAR) AND
					PROCEDURE CODE: 97504.
					H. DATES OF SERVICE PRIOR TO 060100 AND
					PROCEDURE CODE: 97703.
					I. DATES OF SERVICE 060100 AND LATER AND
					PROVIDER TYPE 36(NEUROMUSCULAR) AND
					PROCEDURE CODE: 97703.
0178	0	0	3	Q	'MISSING OR INVALID CLAIM ACCOUNTING CODE.'
BWSC2070					ACCOUNTING CODE IS NOT EQUAL TO 2,3,6 OR 7. (VALID
					ACCOUNTING CODE VALUES.)
0179	2	2	3	Q	'ACCOUNTING CODE CONFLICTS WITH ADJUSTMENT AMOUNT.'
BWSC2070					THE ACCOUNTING CODE IS EQUAL TO (3 OR 7) (CREDIT-GROSS-ADJ
					OR HIST-ONLY-CREDIT-GA) AND THE TOTAL CLAIM CHARGE IS
					GREATER THAN ZERO OR
					THE ACCOUNTING CODE IS EQUAL TO (2 OR 6) (DEBIT-GROSS-ADJ
					OR HIST-ONLY-DEBIT-GA) AND THE TOTAL CLAIM CHARGE IS
					LESS THAN ZERO.
0180	2	2	3	Q	'MISSING OR INVALID ACCOUNT CODE ON A GROSS ADJUSTMENT.'
BWSC2070					ACCOUNT CODE IS NOT EQUAL TO SPACES
					OR
					ACCOUNT CODE IS NOT EQUAL TO 2, 3, 6, OR 7
					(DEBIT-GROSS-ADJ, CR-GROSS-ADJ,HIST-ONLY-DEBIT-GA, OR
					HIST-ONLY-CR-GA)
0181	2	2	3	Q	'MISSING OR INVALID RECIPIENT COUNTY CODE ON A GROSS
					ADJUSTMENT.'
BWSC3520					
					THE FOLLOWING ARE TRUE:
					A. RECIPIENT COUNTY CODE IS ALPHABETIC.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. RECIPIENT COUNTY CODE IS EQUAL TO 00-16, OR 18-74. (VALID RECIPIENT COUNTY CODE VALUES.)
0182	2	2	3	Q	'MISSING OR INVALID PROVIDER CATEGORY OF SERVICE CODE ON GROSS ADJUSTMENT.'
BWSC2070,BWSC3520					PROVIDER CATEGORY OF SERVICE IS NOT EQUAL TO 01-03,11,12, 20-30,40,41,48-51,61-64,70-79,81-85,90,91, OR 93-98. (VALID PROVIDER CATEGORY OF SERVICE CODES.)
0183	2	0	3	ALL	'MISSING UNITS OF SERVICE OR DAYS.'
BWSC2040,2050,2060					CLAIM TYPE IS INPATIENT OR DRG, AND: BWSC2040: ACCOMODATION REVENUE CODE IS EQUAL TO 0100-0179, 0190-0219,0511 AND THE UNITS OF SERVICE ARE NOT EQUAL TO ZERO. BWSC2050: LINE-ITEM UNITS OF SERVICE ARE NOT EQUAL TO ZERO BWSC2060: UNITS OF SERVICE ARE NOT EQUAL TO ZERO
0184	2	0	3	ALL	'MISSING LINE ITEM SUBMITTED CHARGE.'
BWSC2040,BWSC2050					ONE OF THE FOLLOWING IS TRUE: 1. LINE ITEM SUBMITTED CHARGE IS EQUAL TO ZERO. 2. LINE ITEM ROOM RATE IS NOT EQUAL TO ZERO AND UNITS OF SERVICE IS NOT EQUAL TO ZERO AND LINE ITEM SUBMITTED CHARGE IS NOT EQUAL TO ZERO AND LINE ITEM SUBMITTED CHARGE IS NOT EQUAL TO THE COMPUTED LINE ITEM SUBMIT- CHARGE. 3. DRG OR INPATIENT CLAIM AND LINE ITEM ROOM RATE IS NOT EQUAL TO ZERO AND UNITS OF SERVICE IS NOT EQUAL TO ZERO AND LINE ITEM SUBMIT-CHARGE IS NOT EQUAL TO ZERO AND LINE ITEM SUBMIT-CHARGE IS NOT EQUAL TO COMPUTED LINE- ITEM SUBMITTED CHARGE AND REVENUE CODE IS EQUAL TO (0100,0110,0114-0118,0120, 0124-0128,0130,0134-0138,0140,0144-0148,0150,0154-0158, 0160,0164,0167,0169,0170,0172,0175,0190,0193,0196,0199, 0200,0203,0204,0207-0210,0511). 4. LINE-ITEM PROCEDURE CHARGE IS EQUAL TO ZERO. EXCEPTION WILL NOT POST IF: 1. PROCEDURE CODE IS T1015 WITH A PROV SPEC CODE OF 90 AND THE CLAIM TYPE IS J(PHY) OR J(DENTAL). 2 LINE ITEM PROCEDURE CODE IS EQUAL TO 'ZZZZZ' OR '0170S'.
0185	1	0	3	RC= 61, 64	'MISSING DATE OF ADMISSION.'
BWSC2040,BWSC2060					ADMISSION DATE IS EQUAL TO ZERO.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0186	0	0	5	D	'THE ESTIMATED DAYS SUPPLY EXCEEDS THE QUANTITY DISPENSED'
BWSC2020					THE DRUG QUANTITY IS GREATER THAN ZERO AND DAYS SUPPLIED IS GREATER THAN DRUG QUANTITY.
0187	2	2	1	ALL	'INVALID HEADER EOB CODE - NOT ON FILE OR INVALID.'
BWSC2020,2040,2050,2060,2070					THE HEADER EOB CODES ARE NOT BETWEEN 001 AND 999 (INCLUSIVE). (VALID EXCEPTION CODE VALUES.) FOR CLAIM TYPE 'Z' (CLAIM CREDIT), POSTS IF HEADER EOB CODES ARE EQUAL TO ZEROES.
0188	0	0	3	ALL	'ANY TIME TPL CARRIER CODE IS ENTERED, TYPE OF INSURANCE OF 'A' THRU 'K' 'N' OR 'P' THRU 'R' VALID VALUES SHOULD BE ENTERED ALSO.
BWSC2020,2040,2050,2060,2070					1) THE CARRIER CODE FIELD IS EQUAL TO SPACES BUT THE TYPE INSURANCE IS NOT BLANK (CARRIED IN THE SPECIAL INDICATOR PORTION OF CLAIM, FIRST OCCURENCE.) 2) THE CARRIER CODE FIELD IS NOT EQUAL TO SPACES BUT THE TYPE OF INSURANCE FIELD IS NOT EQUAL A-K, N, P, Q, OR R.
0189	0	0	3	Q	'WHEN PROCESSING A GROSS ADJUSTMENT, THE ACCOUNTING CODE INDICATES THAT NO CREDIT IS TO TAKE PLACE, BUT THE THIRD PARTY PAYMENT AMOUNT WAS ENTERED AS OTHER THAN ZERO.'
BWSC2070					ACCOUNTING CODE IS NOT EQUAL TO 3 AND 7 AND THIRD PARTY PAYMENT AMOUNT IS LESS THAN ZERO.
0190	0	0	3	R,S,M	'MISSING OR INVALID ITA INDICATOR'
BWSC2040					POST IF : 1) INPAT OR DRG CLAIM AND FDOS IS NOT LESS 7/1/85 AND; 2) DIAGNOSIS CODE (1) IS (290 - 302.99, 306 - 307.80, OR 307.82 - 316.99) AND; 3) ITA/BLIND INDICATOR IS NOT EQUAL TO ITA OR VOLUNTARY CLAIM. OR 4) IF CLAIM TYPE IS R, S, OR M AND; 5) DIAGNOSIS CODE (1) IS NOT IN DIAGNOSIS RANGE (LISTED ABOVE) AND: 6) THE ITA/BLIND INDICATOR IS EQUAL TO ITA-CLAIM. OR WILL BYPASS IF: 1) HOSPITAL IS A DETOX FACILITY(PROVIDER NUMBER STARTS WITH 36).
0191	0	0	3	ALL	'EMC PROVIDER NOT TIED TO SUBMITTER.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BWSC2020,2040,2050,2060,2070
					BWSC3520
					A. POSTS IF SPECIAL INDICATOR (4) IS EQUAL TO 'A'.
					B. IN BWSC3520:
					PROVIDER TYPE IS EQUAL TO 55 (ITA-TRANS) AND
					ITA BLIND INDICATOR IS NOT EQUAL TO 'I' (ITA CLAIM).
0192	0	0	3	O	'MEDICARE CLAIM PAST FILING LIMIT'
					BWSC2050,BWSC2060
					CLAIM TYPE IS EQUAL TO 'O' (PT. B MCARE) AND DATE PAID BY MEDICARE IS NOT EQUAL TO ZEROS AND THE COMPUTED MCARE-PAID-SUB-DAYS IS GREATER THAN THE CLAIM FILING LIMIT.
0193	0	0	3	T	'MISSING AMOUNT PAID BY MCARE'
					POSTS IF THE FOLLOWING ARE TRUE:
					A. RECIPIENT NH PATIENT CLASS IS EQUAL TO 24; AND,
					B. AMOUNT PAID BY MEDICARE IS EQUAL TO ZEROES; AND,
					BWSC2040,BWSC3530
					C. FDOS IS EQUAL TO/GREATER THAN 11/01/88 (AND LESS THAN 01/01/90 FOR NH CLAIMS IN BWSC3530).
0194	0	0	3	M	'HOSPICE UNITS OF SVC DON'T MATCH NUMBER OF DAYS'
					DATE: 02/23/04
					BWSC3530
					POSTS IF THE FOLLOWING ARE TRUE:
					A. PROVIDER TYPE IS EQUAL TO 63 (HOSPICE); AND,
					B. PROVIDER SPECIALTY CODE EQUAL TO 91 (HOSPICE); AND,
					C. COMPUTED TOTAL HOSPICE DAYS (LAST DOS MINUS FDOS + 1) NOT EQUAL TO ONE OF THE FOLLOWING FOR THESE REVENUE CODES 650 651 653 656 659 115 125 135 145:
					1. SINGLE REVENUE CODE ON CLAIM (MAY HAVE MULTIPLE LINE ITEMS): TOTAL NUMBER OF UNITS FOR THE CLAIM
					2. MULTIPLE REVENUE CODES ON CLAIM (MAY HAVE MULTIPLE LINE ITEMS): TOTAL EACH REVENUE CODE SEPARATELY
0195	0	0	3	R,S	'MISSING ADMIT DIAGNOSIS'
					BWSC2040
					FDOS IS EQUAL TO OR GREATER THAN 03/01/90 AND THE ADMIT-DIAG IS EQUAL TO SPACES OR ZEROS.
0196	0	0	3	RC=60	'ANES MOD 30 AND UNITS GREATER THAN 30 FOR PROC CODES'
					THE FOLLOWING CONDITIONS ARE TRUE:
					1. EXCEPTIONS (124,172,183,184) ARE NOT DETECTED; AND,
					2. TYPE OF SERVICE IS EQUAL TO 3 (OTHER CPR SERVICES); AND
					3. PROCEDURE CODE IS EQUAL TO (59400 THRU 59410,5948M, 5957M,5958M,59500 THRU 59581); AND,
					4A. FOR FDOS UP AND INCLUDING 07/31/94
					A. PROCEDURE CODE MODIFIER IS EQUAL TO (31,1A,47,2A)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(ANESTHESIA MODIFIERS); AND
					B. UNITS OF SERVICE IS GREATER THAN 30;
					4B. FOR FDOS ON AND AFTER 08/01/94;
					A. PROCEDURE CODE MODIFIER IS EQUAL TO (3A,1A,47,2A,
					AA,AD,QK,QX,QY,QZ)(ANESTH MODIFIERS)
					AND
					B. UNITS OF SERVICE IS GREATER THAN 360.
					EFFECTIVE 07/01/00
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					1. EXCEPTIONS (124,172,183,184) ARE NOT DETECTED; AND,
					2. TYPE OF SERVICE IS EQUAL TO 3 (OTHER CPT SERVICES); AND
					3. PROCEDURE CODE IS EQUAL TO (00850, 00857, 00946, 00955)
					4. PROCEDURE CODE MODIFIER IS EQUAL TO (AA, AD, QK, QX,
					QY, OR QZ)
					5. UNITS OF SERVICE IS GREATER THAN 360.
					EFFECTIVE 01/01/02
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					1. EXCEPTIONS (124,172,183,184) ARE NOT DETECTED; AND,
					2. TYPE OF SERVICE IS EQUAL TO 3 (OTHER CPT SERVICES); AND
					3. PROCEDURE CODE IS EQUAL TO (01960, 01961, 01967, 01968)
					4. PROCEDURE CODE MODIFIER IS EQUAL TO (AA, AD, QK, QX,
					QY, OR QZ)
					5. UNITS OF SERVICE IS GREATER THAN 360.
					EFFECTIVE 01/01/96
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					1. EXCEPTIONS (124,172,183,184) ARE NOT DETECTED; AND,
					2. TYPE OF SERVICE IS EQUAL TO 3 (OTHER CPT SERVICES); AND
					3. PROCEDURE CODE IS EQUAL TO (59610-59614 OR 59618-59622)
					4. PROCEDURE CODE MODIFIER IS EQUAL TO (AA, AD, QK, QX,
					QY, OR QZ)
					5. UNITS OF SERVICE IS GREATER THAN 360.
0197	0	0	3	ALL	'EMC WITH COMMENTS.'
BWSC2020,2040,2050,2060,2070,BWMC5000					POSTS IF SPECIAL INDICATOR (3) IS EQUAL TO 'R', WHICH IS
					SET ON ANY EMC CLAIM THAT HAS REMARKS WITH IT.
					SYSTEM FORCE;
					1. PHYSICIAN, EPSDT, DENTAL AND MED VENDER CLAIMS AND
					THERE IS NO AUTO DENY EXCEPTION ANYWHERE ON THE
					CLAIM OTHER THAN A 402, 416, OR 422.
					2. EXCEPTION 376, 477, OR 609 ARE ON THE CLAIM.
					3. EXCEPTION 166, AND 263 ARE ON THE CLAIM.
0198	0	0	3	R,S	'MISSING DATE OF SURGERY/DELIVERY.'
BWSC2040					REVENUE CODE IS EQUAL TO (0720,0721,0722,0724,0729,0360,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OR 0710) (SURGERY/DELIVERY CODES) AND DATE OF SURGERY IS EQUAL TO ZERO.
0199	0	0	3	Q	'MISSING OR INVALID MATCH CODE ON A GROSS ADJUSTMENT.'
BWSC2070					MATCH CODE IS NOT EQUAL TO A-N,P,R-U,X,Y,1,2,4 OR 5. (VALID MATCH CODE VALUES.)
0200	0	0	3	Q	'MISSING OR INVALID PROGRAM CODE ON A GROSS ADJUSTMENT.'
BWSC2070					PROGRAM CODE IS NOT EQUAL TO A-H,J,K,M-X,Z. (VALID PROGRAM CODE VALUES FOR GROSS ADJUSTMENT.)
0201	2	2	1	I,Z	'MISSING ICN TO CREDIT ON A CREDIT/ADJUSTMENT'
BWSC2070					TCN TO CREDIT IS EQUAL TO ZERO. CLAIM TYPE IS EQUAL TO CREDIT OR ADJUSTMENT.
0202					'CASH CONTROL VS RETURNED WARRANT'
(D O E S	N O T	P O S T)			NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0203				ALL	'INVALID TPL INDICATOR'
BWSC2020,BWSC2040,BWSC2050,BWSC2060,					
BWSC2070					TPL INDICATOR IS NOT EQUAL TO 'Y', 'N' OR SPACE. (VALID TPL INDICATOR VALUES.)
0204	2	0	3	M,R,S	'INVALID ATTENDING PROVIDER NUMBER CHECK DIGIT'
BWSC2040					ATTENDING PHYSICIAN NUMBER IS NOT EQUAL TO ZERO AND HAS AN INVALID PROVIDER NUMBER CHECK DIGIT.
0205				R,S	'INVALID ADMISSION TYPE'
BWSC2040					INPATIENT OR DRG CLAIM AND THE ADMISSION TYPE IS NOT EQUAL TO 1,2,3,4 OR 5 (VALID ADMISSION TYPE CODES.)
0206				R,S	'INVALID ADMISSION SOURCE'
BWSC2040					INPATIENT OR DRG CLAIM AND THE ADMISSION SOURCE IS NOT EQUAL TO 1 - 9. (VALID ADMISSION SOURCE CODES.)
0207				S	'INVALID OUTLIER CODE'
BWSC2040					INPATIENT CLAIM AND THE OUTLIER CODE IS NOT EQUAL TO ZEROES AND NOT EQUAL TO 61 (COST-OUTLIER).
0208				M,R,S	'INVALID ACCIDENT CODE.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC2040					INPATIENT, OUTPATIENT OR DRG CLAIM AND THE ACCIDENT CODE IS NOT EQUAL TO ZEROES AND NOT EQUAL TO 01-06, OR 23-25. (VALID ACCIDENT CODE VALUES.)
0209				M,R,S	'INVALID INSURANCE CODE.'
BWSC2040					INPATIENT, OUTPATIENT OR DRG CLAIM AND THE INSURANCE CODE IS NOT EQUAL TO ZEROES AND NOT EQUAL TO 01,02,03 OR 05. (VALID INSURANCE CODE VALUES.)
0210				M,R,S	'INVALID EMPLOYMENT CODE.'
BWSC2040					INPATIENT, OUTPATIENT OR DRG CLAIM AND THE EMPLOYMENT CODE IS NOT EQUAL TO ZEROES AND NOT EQUAL TO 1 - 6 OR 9. (VALID EMPLOYMENT CODE VALUES.)
0211				RC= 61	'INVALID DIAGNOSIS CODE #3.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 3RD DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0212				RC= 61	'INVALID 4TH DIAGNOSIS.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 4TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0213				RC= 61	'INVALID 5TH DIAGNOSIS.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 5TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND;

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0214				R,S	'INVALID PRIMARY PROCEDURE'
BWSC3530					DRG CLAIM AND THE FIRST SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0215				R,S	'INVALID 2ND PROCEDURE'
BWSC3530					DRG CLAIM AND THE SECOND SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0216				R,S	'INVALID 3RD PROCEDURE'
BWSC3530					DRG CLAIM AND THE THIRD SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0217				R	'INVALID PATIENT STATUS'
BWSC3530					DRG CLAIM AND THE PATIENT STATUS IS EQUAL TO 30.
0218				R	'INVALID DAYS BETWEEN DISCHARGE AND NEW ADMISSION.'
BWMC4000					FIRST DATE OF SERVICE IS NOT LESS THAN 04/01/87 - DRG CLAIM AND COMPUTED DAYS BETWEEN DISCHARGE AND ADMISSION ON THE CURRENT CLAIM VS THE HISTORY CLAIM IS LESS THAN 8. BYPASS IF ONE OF THE FOLLOWING IS TRUE: A. PSYCH DRG (424-432, 748-753) AND ADMIT IS DATE IS GREATER THAN 02/28/96. B. PSYCH DRG (424-432, 748-753) AND ADMIT IS DATE IS GREATER THAN 01/31/95 AND RECIP AGE LESS THAN +21.
0219				K	'INVALID NUMBER OF TOOTH SURFACES FOR PROCEDURE CODE.'
BWSC3550					NUMBER OF TOOTH SURFACES < 2 AND ONE OF THE FOLLOWING PROCEDURE CODES: 02120 02150 02331 02381 02386 D2120 D2150 D2331 D2381 D2386 D2392 OR; NUMBER OF TOOTH SURFACES < 3 AND ONE OF THE FOLLOWING PROCEDURE CODES: 02130 02160 02332 02382 02387 D2130 D2160 D2332 D2382 D2387 D2393 OR; NUMBER OF TOOTH SURFACES < 4 AND ONE OF THE FOLLOWING PROCEDURE CODES: 02161 02335 D2161 D2335 D2394

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0220				M,R,S	'INVALID SURGERY DATE'
BWSC2040					THE DATE OF SURGERY IS NOT EQUAL TO ZEROES AND IS LESS THAN THE FIRST DATE OF SERVICE IN THE CLAIM OR GREATER THAN THE LAST DATE OF SERVICE.
0221				R	'SURGERY DATE - NO PROC'
BWSC2040					DRG CLAIM AND THE DATE OF SURGERY IS NOT EQUAL TO ZEROES AND ALL THREE OCCURRENCES OF SURGICAL PROCEDURE CODE ARE EQUAL TO ZEROES.
0222				RC= 60	'SPLIT BILL PROVIDER W/O MOD'
BWSC3550					THE FOLLOWING ARE TRUE: A. PROCEDURE RECORD SPLIT BILL IND IS EQUAL TO (Y, 1 OR 6) (SPLIT-BILL-ALLOWED, SPLIT-BILL-1 OR SPLIT-BILL-6). B. PROVIDER SPLIT-BILL-IND IS EQUAL TO 'P' (PROF-COMP-45%) C. PLACE OF SERVICE IS EQUAL TO (1, 2, 5, 21, 22, 23, 51, OR 52) EXCEPTION WILL NOT POST IF: PROCEDURE MODIFIER IS EQUAL TO 26-PROFESSIONAL COMP OR TC-TECHNICAL COMP. PROCEDURE MODIFIER IS EQUAL TO (AA, AD, AE, QK, QS, QX, QY OR QZ) (SVC-BY-ANESTHES, GR-FOUR-CONC-ANESTH, NOT-OVER-2-CONCURR, MED-DIR-ANES-PROCS, PHYS-ASST-SVC-SURG,CRNA-SVC-DIR-BY-PHYS, CRNA-SGL-SVC-BY-PHYS, OR CRNA-SVC-NO-PHYS-DIR). BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE: 1. PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) OR 25 (RADIOLOGY) 2. PROVIDER BILLS IN A PLACE OF SERVICE OF 2, 5, 22, 23, OR 25 3. THE PROVIDER HAS AN 'E' (SPECIAL USE OF EQUIPMENT) IN THE SPECIAL AGREEMENT INDICATOR FIELD OF THE PROVIDER MASTER FILE 4. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 54240 70010-79999 80048-89399 90281-95967 7612M 7698M R0070 OR R0075
0223				RC= 60	'TECHNICAL COMP, POS 3 & MOD TC'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE: A. SPLIT-BILL-IND IS EQUAL TO 'Y' (SPLIT BILL ALLOWED). B. PROV-SPLIT-BILL-IND IS EQUAL TO 'T' (TECH-COMP-55%). C. PLACE OF SERVICE IS EQUAL TO '3', '11', '71, OR '81'. EXCEPTION WILL NOT POST IF: PROCEDURE CODE MODIFIER IS EQUAL TO TC (TECHNICAL COMP). BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE:

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					1. PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) OR 25 (RADIOLOGY)
					2. PROVIDER BILLS IN A PLACE OF SERVICE OF 2, 5, 21, 22, 23 OR 52
					3. THE PROVIDER HAS AN 'E' (SPECIAL USE OF EQUIPMENT) IN THE SPECIAL AGREEMENT INDICATOR FIELD OF THE PROVIDER MASTER FILE
					4. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 54240 70010-79999 80048-89399 90281-95967 7612M 7698M R0070 OR R0075
0224				RC=61	'DUPLICATE REVENUE CODES'
BWMC4000					CLAIM TYPE IS EQUAL TO M (OUTPATIENT) OR S (INPATIENT); AND, LINE ITEM REVENUE CODE IS EQUAL TO ANOTHER REVENUE CODE ON THE SAME CLAIM.
0225					'MEDICARE CATEGORY OF SERVICE ERROR'
(D O E S N O T P O S T)					NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0226				RC=60	'PROCEDURE REQUIRES MODIFIER'
BWSC2050, BWSC3550					DATE: 03/17/04
					THE PROCEDURE CODE MODIFIER IS EQUAL TO SPACES, AND THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING VALUES:
					A4253,A4259,
					E0180-E0181,E0185,E0190,E0197,E0271,
					E0292,E0293,
					E0294-E0297,E0305,E0310,
					E0424,E0434,E0431,E0439,
					E0450,E0452,E0453,E0460,E0500,E0600,E0608
					E0550,E0565,E0570,E0580,E0601,E0630,E0635,
					E0730,E0747,E0776,
					E0910,E0920,E0930,E0940,E0946,
					E1400-E1406,K0193,K0268,
					0900E,0907E,0916E,0928E,0931E,0934E,
					V5050,
					4640A,4521A,4616A,4795A
					0000B-0017B,0019B,0021B,0023B,0025B,0027B-0057B,
					0059B,0061B,0063B-0069B,0070B,0071B,0073B,0075B,
					0077B,0079B,0081B,0083B,0085B,0087B,0089B,0091B,
					0093B,0095B,0097B,0100B-0111B,0113B-0143B,0145B,
					0147B,0149B,0159B-0160B,0164B,0167B-0170B,
					0177B-0184B,0188B-0190B,0194B-0200B,0203B-0205B,
					0209B-0210B,0217B-0220B,1000B-1011B
					0001E,0111E-0114E,0118E,0133E,0139E,0140E,0155E,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					0159E,0166E,0170E,0181E,0196E,0197E,0199E,0299E,
					0300E,0304E,0305E, 0328E-0330E,0339E,
					0348E, 0360E-0362E,0398E-0399E,0625E,0626E,
					0856E-0857E,0891E,0935E,6220E-6222E,6225E-6227E,
					6230E-6232E,6235E-6237E,6255E,6271E,
					6274E,6276E-6278E,6281E,6282E,6284E,6285E,
					6301E,6302E,6321E,6322E,6341E,6343E,6345E-6347E,
					6349E,6350E,6352E,6353E,6357E,6366E,6367E,
					6386E-6388E,6394E-6397E,6403E,6426E,
					6427E,6430E,6431E,6434E-6435E,6451E,6453E,
					6458E,6459E,6460E-6465E,
					6501E,6502E,6515E,6516E,6518E-6520E,6523E,
					6603E-6605E,6613E,6614E,66626E-6628E,6630E-6632E,
					6640E,6641E,6702E,6705E-6707E,6710E-6712E,
					6716E-6719E,6723E,6734E-6737E,6772E,6776E,
					6800E-6802E,6806E
					OR
					THE PROVIDER TYPE IS EQUAL TO '51' (AMBULANCE), AND
					THE PROCEDURE CODE MODIFIER IS EQUAL TO SPACES, AND
					THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING
					VALUES:
					0001A,0002A,0004A,0005A,0015A,A0426-A0429,A0433,A0434.
					OR
					THE PROVIDER TYPE IS EQUAL TO '51' (AMBULANCE), AND
					THE PROCEDURE CODE MODIFIER IS EQUAL TO SPACES, THE
					EFFECTIVE DATE OF SERVICE IS 10/01/00, AND THE
					PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					0003A,0006A,0007A,0008A,0009A,0010A,0011A,0012A,0016A
					0018A,0020A,0044A.
					THE CLAIM TYPE IS J (PHYSICIAN), THE TYPE OF SERVICE
					IS 3 AND THE PROVIDER TYPE IS 95 (REGISTERED NURSE
					FIRST ASSIST) AND PROCEDURE CODES 10000-69999 OR
					5900M-5999M ARE ON THE CLAIM AND MODIFIER 80 IS NOT
					PRESENT ON THE SAME DETAIL LINE. THEN POST THE
					EXCEPTION.
					THE CLAIM TYPE IS J (PHYSICIAN), THE TYPE OF SERVICE
					IS 3, THE PROCEDURE CODE IS EQUAL TO T1001 AND
					THE PROCEDURE CODE MODIFIER IS NOT EQUAL TO 'TH' THEN
					POST EXCEPTION 226 AT THE LINE ITEM LEVEL.
					THE CLAIM TYPE IS J (PHYSICIAN), THE TYPE OF SERVICE
					IS 3, THE PROCEDURE CODE IS EQUAL TO 99201 - 99205
					OR 99211 - 99215, THE DIAGNOSIS CODE IS EQUAL TO
					V22 - V23.9 AND THE PROCEDURE CODE MODIFIER IS NOT
					EQUAL TO 'TH' THEN POST EXCEPTION 226 AT THE LINE
					ITEM LEVEL.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THE CLAIM TYPE IS P (MEDICAL VENDOR) AND THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 0365B,0370B,0371B,0376B,0377B,0380B-0387B,A0420, A4536,A4537,A4538,A4556,A4558,A4611-A4626,A4628, A4629,A4640,A5113,A5114,A7000-A7006,A7010-A7015, A7509,E0163-E0166,E0168,E0182,E0186,E0194,E0202, E0246,E0372,E0445,E0480,E0482,E0483,E0603,E0604, E0619,E0650,E0935,E1031,E1060,E1161,E1230,E1232, E1233,E1237,E1238,E1390,E2000,K0001-K0014,K0531, K0532,K0533,K0538,K0550,L8501,S8181,S8185,T1500 AND THE PROC MODIFIER IS EQUAL TO SPACES POST EXC 226.
0227	1	1	3	J,K,L, O,P	'MISSING PROC CODE MODIFIER WITH PROVIDER TYPES 48 AND 49'
BWSC3550					THE EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: 1. THE FIRST DATE OF SERVICE IS ON OR AFTER 04/01/92; AND, 2. THE PROVIDER TYPE IS 48 OR 49 (ANESTHESIOLOGIST OR NURSE-ANESTHETIST); AND, 3. THE PROCEDURE CODE MODIFIER IS BLANK; AND, 4A. FOR FIRST DATE OF SERVICE UP AND INCLUDING 07/31/94: A. THE PROCEDURE CODE IS IN THE RANGE: 10000-69999 OR 1000M-6999M; AND, B. THE PROCEDURE CODE IS NOT ONE OF THE FOLLOWING: 36000-36660,62270-62289,64400-64550,67515; 4B. FOR FIRST DATE OF SERVICE ON OR AFTER 08/01/94: A. THE PROCEDURE CODE HAS A CURRENT '2' ANESTHESIA BASE FACTOR LOADED ON THE PDDD FILE.
0228	1	1	3	O,V,W	'MISSING MEDICARE PAID DATE.'
BWSC2050,BWSC2060					CLAIM TYPE IS 'O' (PART B MCARE) AND DATE PAID BY MEDICARE IS EQUAL TO ZERO.
0229				O,V,W	'NO PIC FOR THIS HIC.'
BWSC3020					THE HIC ON THE CLAIM WAS NOT FOUND ON THE READ OF THE RECIPIENT ELIGIBILITY FILE.
0230				R	'POSSIBLE INTERIM OUTLIER.'
BWSC2040					DRG CLAIM. FIRST DATE OF SERVICE IS NOT EQUAL TO ZERO ADMIT DATE IS NOT EQUAL TO FIRST DATE OF SERVICE.
0231				R, S	'MISSING ADMISSION HOUR.'
BWSC2040					INPATIENT OR DRG CLAIM AND ADMISSION HOUR EQUAL SPACES AND ADMISSION-DATE NOT LESS THAN REIMBURSEMENT-EFFDT. OUTPATIENT CLAIM AND ADMISSION HOUR EQUAL SPACES

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND
					ADMISSION-DATE NOT LESS THAN REIMBURSEMENT-EFFDT
					AND
					PROVIDER TYPE: 59, 61, 64, 65
					AND
					REVENUE CODE: 360-369 450-459 700-729 760-769
0232				R, S	'MISSING DISCHARGE HOUR.'
BWSC2040					INPATIENT OR DRG CLAIM AND DISCHARGE HOUR EQUAL SPACES AND
					PATIENT-STATUS IS NOT EQUAL TO 30.
BWSC2040				M	OUTPATIENT CLAIM AND DISCHARGE HOUR EQUAL SPACES
					AND
					PATIENT-STATUS IS NOT EQUAL TO 30.
					AND
					PROVIDER TYPE: 59, 61, 64, 65
					AND
					REVENUE CODE: 360-369 450-459 700-729 760-769
0233				R, S	'INVALID ADMISSION HOUR.'
BWSC2040					INPATIENT OR DRG CLAIM AND ADMISSION HOUR NOT EQUAL TO 00-
					23 AND ADMISSION-DATE NOT LESS THAN REIMBURSEMENT-EFFDT.
0234				R, S	'INVALID DISCHARGE HOUR.'
BWSC2040					INPATIENT OR DRG CLAIM AND DISCHARGE HOUR IS NOT EQUAL TO
					00-23 AND PATIENT-STATUS IS NOT EQUAL TO 30.
0235				R, S	'POSSIBLE OUTPATIENT CLAIM.'
BWSC3530					LDOS IS EQUAL TO ADMIT DATE OR LINE ITEM DAYS IS EQUAL
					ONE AND ADMIT HOUR IS GREATER THAN DISCHARGE HOUR.
					(LINE ITEM DAYS = LDOS - FDOS)
					DO NOT POST IF ONE OF THE FOLLOWING:
					1) LDOS OR ADMIT DATE IS EQUAL TO ZERO.
					2) PATIENT STATUS IS EQUAL TO 30 (STILL PAT), 20 (DEATH),
					05 (TRANSFER INST), OR 02 (GEN HOSP), 62 (TRANSFER TO
					FEDERAL HOSP).
					3) DRG CODE 370-375, 385-391, 602-641, 650-652.
					4) PROV TYPE IS 61 WITH A PROV SPEC CODE OF 92 OR 93.
0236	0	0	3	ALL,	'RECIPIENT ELIGIBILITY RECORD INDICATES THAT THE
				EXCEPT	RECIPIENT HAS THIRD PARTY COVERAGE TO BE PURSUED IN A
BWSC3580				Q,I,Z	PRE-PAYMENT MODE FOR EYEGLASS CONTRACT PROVIDERS ONLY.'
					POST IF ONE OF THE TPL SEGMENTS FOR A RECIPIENT HAS A '1'
					IN THE SVCS-COV-BY-TPL FIELD AND ONE OF THE FOLLOWING IS

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					TRUE:
					1) FIRST DATE OF SERVICE IS BEFORE 07/01/91 AND PROVIDER NUMBER IS 2008936;
					OR
					2) FIRST DATE OF SERVICE ON OR AFTER 07/01/91 AND BEFORE 07/01/95 AND PROVIDER NUMBER IS 2012482;
					OR
					3) FIRST DATE OF SERVICE ON OR AFTER 07/01/95 AND PROVIDER NUMBER IS 2017390.
					OR
					4) FIRST DATE OF SERVICE ON OR AFTER 09/01/97 AND PROVIDER NUMBER IS 2020436.
					DO NOT POST IF PROV-TYPE IS (15,23,35,41,42,44,45,50,54, 71,73,74,83,87,96) OR NUM-OF-TPL-SEGMENTS EQUALS ZERO OR (THIRD PARTY PMT AMT GREATER THAN ZERO AND CARRIER ID IS NOT EQUAL TO SPACES).
					DO NOT POST IF PROVIDER IS ONE OF THE FOLLOWING KIDNEY CENTER PROVIDERS:
					3003142 3003399 3004645 3005568 3005733 3006053 3006475 3007028 3115607 3142700 3143807 3144805 3990009 3999000 3999109 3999208 3999505 3999604.
					DO NOT POST FOR FOR TAKE CHARGE CLIENTS (PROGRAM G WITH MATCH M OR T AND ELIGIBILITY CODE P).
0237	0	0	3		'HMO CLAIMS W/O DATE OF SERVICE SPAN'
BWSC2050					POST AT THE LINE ITEM UNDER THE FOLLOWING CONDITIONS:
					A. IF LINE-ITEM PROCEDURE CODE EQUALS '0350M' OR '0351M, AND,
					B. THE LINE-ITEM FIRST DATE OF SERVICE AND THE LAST DATE OF SERVICE ARE NOT EQUAL TO ZERO AND,
					C. COMPUTED HMO DAYS ARE NOT GREATER THAN ZERO.
					OR
					D. THE FIRST DATE OF SERVICE IS ON OR AFTER NOVEMBER 1, 2002 AND,
					E. THE LINE ITEM FIRST DATE OF SERVICE AND LAST DATE OF SERVICE ARE THE SAME DATE AND,
					F. THE CLAIM TYPE IS A P(MED VENDOR) OR O (MEDICARE PART B) AND,
					G. THE TYPE OF SERVICE IS R(RENTAL) AND,
					H. ONE OF THE FOLLOWING PROC CODES APPEAR ON THE CLAIM:
					0001E, 0111E, 0112E, 0113E, 0114E, 0131E, 0133E,
					0155E, 0159E, 0169E, 0170E, 0196E, 0197E, 0246E,
					0307E, 0328E, 0329E, 0330E, 0339E, 0414E, 0626E,
					0903E, 0906E, 0907E, 0916E, 0917E, 0931E, 1465E,
					1530E, 1960E, 1961E, E1962, E0163, E0164, E0165,
					E0166, E0180, E0181, E0185, E0190, E0197, E0271,
					E0292, E0293, E0294, E0295, E0296, E0297, E0305,
					E0310, E0630, E0635, E0650, E0730, E0910, E0920,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					E0930, E0935, E0940, E0946, E1060, E1230, K0001, K0003, K0006.
					OR
					I. THE FIRST DATE OF SERVICE IS ON OR AFTER NOVEMBER 1, 2003 AND,
					J. THE LINE ITEM FIRST DATE OF SERVICE AND LAST DATE OF SERVICE ARE THE SAME DATE AND,
					K. THE CLAIM TYPE IS A P(MED VENDOR) OR O (MEDICARE PART B) AND,
					L. THE TYPE OF SERVICE IS R(RENTAL) AND,
					M. ONE OF THE FOLLOWING PROC CODES APPEAR ON THE CLAIM: A4536, A4537, A4538, E0168, E0186, E0194, E0202, E0372, E0603, E0604, E1237, E1399, E2000, K0011, K0012, K0538, K0539, H0540, K0549, K0550.
0238	0	0	3	O	'MEDICARE DEDUCTIBLE GREATER THAN LIMIT'
BWSC2050,BWOC0034					POST AT THE HEADER LEVEL UNDER THE FOLLOWING CONDITIONS:
					A. CLAIM TYPE IS 'O' (MEDICARE PART B CROSSOVER); AND,
					B. HEADER FIRST DATE OF SVC IS NOT EQUAL TO ZEROES; AND,
					C. MEDICARE DEDUCTIBLE AMOUNT IS GREATER THAN SYSTEM PARAMETER #22 AMOUNT FOR CLAIM FIRST DATE OF SERVICE.
0239	0	0	3	RC=60	'MEDICALLY NEEDY RECIPIENT IS UNDER 21 YEARS'
BWSC3580					IF THE RECIPIENT IS 20 YEARS OF AGE OR YOUNGER AND THE FIRST DATE OF SERVICE IS APRIL 1 1990 OR GREATER AND THE REFERING PROVIDER NUMBER IS EQUAL TO ZEROES AND ONE OF THE COMBINATIONS IS TRUE:
					A. IF THE MATCH CODE IS EQUAL TO A OR B
					B. IF THE PROGRAM CODE IS EQUAL TO A B C E G H J O P S OR T AND THE MATCH CODE EQUAL TO E H K OR L
					C. IF THE PROGRAM CODE IS EQUAL TO R AND MATCH CODE EQUAL TO K OR L
					AND ONE OF THE FOLLOWING CONDITIONS IS TRUE:
					1. IF CLAIM TYPE EQUAL TO P (MEDICAL VENDOR) AND THE PROVIDER TYPE IS EQUAL TO 30 34 36 84 OR 87
					2. IF A MEDICAL CLAIM AND THE TYPE OF SERVICE IS EQUAL TO 3 AND ONE OF THE FOLLOWING IS TRUE:
					A. PROCEDURE CODE EQUAL TO 92506-92508 95831-95852 97010-97799 0001M-0002M 0020M 9260M OR M0006-M0008
					B. PROVIDER TYPE EQUAL TO 36
					C. PROVIDER TYPE EQUAL TO 40 AND PROVIDER SPECIALTY CODE EQUAL TO 66
0240	0	0	5	M,R,S	'REVENUE CODE IS KIDNEY DIALYSIS'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC2040					CLAIM TYPE IS EQUAL TO INPATIENT, DRG, OR OUTPATIENT.
					REVENUE CODE OF LINE ITEM EQUAL TO KIDNEY DIALYSIS REVENUE
					CODE (0800-0814,0819-0824,0826-0834,0836-0844,0846-0854,
					0856-0859,0880-0881,0889) AND
					DIAGNOSIS CODE EQUAL TO (585,996.8,V42.0,V59.4)
0241	0	0	3	T	'NURSING HOME DATE NOT ALL WITHIN ELIGIBILITY SPAN.'
BWSC3020					CLAIM LAST DATE OF SERVICE IS GREATER THAN THE NURSING
					HOME ELIGIBILITY END DATE.
0242				60	'NO MODIFIER 1H/SL WITH HEALTH DEPT VACCINE FOR CHILD'
BWSC3550					POST THE EXCEPTION IF THE FOLLOWING IS TRUE:
					A. RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM) AND;
					B. RECIPIENT IS UNDER THE AGE OF 19 OR THE RECIPIENT IS
					OVER THE AGE OF 18 AND THE ITA INDICATOR IS EQUAL TO
					'B' (BABY ON MOTHERS PIC) AND;
					C. LINE ITEM PROCEDURE CODE MODIFIER IS NOT EQUAL TO 'SL'
					(STATE SUPPLIED VACCINE) OR '1H' (VACCINE SUPPLIED BY
					HEALTH DEPT) AND;
					D. PROCEDURE CODE IS EQUAL TO 90371 - 90749 AND;
					E. FACTOR CODE ON THE PDDD FILE IS EQUAL TO '9' FOR THE
					DATE OF SERVICE OF THE VACCINE.
0243	0	1	3	ALL	'HOSPICE IS NOT CATEGORICALLY NEEDY OR MN'.
BWSC3580					BYPASS THE EXCEPTION IF:
					A. PROVIDER TYPE IS EQUAL TO '63' (HOSPICE), AND
					B. MATCH CODE IS EQUAL TO (A OR B)
					POST THE EXCEPTION IF:
					A. PROVIDER TYPE IS EQUAL TO '63' (HOSPICE), AND;
					B. PROGRAM CODE IS NOT EQUAL TO (A, B, C, D, E, P, R, S
					T, J, G, H, O) AND;
					C. MATCH CODE IS NOT EQUAL TO (1, C, J, N, S, 2, X, Y, T
					U, H, K, L OR M)
0244	0	0	2	RC= 60	'LINE ITEM SERVICE DATE NOT IN ELIGIBILITY SPAN.'
BWSC3020					AFTER THE ELIGIBILITY DATE ARRAY IS ESTABLISHED, IT IS
					FOUND TO BE ALL SPACES, INDICATING THE SERVICE DATE IS
					NOT WITHIN THE ELIGIBILITY SPAN.
0245	0	0	2	RC= 60	'REVIEW RECIPIENT HOSPICE'
					DATE: 02/23/04
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. RECIPIENT EXCEP INDICATOR IS EQUAL TO D (HOS-REVIEW).
					B. (FDOS IS NOT LESS THAN RESTRIC-BEGIN-DATE AND NOT GREATER THAN RESTRICT-END-DATE ON THE RECIPIENT ELIG RECORD)
					OR
					(LDOS IS NOT LESS THAN RESTRICT-BEGIN-DATE AND NOT GREATER THAN RESTRICT-END-DATE ON THE RECIPIENT ELIG RECORD).
					C. RESTRICT-PROVIDER-NUMBER ON THE RECIP ELIG RECORD IS NOT EQUAL TO THE CLAIM PROVIDER NUMBER.
					D. ITA-BLIND-IND IS NOT 'K' (NOT-TERM-ILL-HOSPICE)
					BYPASS THE EXCEPTION IF:
					A. ALL LINE ITEM PROC CODES ARE CASA CODES: 0200C, 0201C, 0202C, 0203C, 0225C, 0260C, 0290C, 0240C, 0241C, 0245C, 0270C, 0280C, 0215C.
					B. ALL LINE ITEM PROC CODES ARE HMO CODES: 0350M, 0351M, 0352M, 0353M AND THE CLAIM WAS COMPUTER GENERATED.
					C. ALL LINE ITEM PROC CODES ARE CASA CODES AND HMO CODES AND THE CLAIM WAS COMPUTER GENERATED.
					D. ON PHARMACY CLAIMS, THE DRUG CODE BEGINS WITH '88888' (COGNITIVE SERVICES).
					E. ALL LINE ITEM PROC CODES ARE TPL INSURANCE PREMIUM CODES: 0360M OR 0361M.
					F. PROVIDER TYPE 40 AND PROVIDER SPECIALTY 60 OR 63.
					G. PROVIDER TYPE 58, 28, 29, 51, 53 OR 84.
					H. PROVIDER SPECIALTY CODE 18.
0246				P	'MCARE HOME HEALTH EDIT'
BWSC3550					EXCEPTION 246 POSTS ON THE HEADER LEVEL.
					IT POSTS IF THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS EQUAL TO 'P' (MEDICAL VENDOR).
					B. PROVIDER TYPE IS EQUAL TO 44 (HOME HEALTH AGENCY).
					C. MEDICARE-EDT-BYPASS-INDICATOR IS NOT EQUAL TO 'Y' (BYPASS MEDICARE EDITS).
					D. THERE IS NO PRIOR AUTHORIZATION NUMBER GREATER THAN 0.
					E. RECIPIENT AGE IS GREATER THAN OR EQUAL TO 65 OR MEDICAL-CODE IS EQUAL TO 1, 7, OR 8 (MCARE-BUY-IN, MCARE-BUY-IN-QMB, OR MCARE-BUY-IN-QDWI).
					F. LINE ITEM EDITS THAT POST TO HEADER LEVEL:
					1. THE PROC-CODE-MODIFIER IS NOT EQUAL TO NOT-HOMEBOUND.
					2. THE DIAGNOSIS CODE IS EQUAL TO (140-496, 510-519.9, 571-577.8, 707.0-737.9, 756.1-756.17, 800-959.9).
					3. THE PROC-CODE IS NOT EQUAL TO 571.
0247				ALL EXCEPT	'RECIPIENT HAS QMB COVERAGE ONLY.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3580				V,W,O	IF PROGRAM CODE IS (A,B,OR P) (AGED, BLIND, DISABLED) AND MATCH CODE IS 'D' (QMB) AND CLAIM IS NOT A X-OVER (CLAIM TYPE V,W,OR O) THEN EXCEPTION WILL POST. WILL NOT POST IF: A. ITA-BLIND-IND EQUAL TO "B" (BABY USE MOTHER PIC). THIS EXCEPTION WILL BE BYPASSED IF: 1) CLAIM HAS A 0360M OR 0361M PROCEDURE CODE.
0248				ALL	'HMO-KITSAP PHYSICIANS SERVICE.'
BWSC3530,3540,3550					THIS EXCEPTION NO LONGER POSTS.
0249	0	0	2	L	'EPSDT RECIPIENT MUST BE UNDER 21 YEARS OF AGE AT THE DATE OF SERVICE.'
BWSC3020					RECIPIENT AGE IS GREATER THAN +20. WILL NOT POST IF: A. ITA-BLIND-IND EQUAL TO "B" (BABY USE MOTHER PIC).
0250	2	0	3	ALL EXCEPT RC=66	'RECIPIENT NOT ON ELIGIBILITY FILE.'
BWSC3020					'AFTER ATTEMPTING A READ-KEY ON THE RECIPIENT MASTER FILE, THE FOLLOWING ARE TRUE: A. THE RETURN-IO-CODE IS EQUAL TO RECIP-ID-NOT-ON-FILE. B. EXCEPTIONS 129 AND 130 ARE NOT POSTED FOR THE CLAIM. C. (RECORD CODE NOT EQUAL TO 64 (PT. A MCARE) AND CLAIM-TYPE NOT EQUAL TO ZERO) OR TIE-BREAKER OF RECIP-ID NOT EQUAL TO SPACE.
0251	0	0	3	ALL	'HMO-GROUP HEALTH'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER NUMBER IS EQUAL TO (7500176,7500184, OR 7500192) OR (7500002 AND FDOS BEFORE 01/01/96). B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD. C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D). D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983. THIS EXCEPTION WILL BE BYPASSED IF: 1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM. 2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0252 BWSC3020	0	0	3	ALL, EXCEPT RC= 60	'NOT ELIGIBLE FOR ALL DATES OF SERVICE.' DATE: 04/13/04
					POST EXCEPTION FOR THE FOLLOWING:
					1. THE RECIPIENT IS NOT ELIGIBLE FOR ALL DATES OF SERVICE ON THE CLAIM (DATE ARRAY IS A MIXTURE OF SPACES AND NUMERICS)
					2.A. CLAIM TYPE IS EQUAL TO 'R' (DRG) OR 'S' (INPATIENT)
					B. RECIPIENT CURRENTLY IS A MEMBER OF THE MI PROGRAM (PROGRAM CODE EQUAL TO 'M' AND MATCH CODE EQUAL TO 'G' OR 'P')
					C. ADMISSION DATE IS LESS THAN JULY 1, 2003 AND THE DISCHARGE DATE (LAST DATE OF SERVICE) IS GREATER THAN JUNE 30, 2003
					EXCEPTION IS BYPASSED IF THE ONE OF THE FOLLOWING CONDITIONS ARE TRUE:
					1.A. CLAIM TYPE IS EQUAL TO 'T' (NURSING HOME)
					B. THE DATE ARRAY IS NUMERIC (ELIGIBILITY CODE IS EQUAL TO ELIGIBLE OR '6' - NOT COVERED)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2.A. THE ITA BLIND INDICATOR IS EQUAL TO BLIND
					B. CLAIM TYPE IS EQUAL TO 'R' (DRG), 'S' (INPATIENT) OR 'M' (OUTPATIENT)
0253	0	0	3	ALL	'ELIGIBILITY FILE INDICATES RECIPIENT EXPIRED.'
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE:
					RECIPIENT DATE OF DEATH IS NOT EQUAL TO ZERO AND LAST
					DATE OF SERVICE IS GREATER THAN RECIPIENT DATE OF DEATH.
0254	0	0	3	ALL	'HMO RECIPIENT - GROUP HEALTH SPOKANE
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500036' AND FDOS IS BEFORE 01/01/96.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. DRUG CLAIM AND PRESCRIBING PROVIDER NUMBER BEGINS WITH A '5'; OR
					B. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM; OR
					C. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					D. PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					E. MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					F. MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					G. INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					H. INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					I. ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					J. EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0255	0	0	3		'RECIPIENT IS OVER 65 AND NOT ELIGIBLE FOR PART B OF MEDICARE. HOWEVER, THIS SERVICE IS NORMALLY COVERED BY MEDICARE.'
BWSC3530,BWSC3550					
				M	A. RECIPIENT AGE IS NOT LESS THAN 65.
					B. PROVIDER TYPE IS NOT EQUAL TO 15,42,45,50,65,71,75,84 AND 87 (FREE STANDING PSYCH HOSPITAL, INDIAN HEALTH, PERSONAL VOL TRANS, TAXI, CABULANCE, FAMILY PLAN CLINIC, SUBSTANCE ABUSE, HEARING AIDS, DAY HEALTH CARE)
					C. PROVIDER MCARE-EDIT-BYPASS-IND IS NOT EQUAL TO 'Y' (BYPASS MEDICARE EDIST)
					D. MEDICAL CODE IS EQUAL TO 0 (REGULAR MEDICAL).
					E. ITA-BLIND INDICATOR NOT EQUAL 'B' (BABY ON MOM'S PIC).
					F. RECIP CLIENT ID NOT EQUAL TO SPACES.
					OR
				R,S	A. RECIPIENT AGE IS NOT LESS THAN 65.
					B. PROVIDER TYPE IS NOT EQUAL TO 65 (FREE STANDING PSYCH HOSPITAL).
					C. PROVIDER MCARE-EDIT-BYPASS-IND IS NOT EQUAL TO 'Y' (BYPASS MEDICARE EDIST)
					D. MEDICAL CODE IS EQUAL TO 0 (REGULAR MEDICAL).
					E. ITA-BLIND INDICATOR NOT EQUAL 'B' (BABY ON MOM'S PIC).
					F. RECIP CLIENT ID NOT EQUAL TO SPACES.
					OR
				J,P	A. RECIPIENT AGE IS NOT LESS THAN 65.
					B. PROVIDER MCARE-EDIT-BYPASS-IND IS NOT EQUAL TO 'Y'. (BYPASS MEDICARE EDITS).
					C. PROV TYPE IS NOT EQUAL TO (15,23,35,42,44,45,50,71, 75,84,87,93 AND 94). (INDIAN HEALTH CENTER, PERSONAL VOL TRANS, TAXI, CABULANCE, FAMILY PLAN CLINIC, SUBSTANCE ABUSE, HEARING AIDS, ARNP, MIDWIFE, DAY HEALTH CARE, CASE MANAGER, MATERNITY SUPPORT, HOME HEALTH AGENCY).
					D. MEDICAL CODE NOT EQUAL TO 1,7,8 (MCARE-BUY-IN, MCARE-BUY-IN-QMB, MCARE-BUY-IN-QDWI).
					E. ITA-BLIND INDICATOR NOT EQUAL 'B' (BABY ON MOM'S PIC).
					F. RECIP CLIENT ID NOT EQUAL TO SPACES.
					G. PROC CODE MODIFIER NOT EQUAL TO 'NM' (NO MEDICARE COV).
					H. MEDICARE COVERAGE INDICATOR NOT EQUAL TO "E" (YES MCARE COV NOT NH) AND LINE-ITEM PLACE OF SERVICE NOT EQUAL TO 7 OR 8 (NURSING HOME-ICF, NURSING HOME-SNF).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0256	0	0	3	RC= 60	'DETAIL SERVICE DATES NOT ELIGIBLE.'
BWSC3020					THE ESTABLISHED DATE ARRAY IS A MIXTURE OF SPACES, 1'S, AND 2'S (NOT ELIG, ELIG FOR NH, AND NOT ELIG -MEDICAL CATEGORY 6),INDICATING THE LINE ITEM SERVICE DATES OVERLAP THE ELIGIBILITY SPANS.
0257	0	0	3	ALL EXCEPT Z,I	'REVIEW RECIPIENT FOR MEDICAL REVIEW'
BWSC3520					THE FOLLOWING ARE TRUE: A. THE RESTRICTED PROVIDER NUMBER IS NOT EQUAL TO THE PROVIDER NUMBER (IN THIS CASE THE RECIPIENT EXCEPTION INDICATOR IS SET EQUAL TO 'Y'). B. WHERE THE CLAIM TYPE IS 'J' (PHYSICIAN), THE RESTRICTED PROVIDER NUMBER IS NOT EQUAL TO THE PERFORMING PROVIDER NUMBER OR THE REFERRING PROVIDER NUMBER (IN THESE CASES THE RECIPIENT EXCEPTION INDICATOR IS SET EQUAL TO 'Y'). C. PROVIDER TYPE IS NOT EQUAL TO (18,25,43,71,73,75,28 OR 90) (EMERGENCY ROOM PHYSICIAN,RADIOLOGY,LAB FACILITY, VOL-COMM-MENTAL-HEALTH,SUBSTANCE ABUSE,FAMILY PLANNING, OPTOMETRIST, HMO). D. WHERE THE CLAIM TYPE IS 'J' (PHYSICIAN), THE PROVIDER SPECIALITY IS NOT EQUAL TO 18 (OPHTHALMOLOGY). E. THE PROVIDER SPECIALTY IS NOT EQUAL TO 30 (RADIOLOGY). F. WHERE THE PROVIDER TYPE IS EQUAL TO 40 (OTHER PROVID-ERS), THE PROVIDER SPECIALTY IS NOT EQUAL TO (60 OR 63) (INTERPRETER SERVICE AGENCY,INTERPRETER SERVICES). G. EXCEPTION IS BYPASSED IF PHARMACY CLAIM AND ITA-BLIND-INDICATOR IS EQUAL TO (I,B,E,S) (ITA-CLAIM,BABY-USE-MOTHER-PIC,EMERGENCY,SUICIDAL-RISK). H. WILL NOT POST EXCEPTION IF PHYSICIAN CLAIM(J) AND THE PLACE OF SERVICE CODE: 1, 2, 5, 21, 22, 23, 51 OR 52
0258				ALL	'HMO-KAISER PERMANENTE'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER NUMBER IS EQUAL TO '7500010' AND FDOS IS BEFORE 01/01/96. B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD. C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D). D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
					10) DRUG CLAIM TYPE AND (PRESCRIBING PROVIDER NUMBER BEGINS WITH "5" OR DRUG THERA CLASS (430, 440 THRU 442, 444, H2D, H2G, H2L, H2M, H2F, H2H, H2J, H2K).
0259	0	0	3	R,S	'RECIPIENT IS COVERED BY PART A OF MEDICARE SO INPATIENT CLAIMS ARE NOT ALLOWED.'
BWSC3530					MEDICARE EDIT BYPASS INDICATOR ON THE PROVIDER FILE IS NOT EQUAL TO 'Y' (BYPASS-MCARE-EDITS); AND, PROVIDER TYPE IS NOT EQUAL TO 65 (CHILD-IP-PSYCH-HOSP); AND, RECIPIENT MEDICAL CODE IS EQUAL TO (1, 7, OR 8).
0260	2	0	3	J, P, L	'RECIPIENT NOT ON ELIGIBILITY FILE.'
BWSC3020					'AFTER ATTEMPTING A READ-KEY ON THE RECIPIENT MASTER FILE, THE FOLLOWING ARE TRUE: A. THE RETURN-IO-CODE IS EQUAL TO RECIP-ID-NOT-ON-FILE. B. EXCEPTIONS 129 AND 130 ARE NOT POSTED FOR THE CLAIM. C. (RECORD CODE NOT EQUAL TO 64 (PT. A MCARE) AND CLAIM-TYPE NOT EQUAL TO ZERO) OR TIE-BREAKER OF

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					RECIP-ID NOT EQUAL TO SPACE.
					D. MEDIA '0' AND REEL/ROLL '91' OR '92'
0261	0	0	3		'RECIPIENT IS COVERED BY PART B OF MEDICARE SO PHYSICIAN, OUTPATIENT AND MEDICAL VENDOR CLAIMS ARE NOT ALLOWED.'
BWSC3530, BWSC3550					DATE: 03/09/04
					EXCEPTION 261 WILL POST IF:
				M	1) A. MCARE-EDT-BYPASS-IND IS NOT EQUAL TO 'Y'.
					B. PROVIDER TYPE IS NOT EQUAL TO (15,42,45,50,65,71, 75, 84, AND 87) (INDIAN-HEALTH-CENTER, PERSONAL-VOL-TRANS, TAXI CABULANCE, FREE-STDG-PSYCH-HOSP, FAMILY-PLAN-CLINIC, SUBSTANCE-ABUSE, HEARING-AIDS AND DAY-HEALTH-CARE).
					C. MEDICAL CODE IS EQUAL TO 1, 5, 7, OR 8 (MCARE-BUY-IN, SLMB, MCARE-BUY-IN-QMB, MCARE-BUY-IN-QDWI).
					D. ITA-BLIND-IND IS NOT EQUAL TO 'B' (BABY-USE-MOTHER-PIC)
					EXCEPTION 0261 WILL POST AT THE HEADER IF ALL LINE ITEMS WOULD HAVE POSTED EXCEPTION 0261.
				J	2) A.1. MEDICARE COVERAGE INDICATOR ON THE PDD FILE IS EQUAL TO 'Y'
					OR
					A.2. MEDICARE COVERAGE INDICATOR ON THE PDD FILE IS EQUAL TO 'E' (YES-MCARE-COV-NOT-NH) AND LINE ITEM PLACE OF SERVICE IS NOT EQUAL TO (7, 8, 31, 32 OR 54)
					B. MCARE-EDT-BYPASS-IND IS NOT EQUAL TO 'Y' (BYPASS-MCARE-EDITS).
					C. PROVIDER TYPE IS NOT EQUAL TO (15,23,35,42,45,50, 71, 75, 84,87,93 AND 94). (INDIAN-HEALTH-CENTER, PERSONAL-VOL-TRANS, TAXI, CABULANCE, FAMILY-PLAN-CLINIC, SUBSTANCE-ABUSE, HEARING-AIDS, ADV-REG-NURS-PRACT, MIDWIFE, DAY-HEALTH-CARE, CASE-MANAGER, AND MATERNITY-SUPPORT).
					D. MEDICAL CODE IS EQUAL TO 1, 5, 7, OR 8 (MCARE-BUY (MCARE-BUN-IN, SLMB,MCARE-BUY-IN-QMB, MCARE-BUY-IN-QDWI).
					E. PROCEDURE CODE MODIFIER IS NOT EQUAL TO 'NM' OR '6N' (NO-MCARE-COVERAGE).
					F. ITA-BLIND-IND NOT EQUAL TO 'B' (BABY USE MOTHER PIC).
					EXCEPTION 0261 WILL ONLY POST AT THE LINE ITEM LEVEL ON

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					MEDICAL VENDOR CLAIMS.
				P	3) A.1. MEDICARE COVERAGE INDICATOR ON THE PDD FILE IS EQUAL TO 'Y'
					OR
					A.2. MEDICARE COVERAGE INDICATOR ON THE PDD FILE IS EQUAL TO 'E' (YES-MCARE-COV-NOT-NH) AND LINE ITEM PLACE OF SERVICE IS NOT EQUAL TO (7, 8, 31, 32 OR 54)
					B. MCARE-EDT-BYPASS-IND IS NOT EQUAL TO 'Y' (BYPASS-MCARE-EDITS).
					C. PROVIDER TYPE IS NOT EQUAL TO (15,23,35,42,45,50, 71, 75, 84,87,93 AND 94).
					(INDIAN-HEALTH-CENTER, PERSONAL-VOL-TRANS, TAXI, CABULANCE, FAMILY-PLAN-CLINIC, SUBSTANCE-ABUSE, HEARING-AIDS, ADV-REG-NURS-PRACT, MIDWIFE, DAY-HEALTH-CARE, CASE-MANAGER, AND MATERNITY-SUPPORT).
					D. MEDICAL CODE IS EQUAL TO 1, 5, 7, OR 8 (MCARE-BUY (MCARE-BUN-IN, SLMB,MCARE-BUY-IN-QMB, MCARE-BUY-IN-QDWI).
					E. PROCEDURE CODE MODIFIER IS NOT EQUAL TO 'NM' OR '6N' (NO-MCARE-COVERAGE).
					F. ITA-BLIND-IND NOT EQUAL TO 'B' (BABY USE MOTHER PIC).
					BYPASS WHEN
					1) A. PROVIDER TYPE IS 24
					AND
					PROCEDURE CODE IS EITHER:
					90632 90633 90634 90665 90690 90691 90692
					90707 90712 90713 90716 90717 90718 90725
					90733 90735 90740 THRU 90748 90782 OR
					86580
					AND
					DIAGNOSIS CODE IS EITHER:
					V74.1 V05.9 V06.9
					OR
					B1. PROCDURE CODE IS:
					92506 - 92508
					AND
					PROVIDER TYPE IS 37.
					B2. PROCEDURE CODE IS:
					92002 - 92287, 99201 - 99274, 99281 - 99285, OR
					99301 - 99350
					AND
					DIAGNOSIS IS:
					367 - 368.9, 378.1, V53.1 OR V72.0.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B3. PROCEDURE CODE IS:
					53601 - 56302, 58600, 58611, 58615, 58670 -
					58671, 54690, 55250, 55450, 56318, 00851, 00869,
					5911M OR 5912M
					AND
					DIAGNOSIS IS:
					V25.2 OR V61.5
					B4. PROCEDURE CODE IS:
					J3420
					AND
					DIAGNOSIS IS:
					123.4, 281.0, 281.2, 281.3, 281.9, OR 284 - 284.9
					B5. PROCEDURE CODE IS:
					J1055
					OR
					PROCEDURE CODES 90782 AND J1055 BOTH ON THE CLAIM.
					B6. PROCEDURE CODE IS:
					59812 - 59866, 5915M, OR 01964
					AND
					DIAGNOSIS IS:
					635 - 639.9 OR V61.7
					AND
					PROC CODE MODIFIER G7 DOESN' APPEAR ON THE CLAIM
					B7. PROCEDURE CODE IS:
					38230, 38231, 38241
					AND
					DIAGNOSIS IS:
					140.0 - 199.1, 203.0, 204.00, 205.00, 205.10,
					205.11, 206.00, 207.00, 208.00 OR 238.6
					B8. PROCEDURE CODE IS:
					38240
					AND
					DIAGNOSIS IS:
					203.0 OR 238.6
					B9. IF BOTH PROCEDURE CODES J1190 AND J9000 ARE ON
					CLAIM
					AND
					DIAGNOSIS IS:
					425.0 - 425.9 OR 428.0
					B10. PROCEDURE CODE IS:
					48160 OR 48554

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND
					DIAGNOSIS IS NOT ANY OF THE FOLLOWING:
					250.00 - 250.93, V42.0, V43.89 OR 585)
					B11. PROCEDURE CODE IS:
					84703
					AND
					DIAGNOSIS IS NOT ANY OF THE FOLLOWING:
					164.2 - 164.3, 181, 183 - 183.0, 186 - 186.9,
					187.8 - 187.9M 198.82, 611.1, 626 - 626.0, 633 -
					634.91, V01 - V10.43 OR V71.1
					C. CLAIM TYPE IS 'P' (MEDICAL VENDOR)
					AND
					PROCEDURE CODE IS:
					B4100 OR B4150 THRU B4156
					AND
					PROCEDURE CODE MODIFIER IS:
					BO
					D. PROVIDER TYPE IS 44 (HOME HEALTH)
					AND
					PROCEDURE CODE IS:
					00421, 00431, 00441, 00551, 00558, 00571, 00580,
					OR 00590.
					E. THE PROC CODE MODIFIER IS ONE OF THE FOLLOWING:
					2B THRU 2H, 2T, 3B THRU 3M, 4A, 4B OR X1 THRU X9
					AND THE CLAIM TYPE IS EQUAL TO MEDICAL VENDOR (P).
					F. THE PROVIDER TYPE IS EQUAL TO '44' (HOME HEALTH)
					AND CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT).
					G. THE PROVIDER TYPE IS EQUAL TO '26' (PHARMACIST) OR
					'39' (DME SUPPLIERS) AND THE DIAGNOSIS CODE IS EQUAL
					TO ONE OF THE FOLLOWING; 344.61 599.0 707 707.0
					707.10-707.19 707.7-707.9 788.2-788.21 788.29
					788.3-788.39 AND THE PROCEDURE CODE IS EQUAL TO
					ONE OF THE FOLLOWING; 4521A 4610A-4612A 4616A-4621A
					4625A 4630A 4640A A4521-A4530 A4533 A4535 T1500
					4461A-4482A A6402-A6406 A6422 A6424 A6426 A6428
					A6021-A6024 A6196-A6224 A6228-A6230 A6234-A6264
					4585A 4595A 4760A-4769A 4771A 4799A 0089A 0090A
					0094A 0095A 0098A A4450 A4452.
					H. THE CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN), THE
					TYPE OF SERVICE IS EQUAL '3' (OTHER CPT-4 SERVICES),
					THE PROCEDURE CODE IS EQUAL TO '90862' (MEDICATION
					MANAGEMENT) AND THE DIAGNOSIS IS WITHIN THE RANGE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OF 295 - 295.9 (SCHIZOPHRENIA).
0262				M,S,R	'TPL SUSPECT'
BWSC2040					INPATIENT, OUTPATIENT OR DRG CLAIM AND THE FOLLOWING IS TRUE: ACCIDENT-CODE EQUAL TO (1,2,3,4) (AUTO-ACCID, ACCID-NF, ACCID-TORT, ACCID-EMP)
0263	0	0	3	RC=60	'RECIPIENT ELIGIBILITY RECORD INDICATES THAT THE
				61	RECIPIENT HAS THIRD PARTY COVERAGE TO BE PURSUED IN A
				62	PRE-PAYMENT MODE.'
BWSC3580				64	
					DATE: 05/19/04
					1.A. ONE OF THE TPL SEGMENTS FOR A RECIPIENT HAS A '1' IN THE SERVICES COVERED BY TPL FIELD
					B. AT LEAST ONE OF THE TPL SEGMENTS HAS HEALTH CARRIER
					EXCEPTION IS BYPASSED IF THE ONE OF THE FOLLOWING CONDITIONS ARE TRUE:
					1. THE NUMBER OF TPL SEGMENTS ON THE CLAIM IS EQUAL TO ZERO
					2.A. PROVIDER TYPE IS EQUAL TO 58 (SCHOOLS DISTRICT)
					B. FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN MARCH 01, 1995
					3.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 09920
					4.A THE PROCEDURE CODE IS EQUAL TO 0122D OR D1203
					B. THE PROVIDER TYPE IS NOT EQUAL TO 27 (DENTIST)
					5.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0998D-4444D OR 4450D-4506D
					6.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0352M-0353M OR 9274M-9277M
					7.A. THE RECORD CODE IS EQUAL TO 62 (PHARMACY CLAIM)
					B. THE NATIONAL DRUG CODE IS ONE SPECIFIED AS COGNITIVE SERVICES
					8.A. THE PROGRAM CODE IS EQUAL TO G (TAKE CH FP)
					B. THE MEDICAL CODE IS EQUAL TO P (FAMILY PLANNING P)

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				C.	THE MATCH CODE IS EQUAL TO M (MEDICAL ONLY) OR T (ADOPT SUPP MED PROG)
				9.	THE RECORD CODE IS EQUAL TO '66' (CREDIT ADJUSTMENT)
				10.	THE PROVIDER TYPE IS EQUAL TO ONE OF THE FOLLOWING: 15 23 28 35 41 42 44 45 50 54 71 74 83 87 90 OR 96
				11.	THE PROVIDER NUMBER IS EQUAL TO ONE OF THE FOLLOWING: 3003142 3003399 3004645 3005568 3005733 3006053 3006475 3007028 3007175 3009719 3115607 3142700 3143807 3144805 3990009 3999000 3999109 3999208 3999505 3999604
				12.A.	THE PROVIDER TYPE IS EQUAL TO 40
				B.	THE PROVIDER SPECIALTY CODE IS EQUAL TO 60 OR 63
				13.A.	THE PROCEDURE CODE IS EQUAL TO J3490 OR S9445
				B.	THE DIAGNOSIS CODE IS EQUAL TO V25.09
				14.A.	THE PROVIDER NUMBER IS EQUAL TO 3318904 (MADIGAN ARMY HOSPITAL)
				B.	THE REVENUE CODE IS EQUAL TO 0160
				15.A.	THE PROVIDER TYPE IS EQUAL TO 73
				B.	THE PROVIDER SPECIALTY CODE IS EQUAL TO 73
				C.	THE PROCEDURE CODE IS EQUAL TO 0450M - 0453M
				16.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 01964 0980M 0981M 0982M 0991M 0992M 0993M 0994M 0995M 0996M 0997M 0998M 5915M 5941M 5953M 5954M 5955M 5959M 1112J S0190 S0191 T1013
				17.	THE PROCEDURE CODE IS EQUAL TO 4804A OR T1999
				18.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 0140M 0143M 0149M 0171M 0172M 0176M 0177M 0184M 0198M
				19.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 59855-59857 90665 90669 90740 90743 90748 00850 00857 00946
				20.	THE PROCEDURE CODE IS EQUAL TO 0028M OR 0173M
				21.A.	THE FIRST DATE OF SERVICE ON THE CLAIM IS GREATER THAN APRIL 30, 1998
				B.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					FOLLOWING: 4800A 4801A OR 4802A
				22.A.	THE PROVIDER TYPE IS EQUAL TO 33
				B.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 8900N 8901N 8902N OR 8903N
				23.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 59812 59820 59821 59830 59840 59841
					59850 59851 59852 59855 59856 59857 9801M 9806M
					9807M 9808M 9810M 9811M 8900N 8901N 8902N 8903N
					6906T 6907T 6908T 6909T 6913T 6914T 6906V 6907V
					6908V 6909V 6913V 6914V 5960M 5961M 5962M 5963M
					5964M
				24.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 92340 92341 92342 92352 92353 92354
					92355 92370 92371 9275M 9276M 9277M
				25.	THE PROCEDURE CODE IS EQUAL TO 0188M
				26.A.	THE CLAIM TYPE IS EQUAL TO 'P' (MEDICAL VENDOR)
				B.	THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 6912E 6950E 6951E 4805A A4554 4521A
					4610A 4611A 4612A 4616A 4617A 4618A 4619A 4620A
					4621A 4625A 4630A 4640A 4790A 4791A 4792A 4795A
					4796A 4797A A4335 A4521 A4522 A4523 A4525 A4526
					A4527 A4528 A4529 A4530 A4531 A4532 A4533 A4535
					A4536 A4537 A4538 T1500
				27.	THE DIAGNOSIS CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 632 633.1 634-634.99 635-635.99
					637-637.99 638-638.99 639-639.99
				28.	THE PROVIDER NUMBER IS EQUAL TO ONE OF THE
					FOLLOWING: 9043837 9035239 9044645 9032269
					9037599 9045105
				29.A.	THE PROVIDER TYPE IS EQUAL TO 58
				B.	THE CARRIER CODE IS EQUAL TO ONE OF THE FOLLOWING:
					CH01 CH10 HI01 HI50
				30.A.	THE PROVIDER NUMBER IS EQUAL TO 2008936
				B.	THE FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN
					JULY 01, 1991
				31.A.	THE PROVIDER NUMBER IS EQUAL TO 2012482
				B.	THE FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN
					JUNE 01, 1995

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					32.A. THE PROVIDER NUMBER IS EQUAL TO 2017390
					B. THE FIRST DATE OF SERVICE ON THE CLAIM IS GREATER
					THAN OR EQUAL TO JUNE 01, 1995
					33.A. THE PROVIDER NUMBER IS EQUAL TO 2020436
					B. THE FIRST DATE OF SERVICE ON THE CLAIM IS GREATER
					THAN OR EQUAL TO SEPTEMBER 01, 1997
					34. THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 01960 01961 01963 01967 01968 01969
					09100-09110 59000 59010 59011 59012 59015 59020
					59025 59030 59031 59050 59051 59320 59325 59420
					59400-59414 59425 59426 59430 59500-59515 59525
					59520 59521 59540 59541 59560 59561 59580 59581
					59610 59612 59614 59618 59620 59622 59866 59898
					59899 76805 76810 76815 76816 76818 76819 76825
					76826 76827 76828 76941 76946 80055 83661-83664
					85460 85461 90281-90399 90471-90749 J0850 J2790
					J1460-J1670 J2792 0177M 0192M 5930M 5935M 8000M
					5940M-5950M 5951M-5955M 5957M-5959M 8001M 9045M
					9068M 9069M 9070M 9071M 9072M 9073M 9074M 9076M
					0910M 0911M 0160M-0164M 0166M-0169M
					35. THE DIAGNOSIS CODE IS EQUAL TO ONE OF THE
					FOLLOWING: V22-V22.29 V23-V23.99 V28-V28.99
					640-648.99 651-658.99 671-671.99 673-673.99
					674-674.99 676-676.99
					36. THE PROCEDURE CODE IS EQUAL TO 92390.
					37. THE PROCEDURE CODE IS EQUAL TO A4524.
					********** SPECIAL NOTES **********
					SYSTEM FORCE;
					1. IF ENTIRE CLAIM IS BEING DENIED, EXCLUDING EXCEPTION
					263.
					2. FORCE
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT $0.01 TO 499.00
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
					SYSTEM DENY;

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2. DENY
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT ZERO
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
0264	0	0	3	ALL, EXCEPT Q,I,Z	'TPL CARRIER CODE WAS ENTERED BUT NO TPL MONEY WAS ENTERED ON THE CLAIM.'
BWSC3580					CARRIER CODE IS NOT EQUAL TO SPACES AND EXCEPTION 112 IS NOT DETECTED AND THIRD PARTY AMOUNT IS EQUAL TO ZERO. DO NOT POST EXCEPTION 264 FOR TAKE CHARGE CLIENTS (PROGRAM G WITH MATCH M OR T AND ELIGIBILITY CODE P). DO NOT POST EXCEPTION 264 IF: A. MED VENDOR CLAIM WITH ONE OF THE FOLLOWING PROC CODES: 6912E, 6950E, OR 6951E.
0265	0	0	3	D	'DRUG INCLUDED IN NURSING HOME COST REIMBURSEMENT FOR A NURSING HOME RECIPIENT'
BWSC3540					A. EXCEPTIONS 250, 275, 124, 126, 127, AND 290 NOT POSTED. B. RECIPIENT IS ENROLLED IN A NURSING HOME DURING THE SERVICE DATE SPAN. C. DRUG THERA CLASS IS 931, 932, 934, D4B OR D6S. D. FIRST DATE OF SERVICE IS NOT LESS THAN 06/01/84. E. RECIPIENT-NH-INDICATOR IS EQUAL TO '1' (INST-NUR-HOME)
0266	0	0	3	T	'A NURSING HOME CLAIM HAS BEEN SUBMITTED FOR A RECIPIENT WHO DOES NOT HAVE A RECIPIENT NURSING HOME RECORD ON THE RECIPIENT ELIGIBILITY FILE.'
BWSC3020					THE NUMBER OF NURSING HOME VARIABLE SEGMENTS ON THE ELIGIBILITY FILE IS EQUAL TO ZERO.
0267	0	0	3	T	'NURSING HOME CLAIM DATES OF SERVICE DO NOT FALL WITHIN THE ELIGIBLE SPAN OF DATES WITHIN THE RECIPIENT NURSING HOME RECORD.'
BWSC3520					DATE: 05/17/04
					1.A. CLAIM TYPE IS EQUAL TO 'T' (INSTITUTIONAL NURSING HOME)
					B. RECIPIENT WAS NOT ELIGIBLE FOR ALL DATES OF SERVICE ON THE CLAIM
					2.A. CLAIM TYPE IS EQUAL TO 'T' (INSTITUTIONAL NURSING

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HOME)
					B. CLAIM IS MORE THAN FOUR YEARS OLD
					EXCEPTION WILL NOT POST IF:
					1. THE FIRST DATE OF SERVICE IS LESS THAN THE (CURRENT PROCESSING DATE MINUS FOUR YEARS)
0268 BWSC3020	0	0	3	T	'NURSING HOME CLAIM PROVIDER DOES NOT EQUAL THE PROVIDER NUMBER IN THE RECIPIENT NURSING HOME RECORD.'
					PROVIDER NUMBER ON CLAIM DOES NOT EQUAL PROVIDER NUMBER ON THE ELIGIBILITY FILE.
0269 BWSC3580	0	0	4	RC= 60 61 62 64	'RECIPIENT ELIGIBILITY RECORD INDICATES THAT THE RECIPIENT HAS THIRD PARTY COVERAGE TO BE PURSUED IN A POST-PAYMENT MODE'
					DATE: 03/23/04
					1. IF ANY TPL SEGMENT ON THE CLAIM DOES NOT HAVE A SERVICES COVERED BY TPL INDICATOR OF '1' FOR THE DATES OF SERVICE ON THE CLAIM
					EXCEPTION IS BYPASSED IF THE ONE OF THE FOLLOWING CONDITIONS ARE TRUE:
					1. THE NUMBER OF TPL SEGMENTS ON THE CLAIM IS EQUAL TO ZERO
					2.A. PROVIDER TYPE IS EQUAL TO 58 (SCHOOLS DISTRICT)
					B. FIRST DATE OF SERVICE ON THE CLAIM IS LESS THAN MARCH 01, 1995
					3.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 09920
					4.A THE PROCEDURE CODE IS EQUAL TO 0122D OR D1203
					B. THE PROVIDER TYPE IS NOT EQUAL TO 27 (DENTIST)
					5.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0998D-4444D OR 4450D-4506D
					6.A. THE RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO 0352M-0353M OR 9274M-9277M

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					7.A. THE RECORD CODE IS EQUAL TO 62 (PHARMACY CLAIM)
					B. THE NATIONAL DRUG CODE IS ONE SPECIFIED AS
					COGNITIVE SERVICES
					8. THE PROVIDER NUMBER ON THE CLAIM IS EQUAL TO ONE OF
					THE FOLLOWING: 9032269 9035239 9037599 9043837
					9044645 9045105
					9.A. THE RECORD CODE IS EQUAL TO '60' (MEDICAL CLAIM)
					B. THE PROCEDURE CODE IS EQUAL TO J3490 OR S9445
					C. THE DIAGNOSIS CODE IS EQUAL TO V28.09
					10.A. THE PROGRAM CODE IS EQUAL TO G (TAKE CH FP)
					B. THE MEDICAL CODE IS EQUAL TO P (FAMILY PLANNING P)
					C. THE MATCH CODE IS EQUAL TO M (MEDICAL ONLY) OR T
					(ADOPT SUPP MED PROG)
					11.A. THE CLAIM TYPE IS EQUAL TO 'P' (MEDICAL VENDOR)
					B. THE PROCEDURE CODE IS EQUAL TO 4805A 6912E 6950E
					6951E
					12. IF THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 59812 59820 59821 59830 59840 59841
					59850 59851 59852 59855 59856 59857 9801M 9806M
					9807M 9808M 9810M 9811M 8900N 8901N 8902N 8903N
					6906T 6907T 6908T 6909T 6913T 6914T 6906V 6907V
					6908V 6909V 6913V 6914V 5960M 5961M 5962M 5963M
					5964M
					13. IF THE DIAGNOSIS CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 632 633.1 634-634.99 635-635.99
					637-637.99 638-638.99 639-639.99
					14.A. ONE OF THE TPL SEGEMENTS FOR THE DATES OF SERVICE
					ON THE CLAIM HAS A SERVICES COVERED BY TPL
					INDICATOR OF '1'
					B. THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 01964 0980M 0981M 0982M 0991M 0992M
					0993M 0994M 0995M 0996M 0997M 0998M 1112J 5915M
					5941M 5953M 5954M 5955M 5959M S0190 S0191 T1013
					15. THE PROCEDURE CODE IS EQUAL TO ONE OF THE
					FOLLOWING: 00850 00857 00946 59855 59856 59857
					90665 90669 90740 90743 90748
					16.A. THE FIRST DATE OF SERVICE ON THE CLAIM IS GREATER
					THAN OR EQUAL TO MAY 01, 1998
					B. THE PROCEDURE CODE IS EQUAL TO 4801A 4802A OR
					4808A

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					C. ONE OF THE TPL SEGEMENTS FOR THE DATES OF SERVICE ON THE CLAIM HAS A SERVICES COVERED BY TPL INDICATOR OF '1'
					********** SPECIAL NOTES **********
					SYSTEM FORCE;
					1. FORCE
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT $0.01 TO 499.00
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
					SYSTEM DENY;
					2. DENY
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT ZERO
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
0270	0	0	3	ALL	'HMO - COLUMBIA HEALTH'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500028' OR ('7500051' AND FDOS IS BEFORE 01/01/96).
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
					10) DRUG CLAIM TYPE AND PRESCRIBING PROVIDER NUMBER BEGINS WITH "5".
0271	0	0	3	ALL	'RECIPIENT NOT ELIGIBLE FOR DATE OF SERVICE.'
BWSC3020					1) THE INDEX FOR THE RECIPIENT ELIGIBILITY DATA ON THE ELIGIBILITY FILE IS GREATER THAN THE NUMBER OF ELIGI- BILITY SPANS, INDICATING THE CLAIM SERVICE DATES ARE NOT WITHIN THE SPAN OF ELIGIBILITY DATES.
					2) THE ELIGIBILITY DATE ARRAY ESTABLISHED IS ALL SPACES INDICATING THE CLAIM SERVICE DATES ARE NOT WITHIN THE ELIGIBILITY SPAN(S).
					NOTE: WILL NOT POST IF ITA/BLIND IND IS EQUAL TO 'B' (STATE SVCS FOR THE BLIND), EXCEPT CLAIM TYPES R,S,M (DRG, INPAT, OUTPAT).
0272	0	1	3	T	'THE AMOUNT BILLED FOR A NURSING HOME RECIPIENT WITH A PATIENT CLASS OF 25 MUST EQUAL THE PER DIEM RATE FOR THE RECIPIENT ON THE NURSING HOME MASTER FILE.'
BWSC3020					CLAIM RECIPIENT NURSING HOME PATIENT CLASS IS EQUAL TO 25 AND NURSING HOME ACCOMODATION RATE ON ELIGIBILITY FILE IS NOT EQUAL TO THE ROOM RATE ON THE CLAIM.
0273	0	0	3	ALL	'REVIEW RECIPIENT FOR SU/R'
BWSC3020					RECIPIENT EXCEPTION INDICATOR ON ELIGIBILITY FILE IS

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EQUAL TO 'B' (MRS-REV-FRAUD).
0274	0	0	4	R,S,T	'PATIENT STATUS ON THE CLAIM INDICATES RECIPIENT DIED, AND THE RECIPIENT ELIGIBILITY FILE DISAGREES.'
BWSC3020					RECIPIENT DATE OF DEATH IS EQUAL ZERO AND ONE OF THE FOLLOWING IS TRUE: A. CLAIM TYPE EQUAL TO (R OR S) (DRG OR INPATIENT) AND PATIENT-STATUS EQUAL TO 20 (DEATH). B. CLAIM TYPE EQUAL TO T (NURS HOME CLM) AND DISCHARGE DESTINATION EQUAL TO (T OR 4) (PATIENT-DIED-CCF OR PATIENT-DIED).
0275	2	2	1	ALL EXCEPT RC=66	'ERROR IN THE DATA ON THE RECIPIENT ELIGIBILITY FILE.'
BWSC3020					AFTER ATTEMPTING A READ-KEY ON THE RECIPIENT ELIGIBILITY FILE THE RETURN CODE WAS EQUAL TO RECIP-ID-ERROR.
0276				J,P,L	'QMB DUAL ELIGIBLE.'
BWSC3550					1) CLAIM TYPE EQUAL TO PHYSICIAN (J) OR MED VENDOR (P) OR EPSDT (L) 2) MEDICAL ELIGIBILITY CODE EQUAL TO '7' OR '8' 3) MEDICAL PROGRAM CODE EQUAL TO 'A' 'B' 'P' OR 'T' 4) MATCH CODE IS NOT EQUAL TO 'D'.
0277	0	0	2	J,P,L	'RECIPIENT NOT ELIGIBLE FOR DATE OF SERVICE.'
BWSC3020					1) CLAIM TYPE IS 'P' (PHYSICIAN), 'L' (EPSDT), OR 'P' (MEDICAL VENDOR) 2) CLM-INPUT-MEDIUM-IND IS '0' (EXAM ENTRY) 3) REEL/ROLL IS '91' OR '92' 4) THE INDEX FOR THE RECIPIENT ELIGIBILITY DATA ON THE ELIGIBILITY FILE IS GREATER THAN THE NUMBER OF ELIGIBILITY SPANS, INDICATING THE CLAIM SERVICE DATES ARE NOT WITHIN THE SPAN OF ELIGIBILITY DATES. 5) THE ELIGIBILITY DATE ARRAY ESTABLISHED IS ALL SPACES INDICATING THE CLAIM SERVICE DATES ARE NOT WITHIN THE ELIGIBILITY SPAN(S). NOTE: WILL NOT POST IF ITA/BLIND IND IS EQUAL TO 'B' (STATE SVCS FOR THE BLIND), EXCEPT CLAIM TYPES R,S,M (DRG, INPAT, OUTPAT).
0278	0	0	4	T	'NH DISCHARGE DATE ON CLAIM IS NOT CONSISTENT WITH NH ELIGIBILITY DATA.'
BWSC3020					DISCHARGE DESTINATION EQUALS (1, 2, 3, 4, 5, 7 OR 9) (TRANS-TO-HOSP, TRANS-TO-OTHER, TRANS-TO-NH, PATIENT-DIED,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DISCHARGED, TRANS-TO-STATE-HOSP OR TRANS-TO-CCF)
					AND LAST DATE OF SERVICE IS NOT EQUAL TO RECIPIENT
					NURSING HOME END DATE ON THE RECIPIENT MASTER.
0279	0	0	2	ALL	'RECIPIENT NOT ELIGIBLE - MEDICAL CODE 6.'
BWSC3020					1) FOR PHARMACY CLAIMS, IF THE MEDICAL CODE ON THE
					ELIGIBILITY FILE IS EQUAL TO 6 OR K (NOT-ELIG,K-PROG-NOT-
					ELIGIBLE).
					2) FOR NON-PHARMACY CLAIMS, THE ITA-BLIND INDICATOR NOT
					EQUAL TO 'B' AND, AFTER ESTABLISHING THE DATE ARRAY,
					THE ARRAY IS EQUAL TO ALL '2'S (MEDICAL CATEGORY 6).
					3) FOR MEDICAL LINE ITEMS, AFTER ESTABLISHING THE DATE
					ARRAY, THE ARRAY EQUAL ALL '2'S (MEDICAL CATEGORY 6).
0280	0	0	2	D,J,K, L,M,P, R,S	'VERIFIES THAT THE RECIPIENTS IN THE MEDICAL ONLY
					PROGRAM HAVE MEDICAL CONSULTANT APPROVAL.'
BWSC3580					RECIPIENT IS DETERMINED TO BE IN THE MEDICAL-ONLY
					ASSISTANCE PROGRAM (EXHIBIT C APPENDIX). THE PROVIDER
					SPECIALTY IS NOT EQUAL TO 92 OR 93 (DETOX-HOSP OR DETOX-
					FREESTANDING) AND LMC APPROVAL INDICATOR IS NOT EQUAL TO
					'Y' (LMC-APPROVAL).
0281	0	0	2	ALL	'VERIFIES THAT THE RECIPIENTS IN THE GAU PROGRAM HAVE
					APPROVAL FOR ALLOWABLE SERVICES (SEE TEXT FILE).'
BWSC3580					WILL NOT POST EXCEPTION:
					I. IF CLAIM PROGRAM CODE EQUAL TO 'U' AND MATCH CODE 'H'
					II. IF PROVIDER TYPE IS 93(ARNP) AND PROCEDURE IS 90862
					(MEDICATION ADJUSTMENT).
					III. IF PROVIDERS FILE INDICATES OUT-OF-STATE AND THE
					PROVIDER TYPE IS 40 WITH EITHER SPECIALTY 60 OR 70.
					IV. IF THE PROVIDER'S FILE INDICATES OUT OF STATE AND THE
					PROVIDER NUMBER IS 2017390.
					V. IF PSYCHOTHERAPY PROCEDURES ADN ANY OF THE FOLLOWING
					CONDITIONS ARE MET:
					A) PROCEDURE CODES (90801 - 90861, 90863 - 90899) IN
					PLACE OF SERVICE 2,3,4,5,9,11,12,22,23,25,52,60,
					71,81,99 AND DIAGNOSIS IS 291.0 - 291.3 OR;
					B) PROCEDURE CODE IS (90862) IN POS 2,3,4,5, 9 AND
					DIAGNOSIS 290 - 319 OR;
					C) PROCEDURE CODE IS (9083M - 9084M) AND DIAGNOSIS
					IS 290 - 319 OR;
					D) PROVIDER NUMBER IS 7023328 (KITSAP MENTAL HEALTH)
					AND DIAGNOSIS IS 290 - 319.
					290.0 - 319.9
					VI. IF "K" CLAIM TYPE AND CODES ARE (05932, 05952, 05956,
					05957, 05960, 07130, OR 21470).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					VII.IF "R" OR "S" CLAIM TYPE AND PROVIDER IS NOT OUT-OF-STATE.
					WILL POST EXCEPTION:
					I. IF PROGRAM CODE W AND PROCEDURE CODE IS 8900N, 8901N 8902N, 8903N, OR 8904N.
					II. IF PROGRAM=U OR (PROGRAM=W AND MATCH=U OR R) AND ONE OF THE FOLLOWING IS TRUE ---------.
					1. FDOS GREATER THAN 11-01-85
					A. PROGRAM NOT EQUAL W AND PROVIDER TYPE EQUAL 75 (SUBST-ABUSE) AND FDOS EQUAL/GREATER 04-01-87.
					B. PROGRAM W AND PROVIDER TYPE 75 (SUBST-ABUSE) AND FDOS GREATER THAN 03-31-87 AND PROCEDURE 0010M,0011M,0016M,0018M 0020M,0021M
					C. PROGRAM W AND PROVIDER TYPE 75 (SUBST-ABUSE) AND FDOS GREATER THAN 08-31-89 AND (PROCEDURE EQUAL TO (0010M,0011M,0016M,0018M,0020M, 0021M,0140M,0141M,0142M,0146M, 0147M,0150M,0151M,0152M,0156M, 0157M) OR PROVIDER IS NOT EQUAL TO (1992403,1990472,1990456, 1990670))
					D. PROGRAM W AND PROVIDER TYPE 75 (SUBST-ABUSE) AND FDOS GREATER THAN 06-30-89 AND FDOS EQUAL/LESS 08-31-89 AND (PROCEDURE EQUAL TO (0010M,0011M,0016M,0018M,0020M, 0021M) OR PROVIDER NOT EQUAL TO (1992403,1990472,1990456, 1990670))
					E. PROVIDER TYPE EQUAL TO 15, 23, 33, 58 (INDIAN-HEALTH-CENTER, CASE-MANAGER, NURSES-SERVICE, SCHOOL-DISTRICT)
					F. PROVIDER IS OUT-OF-STATE.
					G. MEDICAL CLAIM AND (PROVIDER TYPE NOT EQUAL 75 OR PROGRAM NOT EQUAL W)
					1. PROVIDER TYPE NOT EQUAL 74 (INVOL-COMM-MENTAL-HEALTH) AND FDOS EQUAL/GREATER 04-01-87 AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROCEDURE 82636,82660,82662,84408
					82055,82060,82065,82070,82100,82101,82145,
					82205,82486,82487,82488,82489,82520,82646,
					82649,82742,82755,83728,83860,83861,83862,
					83992,84021,84022,84147,84231,84447,84448,
					84999.
					2. PROVIDER TYPE NOT EQUAL 74 (INVOL-COMM-MENTAL-
					HEALTH) AND
					DIAGNOSIS EQUAL 290 - 319.9
					3. EPSDT AND
					PROVIDER TYPE NOT EQUAL 74 (INVOL-COMM-MENTAL-
					HEALTH) AND
					FDOS EQUAL/GREATER 03-01-86
					H. OUTPATIENT CLAIM
					1. DIAGNOSIS 1 EQUALS 290 - 319.9
					I. DENTAL CLAIM
					1. PROCEDURE NOT EQUAL 05110-05960
					07610-07680
					07910-07912
					0001D-0075D
					0510D-0586D
					1020D
					2. DENTAL PROCEDURE CODES MEDICAL RELATED
					NOT EQUAL TO:
					05520 05640 09110 09630 11044 11100 11101
					11440 11441 11442 11443 11444 11446 11640
					11641 11642 11643 11644 11646 12001 12002
					12004 12005 12011 12013 12015 12016 12031
					12032 12034 12035 12051 12052 12053 12054
					12055 13131 13132 13150 13151 13152 13160
					13300 14040 20220 20520 21030 21031 21032
					21034 21040 21041 21044 21045 21076 21077
					21141 21142 21143 21336 21337 21344 21346
					21347 21348 21355 21356 21360 21365 21366
					21385 21406 21407 21408 21421 21422 21423
					21436 21445 21453 21455 21462 21480 21550
					30580 40800 40801 40806 40808 40819 40831
					41000 41005 41006 41007 41008 41009 41010
					41015 41016 41017 41018 41108 41825 41827
					41830 41874 42106 42180 42182 42200 42205
					42210 42220 42225 42227 42235 42280 42281
					5110D 5120D 5211D 5212D 5213D 5214D

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3. DENTAL PROCEDURE CODES MEDICAL RELATED WITH DATE-OF-SERVICE AFTER 8/31/97 NOT EQUAL TO: 00140 00210 00220 00230 00240 00330 00460 03310 03320 03330 03410 07110 07120 07210 07220 07230 07240 07241 07250 09220 09610
					2. FDOS LESS THAN 11-01-85
					A. EPSDT CLAIM
					B. PROVIDER IS OUT-OF-STATE OR (PROVIDER TYPE EQUAL TO 75 OR 84) (SUBSTANCE-ABUSE, HEARING-AIDS).
					C. PHARMACY CLAIM AND LMC-APPROVAL-IND NOT EQUAL 'Y' (LMC-APPL) AND DRUG-FORMUL-IND EQUAL TO (F,G,S) (SINGLE-SRCE-FORM-DRUG, MULTI-SRC-FORM-DRUG, SCHED-II-FORM-DRUG).
					D. DENTAL CLAIM AND PROCEDURE NOT EQUAL (05100-05860, 0510D-0586D, 0001D-0075D, 1020D).
					E. MEDICAL CLAIM
					1. PROVIDER TYPE NOT EQUAL 74 (INVOL-COMM-MENTAL-HEALTH AND DIAGNOSIS CODE EQUAL 290-319.9.
					2. PHYSICIAN,EPSDT OR MEDICAL VENDOR CLAIM AND LMC-APPROVAL-IND NOT EQUAL 'Y' (LMC-APPL) AND PROCEDURE EQUAL TO 10000-69999 AND TYPE OF SERVICE EQUAL TO '3' (OTHER-CPT-SVCS).
					F. INSTITUTIONAL CLAIM
					1. LMC-APPROVAL-IND NOT EQUAL 'Y' (LMC-APPL) AND INPATIENT OR DRG CLAIM.
					2. INPATIENT,DRG OR OUTPATIENT CLAIM AND DIAGNOSIS CODE EQUAL TO 290-319.9.
					3. INPATIENT, DRG OR OUTPATIENT CLAIM AND REVENUE CODE EQUAL TO (0360,4020-4026).
					WILL NOT POST EXCEPTION FOR CRITERIA II IF PROVIDER TYPE IS EQUAL TO 73 (VOL-COMM-MENTAL-HEALTH) AND RACE CODE IS EQUAL TO 7 OR PROVIDER TYPE IS 44 AND DATE OF SERVICE IS AFTER 04/30/93.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					WILL NOT POST EXCEPTION 281 IF THE FOLLOWING ARE TRUE: 1. CLAIM INPUT FORM INDICATOR EQUAL TO 'K' DENTAL 2. PROCEDURE CODE EQUAL TO 00501 D0140 D0210 D0220 D0230 D0240 D0330 D0460 D0501 D3310 D3320 D3330 D3410 D9110 D9220 D9610 D9630 D7110-D7250 D5110-D5960.
0282	0	0	3	RECORD CODE = 60,61	SUSPENDS LCP PROGRAM RECIPIENTS WITH ONE DAY ELIGIBILITY SEGMENT ON FILE FOR COMPLETION OF SPEND-DOWN. BWSC3020 A. RECIPIENT IS ON THE 'LCP' PROGRAM: ((PROGRAM A,B, OR P AND MATCH A,B, OR H) OR (PROGRAM M AND MATCH G OR P) OR (PROGRAM C, M OR R AND MATCH A, B, K OR L) OR (PROGRAM E AND MATCH A OR B) OR (PROGRAM H AND MATCH A) OR (PROGRAM S AND MATCH A)) OR (PROGRAM O AND MATCH A) B. FIRST DATE OF SERVICE IS LESS THAN/EQUAL TO RECIP-ELIG BEGIN-DATE C. LAST DATE OF SERVICE IS GREATER THAN/EQUAL TO RECIP- ELIG-BEGIN-DATE. EXCEPTION WILL POST ON THE LINE-ITEM LEVEL FOR MEDICAL CLAIMS, AND WILL POST ON THE HEADER LEVEL FOR INST. CLAIMS.
0283	0	0	2	ALL	SUSPENDS MN PROGRAM RECIPIENTS FOR NON-COVERED SERVICES. BWSC3580 IF THE RECIPIENT IS 21 YEARS OF AGE OR OLDER AND ONE OF THE FOLLOWING COMBINATIONS IS TRUE: A. IF THE MATCH CODE IS EQUAL TO A OR B B. IF THE PROGRAM CODE IS EQUAL TO A B C E G H J O P S OR T AND THE MATCH CODE EQUAL TO E H K OR L C. IF THE PROGRAM CODE IS EQUAL TO R AND MATCH CODE EQUAL TO K OR L AND ONE OF THE FOLLOWING CONDITIONS IS TRUE: 1. IF CLAIM TYPE EQUAL TO P (MEDICAL VENDOR) AND THE FIRST DATE OF SERVICE IS JUNE 1 1986 OR GREATER AND THE PROVIDER TYPE IS EQUAL TO 30 34 36 84 OR 87 2. IF A MEDICAL CLAIM AND THE FIRST DATE OF SERVICE IS JUNE 1 1986 OR GREATER AND THE CLAIM TYPE IS EQUAL TO PHYSICIAN (J) AND THE TYPE OF SERVICE IS EQUAL TO 3 AND ONE OF THE FOLLOWING IS TRUE: A. PROCEDURE CODE EQUAL TO 92506-92508 95831-95852 97010-97799 0001M-0002M 0020M 9260M OR M0006-M0008 B. PROVIDER TYPE EQUAL TO 36 C. PROVIDER TYPE EQUAL TO 40 AND PROVIDER SPECIALTY CODE EQUAL TO 66 D. PROVIDER TYPE EQUAL TO 37

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3. IF CLAIM TYPE EQUAL TO M (OUTPATIENT) AND THE FIRST DATE OF SERVICE IS JUNE 1 1986 OR GREATER AND ONE OF THE FOLLOWING IS TRUE: A. REVENUE CODE EQUAL TO 0420 0423 OR 0440 B. PROCEDURE CODE EQUAL TO 9260M 92506-92508 95831-95852 OR 97010-97799 4. PROVIDER TYPE EQUAL TO 58 (SCHOOL DISTRICT) 5. IF A NON-INSTITUTION CROSSOVER (O) CLAIM AND THE THE FIRST DATE OF SERVICE IS JUNE 1 1986 OR GREATER AND THE TYPE OF SERVICE IS EQUAL TO 3 AND THE PROGRAM CODE IS EQUAL TO A B P OR T AND THE MATCH CODE IS EQUAL TO A B E H K OR L AND THE MEDICAL ELIGIBILITY CODE IS NOT EQUAL TO 7 OR 8 AND ONE OF THE FOLLOWING IS TRUE: A. PROCEDURE CODE EQUAL TO 92506-92508 95831-95852 97010-97799 0001M-0002M 0020M 9260M OR M0006-M0008 B. PROVIDER TYPE EQUAL TO 36 C. PROVIDER TYPE EQUAL TO 40 AND PROVIDER SPECIALTY CODE EQUAL TO 66
0284	0	0	2	ALL	'THE ELIGIBILITY FILE INDICATES THAT THE RECIPIENT IS ON THE MEDICALLY INDIGENT PROGRAM AND THE SERVICE IS NOT COVERED'
BWSC3580					
					IF PROGRAM=M AND MATCH=(G OR P) (RECIP IS ON MEDICALLY-INDIGENT PROGRAM); THEN, 1. IF FDOS OR ADMISSION DATE IS BEFORE 07/01/95, AND ONE OF THE FOLLOWING IS TRUE: A. EPDST CLAIM B. PROVIDER IS EQUAL TO OUT-OF-STATE PROVIDER C. PROVIDER TYPE IS EQUAL TO (15,23,30,33,71,73,75,84,87) D. PROVIDER TYPE IS EQUAL TO 40 (OTHER-PROVIDERS) AND PROVIDER SPECIALTY CODE EQUAL TO (66 OR 68) (OCCUPATIONAL-THERAPY OR CERTIFIED-DIETICIAN). E. 1. PROVIDER TYPE IS EQUAL TO 28 (OPTOMETRIST) OR 29 (OPTICIAN), OR PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) AND PROVIDER SPECIALTY IS EQUAL TO 18 (OPHTHALMOLOGY); AND 2. FDOS IS 01/01/94 OR LATER; AND 3. DIAGNOSIS CODE IS NOT EQUAL TO (362.02, 365.2-365.9, 366.0-366.09, 366.17-366.9, 802.6, 802.7, 802.8, 871-871.9, 918-918.9, 921-921.9,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					930-930.9)
					F. MEDICAL CLAIM
					1. DENTAL AND
					PROCEDURE NOT EQUAL (05100-05860,0001D-0075D,
					0510D-0586D,1020D)
					2. PHYSICIAN AND
					PROCEDURE EQUAL TO 92506-92508 OR
					PROV TYPE EQUAL TO 36 (SPEECH/HEARING CLINIC)
					OR
					(TYPE OF SERVICE 3 AND PROCEDURE 9250M, 9255M,
					OR 9260M)
					3. MEDICAL VENDOR AND
					PROCEDURE EQUAL TO (09440-09449, 95831-95852,
					97010-97799, 0001M-0002M,M0006-M0008,
					Q0103-Q0104).
					G. INSTITUTIONAL
					1. OUTPATIENT
					A. REVENUE EQUAL TO (0420,0423,0440,4200,4212)
					B. PROCEDURE EQUAL TO (92506-92508,95831-95852)
					97010-97799,M0006-M0008,Q0103-Q0104).
					2. IF FIRST DATE OF SERVICE IS ON OR AFTER 07/01/95,
					EXCEPTION ALWAYS POSTS IF PROVIDER IS OUT OF STATE
					(OUT-OF-STATE INDICATOR W0-23001-OTHER-STATE = "Y")
					OTHERWISE:
					EXCEPTION DOES NOT POST IF ONE OF THE FOLLOWING IS
					TRUE:
					A. INSTITUTIONAL -
					1. CLAIM TYPE IS 'R' (DRG) AND PROVIDER TYPE IS
					(59,64,65) (HOSPITAL-PAYMENT-III,HOSPITAL-
					PSYCHIATRIC,FREE-STDG-PSYCH-HOSP);
					2. CLAIM TYPE IS 'S' (INPATIENT) AND PROVIDER TYPE
					IS (59,64,65) (HOSPITAL-PAYMENT-III,HOSPITAL-
					PSYCHIATRIC,FREE-STDG-PSYCH-HOSP);
					3. CLAIM TYPE IS 'M' (OUTPATIENT) AND PROVIDER TYPE
					IS (59,64,65) (HOSPITAL-PAYMENT-III,HOSPITAL-
					PSYCHIATRIC,FREE-STDG-PSYCH-HOSP);
					4. CLAIM TYPE IS 'T' (NURSING-HOME-CLM).
					B. MEDICAL -
					1. CLAIM TYPE IS 'J' (PHYSICIAN) AND PROVIDER TYPE
					IS (18,19,20,32,43,48,49, OR (93 WITH PROV SPEC
					08)) (EMER-ROOM-PHYSICIAN,PSYCHIATRIST,PHYSICI-
					AN,PODIATRIST,LAB-FACILITY,ANESTHESIOLOGIST,-
					NURSE-ANESTHEATIST,(ADV-REG-NURS-PRACT WITH
					FAMILY-PRACTICE)), AND PLACE OF SERVICE IS
					(1,2 OR 5) (INPATIENT-HOSPITAL,OUTPATIENT-
					HOSPITAL, EMERGENCY-ROOM); OR
					2. CLAIM TYPE IS 'P' (MEDICAL-VENDOR-CLM) AND
					PROVIDER TYPE IS (51 OR 53) (TRANS-AMBULANCE-
					ONLY,TRANS-AIR-AMBULANCE); OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3. CLAIM TYPE IS 'K' (DENTAL-CLM) AND PLACE OF SERVICE IS (1,2 OR 5) (INPATIENT-HOSPITAL,OUT-PATIENT-HOSPITAL,EMERGENCY-ROOM), AND PROVIDER SPECIALTY IS (09) (ORAL-SURGERY).
					4. EXCEPTION WILL NOT POST IF FOLLOWING ARE TRUE: - PROVIDER TYPE IS 55 (ITA) AND THE PROVIDER IS NOT OUT-OF-STATE. - CODES (66830-67010) IN PLACE OF SERVICE 3. - PROVIDER TYPE IS 95 (RN-SURGICAL ASSIST) AND POS IS 1, 2, OR 5. - PROVIDER TYPE IS 25 (RADIOLOGIST) AND POS 5.
					C. THE RECIPIENT NURSING HOME INDICATOR EQUALS '1' (INST-NURSE-HOME), MEANING RECIPIENT IS IN NURSING HOME.
0285	0	0	2	ALL	'IF THE PROGRAM CODE EQUALS Q, THE RECIPIENT MUST BE CHECKED FOR ITA/BLIND, WHERE I=ITA AND B=BLIND.'
BWSC3020					THE PROGRAM CODE IS EQUAL TO Q (ITA-OR-BLIND) AND THE ITA/BLIND INDICATOR IS EQUAL TO SPACE OR PROGRAM CODE IS Q (ITA-OR-BLIND) AND CLAIM TYPE IS R,S,M (DRG,INPAT,OUTPAT) AND THE ITA/BLIND IND IS EQUAL TO 'I' (ITA CLAIM). NOTE: FOR DRUG CLAIMS, EXC. WILL NOT POST FOR PROVIDERS 6004824 AND 6900112.
0286	0	0	2	ALL	'SUSPEND DTX PROGRAM RECIPIENTS FOR NON-COVERED SERVICES'
BWSC3580					IF PROGRAM=M AND MATCH=R (DETOX) AND PROVIDER SPECIALTY IS NOT EQUAL TO 92 OR 93 (DETOX HOSP, DETOX FREESTANDING) AND ONE OF THE FOLLOWING IS TRUE: 1) MEDICAL CLAIM AND TYPE OF SERVICE NOT EQUAL TO 3 (OTHER-CPT-SVC) AND PROC NOT EQUAL TO 0025M-0026M. 2) NOT A MEDICAL CLAIM
0287				ALL	'DATES OF SERVICE AFTER TERMINATION DATE OF MI PROGRAM'
					POST EXCEPTION IF THE FOLLOWING IS TRUE: 1) RECIPIENTS PROGRAM CODE IS EQUAL TO 'M'. 2) REICPIENTS MATCH CODE IS EQUAL TO 'G' OR 'P'. 3) CONTAINS A DATE OF SERVICE ON OR AFTER JULY 1, 2003. BYPASS THE POSTING OF THIS EXCEPTION IF THE FOLLOWING IS TRUE: A) FIRST TWO DIGITS OF THE PRIOR AUTHORIZATION NUMBER ARE EQUAL TO '88' OR B) CLAIM INPUT FORM INDICATOR IS EQUAL TO 'V' OR 'W' AND ONE OF THE FOLLOWING DIAGNOSIS CODES ARE FOUND ON THE CLAIM: (290 291 292 293 294 295 296 297 298 299 300 301 302

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318.0 318.1 318.2 319 758.0 758.1 758.2 758.3 760.71 760.72 760.75 779.4 779.5 780.1 780.50 780.52 780.54 780.55 780.56 780.59 784.60 784.61 784.69 790.3 799.2 V71.01 V71.02 V71.09).
0288	1	0	3	RC=60	'REFERRING PROVIDER NOT FOUND.' BWSC3520 THE FOLLOWING ARE TRUE: A. REFERRING PROVIDER NUMBER IS NOT EQUAL TO ZERO. B. REFERRING PROVIDER NUMBER NOT EQUAL TO 8999500. (DUMMY PROVIDER NUMBER). C. EXCEPTION 164 IS NOT DETECTED (MISSING REFERRING PROV WHERE REQUIRED). D. REFERRING PROVIDER IS NOT FOUND ON THE PROVIDER MASTER AFTER PERFORMING A READ-KEY.
0289	1	1	3	ALL EXCEPT Z,I	'PROVIDER YEAR END DATE ERROR.' BWSC3520 A. THE CLAIM FIRST DATE OF SERVICE HAS A BAD RETURN CODE FROM THE DATE CONVERSION (CENTURY TO CALENDAR). B. THE PROVIDER YEAR END DATE ON THE PROVIDER MASTER FILE HAS A BAD RETURN CODE FROM THE DATE CONVERSION (CENTURY TO CALENDAR).
0290	0	0	3	ALL	'FROM DATE OF SERVICE MORE THAN 4 YEARS OLD.' BWSC3020,BWSC3520 THE FOLLOWING ARE TRUE: A. FIRST DATE OF SVC IS NOT EQUAL TO ZEROS. B. FIRST DATE OF SERVICE IS LESS THAN/EQUAL TO LAST DATE OF SVC. C. FIRST DATE OF SVC IS NOT GREATER THAN DATE-OFFSET (DATE 4 YEARS PRIOR TO CYCLE-DATE). OR C. FIRST DATE OF SVC IS NOT GREATER THAN DATE-OFFSET-2 (DATE 3 YEARS PRIOR TO BATCH-DATE). THIS EXCEPTION IS BYPASSED IF: 1. EXCEPTION CODE 124 IS DETECTED (MISSING FIRST DATE OF SERVICE).
0291	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR LINE ITEM DIAGNOSIS REVIEW (SUR) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 13.' BWSC3520 A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-REVIEW-SUR) AND REFERS TO THE LINE-ITEM DIAGNOSIS CODE.
0292	0	0	2	ALL EXCEPT Z,I	'PROVIDER FILE EDIT TO PREVENT A CLAIM DATE OF SERVICE FROM OVERLAPPING A PROVIDERS FISCAL YEAR END.'
BWSC3520					THE FOLLOWING ARE TRUE:
					A. PROVIDER YEAR END DATE IS NOT LESS THAN FIRST DATE OF SERVICE
					B. PROVIDER YEAR END DATE IS LESS THAN LAST DATE OF SVC.
0293	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR FULL REVIEW (SURS AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 11.'
BWSC3520					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 11 (PROC-CODE-REVIEW-SUR).
0294	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR PROCEDURE CODE REVIEW (OPS) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 21.'
BWSC3520					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 21 (PROC-CODE-REVIEW-OPS).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0295	0	0	3	RC= 60,61 BWSC3520 EXCEPT T	'CLAIM WAS SUSPENDED FOR TYPE SERVICE REVIEW (SUR) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 14.' A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE. E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 14 (TYPE-SVC-REVIEW-SUR).
0296	0	0	3	RC= 60,61 BWSC3520 EXCEPT T	'CLAIM WAS SUSPENDED FOR HEADER DIAGNOSIS 2 REVIEW (SUR) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 13.' A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE. E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-REVIEW-SUR) AND REFERS TO DIAGNOSIS CODE (2) IN THE HEADER OF THE CLAIM.
0297	0	0	3	RC= 60,61 BWSC3520 EXCEPT T	'CLAIM WAS SUSPENDED FOR HEADER DIAGNOSIS 1 REVIEW (SUR) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 13.' A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-
					REVIEW-SUR) AND REFERS TO DIAGNOSIS CODE (1) IN THE
					HEADER OF THE CLAIM.
0298				R,S	'SUSPENDED HOSPITAL CLAIM FOR GAU, MI RECIPIENT.'
BWSC3580					
					CLAIM FOR GAU OR MI RECIPIENT AND NOT AN ITA CLAIM
					AND INPATIENT OR DRG CLAIM AND ADMISSION DATE BETWEEN
					4/1/84 AND 3/31/88.
0299				RC= 60	'ONCE PER LIFETIME PROCEDURE'
BWMC4000					
					A.LIFETIME SERVICE INDICATOR ON THE CURRENT CLAIM AND THE
					HISTORY CLAIM IS EQUAL TO 'Y' (ONCE IN LIFETIME SERVICE)
					B.CLAIM INPUT FORM INDICATOR ON CURRENT AND HISTORY CLAIMS
					ARE THE SAME.
					C.PROCEDURE CODE ON THE CLAIM IS EQUAL TO PROCEDURE CODE
					ON THE HISTORY CLAIM IN ALL CASES, EXCEPT:
					STERILIZATION PROCEDURES 00851, 56301, 56302, 58600,
					58605, 58611, 58615, 58670,
					58671, 58982, 5912M.
					VASECTOMY PROCEDURES 00869, 00921, 52347, 52601,
					52647, 52648, 54690, 55250,
					55450, 56318, 5911M.
					HYSTERECTOMY PROCEDURES 00846, 00944, 01962, 01963,
					01969, 51925, 56307, 56309,
					58150 THRU 58285,
					58290, 58291, 58292, 58293,
					58294, 58552, 58553, 58554,
					58550, 58551, 58661, 59525,
					5913M, 5914M.
					WHICH SHOULD BE CONSIDERED EQUAL TO EACH OTHER AND
					THEMSELVES.
					D1.MEDICAL VENDOR CLAIMS THE FOLLOWING MODIFIERS WILL BE
					IGNORED (CONSIERED SPACES FOR THE PROCESSING OF THIS
					EXCEPTION):
					BP,BR,BU,CC,DD,EJ,EM,MS,NR,QA,QB,QC,QD,QE,QF,QG,QH,RP
					RR.
					D2.DENTAL CLAIMS AND THE TOOTH NUMBER ON CURRENT CLAIM
					AND HISTORY CLAIM ARE THE SAME.
					D3.PART B MCARE CLAIMS AND PROCEDURE CODE MODIFIER ON
					CURRENT CLAIM AND HISTORY CLAIM ARE EQUAL.
					D4.PHYSICIAN CLAIMS IGNORE ALL MODIFIERS (MODIFIERS NOT
					WILL NOT POST IF:
					A. PROC CODE IS 90669 AND PROC CODE MODIFIER IS 1H AND
					FIRST DATE OF SERVICE LESS THAN 10/01/2002
					OR
					PROC CODE IS 90669 AND PROC CODE MODIFIER IS SL AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					FIRST DATE OF SERVICE GREATER THAN 06/30/2002
0300	2	2	1	ALL	'NO PROVIDER MASTER RECORD ON FILE.' A READ-KEY ON THE PROVIDER MASTER USING THE CLAIM PROVIDER NUMBER HAS AN INVALID-KEY-NO-REC RETURN CODE.
BWSC3520					
0301	0	0	3	ALL EXCEPT Z,I	'INELIGIBLE CATEGORY OF SERVICE - THE PROVIDER WAS NOT AUTHORIZED TO PERFORM THE CATEGORY OF SERVICE AT THE TIME OF THE CLAIMS SERVICE DATES.' DATE: 05/13/04 EXCEPTION WILL POST IF ONE OF THE FOLLOWING IS TRUE: 1.A. CLAIM TYPE IS NOT EQUAL TO 'Q' (GROSS ADJUSTMENT) B. EXCEPTIONS 127 AND 313 ARE NOT DETECTED ON THE CLAIM C. FIRST DATE OF SERVICE IS NOT EQUAL TO ZERO D. FIRST DATE OF SERVICE IS NOT GREATER THAN THE LAST DATE OF SERVICE E. FIRST DATE OF SVC IS GREATER THAN THE CURRENT DATE MINUS 4 YEARS F. THE PROVIDER HAS A INVALID CATEGORY OF SERVICE FOR ALL DATES OF SERVICE ON THE CLAIM 2.A. THE CLAIM INPUT MEDIUM IS NOT EQUAL TO '4' (COMPUTER GENERATED) B. EXCEPTIONS 127 AND 313 ARE NOT DETECTED ON THE CLAIM C. FIRST DATE OF SERVICE IS NOT EQUAL TO ZERO D. FIRST DATE OF SERVICE IS NOT GREATER THAN THE LAST DATE OF SERVICE E. FIRST DATE OF SVC IS GREATER THAN THE CURRENT DATE MINUS 4 YEARS F. THE PROVIDER HAS A VALID CATEGORY OF SERVICE FOR THE DATES OF SERVICE ON THE CLAIM EXCEPTION WILL NOT POST IF: 1. ADMISSION DATE IS WITHIN PROVIDERS ENROLLMENT PERIOD BUT THE ENTIRE DATE SPAN (ADMIT DATE THRU LAST DATE OF SERVICE) IS NOT. 2. CLAIM TYPE IS W(M'CARE OUTPATIENT XOVER) AND PROVIDER TYPE IS 34 OR PROVIDER TYPE 40 WITH A SPECIALTY 66 OR PROVIDER TYPE IS 37 WITH A SPECIALTY 76 OR PROVIDER TYPE IS 20 WITH A SPECIALTY 90.
BWSC3520					
0302				RC=62	'PRESCRIBING PHYS NOT ON FILE'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3520					AFTER PERFORMING A READ-KEY ON THE PROVIDER MASTER THE PRESCRIBING PHYSICIAN NUMBER IS NOT FOUND ON THE FILE.
0303	0	0	3	ALL EXCEPT RC=66	'PROVIDER EXCEPTION IS PENDING AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 3.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 3 (RECERTIFICATION PENDING).
0304	1	0	3	RC=60 EXCEPT TYPE=O	'PERFORMING PROVIDER NUMBER NOT FOUND.'
BWSC3520					THE FOLLOWING ARE TRUE:
					A. PERFORMING PROVIDER NUMBER IS NOT EQUAL TO ZERO.
					B. PERFORMING PROVIDER NUMBER IS NOT FOUND ON THE PROVIDER MASTER FILE AFTER A READ-KEY.
					C. EXCEPTION 174 IS NOT DETECTED.
0305	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR FULL REVIEW (SUR) AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 10.'
BWSC3520					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 10 (FULL-REVIEW-SUR).
0306				ALL	'PROVIDER NOT ACTIVE FOR CURRENT DATE'
BWSC3520					A. CLAIM TYPE IS Q (GROSS ADJUSTMENT) OR Z (CLAIM CREDIT) OR (ACCOUNTING-CODE IS ALPHABETIC AND CLAIM STATUS IS ALPHABETIC AND CLAIM STATUS IS TO-BE-SUSPENDED).
					B. BATCH CYCLE DATE IS LESS THAN THE PROVIDER'S BEGINNING DATE OF ENROLLMENT OR GREATER THAN THE PROVIDER'S END DATE OF ENROLLMENT.
					C. PROVIDER TYPE IS NOT NURSING HOME 46,47,80,89.
0307	0	0	2	ALL	'PROVIDER WAS VOLUNTARILY TERMINATED AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 4.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 4

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(TERMINATED VOLUNTARILY).
0308				ALL EXCEPT Z,I	'DIRECT ENTRY CLAIM AND NOT DIRECT ENTRY PROVIDER.'
BWSC3520					CLAIM INPUT MEDIUM INDICATOR ON THE CLAIM EQUAL DIRECT ENTRY (1), AND THE DIRECT ENTRY INDICATOR ON THE PROVIDER FILE IS EQUAL TO SPACES.
0309					'PAY TO EXCEPTION INDICATOR'
(D O E S N O T P O S T)					NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0310				V,W	'RURAL HEALTH AND FQHC X-OVERS'
BWSC3570					THE FOLLOWING CONDITIONS ARE TRUE:
					A. EXCEPTIONS (124,132,134,225) ARE NOT DETECTED.
					B. FIRST DATE OF SERVICE IS NOT EQUAL TO ZEROS.
					C. PROVIDER TYPE IS EQUAL TO 88 (RURAL HEALTH CTR).
					D. CLAIM TYPE IS EQUAL TO V OR W (MCARE XOVERS).
0311					'NOT A GROUP MEMBER'
(D O E S N O T P O S T)					NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0312				K	'INVALID TOOTH NUMBER OR SURFACE SEALANT'
BWSC3550					EXCEPTIONS (354,355 AND 357) ARE NOT DETECTED AND ONE OF THE FOLLOWING IS TRUE:
					1) TOOTH NUMBER IS NOT EQUAL TO (02,03,07,10,14,15,18,19, 30,31,A,B,I,J,K,L,S,T) (ONE OF THE VALID TOOTH NUMBERS),
					OR
					2) TOOTH NUMBER IS EQUAL TO (7,10,A,B,I,J,K,L,S,T) BUT FIRST DATE OF SERVICE IS LESS THAN 08/01/95,
					OR
					3) TOOTH NUMBER IS EQUAL TO (02,03,14,15,18,19,30,31,A,B, I,J,K,L,S,T) BUT NONE OF THE SEALANTS ARE OCCLUSAL (O).
					OR
					4) TOOTH NUMBER IS EQUAL TO (07,10) BUT NONE OF THE SEALANTS ARE ON TOOTH SURFACE (L).
					EXCEPTION WILL NOT POST IF:
					FIRST DATE OF SERVICE IS LESS THAN 09/15/85; OR,
					PROCEDURE CODE IS NOT EQUAL TO 01351 OR D1351
0313	1	1	3	ALL	'UNABLE TO DETERMINE CATEGORY OF SERVICE.'
BWSC3520					SEE CATEGORY OF SERVICE EXHIBIT.
0314	0	0	2	ALL	'PROVIDER WAS TERMINATED DUE TO BEING DECEASED AS

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 5.'
BWSC3520					
					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 5 (TERM-
					DECEASED).
0315	1	1	3	M,R,S	'ATTENDING PROVIDER NUMBER NOT ON FILE.'
BWSC3520					
					A. ATTENDING PHYSICIAN NUMBER IS GREATER THAN ZERO.
					B. ATTENDING PHYSICIAN NUMBER IS NOT FOUND ON THE PROV
					MASTER FILE.
					C. EXCEPTION 204 NOT DETECTED.
0316	0	0	3	ALL	'PROVIDER APPLICATION IS PENDING AS INDICATED BY A
				EXCEPT	PROVIDER ENROLLMENT STATUS CODE OF 2.'
BWSC3520				RC=66	
					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 2
					(APPLICATION PENDING).
0317	0	0	3	RC=	'CLAIM WAS SUSPENDED BECAUSE OF OUT-OF-STATE PROVIDER
				60,61	(OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF
BWSC3520				EXCEPT	33.'
				T	
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					C. IF DRG CLAIM, DRG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS
					WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 33 (OUT-OF-
					STATE).
0318	1	1	3	ALL	'PROVIDER TYPE 17 MAY ONLY FILE ITA/BLIND CLAIMS.'
BWSC3520				EXCEPT	
				Z,I	THE FOLLOWING ARE TRUE:
					A. PROVIDER TYPE IS EQUAL TO 17 (SPECIAL EYE CARE).
					B. ITA/BLIND INDICATOR IS NOT EQUAL TO B (BLIND CLAIM).
0319	0	0	3	ALL	'THE MANUAL PRICE EXCEEDS THE PDD FILE ALLOWABLE AMOUNT.'
BWSC3530,3540,3550					
					ALLOWED CHARGE ON CLAIM IS GREATER THAN THE MAXIMUM
					ALLOWED CHARGE. (ALLOWED CHARGE CONTAINS THE MANUAL PRICE
					AND MAXIMUM ALLOWED CHARGE CONTAINS THE PDD CHARGE).
0320	0	0	3	RC= 60	'ACCIDENT DIAGNOSIS - TPL SUSPECT.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3530,3550,3570				R,S	THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS EQUAL TO S OR R (INPATIENT OR DRG); OR, (RECORD-CODE IS EQUAL TO 60 (MEDICAL CLAIM) AND PLACE-OF-SERVICE IS EQUAL TO 1 (INPATIENT HOSPITAL)). B. DIAGNOSIS ACCIDENT INDICATOR ON THE PDD FILE IS EQUAL TO 'Y' (DIAG-ACCID-YES) AND THIRD PARTY PAYMENT AMOUNT IS EQUAL TO ZERO. EXCEPTION WILL NOT POST IF: PROVIDER TYPE IS EQUAL TO (15,43 OR 48) (INDIAN-HEALTH-CENTER, LAB-FACILITY OR ANESTHESIOLOGIST) OR RECIPIENT AGE IS LESS THAN/EQUAL TO 15.
0321	0	1	3	D	'UNABLE TO OBTAIN DISPENSING FEE FOR DATE OF SERVICE.'
BWSC3540					1) EXCEPTIONS 333,388,378 ARE NOT DETECTED; AND, PROVIDER TYPE IS NOT EQUAL TO 85; AND, (PHARM-DISP-FEE-TYPE IS NOT EQUAL TO (H,L,S,M OR D) OR PHARM-DISP-FEE-EFF-DATE IS GREATER THAN FIRST DATE OF SERVICE); AND, ALLOWED-CHARGE SOURCE IS NOT EQUAL TO 'A'. 2) EXCEPTIONS 333,388,378 ARE NOT DETECTED; AND, ALLOWED CHARGE SOURCE IS NOT EQUAL TO 'A'; AND, PHARMACY DISP FEE TYPE IS EQUAL TO 'S'; AND, DRUG DISPENSING FEE IS NOT GREATER THAN ZERO; AND, PROVIDER TYPE IS NOT EQUAL TO 85. 3) EXCEPTIONS 333,388,378 ARE NOT DETECTED; AND, PROVIDER TYPE IS EQUAL TO 85; AND, (PHARMACY DISP FEE TYPE IS NOT EQUAL TO 'U' OR PHARMACY DISP FEE EFFECTIVE DATE IS GREATER THAN FIRST DATE OF SERVICE); AND, ALLOWED CHARGE SOURCE IS NOT EQUAL TO 'A'.
0322	0	0	3	RC=60	'AN ASSISTANT SURGEON MAY BE ALLOWED TO BILL FOR THIS PROCEDURE UNDER UNUSUAL CIRCUMSTANCES, MEDICAL CONSULTANT MUST REVIEW.'
BWSC3550					PROC-ASST-SURG-INDIC = M (MAY BE ALLOWED) AND PROC-CODE MODIFIER = 80 OR 94 (ASSIST-SURGEON OR SPEC-AGREE-ASST).
0323	0	0	3	RC= 60,61	'INVALID RECIPIENT AGE TO DIAGNOSIS.'
BWSC3530,3540,3550,3570				EXCEPT K	THE FOLLOWING CONDITIONS ARE TRUE: A. DIAGNOSIS CODE IS NOT EQUAL TO ZEROS. B. RECIPIENT-AGE IS NOT EQUAL TO ZERO. C. RECIPIENT-AGE IS LESS THAN THE MINIMUM AGE OR GREATER THAN THE MAXIMUM AGE ON THE PDD FILE. BYPASS EXCEPTION IF EXCEPTION CODES 129, 130, OR 250 ARE ALREADY POSTED ON THE CLAIM.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0324	0	0	3	RC= 60,61	'INVALID RECIPIENT SEX TO DIAGNOSIS.'
BWSC3530,3540,3550,3570				EXCEPT K	THE DIAGNOSIS CODE IS NOT EQUAL TO SPACES AND ONE OF THE FOLLOWING IS TRUE: A. VALID-SEX-INDICATOR ON THE PDD FILE IS EQUAL TO 'M' (MALE ONLY) AND RECIP-SEX-CODE ON THE CLAIM IS EQUAL TO '2' (FEMALE). OR B. VALID-SEX-INDICATOR ON THE PDD FILE IS EQUAL TO 'F' (FEMALE ONLY) AND RECIP-SEX-CODE ON THE CLAIM IS EQUAL TO '1' (MALE). BYPASS EXCEPTION IF EXCEPTION CODES 129, 130, OR 250 ARE ALREADY POSTED ON THE CLAIM.
0325	0	0	3	M OR RC= 60	'ACCIDENT DIAGNOSIS CODE AND CLAIM EXCEEDED $100.00.'
BWSC3530,BWSC3550,BWSC3570					THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS EQUAL TO M (OUTPATIENT) OR (RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM) AND PLACE OF SERVICE IS EQUAL TO (2,3,5 OR 9) (OUTPATIENT-HOSPITAL, OFFICE, EMERGENCY-ROOM OR OTHER). B. DIAGNOSIS ACCIDENT INDICATOR IS EQUAL TO 'Y' (DIAG-ACCID-YES) AND TPL PAYMENT AMOUNT IS EQUAL TO ZERO. C. TOTAL CLAIM CHARGE IS GREATER THAN $100.00. EXCEPTION WILL NOT POST IF: 1.PROVIDER TYPE IS EQUAL TO (15,43 OR 48) (INDIAN-HEALTH-CENTER, LAB-FACILITY OR ANESTHESIOLOGIST) AND RECIP-AGE IS LESS THAN/EQUAL TO 15. 2.CLAIM TYPE IS EQUAL TO "O" (MCARE PART B XOVER).
0326	0	0	2		'PROCEDURE CODE DENIAL.'
BWSC3530,3550					DATE: 05/13/04
				RC= 60	EXCEPTION WILL POST IF ONE OF THE FOLLOWING IS TRUE: MEDICAL CLAIM 1. PROC CONTROL CODE ON THE PDD FILE IS EQUAL TO '01' (INVALID PROCEDURE). 2.A. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED) B. CLAIM TYPE IS EQUAL TO 'O' (PT. B MEDICARE) C. FIRST DATE OF SERVICE IS ON OR AFTER JANUARY 1, 1998 D. THE RECIPIENTS MATCH CODE IS NOT EQUAL TO 'D' (QMB) 3.A. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED) B. CLAIM TYPE IS EQUAL TO 'O' (PT. B MEDICARE) C. FIRST DATE OF SERVICE IS ON OR AFTER JANUARY 1, 1998 D. THE RECIPIENTS MEDICAL CODE IS NOT EQUAL TO '7'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(MCARE BUY IN QMB) OR '8' (MCARE BUY IN QDWI).
					4.A. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED)
					B. CLAIM TYPE IS NOT EQUAL TO 'O' (PT. B MEDICARE)
					C. FIRST OCCURRENCE OF THE LINE ITEM PRIOR AUTHORIZATION NUMBER IS EQUAL TO ZERO.
				RC= 61	INSTITUTIONAL CLAIM
				M	1.A. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)
					B. PROC CONTROL CODE ON THE PDD FILE IS EQUAL TO '01' (INVALID PROCEDURE).
					2.A. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)
					B. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED)
					C. ALLOWED CHARGE SOURCE IS NOT EQUAL TO 'A' (MANUALLY PRICED)
					D. PRIOR AUTHORIZATION NUMBER 1 AND 2 ON THE CLAIM ARE EQUAL TO ZEROS.
0327	0	0	3	RC=60, 61	'PROCEDURE CODE SUSPENSION.'
BWSC3530,3550					PROC-CONTROL-CODE ON PDD FILE IS EQUAL TO 02 (SUSPEND).
0328	0	0	3	RC=60, 61	'INVALID RECIPIENT AGE FOR PROCEDURE.'
BWSC3530,3550					RECIPIENT AGE IS LESS THAN MINIMUM AGE ON PDD FILE
					OR
					RECIPIENT AGE IS GREATER THAN MAXIMUM AGE ON PDD FILE.
					BYPASS EXCEPTION IF:
					A. EXCEPTION CODES 129, 130, 250, OR 260 ARE ALREADY POSTED ON THE CLAIM.
					OR
					B. PROCEDURE CODE IS (99381 OR 99391) AND ITA INDICATOR IS 'B' (BABY ON MOTHER'S PIC)
					OR
					C. PROCEDURE CODE IS 54150 AND CLIENT'S AGE IS 21 OR GREATER AND CLIENT'S GENDER IS '2' (FEMALE) AND THE ITA INDICATOR IS 'B' (BABY ON MOTHER'S PIC)
					OR
					D. THE ITA INDICATOR IS EQUAL TO 'H', THE PROVIDER TYPE IS EQUAL TO '84' (HEARING AID SERVICES) AND THE FIRST DATE OF SERVICE ON THE CLAIM IS ON OR AFTER OCTOBER 1, 2003.
0329	0	0	3	RC=60, 61	'INVALID RECIPIENT SEX FOR PROCEDURE.'
BWSC3530,3550					ONE OF THE FOLLOWING IS TRUE:
					A. VALID-SEX-INDIC ON PDD FILE IS EQUAL TO 'M' (MALE ONLY)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND RECIP-SEX-CODE ON CLAIM IS NOT EQUAL TO '1' (MALE)
					OR
					B. VALID-SEX-INDIC ON PDD FILE IS EQUAL TO 'F' (FEMALE ONLY) AND RECIP-SEX-CODE ON CLAIM IS NOT EQUAL TO '2' (FEMALE).
					WILL NOT POST IF:
					A. ITA-BLIND-IND EQUAL TO "B" (BABY USE MOTHER PIC) AND AN INSTITUTIONAL CLAIM.
					B. ITA-BLIND-IND EQUAL TO "B" (BABY USE MOTHER PIC) AND A MEDICAL CLAIM, AND PROCEDURE CODE IS NOT ONE OF: "0365M", "0366M", "0367M" OR "0368M"
					C. EXCEPTION CODES 129, 130, 250, OR 260 ARE ALREADY POSTED ON THE CLAIM.
					OR
					D. PROCEDURE CODE IS 54150 AND CLIENT'S AGE IS 21 OR GREATER AND CLIENT'S GENDER IS '2' (FEMALE) AND THE ITA INDICATOR IS 'B' (BABY ON MOTHER'S PIC)
0330	0	0	2	RC=60	'NO ASSISTANT SURGERY - ASSISTANT AT SURGERY IS NOT AUTHORIZED FOR THIS PROCEDURE.'
BWSC3550					
					WILL POST IF ONE OF THE FOLLOWING IS TRUE:
					A)PROCEDURE ASSISTANT SURGERY INDICATOR = N (NOT ALLOWED) ON PDD FILE AND PROCEDURE CODE MODIFIER = 80, 81 OR 82.
					B)PROCEDURE CODE MODIFIER = 62 OR 66 AND THE CO-SURG OR TEAM-SURG INDICATOR ON THE PDD FILE IS EQUAL TO N.
0331	2	0	3		'MANUAL PRICE REQUIRED (N/A IF CLAIM IS LESS THAN $1.00)'
BWSC3530,3550					
				RC=60	MEDICAL CLAIMS:
					1. PROCEDURE FACTOR CODE IS EQUAL TO 5 (MANUAL PRICE), 'S' (PROF-COMP-MANUAL), OR 'W' (TECH-COMP-MANUAL)
					2. ALLOWED CHARGE SOURCE IS NOT EQUAL TO A (MANUALLY PRICED)
					3. CLAIM TYPE IS NOT EQUAL TO MEDICARE NON INSTITUTIONAL (O)
					AND ONE OF THE FOLLOWING IS TRUE:
					A. CLAIM TYPE IS 'J' (PHYSICIAN CLAIM) OR 'P' (MEDICAL VENDOR)
					B. CLAIM TYPE IS 'K' (DENTAL) OR 'L' (EPSDT) AND THE PROCEDURE CHARGE (ON THE CLAIM LINE-ITEM) IS GREATER THAN OR EQUAL TO $1.00
				TYPE=M	OUTPATIENT CLAIMS:
					1. PROCEDURE FACTOR CODE IS EQUAL TO 5 (MANUAL PRICE)
					2. ALLOWED CHARGE SOURCE IS NOT EQUAL TO A (MANUALLY PRICED)
					3. SUBMITTED CHARGE IS GREATER THAN OR EQUAL TO $1.00
0332	0	0	2	RC=60,	'INVALID PROVIDER TYPE FOR PROCEDURE.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				61	DATE: 03/30/04
BWSC3530,3550					POST EXCEPTION IF: 1.PROC-PROV-TYPE-IND ON PDD FILE IS EQUAL TO 'V' (VALID PROV TYPES) AND PROC-PROV-TYPE ON PDD FILE IS NOT EQUAL TO THE CLAIM PROV-TYPE OR 2.PROC-PROV-TYPE-IND ON PDD FILE IS EQUAL TO 'I' (INVALID PROV TYPES) AND PROC-PROV-TYPE ON PDD FILE IS EQUAL TO THE CLAIM PROV-TYPE. OR 3.CLAIM PROV-TYPE IS 40, AND CLAIM PROV-SPEC-CODE IS 66, AND DATE OF SERVICE IS PRIOR TO JULY 1, 2002 AND ONE OF THE FOLLOWING PROCEDURE CODES ARE BILLED: 97520, 97535, 97537 OR 0002M. OR 4.CLAIM PROV-TYPE IS 40, AND CLAIM PROV-SPEC-CODE IS 66, AND DATE OF SERVICE IS PRIOR TO APRIL 1, 2004 AND THE FOLLOWING PROCEDURE CODE IS BILLED: 97113. BYPASS EXCEPTION IF ONE OF THE FOLLOWING IS TRUE: 1. CLAIM TYPE 'J'(PHYSICIAN) WITH PROVIDER TYPE 37 (AUDIO-SPEECH-PATH) AND ONE OF THE FOLLING IS TRUE: A)FDOS IS PRIOR TO 7/01/99 AND PROC CODE IS EQUAL TO 69210,92525-92526,92541-92547,92552-92553,92555-92557 92567-92569,92579,92582,92584-92585,92587-92589,OR 92597-92598. OR B)FDOS IS 7/01/99 OR AFTER,PROV-SPEC IS 64(AUDIOLOGY) AND PROC CODE IS EQUAL TO 69210,92541-92547,92552-92553,92555-92557,92567-92569 92579,92582,92584-92585,92587-92589. OR C)FDOS IS 1/01/03 OR AFTER,PROV-SPEC IS 64(AUDIOLOGY) AND PROC CODE IS EQUAL TO 92601-92604. OR D)FDOS IS 7/01/99 OR AFTER,PROV-SPEC IS 76(SPEECH-PATH) AND PROC CODE IS EQUAL TO 92525-92526 OR 92597-92598. OR E)FDOS IS 1/01/03 OR AFTER,PROV-SPEC IS 76(SPEECH-PATH) AND PROC CODE IS EQUAL TO 92605-92610. OR F)FDOS IS 7/01/03 OR AFTER,PROV-SPEC IS 76(SPEECH-PATH) OR 64(AUDIOLOGY) AND THE PROC CODE IS EQUAL TO 92611.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2. CLAIM TYPE 'J'(PHYSICIAN) AND PROVIDER TYPE 18 USING MODIFIERS(80,81,82) FOR ASSISTANT SURGERY.
					3. CLAIM TYPE 'J'(PHYSICIAN) BILLED BY PROVIDER TYPE 18 AND CODES(70000-89999) BILLED WITH MODIFIER 26.
					4. CLAIM TYPE 'K'(DENTAL) AND CODE (99201-99245) AND PERFORMING PROVIDER IS SPECIALTY 12.
					5. IF PROVIDER TYPE 28(OPTOMETRIST) AND BILLING SURGERY CODES(10000-69999) WITH MODIFIER 55.
					6. CLAIM TYPE 'O'(TAPE CLAIMS) AND PROVIDER TYPE 18,20, 25,28,38,39,41,48,51 OR 74(WITH "I" IN THE ITA FIELD), 79,82,84.
					7. CLAIM TYPE 'O'(TAPE CLAIMS) AND PROVIDER TYPE 3,31, OR 32 AND ALLOWED SOURCE CODE "Q".
					8. CLAIM TYPE 'J' (PHYSICIAN) AND PROVIDER TYPE '18' (EMERGENCY ROOM PHYSICIAN) AND ANY OF THE FOLLOWING PROCEDURE CODES (93307-93312, 93314-93350, 93501, 93505-93529, 93561-93562) ARE BILLED WITH PROCEDURE CODE MODIFIER '26'.
					9.CLAIM TYPE 'J' (PHYSICIAN) AND (PROVIDER TYPE '25' (RADIOLOGIST) OR PROVIDER SPECIALTY '30' (RADIOLOGY DIAG)) AND PROCEDURE CODE 36415 IS BILLED
					10. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), PROVIDER TYPE IS NOT EQUAL TO '62', TYPE OF SERVICE 'X' AND FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO JULY 01, 2003.
					11. PROVIDER TYPE IS EQUAL TO '40', PROVIDER SPECIALTY CODE IS EQUAL TO '61', THE FIRST DATE OF SERVICE IS GREATER THAN JULY 31, 2003 AND THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING; 99201-99205 99211-99215 99241-99245 99251-99255 99261-99263 99271-99275.
					12. PROVIDER TYPE IS NOT EQUAL TO '48' (ANESTHESIOLOGIST) OR '49' (NURSE ANESTHETIST) THE CLAIM HAS AN EXPEDITED PRIOR AUTHORIZATION NUMBER OF 870001201 - 870001250 AND THE PROCEDURE CODE IS WITHIN THE RANGE OF 00100 - 01999.
0333	1	1	3	D	'COMPOUNDED RX'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3540					POSTS IF THE FOLLOWING ARE TRUE:
					A. DRUG CODE IS EQUAL TO '00990000000' OR '00990000001' OR
					'00990000002' OR '00990000003' OR '00990000004' OR
					'00990000005' OR '00990000006' OR '00990000007' OR
					'00990000008' OR '00990000009' OR '00990000010'.
					B. ALLOWED CHARGE SOURCE IS NOT EQUAL TO 'A'.
					C. TOTAL CLAIM CHARGE IS GREATER THAN THE MAXIMUM BILLED
					AMOUNT. (A SYSTEM PARAMETER WITH AN EFFECTIVE DATE
					EQUAL TO OR AFTER THE FIRST DATE OF SERVICE.)
0334	1	1	1	RC= 60	' PREMIUM AMOUNT AT ADJUDICATION NOT EQUAL TO GENERATED
					PREMIUM AMOUNT '
BWSC3550					POST IF THE FOLLOWING IS TRUE:
					A. NUMBER OF CYCLES IS EQUAL TO '1'
					B. ACCOUNTING CODE IS EQUAL TO '0' (NORMAL PAY PROVIDER)
					C. CLAIM INPUT MEDIUM IS EQUAL TO '4' (SYSTEM GENERATED)
					B. MANAGED HEALTHCARE PREMIUM AMOUNT AT ADJUDICATION
					NOT EQUAL TO THE MANAGED HEALTHCARE PREMIUM AT PREMIUM
					GENERATION
0335	1	0	3	J,L,M	'SECONDARY DIAGNOSIS CODE NOT FOUND ON THE PDD FILE.'
BWSC3530, BWSC3550, BWSC3570				O,P,R,	
				S,T,V,	DATE: 04/05/04
				W	
					THE FOLLOWING CONDITIONS ARE TRUE:
					INSTITUTIONAL CLAIMS
					1. THE SECONDARY DIAGNOSIS CODE IS NOT FOUND OF THE PDDD
					FILE
					MEDICAL CLAIMS
					1. THE SECONDARY DIAGNOSIS CODE IS NOT FOUND ON THE PDDD
					FILE
					BYPASS IF THE FOLLOWING IS TRUE:
					1.A. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG),
					'S' (INPATIENT), 'J' (PHYSICIAN), 'L' (EPSDT) OR
					'P' (MEDICAL VENDOR)
					B. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL
					TO 'E'.
0336	0	0	2	D	'RESTRICTED NARCOTIC (THERAPEUTIC CLASS 411) NO REFILL
					ALLOWED.'
BWSC3540					
					REFILL-INDICATOR IS NOT EQUAL TO SPACES AND DRUG
					THERAPEUTIC CLASS IS EQUAL TO '411', 'H2V' OR 'J5B'
					(RESTRICTED NARCOTICS).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0337	0	0	2	D	'DAYS SUPPLY EXCEEDS THOSE INDICATED ON THE PDD FILE.'
BWSC3540					THE DAYS SUPPLIED ON THE CLAIM IS GREATER THAN THE DRUG MAXIMUM DAYS ON THE PDD FILE FOR THE DATE OF SERVICE.
0338	0	0	3	D	'QUANTITY BELOW MINIMUM.'
BWSC3540					THE DRUG QUANTITY IS LESS THAN THE DRUG MINIMUM SUPPLY ON THE PDD FILE FOR THE DATE OF SERVICE.
0339	0	0	3	D	'QUANTITY OVER MAXIMUM '
BWSC3540					THE DRUG QUANTITY IS GREATER THAN THE DRUG MAXIMUM SUPPLY ON THE PDD FILE FOR THE DATE OF SERVICE.
0340	0	0	2	61 (MED)	'INVALID PEDIATRIC PROCEDURE/MODIFIER COMBINATION'
BWSC2050					POST EXCEPTION 340 IF THE FOLLOWING IS TRUE: FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO MAY 01, 2002 AND ONE OF THE FOLLOWING 1. PROCEDURE CODE EQUAL TO 1600L 1602L OR 1603L AND THE PROCEDURE CODE MODIFIER IS NOT EQUAL TO RT OR LT OR 2. PROCEDURE CODE EQUAL TO 1601L OR 1604L AND THE PROCEDURE CODE MODIFIER IS EQUAL TO RT OR LT
0341	0	0	2	D	'NDC REQUIRES APPROVAL AS INDICATED BY THE PDD FILE.'
BWSC3540					PRIOR-AUTH-IND ON THE PDD FILE IS EQUAL TO 'Y' (PRIOR-AUTH-RE) OR O (PA-REQ-NNH-DRUG) BUT THE FOLLOWING CONDITIONS ARE NOT MET: A. CLAIM PA IND IS EQUAL TO '1' (SVC HAS BEEN PA); OR, B. LMC-APPROVAL-IND IS EQUAL TO 'Y' (LMC-APPROVAL); OR, C.(CLM-IND-RECIP-IN-NH IS EQUAL TO 'Y' (YES) OR RECIP-NH-IND IS EQUAL TO '1' (INST-NURS-HOME))
0342	0	0	3	RC= 60,61	'DIAGNOSIS REQUIRES MEDICAL REVIEW.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. DIAGNOSIS CODE IS NOT EQUAL TO SPACES. B. DIAGNOSIS CONTROL CODE ON THE PDD FILE IS EQUAL TO '2' (CONTROL-REQ-REVIEW). ** BYPASS THE POSTING OF EXCEPTION 0342 IF THE FIRST DATE OF SERVICE IS LESS THAN OCTOBER 16, 2003.
0343	0	0	3	RC= 60,61	'DIAGNOSIS IS NOT REIMBURSEABLE.'
BWSC3530, BWSC3550, BWSC3570					DATE: 04/29/04

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EXCEPTION WILL POST IF THE FOLLOWING IS TRUE:
					1.A. DIAGNOSIS CODE IS NOT EQUAL TO SPACES
					B. DIAGNOSIS CONTROL CODE ON THE PDD FILE EQUAL TO '1' (CONTROL-NON-PAYABLE).
					EXCEPTION WILL NOT POST IF:
					A.1. BILLING PROVIDER TYPE IE EQUAL TO '43' (LAB FACILITY)
					2. PROVIDER SPECIALTY CODE IS EQUAL TO '61' (GENETIC COUNSELING)
					B.1. BILLING PROVIDER TYPE IE EQUAL TO '75' (SUBSTANCE ABUSE)
					C.1. PROVIDER NUMBER IS A VALID DETOX PROVIDER NUMBER (3600000 THRU 3699999)
					D.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. PROCEDURE CODE IS EQUAL TO 0025M OR 0026M
					E.1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)
					2. THE ADMIT HOUR IS EQUAL TO 01-07 OR 18-23
					3. ONE OF THE FOLLOWING DIAGNOSIS CODES IS ON THE CLAIM: 520.1-520.6 521.0-521.6 523.6 523.9-524.5 524.7-525.9
					F.1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)
					2. ONE OF THE FOLLOWING DIAGNOSIS CODES IS ON THE CLAIM: 520.1-520.6 521.0-521.6 523.6 523.9-524.5 524.7-525.9
					3. THE PROVIDER IS EQUAL TO ONE OF THE FOLLOWING: 3306206 3300068 3110806 3001500 3004207 3348802 3017902 3018298 OR 3018280
					G.1. BILLING DIAGNOSIS CODE IS EQUAL TO 111.9 OR 117.9
					2. PROVIDER TYPE IS NOT EQUAL TO '32' (PODIATRIST)
					H.1. BILLING DIAGNOSIS CODE IS EQUAL TO 278.01-289.0
					2. PROCEDURE CODE IS EQUAL TO 0900M-0902M 0910M 0911M 5941M 5953M 5954M 5955M 5959M 97802 97803 97804
					I.1. BILLING DIAGNOSIS CODE IS EQUAL TO 302-302.9
					2. PROCEDURE CODE IS EQUAL TO 90801-90899 9083M 9084M
					3. PROVIDER TYPE IS EQUAL TO '19' (PSYCHIATRIST)
					J.1. BILLING DIAGNOSIS CODE IS EQUAL TO 302-302.9
					2. PROVIDER TYPE IS EQUAL TO '73' (VOLUNTARY COMMUNITY

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					MENTAL HEALTH)
					K.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 303-303.93
					305-305.03 V11.3 OR V79.1
					3. RECIPIENT IS UNDER THE AGE OF 17
					L.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 303-303.93
					305-305.03 V11.3 OR V79.1
					3. PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 7 07 8
					OR 08
					M.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 303-303.93
					305-305.03 V11.3 OR V79.1
					3. PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 6
					4. FIRST DATE OF SERVICE AT THE LINE ITEM IS PRIOR
					TO JULY 1, 2002
					N.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 303-303.93
					305-305.03 OR V79.1
					3. ITA BLIND INDICATOR IS EQUAL TO 'I'
					O.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 303-303.93
					305-305.03 OR V79.1
					3. ITA BLIND INDICATOR IS EQUAL TO 'B'
					P.1. BILLING DIAGNOSIS CODE IS EQUAL TO 304-304.93
					305-305.03
					2. PROCEDURE CODE IS EQUAL TO 5941M OR 5959M
					Q.1. BILLING DIAGNOSIS CODE IS EQUAL TO 304-304.93
					2. PROCEDURE CODE IS EQUAL TO 59400 59409 59410 59510
					59514 59515 59610 59612 59614 59618 59620 59622
					R.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 304-304.93
					3. ITA BLIND INDICATOR IS EQUAL TO 'B'
					S.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 304-304.93
					3. PROCEDURE CODE IS EQUAL TO 99281-99285
					** BYPASS EXCEPTION 343 FOR ALL OTHER LINES ON THE
					CLAIM THAT HAVE THE SAME DATE OF SERVICE AS THE
					LINE THAT BYPASSED ABOVE (S) AND ALSO HAVE BILLING

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DIAGNOSIS CODE 304-304.93
				T.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 304-304.93
				3.	PROCEDURE CODE IS EQUAL 80100-80103
				4.	PROVIDER NUMBER IS EQUAL TO 7060825
				U.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 317-319.0
				3.	PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 7 07 8
					OR 08
				V.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 317-319.0
				3.	PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 6
				4.	FIRST DATE OF SERVICE AT THE LINE ITEM IS PRIOR
					TO JULY 1, 2002
				W.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN) OR 'P'
					(MEDICAL VENDOR)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 317-319.0
				3.	PROCEDURE CODE IS EQUAL TO 92507-92508
					97010-97265 97504-97537 97703 97750 97770 0701M
					0702M M0006-M0008
				X.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 520.1-520.6
					521.0-521.6 523.6 523.9-524.5 524.7-525.9 V72.2
				3.	PROCEDURE CODE IS EQUAL TO 99050 99052 99054
					0100M 0122D 4401D 4402D 9820M 9821M 5999M 00170
					00172
				Y.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 520.1-520.6
					521.0-521.6 523.6 523.9-524.5 524.7-525.9 V72.2
				3.	PROVIDER TYPE IS EQUAL TO '22' (AMBULATORY CARE) OR
					'43' (LAB FACILITY)
				Z.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO 520.1-520.6
					521.0-521.6 523.6 523.9-524.5 524.7-525.9 V72.2
				3.	EXCEPTION 493 IS POSTING ON THE CLAIM
				4.	PLACE OF SERVICE IS EQUAL TO '1'
				5.	PROCDEURE CODE IS EQUAL TO 99221-99223
				AA.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO V25.2
				3.	PROCEDURE CODE IS EQUAL TO 00851 00869 OR 00921
				4.	FIRST DATE OF SERVICE AT THE LINE ITEM IS GREATER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THAN OR EQUAL TO JANUARY 01, 2002
				BB.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V40.0
				2.	PROVIDER TYPE IS EQUAL TO '31' (PSYCHOLOGIST)
				CC.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V70.0 V70.3
					V70.8
				2.	RPOCEDURE CODE IS EQUAL TO 0310M
				3.	CLAIM TYPE IS EQUAL TO 'V' (MEDICARE INPATIENT
					CROSSOVER), 'W' (MEDICARE OUTPATIENT CROSSOVER),
					'R' (DRG CLAIM), 'S' (INPATIENT CLAIM), 'M'
					(OUTPATIENT CLAIM) OR 'T' (NURSING HOME CLAIM)
				DD.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V70.0 V70.3 OR
					V70.8
				2.	RPOCEDURE CODE IS EQUAL TO 0390M
				EE.1.	CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO V70.0 V70.3 OR
					V70.8
				3.	PROCEDURE CODE IS EQUAL TO 0310M
				**	BYPASS EXCEPTION 343 FOR ALL OTHER LINES ON THE
					CLAIM THAT HAVE THE SAME DATE OF SERVICE AS THE
					LINE THAT BYPASSED ABOVE (EE) AND ALSO HAVE BILLING
					DIAGNOSIS CODE V70.0 V70.3 OR V70.8
				FF.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V72.2
				2.	PROVIDER TYPE IS EQUAL TO '15' (INDIAN HEALTH
					CENTER)
				GG.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V79.2
				2.	PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 7 8 07
					08
				3.	RECORD CODE IS EQUAL TO '60' (MEDICAL CLAIM)
				HH.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V79.2
				2.	RECORD CODE IS EQUAL TO '60' (MEDICAL CLAIM)
				3.	PLACE OF SERVICE ON THE CLAIM IS EQUAL TO 6
				4.	FIRST DATE OF SERVICE AT THE LINE ITEM IS PRIOR
					TO JULY 1, 2002
				II.1.	CLAIM TYPE IS EQUAL TO 'L' (EPSDT)
				2.	BILLING DIAGNOSIS CODE IS EQUAL TO V96.0
				3.	FIRST DATE OF SERVICE AT THE LINE ITEM IS PRIOR
					TO MARCH 1, 2003
				JJ.1.	BILLING DIAGNOSIS CODE IS EQUAL TO V68.9
				2.	PROVIDER TYPE IS EQUAL TO '90' (HEALTH MAINTENANCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					ORGANIZATION)
					3. FIRST DATE OF SERVICE IS ON OR AFTER OCTOBER 01, 2003
					IKK.1. BILLING DIAGNOSIS CODE IS EQUAL TO V20.1
					2. PROVIDER TYPE IS EQUAL TO '35' (MATERNITY SUPPORT SERVICES)
					ILL.1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					2. BILLING DIAGNOSIS CODE IS EQUAL TO 520.1-520.6 521.0-521.6 523.6 523.9-524.5 524.7-525.9 V72.2
					3. EXCEPTION 493 IS POSTING ON THE CLAIM
					4. PLACE OF SERVICE IS EQUAL TO '2'
					5. PROCDEURE CODE IS EQUAL TO 99201-99215
0344	1	0	3	J,L,M, O,P,R, S,T,V, W	'PRIMARY DIAGNOSIS CODE NOT FOUND ON PDD FILE.'
BWSC3530, BWSC3550, BWSC3570					DATE: 04/05/04
					DIAGNOSIS CODE IS NOT EQUAL TO SPACES AND THE PRIMARY DIAGNOSIS CODE IS NOT FOUND ON THE PDDD FILE.
0345	0	0	2		'DATE OF CONSENT MUST BE ENTERED IF PROCEDURE INDICATES STERILIZATION.'
BWSC3550					
					ONE OF THE FOLLOWING CONDITIONS IS TRUE:
				RC=60	A. PROC-STERIL-IND ON PDD IS EQUAL TO O OR V (STERIL-OTHER OR STERIL-VASECTOMY) AND DATE OF CONSENT IS EQUAL TO ZEROES
					OR
					B. PROC-STERIL-IND ON PDD IS EQUAL TO H (HYSTERECTOMY) AND THE CLAIM PROCEDURE CODE MODIFIER IS EQUAL TO (1A, 2A,23,3A, OR 80) (ANESTHESIA, NURSE-ANESTHETIST, ANESTHESIA-BY-SURG, SUPVS-ANEST, UNUSUAL-ANESTHESIA, SPEC-AGREE-ASST OR ASSIST-SURGEON).
					OR
				RC=61	C. PROC-STERIL-IND ON PDD IS EQUAL TO O, V OR H (STERIL-OTHER, STERIL-VASECTOMY, STERIL-HYSTERECTOMY) AND THERE IS A VALID HOSPITAL SURGICAL PROCEDURE CODE.
0346	0	0	3	RC= 60	'SPLIT BILL MODIFIER ERROR'
BWSC3550					
					THE FOLLOWING ARE TRUE:
					A. SPLIT-BILL-IND IS EQUAL TO 'Y' (SPLIT BILL ALLOWED).
					B. PROCEDURE MODIFIER IS EQUAL TO (26 AND TC). (PROFESSIONAL COMP, TECHNICAL COMP)
					EXCEPTION WILL NOT POST IF:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PDD SPLIT-BILL-IND IS EQUAL TO (P OR T) (PROF COMP 45% OR TECH COMP 55%).
0347	1	1	3	ALL	'VERIFIES THAT A PROVIDER HAS A TAX CODE ON FILE AND THE PROCEDURE IS A TAXABLE PROCEDURE '
BWSC3540,3550					THE TAXABLE SERVICE INDICATOR ON THE PDD FILE IS EQUAL TO Y (YES TAX) AND THE PROVIDER TAX CODE ON THE PROVIDER FILE IS EQUAL TO SPACES (NO SALES TAX). EXCEPTION WILL NOT POST IF: 1. IT IS A MEDICAL CLAIM AND THE CLAIM HAS ONE OF THE FOLLOWING PROCEDURE CODES: 0177A, 0178A, 0190A, 0195A, 0196A, 0197A, 0198A, 0199A, 0200A. OR 2. PROV-COUNTY-CODE IS EQUAL TO 'OR' (OREGON).
0348	0	0	3	RC=60, M	'BILLED AMOUNT EXCEEDS MAX FEE (MAX FEE SUSPEND).'
BWSC3530,3550					THE FOLLOWING CONDITIONS ARE TRUE: A. PROC-FACTOR-CODE IS EQUAL TO '7' (MAXIMUM SUSPEND). B. SUBMITTED CHARGE IS GREATER THAN THE COMPUTED ADJUSTED-PROC-FACTOR (MAXIMUM-FEE * UNITS-SVC) EXCEPTION WILL NOT POST IF: ALLOWED-CHARGE-SOURCE IS EQUAL TO 'A' (MANUALLY PRICED).
0349	0	0	3		THIS EXCEPTION NO LONGER POSTS.
0350	1	1	3	ALL	'MANUAL ALLOWED EXCEEDS BILLED.'
BWSC3530,3540,3550					ALLOWED CHARGE FROM THE CLAIM IS GREATER THAN THE CALCULATED SUBMITTED CHARGE. THE ALLOWED CHARGE CONTAINS THE MANUAL PRICE. (SUBMITTED CHARGE = CLAIM SUBMITTED CHARGE MINUS CLAIM NON-COVERED CHARGE).
0351	0	0	3	ALL	'BILLED CHARGE EXCEEDS THE ALLOWABLE CHARGE BY MORE THAN THE ALLOWED PERCENTAGE.'
BWSC3530,3540,3550					THE ALLOWED CHARGE IS LESS THAN THE SUBMITTED CHARGE AND THE ALLOWED CHARGE IS NOT EQUAL TO ZERO. IF THE PERCENT DIFFERENCE IS GREATER THAN THE PERCENT LIMIT OR AN ON-SIZE ERROR OCCURS IN THE FOLLOWING COMPUTATION, THE EXCEPTION IS POSTED. PERCENT-DIFF = (SUBMITTED CHARGE - ALLOWED CHARGE) / ALLOWED CHARGE. PERCENT LIMIT IS A SYSTEM PARAMETER.
0352	0	0	3	D,J,K, T,P,L	'MAXIMUM ALLOWED CHARGE EXCEEDS THE BILLED CHARGE BY MORE THAN THE ALLOWED PERCENTAGE.'
BWSC3530,3540,3550					

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
(COPY MEMBER S0820)					SUBMITTED CHARGE IS NOT EQUAL TO ZERO AND CALCULATED PERCENT DIFFERENCE IS GREATER THAN PERCENT LIMIT. PERCENT DIFFERENCE = (HIGH-ALLOWED-CHARGE - SUBMITTED- CHARGE) / SUBMITTED-CHARGE. HIGH-ALLOWED-CHARGE AND SUBMITTED CHARGE ARE OFF OF THE CLAIM RECORD. PERCENT- LIMIT IS A SYSTEM PARAMETER. THE EXCEPTION WILL BYPASS POSTING IF ONE OF THE FOLLOWING IS TRUE: 1) THE CLAIM IS PHYSICIAN (J) OR OUTPATIENT (M) AND; 2) THE PROCEDURE CODE IS (80000-89999) OR (8000M-8999M). OR; 1) THE CLAIM IS MED VENDOR (P) AND; 2) THE PROCEDURE CODE IS (80000-89999) OR (8000M-8999M).
0353	0	0	3		'PROCEDURE REQUIRES PRIOR APPROVAL.'
BWSC3530, BWSC3550					DATE: 03/31/04
				RC=60	THE FOLLOWING OUTLINES THE LOGIC REGARDING THE POSTING OF EXCEPTIONS 353 AND 488, EFFECTIVE 03/01/90 TO 10/01/96: 1) IF THE PRIOR AUTHORIZATION INDICATOR ON THE PDD FILE = Y (PA REQUIRED); OR IF THE PRIOR AUTHORIZATION INDICATOR ON THE PDD FILE = S (AUTH WITH PA NUM), AND PRIOR AUTH NUMBER IS NOT EQUAL TO ZERO, THEN LOOK FOR FURTHER AUTHORIZATION CRITERIA, OTHERWISE, BYPASS AUTHORIZATION EDITS. 2) IF THE PROCEDURE CODE MODIFIER IS AN ANESTHESIA OR ASSISTANT SURGEON MODIFIER OR A PRE- OR POST-OP MODIFIER (AA,AB,AC,AD,QJ,QK,QO,QQ,QX,QY,QZ,1A,2A,23,3A,45,47,55,56, 80,81,82,95); THEN, BYPASS AUTHORIZATION EDITS, OTHER- WISE, LOOK FOR FURTHER AUTHORIZATION CRITERIA. 3) IF THE PROCEDURE CODE ALWAYS REQUIRES PRIOR AUTHORIZATION (33935,33945,38240,47135,48160,86812- 86813,86816-86817,86821-86822,95805,V2620-V2623,70336, 70540,70551-70552,71550,72141-72149,72196,73220-73221, 73720-73721,74181,75552,76400,0030M-0035M,0088M-0099M, 3824M,3825M,0090V-0092V,0097V,1000V-1001V,1003V, 76093, 76094, 47134, 47136, 60512, 70541,70553,71555,72156-72159,72198,73225,73725, 74185,75552-75556,38230,38241,48550,48554) THEN POST EXCEPTION 353, OTHERWISE LOOK FOR FURTHER AUTHORIZATION CRITERIA. 4) IF THE CLAIM FIRST DATE OF SERVICE EQUAL OR GREATER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					07/01/94 AND THE PROCEDURE CODE EQUAL (11960,11970,11971,
					19140,19316,19318,19340,19342,19350,19357,19364,19366,
					19370,19371,19380,20975,30400-30450,42145,43842,43843,
					54300,54360,54400-54409,54440,56308,56309,63560,63660,
					63685,63688,64575,64590,64595,65710-65755,67909,67911,
					69930,95807-95810) THEN POST EXCEPTION 353, OTHERWISE
					LOOK FOR FURTHER AUTHORIZATION CRITERIA.
					5) IF PLACE OF SERVICE IS EQUAL TO 1,21 OR 51 AND TYPE
					OF SERVICE EQUAL TO 3 (OTHER CPT SERVICES) THEN CONSIDER
					CONDITION A, OTHERWISE CONSIDER CONDITION B.
					A) IF THE DIAGNOSIS ASSOCIATED WITH THE PROCEDURE
					REQUIRES AUTHORIZATION AND THE RECIPIENT AGE IS GREATER
					THAN 6, THEN POST EXCEPTION 488, OTHERWISE BYPASS FURTHER
					AUTHORIZATION EDITS.
					B) IF THE PROCEDURE CODE IS A SURGERY (PROCEDURE CODES
					10000-69999,1000M-6999M), THEN BYPASS FURTHER
					AUTHORIZATION EDITS, OTHERWISE POST EXCEPTION 353.
			EFFECTIVE	10/01/96	
				K,L,	1.1) THE PRIOR AUTHORIZATION INDICATOR ON THE PDDD FILE
				P	= Y (PA REQUIRED); OR THE PRIOR AUTHORIZATION INDICATOR
					ON THE PDDD FILE = S (AUTH WITH PA NUM) AND THE PRIOR
					AUTH NUMBER IS NOT EQUAL TO ZERO
					AND
					1.2) LINE-ITEM PRIOR AUTH INDICATOR ON THE CLAIM IS NOT
					EQUAL TO '1' (HAS BEEN PRIOR AUTHORIZED).
				J	2.1) THE PRIOR AUTHORIZATION INDICATOR ON THE PDDD FILE
					= Y (PA REQUIRED); OR THE PRIOR AUTHORIZATION INDICATOR
					ON THE PDDD FILE = S (AUTH WITH PA NUM) AND THE PRIOR
					AUTH NUMBER IS NOT EQUAL TO ZERO
					AND
					2.2) LINE-ITEM PRIOR AUTH INDICATOR ON THE CLAIM IS NOT
					EQUAL TO '1' (HAS BEEN PRIOR AUTHORIZED)
					AND
					2.3) PROCEDURE CODE MODIFIER IS NOT AN ANESTHESIA OR
					ASSISTANT SURGEON MODIFIER OR A PRE- OR POST-OP MODIFIER
					(AA,AD,QK,QX,QY,QZ,23,45,47,55,56,80,81,82,95) OR
					(MODIFIER AB OR AC WITH A FIRST DATE OF SERVICE AS OF
					04-01-2001)
					AND
					ONE OF THE FOLLOWING IS TRUE:
					2.4.A) PROCEDURE CODE ALWAYS REQUIRES PRIOR AUTHORIZATION
					(19140, 19318, 32851-32854, 33935, 33945, 38230,
					38231, 38240, 38241, 47135, 47136, 48160, 48554,
					50360, 50365, 50380, 51840-51845, 57228-57289,

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES		DESCRIPTION
						55873, 69714, 69715, 69717, 69718, 20982, 21685,
						61863, 61864, 61867, 61868, 65780, 65781, 65782,
						67912, 68371, 76937, 79403, 85055, 85396, 88112,
						90734, 97755, 0048T, 0049T, 0051T, 0053T, 0054T,
						0055T, 0056T, 0057T, 0060T, 0061T, J0215, J2353,
						J2354, J3465, J7342, J7350, Q3031, S0107, S0136
						43842, 43843, 43846, 43847, 95805, 95807-95810,
						95811,0088M-0095M,0096M-009M)
						OR (61885,61886,64573,64585,69930 FOR FDOS
						07-01-01 AND AFTER) OR
						(A9900 FOR FDOS GREATER THAN 12-31-2000) OR
						(54416, 54417, 88380, 95965, 95966, 95967, 0009T,
						0010T, 0012T, 0013T,
						J2020, J2940, J2941, J7340, S0093 AND FDOS GREATER
						THAN 12-31-2001) OR (PROCEDURE CODE 67909) OR
						(21195, 21196, 21120 AND THE FIRST DATE OF
						SERVICE IS ON OR AFTER JANUARY 1, 2004) OR
						(FDOS
						07-01-00 OR AFTER; RECIPIENT AGE GREATER THAN 17
						AND PROCEDURE CODE EQUAL TO 67901-67908 OR
						67311-67340) OR (FDOS 01-01-03 OR AFTER AND
						PROCEDURE CODE EQUAL TO 38205 38206 OR 38242) OR;
					2.4.B)	PLACE OF SERVICE NOT EQUAL TO '1', '21' OR '51'
						AND TYPE OF SERVICE EQUAL TO '3' (OTHER CPT
						SERVICE) AND PROCEDURE CODE IS AN MRI-MRA
						(70336, 70540, 70541, 70551-70553, 71550, 71555,
						72141-72159, 72196, 72198, 73220, 73221, 73225,
						73720, 73721, 73725, 74181, 74185, 75552-75556,
						70557, 70558, 70559, G0269,
						76093, 76094, 76400) OR (70542-70549, 71551,71552
						72195,72197,73218-73219,73222,73223,73718,73719
						73722,73723,74182,74183 FOR FIRST DATES OF SERVICE
						AS OF 01-01-2001) OR (76394 FOR FDOS GREATER THAN
						12-31-2001) OR (78491 78492 78549 78608 78609
						78810 G0030-G0047 G0125 G0210-G0234 G0252-G0254
						AND FDOS 06-30-01 AND AFTER) OR (PROCEDURE CODE
						EQUAL TO 76498 WITH TOS 'X' OR '3' AND FDOS
						01-01-03 AND AFTER) AND, PROCEDURE CODE MODIFIER
						IS NOT EQUAL TO '1R'; OR,
					2.4.C)	FOR FDOS 01/01/00 AND AFTER:
						PROCEDURE CODE IS A HYSTERECTOMY PROCEDURE CODE
						51925, 56308, 58150-58285,58550,59525,58551,
						58290,58291,58292,58293,58294,58552,58553,58554
						AND THE TYPE OF SERVICE IS EQUAL TO '3' (OTHER
						CAPITATED SERVICES) AND THE RECIPIENTS AGE IS
						LESS THAN 46 YEARS OF AGE AND BOTH OF THE DIAG
						CODES ON THE CLAIM ARE NOT EQUAL TO 179-184.9,
						198.6, 198.82, 233.1-233.3, 236.0-236.3, 239.5
						OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					FOR FDOS 12/31/99 AND PRIOR:
					PROCEDURE CODE IS A HYSTERECTOMY PROCEDURE 51925,
					56308,58150-58285,58951,59135,59525,58551,58552,
					58290,58291,58292,58293,58294,58553,58554 AND
					RECIPIENT AGE IS LESS THAN 46 YEARS OF AGE AND
					BOTH DIAGNOSIS CODES ON THE CLAIM ARE NOT EQUAL
					TO 179-184.9, 198.6, 198.82, 233.1-233.3,
					236.0-236.3, 239.5
					OR,
				2.4.D)	PROCEDURE CODE IS A HOSPITAL EVAL MGMT PROCEDURE
					(99221-99223) AND THE FIRST DIAGNOSIS CODE ON THE
					CLAIM REQUIRES APPROVAL ((EMERG-TREATMENT-IND
					EQUALS 'P') AND RECIPIENT AGE IS GREATER THAN 6
					YEARS AND DIAGNOSIS REQUIRES PRIOR AUTHORIZATION
					276-276.6, 276.8-276.9, 346-346.9, 535-535.6,
					536.2, 558-558.9, 560.3, 560.39, 564-564.9,
					577-577.1, 681-681.9, 682, 682.2-682.9, 724-724.6
					724.8-724.9, 780, 780.4, 780.7-780.79, 780.9
					784.0, 786.09, 786.52, 787-787.03, 789-789.09,
					846-847.9
				2.4.E)	PROCEDURE CODE IS ONE OF THE FOLLOWING (L3000,
					L3030, L3170, L3215, L3219, L3230, L3310, L3320,
					L3334, L3340, L3350, L3360, L3400, L3410, OR L3420
					AND TYPE OF SERVICE IS 3 AND THE DATES OF SERVICE
					ARE ON OR AFTER OCT 1, 2003.
				M	3.1) THE PRIOR AUTHORIZATION INDICATOR ON THE PDDD FILE
					= Y (PA REQUIRED); OR THE PRIOR AUTHORIZATION INDICATOR
					ON THE PDDD FILE = S (AUTH WITH PA NUM) AND THE PRIOR
					AUTH NUMBER IS NOT EQUAL TO ZERO
					AND
					3.2) LINE-ITEM PRIOR AUTH INDICATOR ON THE CLAIM IS NOT
					EQUAL TO '1' (HAS BEEN PRIOR AUTHORIZED).
					353 WILL NOT POST IF:
					PROGRAM CODE IS 'M' AND MATCH CODE IS 'G' OR 'P'.
0354	0	0	2	K	'MISSING TOOTH NUMBER.'
BWSC3550					TOOTH NUMBER IND ON THE PDD FILE IS EQUAL TO 'Y' (TOOTH
					NUMBER REQUIRED) AND THE TOOTH NUMBER IS EQUAL TO SPACES.
0355	0	0	2	K	'INVALID TOOTH NUMBER.'
BWSC3550					
					THE FOLLOWING ARE TRUE:
					A. TOOTH NUMBER IND ON THE PDD FILE IS EQUAL TO 'Y'
					(TOOTH NUMBER REQUIRED).
					B. TOOTH NUMBER IS NOT EQUAL TO SPACES.
					C. TOOTH NUMBER IS NOT FOUND IN THE TABLE OF POSSIBLE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					VALUES: (A-T,FM,LA,LL,LR,SN,UA,UL,UR,1-32).
0356	0	0	2	K	'MISSING TOOTH SURFACE.' BWSC3550 TOOTH SURFACE INDICATOR ON PDD FILE = Y (TOOTH SURFACE REQUIRED) AND TOOTH SURFACE ON CLAIM IS EQUAL TO SPACES.
0357	0	0	2	K	'INVALID TOOTH SURFACE.' BWSC3550 TOOTH SURFACE INDICATOR ON PDD FILE = Y (TOOTH SURFACE REQUIRED) AND TOOTH SURFACE ON CLAIM IS NOT EQUAL TO SPACES AND NOT EQUAL TO B,D,F,I,L,M,O (VALID TOOTH TOOTH SURFACE A IS ONLY VALID FOR DATES OF SERVICE PRIOR NOVEMBER 1, 2002.
0358	1	0	3	S	'ROOM ACCOMODATION CODE FILED ON CLAIM BUT ZERO DOLLARS WERE FOUND ON THE PROVIDER CHARGE FILE.' BWSC3530 THE FOLLOWING CONDITIONS ARE TRUE: A. ROOM RATE ON THE CLAIM IS GREATER THAN ZERO. B. UNITS OF SERVICE IS GREATER THAN ZERO. C. MEDICAID CUSTOMARY CHARGE ON THE PDD FILE IS EQUAL TO ZEROS.
0359					'UNABLE TO PRICE-CK DATE OF SVC.' (D O E S N O T P O S T) NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0360	1	0	3	D	'NDC CODE NOT ON PDD FILE.' BWSC3540 AFTER A READ-KEY ON THE PDD FILE FOR THE DRUG CODE, THE RETURN CODE IS EQUAL TO INVALID-KEY-NO-REC AND THE ALLOWED CHARGE SOURCE IS NOT EQUAL TO 'A' (MANUALLY PRICED).
0361	0	0	2	RC=60, 61	'PROCEDURE CODE NOT ON FILE.' BWSC3530,3550 PROCEDURE CODE IS NOT FOUND ON THE PDD MASTER FILE AFTER A READ-KEY (PROCEDURE MASTER).
0362	0	0	3	RC=60	'SPECIAL AGREEMENT MODIFIER.' BWSC3550 PROCEDURE CODE MODIFIER ON CLAIM = 1M (SPECIAL AGREEMENT) OR SU (PROC PHYSICIAN OFF) BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE: 1. PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) OR 25 (RADIOLOGY) 2. PROVIDER BILLS IN A PLACE OF SERVICE OF 2, 5, 22, 23

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OR 52
					3. THE PROVIDER HAS AN 'E' (SPECIAL USE OF EQUIPMENT) IN THE SPECIAL AGREEMENT INDICATOR FIELD OF THE PROVIDER MASTER FILE
					4. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 54240 70010-79999 80048-89399 90281-95967 7612M 7698M R0070 OR R0075
0363	0	0	5	D	'UNIT DOSE PROVIDER BILLED A NON-UNIT DOSE NDC'
					PROVIDER TYPE IS EQUAL TO 85 AND CLM-IND-RECIP-IN-NH ON THE CLAIM IS EQUAL TO NO (N).
0364					' UNUSED '
					THIS EXCEPTION IS CURRENTLY UNUSED AS OF 01/12/01.
0365	0	0	3	RC=60	'INVALID PLACE OF SERVICE FOR PROCEDURE.'
BWSC3550					1) I-E-PLACE-OF-SERVICE-IND ON THE PDD FILE = E (EXCLUSIVE) AND THE CLAIM PLACE-OF-SERVICE = PLACE-OF-SERVICE ON PDD FILE.
					2) I-E-PLACE-OF-SERVICE-IND ON THE PDD FILE = I (INCLUSIVE) AND THE CLAIM PLACE-OF-SERVICE IS NOT EQUAL TO PLACE-OF-SERVICE ON THE PDD FILE.
					BYPASS EXCEPTION IF EXCEPTION CODE 118 IS ALREADY POSTED OR IF CLAIM TYPE 'O' (MEDICARE PART B).
					BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE:
					1. PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) OR 25 (RADIOLOGY)
					2. PROVIDER BILLS IN A PLACE OF SERVICE OF 2, 5, 22, 23 OR 52
					3. THE PROVIDER HAS AN 'E' (SPECIAL USE OF EQUIPMENT) IN THE SPECIAL AGREEMENT INDICATOR FIELD OF THE PROVIDER MASTER FILE
					4. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING: 54240 70010-79999 80048-89399 90281-95967 7612M 7698M R0070 OR R0075
0366	0	0	3	RC=60, 61	'INVALID PROVIDER SPECIALTY FOR PROCEDURE.'
BWSC3530,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER SPECIALTY CODE ON THE PDD FILE IS NOT EQUAL TO SPACES.
					B. CLAIM PROV-SPEC-CODE IS NOT EQUAL TO ANY PROV-SPEC-CODE ON THE PDD FILE.
					BYPASS EXCEPTION CODE 366 WHEN THE FOLLOWING IS TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. CLAIM TYPE IS EQUAL TO PHYSICIAN (J).
					B. PROVIDER TYPE IS EQUAL TO 20.
					C. PERFORMING PROVIDER NUMBER SPECIALTY IS EQUAL TO 25.
					WILL NOT POST FOR CLAIM TYPE 'O' (MEDICARE PART B).
0367	2	0	2	S,M, R,P	'VERIFIES THE REVENUE CODE BILLED EXISTS ON THE PROVIDER CHARGE FILE.'
BWSC3530,3550					THE REVENUE CODE IS NOT FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY IS PERFORMED AND ONE OF THE FOLLOWING IS TRUE:
					A. CLAIM-TYPE IS EQUAL TO (S,M OR R) (INPAT,OUTPAT OR DRG) AND EXCEPTIONS (124,132,133,147,185 AND 433) ARE NOT DETECTED.
					B. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER IS EQUAL TO 44 (HOME-HEALTH-AGENCY).
					C. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 73 (VOL-COMM-MNTL-HLTH) AND PROVIDER SPECIALTY IS EQUAL TO 73 (PREPAID-HEALTH-PLAN).
					D. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 87 (DAY-HEALTH-CARE) AND FIRST DATE OF SERVICE IS AFTER 08/31/95.
					E. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 58 (SCHOOL-DISTRICT) AND FIRST DATE OF SERVICE IS AFTER 04/30/94.
0368	0	0	3	RC=60	'PROC CODE MODIFIER REQUIRES MANUAL PRICE.'
BWSC3550					WILL POST IF ONE OF THE FOLLOWING IS TRUE:
					A)PROC CODE MODIFIER ON CLAIM = IL, 50, 53, 99 OR 2R (UNUSUAL ANESTHESIA, MULTIPLE SURG PROC, MULTIPLE MODIFIER, TERMINAL PROCEDURE OR RABIES IMMUNE GLOBLN).
					B)PROC CODE MODIFIER ON CLAIM = 62 OR 66 AND THE CO-SURG OR TEAM-SURG INDICATOR ON THE PDD FILE IS EQUAL TO Y.
					EXCEPTION WILL NOT POST IF:
					ALLOWED CHARGE SOURCE INDICATOR IS EQUAL TO A (MANUALLY-PRICED).
					BYPASS EXCEPTION IF EXCEPTION CODE 118 IS ALREADY POSTED OR IF CLAIM TYPE 'O' (MEDICARE PART B).
					BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE:
					1. PROVIDER TYPE IS EQUAL TO 20 (PHYSICIAN) OR 25 (RADIOLOGY)
					2. PROVIDER BILLS IN A PLACE OF SERVICE OF 2, 5, 22, 23 OR 52
					3. THE PROVIDER HAS AN 'E' (SPECIAL USE OF EQUIPMENT) IN THE SPECIAL AGREEMENT INDICATOR FIELD OF THE PROVIDER MASTER FILE
					4. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					54240 70010-79999 80048-89399 90281-95967 7612M 7698M R0070 OR R0075
0369	0	0	2	S,M,P	'PROVIDER CHARGE FILE INDICATES THIS REVENUE CODE FOR THIS PROVIDER IS TO BE DENIED.'
BWSC3530,3550					MEDICAID CUSTOMARY CHARGE SOURCE ON THE PROVIDER CHARGE FILE IS EQUAL TO D (DENY) & ONE OF THE FOLLOWING IS TRUE: A. CLAIM-TYPE IS EQUAL TO S OR M (INPAT OR OUTPAT). B. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 44 (HOME-HEALTH-AGENCY).
0370	0	0	2	D	'NON UNIT DOSE PROVIDER DISPENSING A UNIT DOSE DRUG.'
BWSC3540					POSTS IF THE FOLLOWING ARE TRUE: PROVIDER TYPE IS NOT EQUAL TO 85 (UNIT-DOSE-DRUG); AND, PROVIDER CATEGORY OF SERVICE IS NOT EQUAL TO (48 OR 49) (CAP-DISP-FEE OR CAP-SUBSTANCE); AND, THERE IS A MATCH BETWEEN THE UNIT DOSE PACKAGE SIZE ON THE PDD FILE AND THE LAST TWO DIGITS OF THE DRUG CODE. THIS EXCEPTION WILL NOT POST IF THE UNIT OF MEASURE OF THE NDC IS 'GM' OR 'ML'. THIS EXCEPTION WILL NOT POST IF THE FIRST NINE DIGITS OF THE NDC ARE ONE OF THE FOLLOWING: 000023125 000023126 000040155 000040156 000040161 000040169 000040172 000041973 000060742 000080308 000131803 000153034 000230506 000234554 000262855 000534100 000548156 000548172 000548176 000548182 000548429 000548431 000580132 000710362 000746114 000754100 000780109 000780126 000780127 000780240 000780241 000780242 000780246 000780248 000882010 001820175 001820176 001864100 001864101 001864110 003642598 003642599 004050192 004050193 004510398 004510399 005365647 005365648 005750227 005750230 006036186 006036187 007811441 007811442 114140201 114140203 504580290 510790659 544820144 545692024
0371	0	0	2	RC=60	'THIS PROCEDURE IS ONLY VALID ON ITA CLAIMS.'
BWSC3550					ITA-ONLY INDICATOR ON PDD FILE = Y (ITA ONLY) AND CLAIM ITA-BLIND-IND IS NOT EQUAL TO I (ITA CLAIM).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0372	0	0	2	RC=60	'THIS PROCEDURE IS ONLY VALID ON CLAIMS FOR THE BLIND.'
					BWSC3550 BLIND-ONLY INDICATOR ON PDD FILE = Y (BLIND ONLY) AND CLAIM ITA-BLIND-IND IS NOT EQUAL TO B (BLIND CLAIM).
0373	0	0	2	RC=60 EXCEPT L	'THIS PROCEDURE IS ONLY VALID FOR EPSDT CLAIMS.'
					BWSC3550 NOT AN EPSDT CLAIM AND THE EPSDT INDICATOR ON THE PDD FILE IS EQUAL TO 'Y' (EPSDT ONLY).
0374	0	0	3	ALL	'POSSIBLE MULTIPLE SURGERY'
					(D O E S N O T P O S T) NO LOGIC CURRENTLY TO POST THIS EXCEPTION.
0375	0	0	3	RC= 60, M	'PROCEDURE WAS PRICED AT PERCENT OF CHARGES AND BILLED CHARGES WERE GREATER THAN AMT ON PARAMETER 056 OR PARAMETER 104 FOR OUTPATIENT.'
					BWSC3530,BWSC3550 THE FOLLOWING CONDITION IS TRUE: A. SUBMITTED CHARGE IS GREATER THAN SUSPEND-AMOUNT. SUSPEND AMOUNT = SUSP-PERCENT-CHG (SYSTEM PARAMETER) SUBMITTED CHARGE = PROCEDURE CHARGE ON CLAIM. EXCEPTION WILL NOT POST IF: ALLOWED-CHARGE-SOURCE ON CLAIM IS EQUAL TO 'A' (MANUALLY PRICED).
				M	BYPASS POSTING EXCEPTION IF ALL OF THE FOLLWING ARE TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT CLAIM) 2. PROVIDER TYPE IS NOT EQUAL TO 62 3. PROVIDER TYPE 62 IS LOADED ON THE PDDD FILE
0376	0	0	3	L	'INVALID EPSDT PROCEDURE ON THIS CLAIM.'
					BWSC3550 EPSDT INDICATOR ON PDD FILE IS EQUAL TO 'N' (NOT EPSDT ONLY).
0377	0	0	3	M,P,S	'PROVIDER CHARGE FILE INDICATES THIS REVENUE CODE FOR THIS PROVIDER IS TO BE SUSPENDED.'
					BWSC3530,3550 MEDICAID CUSTOMARY CHARGE SOURCE ON THE PROVIDER CHARGE FILE IS EQUAL TO S (SUSPEND) AND ONE OF THE FOLLOWING IS TRUE: A. CLAIM-TYPE IS EQUAL TO S OR M (INPAT OR OUTPAT). B. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 44 (HOME-HEALTH-AGENCY).
0378	2	0	3		'UNABLE TO PRICE FOR THE DATE OF SERVICE.'
					BWSC3530,3540,3550
				D	DRUG CLAIM AND THE FOLLOWING ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. DRUG CODE IS NOT EQUAL TO '00990000000000'; AND,
					C. PROVIDER CATEGORY OF SERVICE IS NOT EQUAL TO 48 (CAP-
					DISP-FEE); AND,
					D. NO ITERATION OF DRUG-PRICE-DATA WAS FOUND WITH FIRST
					DATE OF SERVICE NOT LESS THAN DRUG-PRICE-BEGIN-DATE
					AND FIRST DATE OF SERVICE NOT GREATER THAN DRUG-PRICE-
					END-DATE.
				RC=61	INSTITUTIONAL CLAIM AND ONE OF THE FOLLOWING IS TRUE:
					A. INPATIENT CLAIM -
					1) ADMISSION DATE IS LESS THAN PROVIDER CHARGE FILE
					MCAID-CUST-BEGIN-DATE; OR, GREATER THAN PROVIDER
					CHARGE FILE MCAID-CUST-END-DATE; OR, TYPE OF SVC
					IS NOT EQUAL TO (SPACE OR 'I') ('INPAT AND OUTP' OR
					'INPAT'); OR, PROVIDER CROSS-REFERENCE NUMBER IS NOT
					EQUAL TO ZEROES.
					OR
					2) FIRST DATE OF SVC IS LESS THAN MCAID-CUST-BEGIN-
					DATE; OR, FIRST DATE OF SVC IS GREATER THAN MCAID-
					CUST-END-DATE.
					B. DRG CLAIM -
					1) ADMISSION DATE IS LESS THAN PROVIDER CHARGE FILE
					DRG-PRICE-BEGIN-DATE; OR, GREATER THAN PROVIDER
					CHARGE FILE DRG-PRICE-BEGIN-DATE;
					AND
					2) DRG CODE IS NOT EQUAL TO ZEROS.
					C. OUTPATIENT CLAIM -
					1) FIRST DATE OF SVC IS LESS THAN MCAID-CUST-BEGIN-
					DATE; OR, FIRST DATE OF SVC IS GREATER THAN MCAID-
					CUST-END-DATE; OR, PROC-FACTOR-CODE IS EQUAL TO 2.
					OR
					2) PROC-FACTOR-CODE IS EQUAL TO 1; AND CONVERSION
					FACTOR CODE IS EQUAL TO ZEROS.
				RC= 60	MEDICAL CLAIM AND ONE OF THE FOLLOWING IS TRUE:
					A1. EXCEPTIONS (124,172,183,184) ARE NOT DETECTED; AND,
					A2. FIRST DATE OF SERVICE IS LESS THAN PROC-PRICE-BEGIN-
					DATE OR GREATER THAN PROC-PRICE-END-DATE OR PROC-
					FACTOR-CODE IS EQUAL TO '2' (ANESTHESIA BASE UNIT);
					AND,
					A3. PROCEDURE CODE MODIFIER IS NOT EQUAL TO (AA,AB,AC,
					AD,QJ,QK,QO,QQ,QX,QY,QZ,1A,2A,23,3A,46,47,95)
					(ANESTHESIA MODIFIERS); AND,
					A4. PROVIDER TYPE IS NOT EQUAL TO 49 (NURSE-ANESTHETIST)
					OR PROCEDURE CODE IS NOT EQUAL TO (10000-79999)
					(ANESTHESIA PROCEDURES).
					OR
					B1. PROCEDURE FACTOR CODE IS EQUAL TO '1' (RVS); AND,
					B2. CONVERSION FACTOR IS EQUAL TO ZERO.
					OR
					C1. PROCEDURE FACTOR CODE IS EQUAL TO '2' (ANESTHESIA

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BASE UNIT); AND,
					C2. PROCEDURE CODE MODIFIER IS EQUAL TO (AA,AB,AC, AD,QJ,QO,QQ,QX,QY,QZ,1A,2A,23,3A,46,47,95) (ANESTHESIA MODIFIERS) OR PROVIDER TYPE IS EQUAL TO 49 (NURSE-ANESTHETIST); AND,
					C3. CONVERSION FACTOR IS EQUAL TO ZERO.
					OR
					D1. CLAIM TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER TYPE IS EQUAL TO 44 (HOME HEALTH AGENCY); AND,
					D2. CLAIM PROVIDER NUMBER IS NOT EQUAL TO ANY PROVIDER-XREF-NUMBER ON THE PROVIDER CHARGE FILE SO NO MATCHING PROVIDER CHARGE SEGMENT IS FOUND; AND,
					D3. FIRST DATE OF SERVICE IS NOT LESS THAN MCAID-CUST-BEGIN-DATE AND NOT GREATER THAN MCAID-CUST-END-DATE.
					(CONVERSION FACTOR IS A SYSTEM PARAMETER.)
					EXCEPTION WILL NOT POST IF:
					ALLOWED CHARGE SOURCE IS EQUAL TO 'A' (MANUALLY PRICED).
0379	2	0	3		'UNABLE TO PRICE.'
BWSC3530, BWSC3550, BWSC3570					
					DATE: 03/01/04
				RC= 60	MEDICAL CLAIMS -
					A. PROC FACTOR CODE IS EQUAL TO 1 OR (PROC FACTOR CODE IS EQUAL TO 2 AND (PROCEDURE MODIFIER IS EQUAL TO (AA,AB, AC,AD,QJ,QK,QO,QQ,QX,QY,QZ,1A,2A,23,3A,46,47,95) OR PROVIDER TYPE IS EQUAL TO 49))); AND,
					THE FOLLOWING CONDITIONS ARE NOT MET:
					1. PROCEDURE FACTOR CODE IS EQUAL TO '2' AND PROCEDURE IS EQUAL TO (00001 THRU 99999, 0000M THRU 9999M).
					2. TYPE OF SERVICE IS EQUAL TO 4 (DENTAL).
					3. TYPE OF SERVICE IS EQUAL TO 9 (MED-VENDOR).
					4. PROCEDURE CODE IS EQUAL TO
					(10000-69999 OR 1000M-6999M OR
					70000-79999 OR 7000M-7999M OR
					R0070-R0075 OR 0101M-0999M OR
					80000-89999 OR 8000M-8999M OR
					90000-99999 OR 00000-09999 OR
					9000M-9999M OR P9000-P9007 OR
					0000M-0999M OR 1600L-1699L)
					B. PROCEDURE FACTOR CODE IS EQUAL TO '3' AND PROC FACTOR IS NOT EQUAL TO 115-126 (SYSTEM PARAMETERS).
				RC= 61	INSTITUTIONAL CLAIMS -
					A. OUT OF STATE PROVIDER CODE IS NOT EQUAL TO 'Y' (OTHER-STATE) AND ONE OF THE FOLLOWING IS TRUE:
					1. NO PROVIDER CHARGE MODE RECORD IS FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY.
					OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2. ADMISSION DATE IS LESS THAN THE PROVIDER RATE EFFECTIVE DATE.
				RC= 64	MEDICARE PART A CLAIMS -
					1. NO PROVIDER CHARGE MODE RECORD IS FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY.
					OR
					2. FIRST DATE OF SERVICE IS LESS THAN THE PROVIDER RATE EFFECTIVE DATE.
					*** BYPASS POSTING EXCEPTION 0379 FOR CLAIM TYPE 'W' IF ONE OF THE FOLLOWING IS TRUE:
					A. PROVIDER TYPE IS TO EQUAL '20' (PHYSICIAN) AND PROVIDER SPECIALTY CODE IS EQUAL TO '90' (FQHC)
					B. PROVIDER TYPE IS EQUAL TO '34' (PHYSICAL THERAPIST)
					C. PROVIDER TYPE IS EQUAL TO '88' (RURAL HEALTH CENTER).
0380	0	0	3	RC= 60,61	'PROCEDURE MODIFIER INDICATES ANESTHESIA BUT THERE ARE NO ANESTHESIA BASE UNITS FOR THIS PROCEDURE ON THE PDD FILE
BWSC3530,3550					A. PROCEDURE CODE MODIFIER IS EQUAL TO (AA,AB,AC,AD,QJ, QK,QO,QQ,QX,QY,QZ,1A,2A,23,3A,46,47,95) ONE OF THE ANESTHESIA MODIFIERS) OR PROVIDER TYPE IS EQUAL TO 49 (NURSE-ANESTHETIST) AND PROCDEURE CODE IS EQUAL TO 10000 THRU 79999 (ANESTHESIA PROCEDURE)); AND,
					B. FIRST DATE OF SERVISE IS LESS THAN PROC-PRICE-BEGIN- DATE OR GREATER HTAN PROC-PRICE-END-DATE OR PROCEDURE FACTOR CODE IS NOT EQUAL TO '2' (ANESTHESIA BASE UNIT).
					EXCEPTION CODE WILL NOT POST IF: ALLOWED CHARGE-SOURCE IS EQUAL TO A (MANUALLY PRICED).
					EFFECTIVE 07/01/00
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROCEDURE CODE MODIFIER IS EQUAL TO ANESTHESIA MODIF- IERS (AA, AD, QK, QX, QY, QZ, OR 23).
					B. FIRST DATE OF SERVICE IS LESS THAN PROC-PRICE-BEGIN- DATE OR GREATER THAN PROC-PRICE-END-DATE OR PROCEDURE FACTOR CODE IS NOT EQUAL TO '2' (ANESTHESIA BASE UNIT).
					EXCEPTION WILL NOT POST IF: ALLOWED-CHARGE-SOURCE IS EQUAL TO A (MANUALLY PRICED).
0381	0	0	3	S	'RATE OVER CAP'
BWSC3530					THIS EXCEPTION POSTS ON INPATIENT CLAIMS WHEN THE REVENUE CODE IS 110-229 AND THE ROOM RATE IS HIGHER THAN THE MAX CAP IN THE PROVIDER CHARGE FILE FOR DUMMY PROVIDER 3999919.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0382	0	0	3	T	'VERIFIES THE RATE BILLED UNDER THE REVENUE CODE FOR A NURSING HOME CLAIM EQUALS THE PROVIDER CHARGE FACTOR ON THE PROVIDER MASTER.
BWSC3530					THE ROOM RATE IS NOT EQUAL TO THE PROVIDER CHARGE FACTOR ON THE PROVIDER CHARGE FILE.
0383	0	0	3	T	'VERIFIES THE PATIENT CLASS BILLED ON A NURSING HOME CLAIM IS EQUAL TO ONE OF THE RECIP-NH-PAT-CLASS ON THE PROVIDER CHARGE FILE.'
BWSC3530					RECIPIENT NH PATIENT CLASS IS NOT EQUAL TO '25' (EXCEP- CARE) AND, ONE OF THE FOLLOWING IS TRUE: A. RECIPIENT NH PATIENT CLASS IS NOT FOUND ON THE PROVIDER CHARGE FILE; OR B. RECIPIENT NH PATIENT CLASS IS FOUND BUT FDOS IS LESS THAN PROVIDER RATE EFFECTIVE DATE; OR, RECIPIENT NH PATIENT CLASS FOUND IS NOT EQUAL TO PATIENT CLASS ON THE CLAIM.
0384	0	0	3	V,W	'MEDICARE MAXIMUM DEDUCTIBLE EXCEEDED.'
BWSC3570					THE FOLLOWING CONDITIONS ARE TRUE: A. EXCEPTIONS (124,132,134,225) ARE NOT DETECTED; AND, B. FIRST DATE OF SERVICE IS NOT EQUAL TO ZEROS; AND, C. MEDICARE DEDUCTIBLE AMOUNT IS GREATER THAN THE MAXIMUM DEDUCTIBLE (SYSTEM PARAMETER 75).
0385	0	0	3	V	'MEDICARE COINSURANCE PERCENTAGE EXCEEDED.'
BWSC3570					THE FOLLOWING CONDITIONS ARE TRUE: A. EXCEPTIONS (124,132,134,225) ARE NOT DETECTED; AND, B. FIRST DATE OF SERVICE IS NOT EQUAL TO ZEROS; AND, C. PROVIDER CATEGORY OF SERVICE IS NOT EQUAL TO 02 (INPAT-HOSP-N-DRG); AND, D. MEDICARE COINSURANCE AMOUNT ON THE CLAIM IS GREATER THAN THE CALCULATED MAXIMUM COINSURANCE AMOUNT.
0386	0	0	3		'DIAGNOSIS REQUIRES LMC APPROVAL.'
BWSC3530,3550,3570				RC=60, 61,64 EXCEPT O,R	PA NUMBER IS NOT GREATER THAN ZERO AND PA INDICATOR IS EQUAL TO 'L' (LMC APPROVAL REQUIRED) AND ONE OF THE FOLLOWING IS TRUE: A. MEDICAL CLAIM (EXCEPT PT. B MEDICARE CLAIM); OR B. INSTITUTIONAL CLAIM (EXCEPT DRG CLAIM) OR RECORD-CODE IS EQUAL TO 64 (MEDICARE XOVER CLAIM). EXCEPTION WILL NOT POST IF:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					LINE-ITEM OR CLAIM PA INDICATOR IS EQUAL TO 1 (HAS BEEN PRIOR AUTH) OR LMC APPROVAL INDIC IS EQUAL TO Y (LMC APPROVAL).
0387	0	0	3	ALL	'LOCAL PROCEDURE CODE BILLED WITH DATES OF SERVICE 10/16/03 AND AFTER IS NON-ALLOWABLE. THE FOLLOWING CONDITIONS ARE TRUE: A. FIRST DATE OF SERVICE GREATER THAN 10/15/03 B. LOCAL PROCEDURE CODE. EXCEPTION WILL BE BYPASSED IF ONE OF THE FOLLOWING IS TRUE: 1. IF COMPUTER GENERATED CLAIM WITH THE FOLLOWING PROCEDURE CODES 0350M 0351M 0352M 0360M OR 0361M; OR 2. PROCEDURE CODE IS EQUAL TO 0001T - 0099T.
0388	0	0	3	RC=61	'KIDNEY CENTERS OVER LIMIT ' THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS M (OUTPATIENT CLAIMS), AND B. THE PROVIDER TYPE IS 62(KIDNEY CENTERS), AND C. REVENUE CODES 841 & 851 ARE BILLED OVER 31 PER CALENDAR MONTH OR D. REVENUE CODES 821, 831, AND 880 ARE BILLED OVER 14 PER CALENDAR MONTH.
0389	0	0	3	D	'DRUGS WITH FORMULARY INDICATOR OF 'D' ARE FLAGGED AS LESS THAN EFFECTIVE.' BWSC3540 EXCEPTIONS 333,388 HAVE NOT BEEN POSTED AND DRUG FORMULA INDICATOR IS EQUAL TO 'D' (DESI-FLAG-DRUG-LTE).
0390				RC=62	'PROVIDER NOT EQUAL TO CAPITATION PROVIDER' BWSC3520 THE FOLLOWING CONDITIONS ARE TRUE: A. NURSING HOME PROVIDER NUMBER IS FOUND ON THE NURSING HOME PROVIDER FILE AFTER A READ-KEY. B. CATEGORY OF SERVICE IS EQUAL TO 48 (CAPITATION DISP FEE). C. CAPITATION DRUG PROVIDER ON THE NURSING HOME PROV FILE IS NOT EQUAL TO THE PROVIDER ON THE CLAIM. (NO LONGER CAPITATION PROGRAM) D. NUMBER OF NURSING HOME CAPITATION SEGMENTS IS NOT EQUAL TO ZERO.
0391				RC=62	'DATE OF SERVICE LESS THAN THE CAPITATION DATE' BWSC3520 THE FOLLOWING CONDITIONS ARE TRUE: A. NURSING HOME PROVIDER NUMBER IS FOUND ON THE NURSING

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HOME PROVIDER FILE AFTER A READ-KEY.
					B. NUMBER OF NURSING HOME CAPITATION SEGMENTS IS NOT
					EQUAL TO ZERO.
					C. CAPITATION DRUG PROVIDER ON THE NURSING HOME PROV FILE
					IS EQUAL TO THE PROVIDER ON THE CLAIM.
(NO LONGER CAPITATION PROGRAM)					D. FIRST DATE OF SVC IS LESS THAN THE CAPITATION DRUG
					EFFECTIVE DATE.
0392				D	'CAPITATION CLAIM, RECIPIENT NOT IN NURSING HOME'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. NH PROVIDER NOT ON FILE (OR NO NH PROVIDER).
					CATEGORY OF SVC = '48' (CAPITATION DISPENSING FEE)
					CLAIM NH INDICATOR NOT EQUAL '1' (INST NURSE HOME) .
					NOTE THAT '395' (NO NH RECORD) POSTS ALSO.
					B. NH PROVIDER ON THE NH PROVIDER FILE.
					CLAIM PROVIDER IS THE CAPITATION PROVIDER FOR THE HOME
					AND 1ST DATE OF SVC (DATE DISPENSED) IS GREATER OR
					EQUAL CAPITATION EFFECTIVE DATE.
(NO LONGER CAPITATION PROGRAM)					(CATEGORY OF SVC IS SET EQUAL TO '49' (CAP SUBSTANCE))
					CLAIM NH INDICATOR NOT EQUAL '1' (INST NURSE HOME) .
0393				RC=62	'RECIPIENT NOT IN CAPITATED NURSING HOME'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. DRUG CLAIM
					B. NURSING HOME PROVIDER NUMBER IS FOUND ON THE NURSING
					HOME PROVIDER FILE AFTER A READ-KEY.
					C. PROVIDER CATEGORY OF SVC CODE IS EQUAL TO 48
					(CAPITATION DISPENSING FEE).
(NO LONGER CAPITATION PROGRAM)					D. NUMBER OF NH CAPITATION SEGMENTS IS EQUAL TO ZERO ON
					NURSING HOME PROVIDER RECORD.
0394				RC=62	'NON-CAPITATION CLAIM, CAPITATION RECIPIENT'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. NUMBER OF CAPITATION SEGMENTS IS NOT EQUAL TO ZERO.
					B. PROVIDER CATEGORY OF SVC IS NOT EQUAL TO 48
					(CAPITATION DISPENSING FEE).
					C. NURSING HOME PROVIDER IS FOUND ON THE NURSING HOME
					PROV FILE AFTER A READ-KEY.
(NO LONGER CAPITATION PROGRAM)					D. CAPITATION DRUG PROVIDER IS NOT EQUAL TO PROVIDER ON
					THE CLAIM.
0395				RC=62	'NO NURSING HOME RECORD - CAPITATION CLAIM'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. DRUG CLAIM
					B. NURSING HOME PROVIDER NUMBER HAS A BAD RETURN CODE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AFTER A READ-KEY ON THE NURSING HOME PROVIDER FILE.
(NO LONGER CAPITATION PROGRAM)					C. PROVIDER CATEGORY OF SVC CODE IS EQUAL TO 48
					(CAPITATION DISPENSING FEE).
0396				RC=60	'CHIROPRACTIC HOME VISIT'
BWSC3550					PROCEDURE CODE IS EQUAL TO (00203,00204,2001A OR 2002A)
					(ONE OF THE CHIROPRACTIC PROCEDURES).
0397	0	0	4	RC=62	'CAPITATION CLAIM FOR A RECIPIENT WHO IS NOT RECOGNIZED
					BY THE SYSTEM AS BEING IN A NURSING HOME'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. NURSING HOME PROVIDER NUMBER HAS A BAD RETURN CODE
					AFTER A READ-KEY ON THE NURSING HOME PROVIDER FILE.
					B. PROVIDER CATEGORY OF SVC CODE IS NOT EQUAL TO 48
(NO LONGER CAPITATION PROGRAM)					(CAPITATION DISPENSING FEE).
					C. FIRST TWO CHARACTERS OF THE PROVIDER NUMBER ARE 65.
0398				R	'NO DRG RECORD'
BWSC3530					
					DRG CLAIM AND THE DRG CODE IS NOT FOUND ON THE PDD FILE
					AFTER A READ-KEY IS PERFORMED.
0399				P,M,S	'EXCLUDED REVENUE CODE'
BWSC3530,3550					
					ALLOWED-CHARGE-SOURCE FOR THE REVENUE CODE IS EQUAL TO 'A'
					(MANUALLY PRICED) AND CUSTOMARY-CHARGE-SOURCE IS EQUAL TO
					'E' (EXCLUDE) AND ONE OF THE FOLLOWING IS TRUE:
					A. CLAIM-TYPE IS EQUAL TO S OR M (INPAT OR OUTPAT).
					B. CLAIM-TYPE IS EQUAL TO P (MEDICAL VENDOR) AND PROVIDER
					TYPE IS EQUAL TO 44 (HOME-HEALTH-AGENCY).
0400	0	0	3	M	'STERILIZATION IND ON PROCEDURE RECORD FOR OP CLAIMS.'
BWSC3530					
					OUTPATIENT CLAIM AND THE STERILIZATION INDICATOR ON THE
					PROCEDURE CODE RECORD IS EQUAL TO 'H', 'O', OR 'V'.
0401	0	0	2	ALL EXCEPT RC=66	'PROVIDER TERMINATED BECAUSE OF ADDRESS AS INDICATED BY
BWSC3520					A PROVIDER ENROLLMENT STATUS CODE OF 6.'
					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 6
					(TERMINATED-ADDRESS).
0402	0	0	2	ALL EXCEPT RC=66	'PROVIDER TERMINATED BECAUSE OF NUMBER CHANGE AS
BWSC3520					INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 7.'
					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 7
					(TERMINATED-PROV-NUMBER-CHANGE).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EXCEPTION WILL BE BYPASSED IF:
					1. ADMISSION DATE IS WITHIN PROVIDERS ENROLLMENT PERIOD BUT THE ENTIRE DATE SPAN (ADMIT DATE THRU LAST DATE OF SERVICE) IS NOT.
0403	0	0	2	ALL EXCEPT RC=66	'PROVIDER TERMINATED DUE TO NO CORE AGREEMENT AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 8.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 8. (TERMINATED-NO-CORE-AGREEMENT).
0404	0	0	2	ALL EXCEPT RC=66	'PROVIDER TERMINATED FOR OTHER INVOLUNTARY REASONS AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF 9.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO 9 (TERMINATED-OTHER-INVOLUNTARY).
0405	0	0	3	ALL EXCEPT RC=66	'PROVIDER APPLICATION IS TERMINATED AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF A.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO A (TERMINATED-MEDICAL-AUTHORITY).
0406	0	0	3	ALL EXCEPT RC=66	'PROVIDER APPLICATION IS TERMINATED AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF B.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO B. (TERMINATED-LICENSE-REVOKED).
0407	0	0	3	ALL EXCEPT RC=66	'PROVIDER APPLICATION IS TERMINATED AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF C.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO C. (TERMINATED-LICENSE-EXPIRED).
0408	0	0	3	ALL EXCEPT RC=66	'PROVIDER APPLICATION IS DENIED AS INDICATED BY A PROVIDER ENROLLMENT STATUS CODE OF D.'
BWSC3520					PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO D. (APPLICATION-DENIED).
0409	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR SERVICE DATE REVIEW (SUR) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 12.'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 12 (SVC-DATE-REVIEW-SUR).
0410	0	0	3	RC= 60,61 EXCEPT	'CLAIM WAS SUSPENDED FOR SERVICE DATE REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 22.'
BWSC3520				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 22 (SVC-DATE-REVIEW-OPS.
BWSC3580				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS 'T' (NURSING HOME CLAIM).
					B. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. THERE ARE NO RECIPIENT NURSING HOME SEGMENTS WHOSE PROVIDER NUMBER EQUALS THE CLAIM PROVIDER NUMBER AND WHOSE NURSING HOME DATES ARE WITHIN (OR OVERLAP) 30 DAYS PRIOR TO THE FIRST DATE OF SERVICE ON THE CLAIM.
					D. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 22 (SVC-DATE-REVIEW-OPS.
0411	0	0	3	RC= 60,61 EXCEPT	'CLAIM WAS SUSPENDED FOR FULL REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 20.'
BWSC3520				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE. E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 20 (FULL-REVIEW-OPS).
0412	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR LINE ITEM DIAGNOSIS REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 23.' BWSC3520 THE FOLLOWING CONDITIONS ARE TRUE: A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE. E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE-REVIEW-OPS) AND REFERS TO LINE-ITEM DIAGNOSIS CODE.
0413	0	0	3	RC= 60,61 EXCEPT T	'CLAIM WAS SUSPENDED FOR HEADER DIAGNOSIS 1 REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 23.' BWSC3520 THE FOLLOWING CONDITIONS ARE TRUE: A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE. C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE. D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE. E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE-REVIEW-OPS) AND REFERS TO DIAGNOSIS CODE (1) IN THE HEADER OF THE CLAIM.
0414	0	0	3	RC= 60,61 EXCEPT	'CLAIM WAS SUSPENDED FOR HEADER DIAGNOSIS 2 REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 23.' BWSC3520

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE-REVIEW-OPS) AND REFERS TO DIAGNOSIS CODE (2) IN THE HEADER OF THE CLAIM.
0415	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR TYPE SERVICE REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 24.'
BWSC3520				EXCEPT	
				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 24 (TYPE-SVC-REVIEW-OPS).
0416	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR HOLD LOCATION-A REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 30.'
BWSC3520				EXCEPT	
				T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 30 (HOLD-LOCATION-A).
0417	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR HOLD LOCATION-B REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 31.'
BWSC3520				EXCEPT T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 31 (HOLD-LOCATION-B).
0418	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR HOLD LOCATION-C REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 32.'
BWSC3520				EXCEPT T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 32 (HOLD-LOCATION-C).
0419	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR LIEN HOLDER REVIEW (OPS) AS INDICATED BY PROVIDER EXCEPTION INDICATOR OF 34.'
BWSC3520				EXCEPT T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 34 (HOLD-LIEN)
0420	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR TYPE SERVICE PROCEDURE REVIEW (SUR), INDICATED BY PROVIDER EXCEPTION INDICATOR OF 15.'
BWSC3520				EXCEPT T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 15 (TYPE-SVC-PROC-CODE-SUR).
0421	0	0	3	RC= 60,61	'CLAIM WAS SUSPENDED FOR TYPE SERVICE PROCEDURE REVIEW (OPS), INDICATED BY PROVIDER EXCEPTION INDICATOR OF 25.'
BWSC3520				EXCEPT T	THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 25 (TYPE-SVC-PROC-CD-OPS).
0422	0	0	3	ALL	'PROVIDER IS NOT ENROLLED FOR DOS'
BWSC3520				EXCEPT Z,I	A. FIRST DATE OF SVC IS NOT LESS THAN PROVIDER BEG-DATE-SUSP AND NOT GREATER THAN PROVIDER END-DATE-SUSP OR
					LAST DATE OF SVC IS NOT GREATER THAN PROVIDER END-DATE-SUSP AND NOT LESS THAN PROVIDER BEGIN-DATE-SUSP.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND NOT LESS THAN PROV-BEGIN-DATE-SUSP.
					B. FIRST DATE OF SVC IS LESS THAN PROVIDER BEG-DATE-ENROL
					OR LAST DATE OF SVC IS GREATER THAN PROVIDER END-DATE-
					ENROL.
0423				RC= 60	'LABORATORY NOT CERTIFIED'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER TYPE IS EQUAL TO 43 (LAB FACILITY).
					B. PROV-CLASSIF-CD IS NOT EQUAL TO SPACES.
					C. LAB CLASSIFICATION IS NOT EQUAL TO PROV-CLASSIF-CD ON
					THE CLAIM.
0424				RC=60, 61	'SUR HOLD FOR DRG CLAIM'
BWSC3520				EXCEPT T	A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS
					WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 35 (DRG-CODE-
					REVIEW-SUR).
0425				RC=60, 61	'DRG REVIEW'
BWSC3520				EXCEPT T	A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					C. IF DRG CLAIM, DRUG CODE FALLS WITHIN HOLD-REVIEW-RANGE.
					D. IF MEDICAL/INST CLAIM, DIAG/TOS/PROCEDURE CODE FALLS
					WITHIN HOLD-REVIEW-RANGE.
					E. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 36 (DRG-CODE-
					REVIEW-OPS).
0426				R	'DRG CONVERSION FACTOR'
BWSC3530					DRG CLAIM AND OUT OF STATE PROVIDER CODE IS NOT EQUAL TO
					'Y' AND ONE OF THE FOLLOWING IS TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. A MATCHING CONVERSION FACTOR IS NOT FOUND ON THE PROV CHARGE FILE AFTER A READ-KEY;
					OR
					B. THE CONVERSION FACTOR IS FOUND ON THE PROVIDER CHARGE FILE BUT THE ADMISSION DATE IS LESS THAN THE PROVIDER RATE EFFECTIVE DATE.
0427				S	'COST OUTLIER CLAIM'
BWSC3530					INPATIENT CLAIM AND THE OUTLIER CODE IS EQUAL TO 61.
0428				R,S	'NO OUTLIER REIMBURSEMENT RATE'
BWSC3530					INPATIENT CLAIM AND ONE OF THE FOLLOWING IS TRUE:
					A. COST-OUTLIER RECORD IS NOT FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY IS PERFORMED;
					OR
					B. COST-OUTLIER RECORD IS FOUND ON PROVIDER CHARGE FILE BUT ADMISSION DATE IS LESS THAN THE PROVIDER RATE EFFECTIVE DATE.
0429				M	'OP NO PCT SPLIT BILL'
BWSC3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. OUTPATIENT CLAIM; AND,
					B. PROC-FACTOR-CODE IS NOT EQUAL TO '4'; AND,
					C. SPLIT-BILL-INDICATOR ON THE PDD FILE IS NOT EQUAL TO (A,B,C OR D).
0430				O	'MEDICARE PAYMENT EXCEEDS DSHS ALLOWED'
BWSC5010,BWOC0071					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS EQUAL TO O (PART B MCARE).
					B. EXCEPTION CODE 361, PROCEDURE CODE NOT ON FILE, IS NOT POSTING ON THE SAME LINE.
					C. MCARE PAID AMT EQUAL TO OR GREATER THAN DSHS ALLOWED CHARGE AND NOT EQUAL ZERO.
					D. FIRST DATE OF SVC GREATER THAN DECEMBER 31, 1997.
					E. MPI (MCARE-PMT-IND) NOT EQUAL TO '0'
0431				ALL	'EXCEPT INDICATOR A NO PROV
BWSC3020					RECIPIENT EXCEPT INDICATOR IS EQUAL TO (A OR D) (PRR OR HOS-REVIEW) AND NUM-OF-LOCK-IN-VAR IS NOT GREATER THAN ZERO.
0432				RC=61	'ITEM NOT PAYABLE NH'
BWSC3550,3530					WILL POST IF THE FOLLOWING CONDITIONS ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. (RECIPIENT NURSING HOME IND IS NOT EQUAL TO ZERO
					OR PLACE OF SERVICE IS EQUAL TO '7' OR '8' (NURSING-
					HOME-ICF OR NURSING-HOME-SNF); AND,
					B. PROC CODE NURSING HOME INDICATOR IS EQUAL TO 'I'.
					WILL NOT POST IF ONE OF THE FOLLOWING IS TRUE:
					A. CLAIM TYPE IS 'O'(MEDICATE PART B).
					OR
					B. PROVIDER TYPE 80(NURSING-HOME-SNF
					AND
					PROVIDER SPEC CODE 46.
					OR
					C. CLAIM TYPE 'P' (MEDICAL VENDOR)
					AND
					PROCEDURE CODE 'B4100' OR 'B4150' THRU 'B4156'
					AND
					PROCEDURE CODE MODIFIER 'BO'
0433					'PROVIDER BILLING ON WRONG CLAIM FORM'
BWSC3530, BWSC3550					
					DATE: 03/30/04
				'61'	INSTITUTIONAL CLAIMS:
				'S'	INPATIENT CLAIM - DO NOT POST EXCEPTION 433 IF ANY OF
					THE FOLLOWING ARE TRUE:
					1. DIAGNOSIS CODE DOES FALL WITHIN 042-044.99,
					INCLUSIVELY (AIDS DIAGNOSIS CODES) OR THE DIAGNOSIS
					CODE IS EQUAL TO V08.
					2. HOSPITAL TYPE IS EQUAL TO 05 (EXEMPT).
					3. HOSPITAL TYPE IS EQUAL TO 06 07 OR 08 AND THE RECIP
					PROGRAM CODE IS NOT EQUAL TO GENERAL ASSISTANCE(U),
					SUBSTANCE ABUSE(W), MEDICALLY INDIGENT(M) OR
					ITA(Q).
					4. EXEMPT SVC INDICATOR IS EQUAL TO 'Y' (EXEMPT).
					5. REVENUE CODE IS 168, 511, 897, 898, OR 129.
					6. DRG CODE IS EQUAL TO ONE OF THE FOLLOWING: 385-389
					602-619 621-624 626-628 630 635 OR 637-642.
					7. DRG CODE IS ONE OF THE FOLLOWING TRANSPLANTS:
					'103' '302' '480' '795' '803' '804' OF '805'.
					8. DRG CODE IS ONE OF THE FOLLOWING HIV RELATED CODES:
					700-716.
					9. ADMIT DATE IS GREATER THAN OR EQUAL TO
					JANUARY 1, 2001 AND ONE OF THE FOLLOWING DRG CODES
					ARE ON THE CLAIM:
					'006' '009' '011' '016' '017' '019' '022' '036'
					'038' '039' '040' '041' '042' '043' '045' '046'
					'047'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'049' '051' '056' '057' '059' '061' '064' '065'
					'066' '067' '072' '073' '077' '083' '084' '085'
					'086' '092' '093' '094' '114' '115' '117' '118'
					'119' '129' '135' '136' '137' '145' '162' '168'
					'173' '178' '186' '199' '200' '201' '213' '216'
					'232' '237' '245' '246' '250' '251' '260' '262'
					'265' '267' '268' '272' '273' '275' '283' '289'
					'291' '292' '293' '299' '306' '307' '312' '313'
					'314' '317' '318' '319' '325' '326' '327' '328'
					'329' '330' '332' '336' '338' '339'
					'342' '343' '344' '345' '346' '347' '348' '349'
					'351' '352' '354' '362' '366' '367' '402' '404'
					'406' '407' '408' '409' '411' '412' '414' '418'
					'423' '432' '439' '444' '445' '446' '447' '448'
					'453' '455' '456' '457' '459' '461' '462' '465'
					'466' '467' '471' '472' '476' '534' '535' '548'
					'554' '565' '570' '571' '572' '575' '578' '579'
					'586' '587' '633' '634' '636' '744' '746' '749'
					'751' '752' '753' '754' '759' '760' '764' '765'
					'767' '780' '781' '782' '783' '785' '790' '791'
					'794' '798' '799' '800' '801' '802' '806' '807'.
					IF NONE OF THE ABOVE STATEMENTS ARE TRUE POST EXCEPTION
					433.
				'R'	DRG CLAIM - ONE OF THE FOLLOWING IS TRUE:
					1. DIAGNOSIS CODE DOES FALL WITHIN 042-044.99,
					INCLUSIVELY (AIDS DIAGNOSIS CODES) OR THE DIAGNOSIS
					CODE IS EQUAL TO V08.
					2. HOSPITAL TYPE IS EQUAL TO 05 (EXEMPT).
					3. HOSPITAL TYPE IS EQUAL TO 06 07 OR 08 AND THE RECIP
					PROGRAM CODE IS NOT EQUAL TO GENERAL ASSISTANCE(U),
					SUBSTANCE ABUSE(W), MEDICALLY INDIGENT(M) OR
					ITA(Q).
					4. EXEMPT SVC INDICATOR IS EQUAL TO 'Y' (EXEMPT).
					5. REVENUE CODE IS 168, 511, 897, 898, OR 129.
					6. DRG CODE IS EQUAL TO ONE OF THE FOLLOWING: 385-389
					602-619 621-624 626-628 630 635 OR 637-642.
					7. DRG CODE IS ONE OF THE FOLLOWING TRANSPLANTS:
					'103' '302' '480' '795' '803' '804' OF '805'.
					8. DRG CODE IS ONE OF THE FOLLOWING HIV RELATED CODES:
					700-716.
					9. ADMIT DATE IS GREATER THAN OR EQUAL TO
					JANUARY 1, 2001 AND ONE OF THE FOLLOWING DRG CODES
					ARE ON THE CLAIM:
					'006' '009' '011' '016' '017' '019' '022' '036'
					'038' '039' '040' '041' '042' '043' '045' '046'
					'047'
					'049' '051' '056' '057' '059' '061' '064' '065'
					'066' '067' '072' '073' '077' '083' '084' '085'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'086' '092' '093' '094' '114' '115' '117' '118'
					'119' '129' '135' '136' '137' '145' '162' '168'
					'173' '178' '186' '199' '200' '201' '213' '216'
					'232' '237' '245' '246' '250' '251' '260' '262'
					'265' '267' '268' '272' '273' '275' '283' '289'
					'291' '292' '293' '299' '306' '307' '312' '313'
					'314' '317' '318' '319' '325' '326' '327' '328'
					'329' '330' '332' '336' '338' '339'
					'342' '343' '344' '345' '346' '347' '348' '349'
					'351' '352' '354' '362' '366' '367' '402' '404'
					'406' '407' '408' '409' '411' '412' '414' '418'
					'423' '432' '439' '444' '445' '446' '447' '448'
					'453' '455' '456' '457' '459' '461' '462' '465'
					'466' '467' '471' '472' '476' '534' '535' '548'
					'554' '565' '570' '571' '572' '575' '578' '579'
					'586' '587' '633' '634' '636' '744' '746' '749'
					'751' '752' '753' '754' '759' '760' '764' '765'
					'767' '780' '781' '782' '783' '785' '790' '791'
					'794' '798' '799' '800' '801' '802' '806' '807'.
				'60'	MEDICAL CLAIM - IF PROVIDER TYPE = 73 AND CLAIM TYPE DOES NOT = MED VENDER.
					PHYSICIAN - A). WILL NOT POST IF PROVIDER TYPE 73 AND PROCEDURE CODE 9701M AND DATE OF SERVICE IS PRIOR TO OCTOBER 1, 2003.
					B). WILL NOT POST IF PROVIDER TYPE 73 AND PROCEDURE CODE T1015 AND DATE OF SERVICE IS AFTER TO SEPTEMBER 30, 2003 AND PROCEDURE CODE MODIFIER IS HE.
					MCARE-MCAID OXYGEN - WILL POST IF: CLAIM TYPE P ON OR AFTER 10/1/95 AND PROCEDURE CODE ON WK-111-MEDICARE-LIST: WK-111-MEDICARE-LIST-A VALUES ARE 'E0424' 'E0425' 'E0430' 'E0431' 'E0434'
					'E0435' 'E0439' THRU 'E0444' 'E0555'
					'E0580' 'E1353' 'E1405' 'E1406' 'E0400'
					'E0405' 'E0410' 'E0415' 'E0416'
					'E1400' THRU 'E1404' 'E0601' 'E0452'
					'E0194' 'K0187' THRU 'K0189' 'E0450'
					'E0453' 'E0460' 'E0480' 'E0500' 'E0550'
					'E0560' 'E0575' 'E0600' 'E0565' 'E0570'
					'E0585'
					WK-111-MEDICARE-LIST-C VALUES ARE 'E0424' 'E0425' 'E0439' 'E0440'.
					WK-111-MEDICARE-LIST-E VALUES ARE 'E0430' 'E0431' 'E0434' 'E0435'.
					WK-111-MEDICARE-LIST-G

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					VALUES ARE 'E0400' 'E0405' 'E0410' 'E0415' 'E0416'
					'E0441' THRU 'E0444'.
					WK-111-MEDICARE-LIST-I
					VALUES ARE 'E1400' THRU 'E1404'.
					WK-111-MEDICARE-LIST-K
					VALUES ARE 'K0268'.
					WK-111-MEDICARE-LIST-M
					VALUES ARE 'E0601' 'E0452' 'K0193' 'K0194'.
					WK-111-MEDICARE-LIST-O
					VALUES ARE 'K0187' 'K0193' 'K0194' 'K0268'
					'E0452' 'E0601'.
					WK-111-MEDICARE-LIST-Q
					VALUES ARE 'K0188' 'K0189'.
					WK-111-MEDICARE-LIST-S
					VALUES ARE 'E0450' 'E0453' 'E0460'.
					WK-111-MEDICARE-LIST-U
					VALUES ARE 'E0480'.
					WK-111-MEDICARE-LIST-W
					VALUES ARE 'E0500' 'E0550' 'E0560'.
					WK-111-MEDICARE-LIST-Y
					VALUES ARE 'E0575'.
					WK-111-MEDICARE-LIST-AA
					VALUES ARE 'E0600'.
					WK-111-MEDICARE-LIST-CC
					VALUES ARE 'E0565'.
					WK-111-MEDICARE-LIST-EE
					VALUES ARE 'E0570' 'E0585'.
					CLAIM TYPE O ON OR AFTER 10/1/96 AND PROCEDURE
					CODE ON WK-111-MEDICAID-LIST:
					WK-111-MEDICAID-LIST-B
					VALUES ARE '6299E' '6992E' '6995E' '6998E' '6999E'.
					WK-111-MEDICAID-LIST-D
					VALUES ARE '6236E' '6387E' '6458E' '6349E' '6350E'
					'6357E' '6095E' '6602E' '6603E' '6642E'
					'6645E' '6515E' '6516E' '6523E' '6892E'
					'6434E' '6498E' '6415E' '6420E' '6583E'.
					WK-111-MEDICAID-LIST-F
					VALUES ARE '6237E' '6388E' '6459E' '6349E' '6350E'
					'6357E' '6095E' '6602E' '6603E' '6642E'
					'6645E' '6515E' '6516E' '6523E' '6892E'
					'6434E' '6498E' '6415E' '6420E' '6583E'.
					WK-111-MEDICAID-LIST-H
					VALUES ARE '6214E' '6215E' '6385E' '6390E'
					'6456E' '6457E'.
					WK-111-MEDICAID-LIST-J
					VALUES ARE '6359E' '6235E' '6386E' '6611E' '6360E'
					'6490E' '6612E' '6422E' '6423E'.
					WK-111-MEDICAID-LIST-L

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					VALUES ARE '6534E' '6469E' '6675E' '6420E' '6406E'.
					WK-111-MEDICAID-LIST-N
					VALUES ARE '6625E' '6532E' '6467E' '6420E'.
					WK-111-MEDICAID-LIST-P
					VALUES ARE '6415E'.
					WK-111-MEDICAID-LIST-R
					VALUES ARE '6406E'.
					WK-111-MEDICAID-LIST-T
					VALUES ARE '6394E' THRU '6397E' '6537E'.
					WK-111-MEDICAID-LIST-V
					VALUES ARE '6345E' '6630E' '6518E' '6464E'.
					WK-111-MEDICAID-LIST-X
					VALUES ARE '6343E' '6628E' '6538E' '6530E' '6349E'
					'6350E' '6602E' '6603E' '6515E'
					'6516E' '6434E'.
					WK-111-MEDICAID-LIST-Z
					VALUES ARE '6451E' '6452E'.
					WK-111-MEDICAID-LIST-BB
					VALUES ARE '6352E' '6353E' '6604E' '6605E'
					'6426E' '6427E' '6462E' '6463E'.
					WK-111-MEDICAID-LIST-DD
					VALUES ARE '6346E' '6347E' '6619E' '6631E'
					'6632E' '6460E' '6461E' '6520E'.
					WK-111-MEDICAID-LIST-FF
					VALUES ARE '6452E'.
0434				S	'BIRTH WEIGHT MISSING OR INVALID'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. INPATIENT CLAIM
					B. BABY WEIGHT ON CLAIM IS LESS THAN 100 GRAMS
					C. DRG CODE IS NOT LESS THAN 385 AND NOT GREATER THAN
					391 (NEONATAL FOR VERSION 5.0 GROUPER)
					OR
					DRG CODE IS ONE OF THE FOLLOWING:
					(VERSION 10.0 GROUPER)
					602 THROUGH 624, 626 THROUGH 630, 635,
					637 THROUGH 640.
0435				R	'NON CONTRACT LENGTH OF STAY GREATER THAN 30'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. DRG CLAIM.
					B. HOSPITAL TYPE IS EQUAL TO 03 (NON CONTRACT).
					B. LENGTH OF STAY IS GREATER THAN 30 DAYS.
0436				R, S	'INVALID HOSPITAL TYPE'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. DRG OR INPATIENT CLAIM.
					B. ADMISSION DATE ON THE CLAIM IS GREATER THAN/EQUAL TO REIMBURSEMENT EFFECTIVE DATE.
					B. ADMISSION DATE ON THE CLAIM IS LESS THAN THE EFFECTIVE DATE FOR THE HOSPITAL TYPE.
0437				RC=61	'NO VALID STATE ONLY PERCENT'
BWSC3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. MI/GAU RECIPIENT : PROGRAM CODE EQUAL TO (U,W,Q OR M) (GA-C, PROGRAM W, ITA OR BLIND, OR NONCONTINUING GA).
					B. CHARGE MODE 10 IS NOT FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY; OR,
					C. ADMISSION DATE IS LESS THAN PROV-RATE-EFFECTIVE-DATE.
0438				R,S,M	'DAYS BILLED EXCEED ITA ALLOWED'
BWSC3530					POSTS IF ONE OF THE FOLLOWING IS TRUE:
					A. CLAIM TYPE EQUAL TO M, R OR S (OUTPAT, DRG OR INPAT); AND ITA/BLIND INDICATOR IS EQUAL TO 'I' (ITA CLAIM); AND RECIPIENT AGE IS LESS THAN 13.
					OR
					B. CLAIM TYPE IS EQUAL TO S (INPATIENT); AND, ITA/BLIND INDICATOR IS EQUAL TO 'I' (ITA CLAIM); AND RECIPIENT AGE GREATER THAN/EQUAL TO 13.
					OR
					C. CLAIM TYPE IS EQUAL TO S (INPATIENT); AND, RECIPIENT AGE IS LESS THAN 18; AND, COMPUTED DAYS-BILLED IS GREATER THAN 22.
					OR
					D. CLAIM TYPE IS EQUAL TO S (INPATIENT); AND, RECIPIENT AGE IS GREATER THAN 17 AND COMPUTED DAYS-BILLED IS GREATER THAN 20.
0439				R	'INVALID CLAIM TYPE FOR ITA'
BWSC3530					DRG CLAIM; AND, THE ADMISSION DATE IS LESS THAN 04/01/88; AND, THE ITA/BLIND INDICATOR IS EQUAL TO 'I' (ITA CLAIM).
0440				RC=60, 61,62	'PROVIDER NOT ENROLLED FOR DOS'
BWSC3520					NUMBER OF PROVIDER ENROLLMENT STATUS CODE SEGMENTS IS GREATER THAN THE NUMBER OF PROVIDER ENROLLMENT PERIODS, (NO ENROLLMENT SEGMENTS ON THE PROVIDER MASTER). IF PHYSICIAN CLAIM TYPE 'J' INCLUDE ONLY PROVIDER TYPE '40' WITH PROVIDER SPECIALTY '60'.
0441				RC=60,	'PERF/ATTEND/PRESC/PROV NOT ACTIVE FOR DOS'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				61,62	
BWSC3520					PRESCRIBING, ATTENDING, OR PERFORMING PROVIDER HAS AN ENROLLMENT SEGMENT FOR DATE OF SERVICE AND THE ENROLLMENT STATUS FOR THAT SEGMENT IS 'TERMINATED BY MEDICAL AUTHORITY'. (SEE DATA ELEMENT 02380.)
0442				D	'DRUG REQUIRES APPROVAL IN NH'
BWSC3540					PRIOR AUTH INDICATOR EQUAL Y OR O (PRIOR-AUTH-REQ, PA-REQ-NH-DRUG) AND CLAIM-IND-RECIP-IN-NH EQUAL 'Y' (YES) OR RECIP-NURSING-HOME-IND EQUAL 1 (INST-NH) AND CLAIM-PA-INDICATOR IS NOT EQUAL TO '1' (SVC-HAS-BEEN-PA'D) AND LMC-APPROVAL-IND IS NOT EQUAL TO 'Y' (LMC-APPROVAL) AND PA NUMBER IS NOT GREATER THAN ZERO.
0443				D	'NO FORMULARY INDICATOR FOR DOS'
BWSC3540					NO ITERATION OF THE DRUG FORMULARY DATA WAS FOUND WITH FIRST DATE OF SERVICE NOT LESS THAN DRUG-FORMUL-BEGIN-DATE AND NOT GREATER THAN DRUG-FORMUL-END-DATE. THIS EXCEPTION WILL ALSO POST IF EITHER OF THE FOLLOWING CONDITIONS ARE TRUE. FORMULARY INDICATOR IS AND OLD FORMULARY INDICATOR (A,B,C,F,G,N,R,S,T,X,Y,Z) AND THE DATE OF SERVICE IS AFTER 04/30/91 OR THE FORMULARY INDICATOR IS NOT AN OLD FORMULARY INDICATOR AND THE DATE OF SERVICE IS PRIOR TO 05/01/91.
0444				D	'NO MIN-MAX FOR DOS'
BWSC3540					NO ITERATION OF THE DRUG SUPPLY DATA WAS FOUND WITH FIRST DATE OF SERVICE NOT LESS THAN DRUG-SUPPLY-BEGIN-DATE AND NOT GREATER THAN DRUG-SUPPLY-END-DATE.
0445				D	'MUD PROV GM ML'
BWSC3540					A. DRUG UNIT MEASURE IS GRAMS OR MILLILITERS AND THE 1ST TWO SIGNIFICANT DIGITS OF THE PROVIDER NUM ARE '67' OR B. PROVIDER TYPE IS EQUAL TO 85 (UNIT-DOSE-DRUG) AND PROVIDER SPECIALTY CODE IS EQUAL TO 87 (MISC-NON-PHYS) AND DRUG PACKAGE SIZE IS NOT EQUAL TO ANY OF THE 3 UNIT DOSE PACKAGE SIZES.
0446				D	'CONTRACEPTIVE EDIT'
BWSC3540					THERAPEUTIC CLASS IS EQUAL TO (370, G8A, G8B OR G8C) (CONTRACEPTIVE THERAPEUTIC CLASSES) AND THE UNIT

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OF MEASURE IS NOT EQUAL TO GRAMS OR MILLILITERS, AND THE QUANTITY IS GREATER THAN 100, AND THERE IS NO PRIOR AUTH NUMBER, AND LMC APPROVAL INDICATOR IS EQUAL TO SPACES, AND CLAIM PA INDICATOR IS NOT EQUAL TO '1'.(SVC HAS BEEN PA'D)
0447				D	'ITA NOT PAYABLE PROVIDER'
BWSC3540					ITA BLIND INDICATOR EQUAL AN 'I' (ITA CLAIM) AND PROVIDER NUMBER IS NOT EQUAL TO (6004824, 6900112, 6900153, 6700553, 6008551, 6700801, 6013874, 6015770 OR 6700918).
0448				P	'HHA - REQUIRES PRIOR AUTHORIZATION'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER TYPE IS EQUAL TO 44 (HOME HEALTH AGENCY). B. REVENUE CODES ARE EQUAL TO 00421, 00431, 00441, 00551, 00558, 00571, 00580 OR 00590. C. POST EXCEPTION 448 FOR PROVIDER COUNTY CODES BASED ON THE INTERNAL CONTROL MONTH AS FOLLOWS: ICN MONTH — PROVIDER COUNTY CODES NOV - JAN — OR,ID,05,06,08,14,16,18, 21,23,25,30,34 AND 35. FEB - APR — 01-04,07,11-13,19,20,26, 32,33,36,38 AND 39. MAY - JULY — 09,01,15,22,24,27-29,31, 37. AUG - OCT — 40 (KING COUNTY ONLY).
0449				R,S	'INVALID ADMIT DIAGNOSIS'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. FIRST DATE OF SERVICE IS GREATER THAN/EQUAL TO 03/01/90 B. ADMITTANCE DIAGNOSIS CODE IS NOT EQUAL TO SPACES OR ZEROS. C. ADMITTANCE DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY IS PERFORMED.
0450				O	'MEDICARE PAID IN FULL - HEADER'
BWSC5010					THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS EQUAL TO O (PART B MCARE). B. THE MCARE PAYMENT IND IN ALL LINE-ITEMS IS EQUAL TO '1'. (MEDICARE HAS PAID EVERYTHING IN FULL.)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0451				O	'MEDICARE PAID IN FULL - DETAIL'
					THE FOLLOWING CONDITIONS ARE TRUE:
BWSC5010					A. CLAIM TYPE IS EQUAL TO O (PART B MCARE).
					B. NUMBER OF LINE-ITEMS WITH A MCARE PAYMENT IND OF '1' IS GREATER THAN/EQUAL TO 1 BUT LESS THAN THE TOTAL NUMBER OF LINE-ITEMS. (MCARE HAS PAID AT LEAST ONE LINE-ITEM IN FULL.)
0452				O	'DENIED BY MEDICARE - HEADER'
					THE FOLLOWING CONDITIONS ARE TRUE:
BWSC5010					A. CLAIM TYPE IS EQUAL TO O (PART B MCARE).
					B. THE MCARE PAYMENT IND IN ALL LINE-ITEMS IS EQUAL TO '0'. (EVERYTHING WAS DENIED BY MEDICARE.)
0453				O	'DENIED BY MEDICARE - DETAIL'
					THE FOLLOWING CONDITIONS ARE TRUE:
BWSC5010					A. CLAIM TYPE IS EQUAL TO O (PART B MCARE).
					B. NUMBER OF LINE-ITEMS WITH A MCARE PAYMENT IND OF '0' IS GREATER THAN/EQUAL TO 1 BUT LESS THAN THE TOTAL NUMBER OF LINE-ITEMS. (MCARE HAS DENIED AT LEAST ONE LINE-ITEM.)
0454				O	'MISSING MEDICARE ALLOWED AMT'
					THE FOLLOWING CONDITIONS ARE TRUE:
BWSC5010					A. CLAIM TYPE IS EQUAL TO O (PT. B MCARE).
					B. NUMBER OF LINE-ITEMS WITH A MCARE PAYMENT IND OF '9' IS GREATER THAN ZERO.
0455				D	'REC FILE/NH INDICATOR DISAGREE'
BWSC3020					DRUG CLAIM AND THE NH ELIGIBILITY FILE INDICATES THE RECIP IS NOT IN A NH, YET THE CLAIM NH INDICATOR EQUAL Y.
0456				ALL	'SUR - MSR REVIEW 'C'
BWSC3020					THE RECIPIENT EXCEPTION INDICATOR ON THE ELIGIBILITY FILE IS EQUAL TO C (MRS-REV-MCARE).
0457	0	0	3	D	'5TH RX WITHIN SAME CALENDAR MONTH
BWMC4000					THE ACCUMULATOR OF THE 30-DAY-RX-5-CRITERIA IS GREATER THAN 4 (THE ACCUMULATOR IS INCREMENTED EACH TIME THE FOLLOWING CONDITIONS ARE MET.)
					1) SAME PRESCRIBING PHYSICIAN NUMBER.
					2) THE FIRST 9 DIGITS OF THE NDC ARE THE SAME.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3) THE DATES ARE WITHIN THE SAME CALENDAR MONTH.
					(FDOS IS NOT LESS THAN FDOS OF 30-DAY-RX-CRITERIA AND
					LDOS IS NOT GREATER THAN LDOS OF 30-DAY-RX-CRITERIA.)
					4) THE THERAPEUTIC CLASS IS EQUAL TO 240,370,391,392,
					411,412,500,510,520,530,531,540,550,560,570,580,590,592,
					621,650,660,670,920,950,970,
					'A1B', 'A1D', 'B3A', 'J5D', 'J5E', 'Q7C'
					'Q7P', 'Z2F', 'P1C', 'Q5N', 'V1A', 'V1B',
					'V1C', 'V1D', 'V1E', 'V1F', 'G8A', 'G8B',
					'G8C', 'P1E', 'P5A', 'P5S', 'Q5P', 'H2V',
					'J5B', 'F1A', 'H3A', 'W1E', 'W1D', 'W1A',
					'W1F', 'W1C', 'W1B', 'W3A', 'W1H',
					'W1J', 'W1K', 'W1L', 'W1N', 'W1P', 'W1S',
					'Q5W', 'Q4B', 'Q4F', 'Q4S', 'Q4W', 'L0B',
					'Q5B', 'Q5F', 'Q5R', 'Q5S', 'Q5V', 'W3B',
					'W8D', 'Q6A', 'Q6B', 'Q6C', 'Q6D', 'Q6G',
					'Q6J', 'Q6P', 'Q6R', 'Q6S', 'Q6V', 'Q6W',
					'Q6Z'.
					5) THE QUANTITY IS LESS THAN 100 ON ONE OF THE CLAIMS.
					6) NDC IS NOT COGNITIVE SERVICES - 1ST FIVE DIGITS 88888
					7) NDC IS NOT MEDISET - 1ST FIVE DIGITS 77777
					8) NDC IS NOT CLOZARIL - 1ST NINE DIGITS OF NDC -
					000780126 000780127 000780161 000780162
					000780163 000780164 000780165 000780166
					000780167
					9) NDC IS NOT COMPOUND DRUG - 1ST FIVE DIGITS 00990
0458				RC= 60	'PERFORMING PROVIDER EXCEP INDIC'
BWSC3520					
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48)
					(EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 10 (FULL-
					REVIEW-SUR).
0459				RC= 60	'PERFORMING PROVIDER PROC REV SUR'
BWSC3520					

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 11 (PROC-CODE-REVIEW-SUR).
0460				RC= 60	'PERFORMING PROV REV DOS SUR'
BWSC3520					
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 12 (SVC-DATE-REVIEW-SUR).
0461				RC= 60	'PERFORMING PROV REV LNN DG SUR'
BWSC3520					
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-
					REVIEW-SUR) AND REFERS TO LINE-ITEM DIAGNOSIS CODE.
0462				RC= 60	'PERFORMING PROV REV DG 1 SUR'
BWSC3520					
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48)
					(EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-
					REVIEW-SUR) AND REFERS TO DIAGNOSIS CODE (1) IN THE
					HEADER OF THE CLAIM.
0463				RC= 60	'PERFORMING PROV REV DG 2 SUR'
BWSC3520					
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48)
					(EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 13 (DIAG-CODE-
					REVIEW-SUR) AND REFERS TO DIAGNOSIS CODE (2) IN THE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HEADER OF THE CLAIM.
0464				RC= 60	'PERFORMING PROV REV TS SUR'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 14 (TYPE-SVC-REVIEW-SUR).
0465				RC= 60	'PERFORMING PROV RV TS PRC SUR'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 15 (TYPE-SVC-PROC-CODE-SUR).
0466				RC= 60	'PERFORMING PROV REV FULL OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 20 (FULL-REVIEW-OPS).
0467				RC= 60	'PERFORMING PROV REV PROV OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 21 (PROC-CODE-REVIEW-OPS).
0468				RC= 60	'PERFORMING PROV DOS OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 22 (SVC-DATE- REVIEW-OPS).
0469				RC= 60	'PERFORMING PROV REV LI DG OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE- REVIEW-OPS) AND REFERS TO LINE-ITEM DIAGNOSIS CODE.
0470				RC= 60	'PERFORMING PROV REV DG 1 OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE- REVIEW-OPS) AND REFERS TO DIAGNOSIS CODE (1) IN THE HEADER OF THE CLAIM.
0471				RC= 60	'PERFORMING PROV REV DG 2 OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 23 (DIAG-CODE-REVIEW-OPS) AND REFERS TO DIAGNOSIS CODE (2) IN THE HEADER OF THE CLAIM.
0472				RC= 60	'PERFORMING PROV REV TS OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 24 (TYPE-SVC-REVIEW-OPS).
0473				RC= 60	'PERFORMING PROV REV TS PC OPS'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 25 (TYPE-SVC-PROC-CODE-OPS).
0474				RC= 60	'PERFORMING PROV REV HOLD LOC B'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 31 (HOLD-LOCATION-B).
0475				RC= 60	'PERFORMING PROV REV HOLD LOC C'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48) (EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST, HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 32 (HOLD-LOCATION-C).
0476				RC= 60	'PERFORMING PROV REV LIEN OPS'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROV-TYPE IS EQUAL TO '99' (TAPE INTERMEDIARY).
					B. NUM-PROV-IN-GROUP IS GREATER THAN ZEROS.
					C. PERFORMING PROV-TYPE IS EQUAL TO (18,19,20,24,27,32,48)
					(EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST).
					D. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					E. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO
					HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND
					LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER
					FILE.
					F. DIAG/TOS/PROCEDURE CODES FALL WITHIN HOLD-REVIEW-RANGE.
					G. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 34 (HOLD-LIEN)
0477				RC=62 EXCEPT TYPE=O	'PERF/PRESC/REFER PROV GROUP MEMBER ERROR'
BWSC3520					ONE OF THE FOLLOWING IS TRUE:
					A. NUMBER OF GROUP MEMBERS IS GREATER THAN ZERO AND
					PRESCRIBING PROVIDER NUMBER IS NOT EQUAL TO ZERO AND
					PRESCRIBING PROVIDER NUMBER IS NOT EQUAL TO THE
					DUMMY PROV NUMBER (8999500) AND
					PROVIDER TYPE IS EQUAL TO 26 OR 85
					(PHARMACIST OR UNIT-DOSE-DRUG) AND
					PRESCRIBING PROVIDER NUMBER IS FOUND ON THE PROVIDER
					MASTER AFTER DOING A READ-KEY.
					B. NUMBER OF GROUP MEMBERS IS GREATER THAN ZERO AND
					PERFORMING PROVIDER NUMBER IS NOT EQUAL TO ZERO AND
					PERFORMING PROVIDER NUMBER IS NOT EQUAL TO THE
					DUMMY PROV NUMBER (8999500) AND
					PROVIDER TYPE NOT EQUAL TO 99 (TAPE INTERMEDIARY) AND
					PROVIDER TYPE IS EQUAL TO (18,19,20,24,27,32,48) AND
					(EMERGENCY ROOM PHYSICIAN, PHYSICIAN, PSYCHIATRIST,
					HEALTH DEPT, DENTIST, PODIATRIST, ANESTHESIOLOGIST)
					PERFORMING PROVIDER NUMBER IS FOUND ON THE PROVIDER
					MASTER AFTER DOING A READ-KEY.
0478				RC= 60 EXCEPT TYPE=O	'GROUP MEMBER WRONG FOR TYPE.'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. NUMBER OF PROVIDERS IN GROUP IS GREATER THAN ZERO, AND
					B. PROVIDER TYPE IS NOT EQUAL TO
					(15,18,19,20,24,27,28,30,31,32,34,38,48,49,73,88,90,
					93,94 OR 99)
					(INDIAN-HEALTH-CENTER, EMER-ROOM-PHYSICIAN, PHYSICIAN,
					PSYCHIATRIST, HEALTH-DEPARTMENT, DENTIST, OPTOMETRIST,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					CHIROPRACTOR, PSYCHOLOGIST, PODIATRIST, PHYSICAL-
					THERAPIST, PROSTHETIST-ORTHOTST, ANESTHETIST, NURSE-
					ANESTHETIST, VOL-COMM-MENTAL-HLTH, RURAL-HEALTH-
					CENTER, ADV-REG-NURS-PRACT, MIDWIFE, HEALTH-MAINT-ORG,
					TAPE-INTERMEDIARY).
					C. PROVIDER TYPE IS NOT EQUAL TO
					OTHER PROVIDERS (40) WITH A PROVIDER SPECIALTY CODE
					OF INTERP-SVC-AGENCY (60).
					D. PROVIDER TYPE IS NOT EQUAL TO
					OTHER PROVIDERS (40) WITH A PROVIDER SPECIALTY CODE
					OF OCCUPATIONAL-THERAPY (66).
					E. PROVIDER TYPE IS NOT EQUAL TO
					AUDIO-SPEECH-PATH (37) WITH A PROVIDER SPECIALTY CODE
					OF CLINIC (70).
					F. PROVIDER TYPE IS NOT EQUAL TO
					INHAL-THERAPY-NONCNT (82) WITH A PROVIDER SPECIALTY
					CODE OF RESPIRATORY-THERAPY (67).
					WILL NOT POST IF:
					EXCEPTION 174 (INVALID PERFORMING PROVIDER CODE) POSTS.
0479				RC= 60	'BILLING PROVIDER TYPE AND PERFORMING PROV TYPE NO MATCH'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PERFORMING PROVIDER NUMBER IS NOT EQUAL TO 8999500
					(DUMMY PROVIDER NUMBER).
					B. PERFORMING PROVIDER NUMBER IS NOT EQUAL TO 9999988
					(DUMMY PCCM PROVIDER NUMBER).
					C. BILLING NUMBER OF PROVIDERS IN GROUP GREATER THAN ZERO.
					D. PERFORMING NUM OF PROVIDERS IN GROUP GREATER THAN ZERO.
					WILL NOT POST IF:
					1. ((BILLING PROVIDER TYPE EQUAL TO
					(18,19,20,24,28,30,31,34,38,48,49,93,94)
					(EMERGENCY-ROOM-PHYSICIAN, PSYCHIATRIST, PHYSICIAN,
					HEALTH DEPT, OPTOMETRIST, CHIROPRACTOR,
					PSYCHOLOGIST, PHYSICAL-THERAPIST,
					PROSTHETIST-ORTHOTST, ANESTHESIOLOGIST,
					NURSE ANESTHESIOLOGIST, ARNP, MIDWIFE))
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					40 (OTHER PROVIDERS), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					66 (OCCUPATIONAL-THERAPY))
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					37 (AUDIO-SPEECH-PATH), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					70 (CLINIC))

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					82 (INHAL-THERAPY-NONCNT), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					67 (RESPIRATORY-THERAPY))
					AND
					((PERFORMING PROVIDER TYPE EQUAL TO
					(18,19,20,28,30,31,34,38,48,49,93,94,95)
					(EMERGENCY-ROOM-PHYSICIAN, PSYCHIATRIST, PHYSICIAN,
					OPTOMETRIST, CHIROPRACTOR, PSYCHOLOGIST, PHYSICAL-
					THERAPIST, PROSTHETIST-ORTHOTST, ANESTHESIOLOGIST,
					NURSE ANESTHESIOLOGIST, ARNP, MIDWIFE,MIDWIFE-CRN))
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					40 (OTHER PROVIDERS), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					66 (OCCUPATIONAL-THERAPY))
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					37 (AUDIO-SPEECH-PATH), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					70 (CLINIC))
					OR
					(BILLING PROVIDER TYPE EQUAL TO
					82 (INHAL-THERAPY-NONCNT), AND
					BILLING PROVIDER SPECIALTY EQUAL TO
					67 (RESPIRATORY-THERAPY))
					2. BILLING PROV TYPE EQUAL TO 27 AND PERFORMING PROV TYPE
					EQUAL TO 27. (DENTIST)
					3. BILLING PROV TYPE EQUAL TO 32 AND PERFORMING PROV TYPE
					EQUAL TO 32. (PODIATRIST)
					4. BILLING PROV TYPE EQUAL TO 88 (RURAL HEALTH CENTER).
					5. BILLING PROV TYPE EQUAL TO 40 (OTHER PROVIDERS) AND
					BILLING PROV SPECIALTY EQUAL TO 60 (INTERPRETING SVC).
					6. BILLING PROV TYPE EQUAL TO 20 (PHYSICIAN), 24 (HEALTH
					DEPARTMENT), 40 (OTHER), 93 (ADV-REG-NURS-PRACT),
					OR 39 (DME SUPPLIERS), AND PERFORMING PROV TYPE IS
					EQUAL TO 40 (OTHER) WITH SPECIALTY 68 (CERTIFIED
					DIETICIANS).
0480				RC=60, 61	'TOTAL ALLOWED OVER 100K'
BWMC5000					THE SUM OF THE ALLOWED CHARGES FROM ALL THE LINE ITEMS IS GREATER THAN 99,999.99.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0481				K	'TOOTH NUMBER NOT REQUIRED'
BWSC3550					PROCEDURE TOOTH NUMBER INDICATOR IS EQUAL TO 'N' (TOOTH NUMBER NOT REQUIRED) AND TOOTH NUMBER NOT EQUAL TO SPACES. WILL NOT POST IF: PROC CODE EQUAL TO 10000 THRU 69999, 06010, D6010, 06930, D6930, 07999, D7999, OR 0075D. ****** AS PER CSR 3914 EXCEPTION 481 WILL NOT POST ******
0482				ALL	'UNDOCUMENTED ALIENS'
BWSC3580					MEDICAL CODE IS EQUAL TO '2' (UNDOCUMENTED ALIEN) AND ONE OF THE FOLLOWING IS TRUE: A. PROVIDER TYPE IS 44 (HOME HEALTH AGENCY) AND PRIOR AUTHORIZATION NUMBER IS EQUAL TO ZEROES AND REVENUE CODE ON INST CLAIMS IS NOT 558. B. PROCEDURE CODES ARE 8900N, 8901N, 8902N, OR 8903N. C. PROVIDER TYPE EQUALS 58 (SCHOOL SERVICES). D. CLAIM TYPE IS EQUAL TO PHYSICIAN (J), FIRST DATE OF SERVICE IN ON OR AFTER JULY 01, 2003 AND THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING; 38230 38240 38241 38242 65710 65730 65750 65755 33945 33935 44132 44133 44135 44136 50300-50320 50340 50360 50365 50370 50380 47135 47136 32850 32851 32852 32853 32854 48160 48550-48556 60512 38205 38206 38240-38242. E. CLAIM TYPE IS EQUAL TO DRG (R) OR INPATIENT (S), ADMIT DATE IS ON OR AFTER JULY 01, 2003, AND ONE OF THE FOLLOWING IS TRUE; 1. DRG IS EQUAL TO 103 302 480 795 803 804 OR 805 2. SURGICAL PROCEDURE CODE IS EQUAL TO 0694 0695 1160 1161 1162 1163 1164 4563 OR 4697 IS FOUND ANYWHERE ON THE CLAIM. F. CLAIM TYPE IS EQUAL TO OUTPAITIENT (M), FIRST DATE OF SERVICE IS ON OR AFTER JULY 01, 2003, AND ANY OF THE FOLLOWING SURGICAL PROCEDURE CODES ARE FOUND ON THE CLAIM; 0694 0695 1160 1161 1162 1163 1164 4563 4697.
0483				K	'INVALID TOOTH NUMBER PROCEDURE CODE COMBINATION'
BWSC3550					PROCEDURE CODES TOOTH NOS. ALLOWED - ELSE POST EXCEPTION. 0011D 0016D 0017D 0018D 01 THRU 32, A THRU T, 0020D 0021D 0022D 0023D & SN. 0024D 0025D 0026D 0027D

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				00460	02910 02920 02950
				02951	03110 03220 03350
				03410	03411 0342D 03430
				03940	03950 0551D 0552D
				0564D	0565D 05650 05660
				07110	07120 07130 07210
				07220	07230 07240 07241
				07250	07280 D0460 D2910
				D2920	D3220 D5520 D5640
				D5650	D5660 D7110 D7120
				D7130	D7210 D7220 D7230
				D7240	D7241 D7250 D7280.
				03320	03421 D3320 D3421. 04, 05, 12, 13, 20,
					21, 28, AND 29.
				0013D	0014D 0015D 02931 01 THRU 32.
				03351	03352 D2931 D3351
				D3352	D3430 D7270.
				03330	D3330. 02, 03, 14, 15, 18,
					19, 30, AND 31.
				03425	D3425. 01, 02, 03, 14, 15, 16, 17,
					18, 19, 30, 31, AND 32.
				03426	D2385 D2386 D2387 01 THRU 05, 12 THRU 21, AND
				D3426	28 THRU 32.
				05860.	LA ONLY.
				02110	02120 02130 02131 A THRU T & SN.
				D2110	D2120 D2130.
				02140	02150 02160 02161 01 THRU 32 & SN.
				D2140	D2150 D2160 D2161.
				02210	0230D 06 THRU 11, 22 THRU 27,
				0231D	0232D 0233D 0234D C THRU H, M THRU R, & SN.
				4501D	4503D 4505D.
				D2336.	C THRU H, M THRU R, & SN.
				02330	02331 02332 02335 C THRU H, 06 THRU 11,
				02932	D2330 D2331 D2332 M THRU R, 22 THRU 27.
				D2335.	
				02710	02740 02750 02751 6 THRU 11, 22 THRU 27.
				02790	02791 02792

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					D2710 D2740 D2750 D2751
					D2752 D2790 D2791 D2792
					D3310 D3410.
					02930 D2930. A THRU T.
					04210 0422D 04341 0435D LL LR UL UR.
					07320 09951 D4210 D4341.
					05510 05610 05630 0569D LA & UA.
					0661D 0662D 0663D 0664D
					0665D 07470 07960 07970
					D5510 D5610 D5630.
					03320 03310. 04 THRU 13, 20 THRU 29.
					01510 D1510. A,B,FM,I,J,K,L,LL,LR,S,T,UL,
					,UR.
					01515 D1515 A,B,I,J,K,L,S,T,UA.
					4470D D2380 D2381 D2382. A,B,I,J,K,L,S,T.
					01550 D1550. A,B,FM,I,J,K,L,LA,LL,LR,S,T,
					UA,UL,UR.
					D3950. 01 THRU 32, A, B, I, J, K, L,
					S, T.
					09110 D9110. 01 THRU 32, A THRU T, LL,
					LR,UL,UR,SN.
					D2933. C THRU H.
					FOR FIRST DATES OF SERVICE 11/01/2002 - 10/15/2003
					0011D 0016D 0017D 0018D 01 THRU 32, A THRU T,
					0020D 0021D 0022D 0023D & SN.
					0024D 0025D 0026D 0027D
					00460 02910 02920 02950
					02951 03110 03220 03350
					03410 03411 0342D 03430
					03940 03950 0551D 0552D
					0564D 0565D 05650 05660
					07110 07120 07130 07210
					07220 07230 07240 07241
					07250 07280 D0460 D2910
					D2920 D5520 D5640 D5650
					D5660 D7110 D7120 D7130

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					D7220 D7230 D7240 D7241
					D7250 D7280.
					03320 03421 D3320 D3421. 04, 05, 12, 13, 20,
					21, 28, AND 29.
					0013D 0014D 0015D 02931 01 THRU 32.
					03351 03352 D2931 D3351
					D3352 D3430 D7270.
					03330 D3330. 02, 03, 14, 15, 18,
					19, 30, AND 31.
					03425 D3425. 01, 02, 03, 14, 15, 16, 17,
					18, 19, 30, 31, AND 32.
					03426 D2385 D2386 D2387 01 THRU 05, 12 THRU 21, AND
					D3426 28 THRU 32.
					05860. LA ONLY.
					02110 02120 02130 02131 A THRU T & SN.
					D2110 D2120 D2130.
					02140 02150 02160 02161 01 THRU 32 & SN.
					D2140 D2150 D2160 D2161.
					02210 0230D 06 THRU 11, 22 THRU 27,
					0231D 0232D 0233D 0234D C THRU H, M THRU R, & SN.
					4501D 4503D 4505D.
					D2336. C THRU H, M THRU R, & SN.
					02330 02331 02332 02335 C THRU H, 06 THRU 11,
					02932. M THRU R, 22 THRU 27.
					D2330 D2331 D2332 D2335. C THRU H, 06 THRU 11,
					M THRU R, 22 THRU 27 AND
					SN.
					02710 02740 02750 02751 6 THRU 11, 22 THRU 27.
					02790 02791 02792
					D2710 D2740 D2750 D2751
					D2752 D2790 D2791 D2792
					D3310 D3410.
					02930 D2930 D3220. A THRU T.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					04210 0422D 04341 0435D LL LR UL UR.
					07320 09951 D4210 D4341.
					05510 05610 05630 0569D LA & UA.
					0661D 0662D 0663D 0664D
					0665D 07470 07960 07970
					D5510 D5610 D5630.
					03320 03310. 04 THRU 13, 20 THRU 29.
					01510 D1510. A,B,FM,I,J,K,L,LL,LR,S,T,UL,
					,UR.
					01515 D1515 A,B,I,J,K,L,S,T,UA.
					4470D D2380 D2381 D2382. A,B,I,J,K,L,S,T.
					01550 D1550. A,B,FM,I,J,K,L,LA,LL,LR,S,T,
					UA,UL,UR.
					D3950. 01 THRU 32, A, B, I, J, K, L,
					S, T.
					09110 D9110. 01 THRU 32, A THRU T, LL,
					LR,UL,UR,SN.
					D2933. C THRU H.
					D7210. 01 THRU 06, 11 THRU 22,
					27 THRU 32, A THRU T AND
					SN.
					D2388. 01 THRU 05, 12 THRU 21,
					28 THRU 32.
					D2390. C THRU H, M THRU R,
					06 THRU 11, 22 THRU 27.
					D2391 D2392 D2393 A, B, I, J, K, L, S, T,
					D2394. 01 THRU 05, 12 THRU 21,
					28 THRU 32.
					D3346. 06 THRU 11, 22 THRU 27.
					D3347. 04, 05, 12, 13, 20, 21, 28,
					29.
					D3348. 02, 03, 14, 15, 18, 19, 30,
					31.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					FOR FIRST DATES OF SERVICE 10/16/2003 AND AFTER:
					0011D 0016D 0017D 0018D 01 THRU 32, A THRU T,
					0020D 0021D 0022D 0023D & SN.
					0024D 0025D 0026D 0027D
					00460 02910 02920 02950
					02951 03110 03220 03350
					03410 03411 0342D 03430
					03940 03950 0551D 0552D
					0564D 0565D 05650 05660
					07110 07120 07130 07210
					07220 07230 07240 07241
					07250 07280 D0460 D2910
					D2920 D5520 D5640 D5650
					D5660 D7110 D7120 D7130
					D7220 D7230 D7240 D7241
					D7250 D7280.
					03320 03421 D3320 D3421. 04, 05, 12, 13, 20,
					21, 28, AND 29.
					0013D 0014D 0015D 02931 01 THRU 32.
					03351 03352 D2931 D3351
					D3352 D3430 D7270.
					03330 D3330. 02, 03, 14, 15, 18,
					19, 30, AND 31.
					03425 D3425. 01, 02, 03, 14, 15, 16, 17,
					18, 19, 30, 31, AND 32.
					03426 D2385 D2386 D2387 01 THRU 05, 12 THRU 21, AND
					D3426 28 THRU 32.
					05860. LA ONLY.
					02110 02120 02130 02131 A THRU T & SN.
					D2110 D2120 D2130.
					02140 02150 02160 02161 01 THRU 32 & SN.
					D2140 D2150 D2160 D2161 A THRU T, 01 THRU 32.
					02210 0230D 06 THRU 11, 22 THRU 27,
					0231D 0232D 0233D 0234D C THRU H, M THRU R, & SN.
					4501D 4503D 4505D.
					D2336. C THRU H, M THRU R, & SN.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					02330 02331 02332 02335 C THRU H, 06 THRU 11,
					02932. M THRU R, 22 THRU 27.
					D2330 D2331 D2332 D2335. C THRU H, 06 THRU 11,
					M THRU R, 22 THRU 27 AND
					SN.
					02710 02740 02750 02751 6 THRU 11, 22 THRU 27.
					02790 02791 02792
					D2710 D2740 D2750 D2751
					D2752 D2790 D2791 D2792
					D3310 D3410.
					02930 D2930 D3220. A THRU T.
					04210 0422D 04341 0435D LL LR UL UR.
					07320 09951 D4210 D4341.
					05510 05610 05630 0569D LA & UA.
					0661D 0662D 0663D 0664D
					0665D 07470 07960 07970
					D5510 D5610 D5630.
					03320 03310. 04 THRU 13, 20 THRU 29.
					01510 D1510. A,B,FM,I,J,K,L,LL,LR,S,T,UL,
					,UR.
					01515 D1515 A,B,I,J,K,L,S,T,UA.
					4470D D2380 D2381 D2382. A,B,I,J,K,L,S,T.
					01550 D1550. A,B,FM,I,J,K,L,LA,LL,LR,S,T,
					UA,UL,UR.
					D3950. 01 THRU 32, A, B, I, J, K, L,
					S, T.
					09110 D9110. 01 THRU 32, A THRU T, LL,
					LR,UL,UR,SN.
					D2933. C THRU H.
					D7210. 01 THRU 06, 11 THRU 22,
					27 THRU 32, A THRU T AND
					SN.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					D2388. 01 THRU 05, 12 THRU 21, 28 THRU 32.
					D2390. C THRU H, M THRU R, 06 THRU 11, 22 THRU 27.
					D2391 D2392 D2393 A, B, I, J, K, L, S, T,
					D2394. 01 THRU 05, 12 THRU 21, 28 THRU 32.
					D3346. 06 THRU 11, 22 THRU 27.
					D3347. 04, 05, 12, 13, 20, 21, 28, 29.
					D3348. 02, 03, 14, 15, 18, 19, 30, 31.
					BYPASS EXCEPTION 483 FOR PROCEDURE CODE D1351.
0484				RC=62	'PRESCRIBING PROVIDER TYPE ERROR'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PRESCRIBING PHYSICIAN PROVIDER NUMBER NOT EQUAL ZEROS.
					B. PRESCRIBING PHYSICIAN PROVIDER NUMBER NOT EQUAL TO DUMMY PROVIDER NUMBER (8999500).
					C. PROV TYPE IS NOT A VALID PRESCRIBING PROV TYPE.
					WILL NOT POST IF:
					PRESCRIBING PROVIDER TYPE IS EQUAL TO (18,19,20,27,32,48, 49,93 OR 95) (VALID PRESCRIBING PROV TYPES).
0485				CLAIM TYPE = J,K,L, P	'REFERRING PROV GROUP MEMBER ERROR'
BWSC3520					DATE: 05/10/04
					ONE OF THE FOLLOWING IS TRUE:
					1.A. PROVIDER TYPE IS EQUAL TO 25 31 38 39 OR 43
					B. EXCEPTION 0164 IS NOT POSTING ON THE CLAIM
					C. REFERRING PROVIDER NUMBER IS ON THE PROVIDER MASTER FILE
					D. NUMBER OF PROVIDERS IN THE GROUP IS GREATER THAN ZERO
					E. PCOP TYPE IS NOT EQUAL TO 'P' (PRIMARY CARE)
					2.A. PROVIDER TYPE IS EQUAL TO 40
					B. PROVIDER SPECIALTY CODE IS EQUAL TO 68
					C. EXCEPTION 0164 IS NOT POSTING ON THE CLAIM
					D. REFERRING PROVIDER NUMBER IS ON THE PROVIDER MASTER FILE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					E. NUMBER OF PROVIDERS IN THE GROUP IS GREATER THAN ZERO
					F. PCOP TYPE IS NOT EQUAL TO 'P' (PRIMARY CARE)
					3.A. PROCEDURE CODE IS EQUAL TO 70000 - 89999
					B. PROVIDER TYPE IS EQUAL TO 20
					C. PROVIDER SPECIALTY CODE IS EQUAL TO 30
					D. EXCEPTION 0164 IS NOT POSTING ON THE CLAIM
					E. REFERRING PROVIDER NUMBER IS ON THE PROVIDER MASTER FILE
					F. NUMBER OF PROVIDERS IN THE GROUP IS GREATER THAN ZERO
					G. PCOP TYPE IS NOT EQUAL TO 'P' (PRIMARY CARE)
					4.A. PROCEDURE CODE IS EQUAL TO 90600 90605 90610 90620 90630 90640-90643 07252 07253 07255 07256 99241-99245 99251-99255 99261-99263 99271-99275
					B. EXCEPTION 0164 IS NOT POSTING ON THE CLAIM
					C. REFERRING PROVIDER NUMBER IS ON THE PROVIDER MASTER FILE
					D. NUMBER OF PROVIDERS IN THE GROUP IS GREATER THAN ZERO
					E. PCOP TYPE IS NOT EQUAL TO 'P' (PRIMARY CARE)
					5.A. PROCEDURE CODE IS EQUAL TO 7583E 7930E 7932E 7934E
					B. EXCEPTION 0164 IS NOT POSTING ON THE CLAIM
					C. REFERRING PROVIDER NUMBER IS ON THE PROVIDER MASTER FILE
					D. NUMBER OF PROVIDERS IN THE GROUP IS GREATER THAN ZERO
					E. PCOP TYPE IS NOT EQUAL TO 'P' (PRIMARY CARE)
					BYPASS POSTING IF ONE OF THE FOLLOWING IS TRUE:
					1. REFERRING PROVIDER NUMBER IS EQUAL TO ZEROS
					2. REFERRING PROVIDER NUMBER IS EQUAL TO 8999500
					3. REFERRING PROVIDER NUMBER IS EQUAL TO 9999988
0486				S,R	'TOTAL REIMBURSEMENT AMOUNT OVER 10,000,000'
BWMC5000					POSTS IF THE FOLLOWING ARE TRUE:
					A. INSTITUTIONAL CLAIM.
					B. DISP-SHARE-AMOUNT IS NUMERIC.
					C. (DISP-SHARE-AMOUNT + COMPUTED TOTAL-ALLOWED-CHARGES) IS GREATER THAN $9,999,999.99.
0487				T	'INVALID MEDICARE NH CHARGE MODE 99'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECIPIENT NH PATIENT CLASS IS EQUAL TO 24 (SNF XOVER);
					AND,
					B. FIRST DATE OF SERVICE IS NOT LESS THAN 01/01/90; AND,
					(C. MEDICARE CHARGE MODE 99 RECORD IS NOT FOUND ON THE
					PROVIDER CHARGE FILE;
					OR
					D. MEDICARE CHARGE MODE 99 RECORD IS FOUND BUT THE FDOS
					IS LESS THAN THE PROVIDER RATE EFFECTIVE DATE.)
0488				ALL	'PHYSICIAN PROCEDURE/DIAGNOSIS CODE REQUIRES PRIOR
					APPROVAL.'
BWSC3550					THE FOLLOWING OUTLINES THE LOGIC REGARDING THE POSTING OF
					EXCEPTIONS 353 AND 488, EFFECTIVE 03/01/90 TO 10/01/96.
					1) IF THE PRIOR AUTHORIZATION INDICATOR ON THE PDD FILE
					= Y (PA REQUIRED); OR
					IF THE PRIOR AUTHORIZATION INDICATOR ON THE PDD FILE = S
					(AUTH WITH PA NUM), THEN LOOK FOR FURTHER AUTHORIZATION
					CRITERIA, OTHERWISE, BYPASS AUTHORIZATION EDITS.
					2) IF THE PROCEDURE CODE MODIFIER IS AN ANESTHESIA OR
					ASSISTANT SURGEON MODIFIER OR A PRE- OR POST-OP MODIFIER
					(AA,AB,AC,AD,QJ,QK,QO,QQ,QX,QY,QZ,1A,2A,23,3A,45,47,55,56,
					80,81,82,95); THEN, BYPASS AUTHORIZATION EDITS, OTHER-
					WISE LOOK FOR FURTHER AUTHORIZATION CRITERIA.
					3) IF THE PROCEDURE CODE ALWAYS REQUIRES PRIOR
					AUTHORIZATION (33935,33945,38240,47135,48160,86812-
					86813,86816-86817,86821-86822,V2620-V2623,70336,
					70540,70551-70552,71550,72141-72149,72196,73220-73221,
					73720-73721,74181,75552,76400,0030M-0035M,0088M-0099M,
					0090V-0092V,0097V,1000V-1001V,1003V), THEN POST
					EXCEPTION 353, OTHERWISE LOOK FOR FURTHER AUTHORIZATION
					CRITERIA.
					4) IF PLACE OF SERVICE IS EQUAL TO 1 (INPATIENT-HOSPITAL)
					AND TYPE OF SERVICE EQUAL TO 3 (OTHER CPT SERVICES) THEN
					CONSIDER CONDITION A, OTHERWISE CONSIDER CONDITION B.
					A) IF THE DIAGNOSIS ASSOCIATED WITH THE PROCEDURE
					REQUIRES AUTHORIZATION AND THE RECIPIENT AGE IS GREATER
					THAN 6, THEN POST EXCEPTION 488, OTHERWISE BYPASS FURTHER
					AUTHORIZATION EDITS.
					B) IF THE PROCEDURE CODE IS A SURGERY (PROCEDURE CODES
					10000-69999,1000M-6999M), THEN BYPASS FURTHER
					AUTHORIZATION EDITS, OTHERWISE POST EXCEPTION 353.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					5). IF THE ADMISSION DATE NOT LESS THAN 02/01/95 AND IF CLAIM TYPE EQUAL 'J' (PHYSICIAN) AND THE RECIPIENT AGE IS LESS THAN 21 AND THE DIAGNOSIS CODE IS EQUAL TO '290 ' THRU '301.99 ' OR '306 ' THRU '314.99' THEN BYPASS POSTING OF EXCEPTION 488. WILL NOT POST IF: A. ITA-BLIND-IND EQUAL TO "B" (BABY USE MOTHER PIC). B. FIRST DATE OF SERVICE IS EQUAL TO 10/01/96 OR AFTER.
0489				RC= 62	'FORMULARY INDICATES NEW DRUG'
BWSC3540					THE DRUG FORMULARY INDICATOR IS '9' - NEW DRUG.
0490				J	'HMO CAPITATION CLAIM VS FEE FOR SERVICE.'
BWMC4000					EXC POSTS WHEN OTHER FEE FOR SERVICE CLAIMS HAVE BEEN PAID FOR THE DATES OF SERVICE. THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER TYPE ON THE NEW CLAIM IS EQUAL TO 90 (HMO). B. PROVIDER ON THE HISTORY CLAIM IS NOT A DETOX PROVIDER. C. DATES OF SERVICE OVERLAP. D. PROVIDER TYPE AND SPECIALTY OF THE HISTORY CLAIM ARE COVERED BY THE PROVIDER PLAN ON THE NEW CLAIM (SCREEN 2). E. PROCEDURE CODE ON THE HISTORY CLAIM IS COVERED BY THE PROVIDER PLAN ON THE NEW CLAIM (SCREEN 3).
0491	2	0	3		'UNABLE TO PRICE HMO CLAIM.'
BWSC3550				RC= 60	PROVIDER TYPE IS EQUAL TO 90 (HEALTH-MAINTENANCE-ORG); AND, PROCEDURE CODE IS EQUAL TO 0350M, 0351M, 0352M OR 0353M (HMO PROCEDURE CODES); AND, EXCEPTIONS 124, 172, 183 AND 184 ARE NOT DETECTED; AND, PROCEDURE RECORD IS FOUND ON THE PDDD FILE; AND, ONE OF THE FOLLOWING IS TRUE: 1. PLAN RECORD IS NOT FOUND ON THE HMO MASTER FILE FOR THE PROVIDER, FOR THE FIRST DATE OF SERVICE ON THE CLAIM. OR 2. CAPITATION RATE IS NOT FOUND ON THE HMO MASTER FILE FOR THE RECIPIENT. WILL NOT POST EXCEPTION IF: EXCEPTION 655 HAS POSTED OR EXCEPTION 656 (HMO-ERROR) HAS POSTED.
0492	0	0	3	RC= 60	'HMO CLAIM - RECIPIENT NOT MEDICAID ELIG FOR ALL DATES'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE: THE CLAIM HAS AN HMO PROC CODE (0350M, 0351M, 0352M, 0353M, 0357M) OR A TPL PROC CODE (0360M, 0361M) HOWEVER THE RECIPIENT IS NOT ELIGIBLE FOR THE WHOLE DATE RANGE. WILL NOT POST EXCEPTION IF: CLAIM INPUT MEDIUM INDICATOR EQUAL TO '4' (COMPUTER GENERATED).
0493	0	0	3	ALL EXCEPT Z,I	'REVIEW RECIPIENT FOR MEDICAL REVIEW - HMO CLAIM'
BWSC3520					THE FOLLOWING ARE TRUE: A. THE RESTRICTED PROVIDER NUMBER IS NOT EQUAL TO THE PROVIDER NUMBER (IN THIS CASE THE RECIPIENT EXCEPTION INDICATOR IS SET EQUAL TO 'Y'). B. WHERE THE CLAIM TYPE IS 'J' (PHYSICIAN), THE RESTRICTED PROVIDER NUMBER IS NOT EQUAL TO THE PERFORMING PROVIDER NUMBER OR THE REFERRING PROVIDER NUMBER (IN THESE CASES THE RECIPIENT EXCEPTION INDICATOR IS SET EQUAL TO 'Y'). C. WHERE THE CLAIM TYPE IS 'J' (PHYSICIAN), THE PROVIDER SPECIALITY IS NOT EQUAL TO 18 (OPHTHALMOLOGY). D. THE PROVIDER SPECIALTY IS NOT EQUAL TO 30 (RADIOLOGY). E. WHERE THE PROVIDER TYPE IS EQUAL TO '40' (OTHER PROVIDERS), THE PROVIDER SPECIALTY IS NOT EQUAL TO '60' (INTERP-SVC-AGENCY) OR '63' (INTERPRETER-SERVICES). F. PROVIDER TYPE IS EQUAL TO 90 (HMO). G. THE PROCEDURE CODE IS NOT EQUAL TO '0360M' OR '0361M'.
0494	0	0	3	RC=61	'DETOX LENGTH OF STAY EXCEEDS LIMITS.'
BWSC2040					THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM INPUT FORM IND IS NOT EQUAL TO 'M' (OUTPATIENT). B. PROVIDER NUMBER STARTS WITH '36' (DETOX PROVIDER). C. ADMISSION DATE ON CLAIM IS GREATER THAN 06/30/90. D. ALL 9 OCCURRENCES OF DIAGNOSES ARE NOT VALID DRUG DIAGNOSIS CODES AND COMPUTED LENGTH OF STAY (SUM OF LINE-ITEM UNITS OF SVC FROM ROOM RATE REVENUE CODES) IS GREATER THAN 3 DAYS (ALCOHOL LOS) OR AT LEAST ONE OF THE DIAGNOSIS CODES IS A VALID DRUG DIAGNOSIS CODE AND COMPUTED LENGTH OF STAY (SUM OF LINE-ITEM UNITS OF SVC FROM ROOM RATE REVENUE CODES) IS GREATER THAN 5 DAYS (DRUG LOS).
0495	0	0	3	J,L,M	'TPL PAY & CHASE SERVICES FOR PREVENTATIVE PEDIATRIC CARE, MATERNITY RELATED CARE OR EPSDT CLAIMS.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3580					IF THE CLAIM MEETS THE CRITERIA TO POST EXCEPTION 263,
					THEN IF ONE OF THE FOLLOWING IS TRUE EXCEPTION 495 WILL
					POST IN PLACE OF EXCEPTION 263.
					A. PHYSICIAN CLAIM WITH A MATERNITY, PEDIATRIC,
					IMMUNIZATIONS/IMMUNE GLOBULINS ETC, PROC OR DIAGNOSIS
					ON ANY LINE ITEM. (SEE LIST BELOW)
					B. OUTPATIENT CLAIM WITH A MATERNITY OR PEDIATRIC
					DIAGNOSIS CODE. (SEE LIST BELOW)
					C. ALL EPSDT CLAIMS
					EXCLUSION: IF THE INSURANCE THAT APPLIES TO THE CLAIM IS
					A CARRIER CODE THAT BEGINS WITH 'HM','HI','HO' OR 'CH01',
					THEN EXCEPTION 263 WILL POST.
					PROCEDURE CODE LIST
					'00850' '00857' '00946' '01960' '01961' '01963'
					'01967' '01968' '01969' '0910M' '0911M' '09100'
					'09110' '59000' '59010' '59011' '59012' '59015'
					'59020' '59025'
					'59030' '59031' '59050' '59320' '59325'
					'59400'-'59414' '59420' '59425'
					'59426' '59430' '59500'-'59515'
					'59525' '59520' '59521' '59540' '59541'
					'59560' '59561' '59580' '59581' '59610' '59612'
					'59614' '59618' '59620' '59622' '59866' '59898'
					'59899'
					'5930M' '5935M' '5940M' '5941M' '5942M' '5943M'
					'5944M' '5945M' '5946M' '5947M' '5948M' '5949M'
					'5950M' '5951M' '5952M' '5953M' '5954M' '5955M'
					'5957M' '5958M' '5959M' '76805' '76810' '76815'
					'76816' '76818' '76819' '76825' '76826' '76827'
					'76828' '76941' '76946' '8000M' '8001M' '80055'
					'83661'-'83664' '85460' '86461' '90281'-'90399'
					'90471'-'90749'
					'9045M' '9068M' '9069M' '9070M' '9071M' '9072M'
					'9073M' '9076M' '9074M'.
					'0160M' '0161M' '0162M' '0163M' '0164M'
					'0166M' '0167M' '0168M' '0169M'
					'0192M'
					'J0850' 'J1460'-'J1670' 'J2790' 'J2792'
					DIAGNOSIS CODE LIST
					'V22 ' THRU 'V22.29 '
					'V23 ' THRU 'V23.99 '
					'V28 ' THRU 'V28.99 '
					'640 ' THRU '648.99 '
					'651 ' THRU '658.99 '
					'671 ' THRU '671.99 '
					'673 ' THRU '673.99 '
					'674 ' THRU '674.99 '
					'675 ' THRU '676.99 '

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DO NOT POST 293 OR 495 IF ANY OF THE FOLLOWING PROCEDURE
					OR DIAGNOSIS CODES APPEAR ON THE CLAIM:
					PROCEDURE CODE LIST
					'01964' '1112J' '59812' '59820' '59821' '59830'
					'59840' '59841' '59850' '59851' '59852' '59855'
					'59856' '59857' '5941M' '5953M' '5954M' '5955M'
					'5959M'-'5964M' '6906T'-'6909T' '6913T'-'6914T'
					'6906V'-'6909V' '6913V'-'6914V' '8900N'-'8903N'
					'9801M' '9806M' '9807M' '9808M' '9810M' '9811M'
					DIAGNOSIS CODE LIST
					'632 '
					'633.1 '
					'634 ' THRU '634.99 '
					'635 ' THRU '635.99 '
					'637 ' THRU '637.99 '
					'638 ' THRU '638.99 '
					'639 ' THRU '639.99 '
					DO NOT POST EXCEPTION 495 FOR PROCEDURE CODES 0980M THRU
					0982M OR 0991M THRU 0998M OR T1013 FOR HEALTH.
					DO NOT POST EXCEPTION 495 FOR TAKE CHARGE CLIENTS
					(PROGRAM G WITH MATCH M OR T AND ELIGIBILITY CODE P).
					DO NOT POST EXCEPTION 495 IF IT IS MED VENDOR CLAIM WITH
					PROCEDURE CODES 6912E, 6950E, 6951E OR 4805A.
					DO NOT POST EXCEPTION 495 FOR PROCEDURE CODES J3490 OR
					S9445 WHEN BILLED WITH DIAGNOSIS CODES V25.09.
					SYSTEM FORCE;
					1. FORCE
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT $0.01 TO 499.00
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
					SYSTEM DENY;
					2. DENY
					A. HEALTH INSURANCE CARRIER CODE
					B. LOCATION 05 OR 29
					C. REIMBURSEMENT ZERO
					D. EXCEPTION 166 IS POSTING ON THE CLAIM
					E. EXCEPTION 523 IS NOT POSTING ON THE CLAIM
					F. EXCEPTION 331 IS NOT POSTING ON THE CLAIM
					G. EXCEPTION 353 IS NOT POSTING ON THE CLAIM
0496	0	0	3	RC=60	'NO MODIFIER HD RATE ON FILE FOR DATE OF SERVICE'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROCEDURE CODE MODIFIER IS EQUAL TO '1H' OR 'SL'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. NO FACTOR CODE OF '9' (HD MAX FEE) IS FOUND FOR THE DATE OF SERVICE. EXCEPTION WILL NOT POST IF: ALLOWED-CHARGE-SOURCE IS EQUAL TO A (MANUALLY PRICED).
0497	0	0	3	RC=60	'HMO CLAIM - RECIP NOT HMO ELIG FOR ALL DATES'
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE: THE CLAIM HAS AN HMO PROC CODE (0350M, 0351M, 0352M, 0353M, 0357M) ON ANY LINE ITEM HOWEVER THE RECIPIENT IS NOT ELIGIBLE FOR THE WHOLE DATE RANGE. WILL NOT POST EXCEPTION IF: A) FIRST LINE-ITEM PROC CODE IS AN HMO PROCEDURE CODE (0350M, 0351M, 0352M, 0353M OR 0353M); AND, B) CLAIM INPUT MEDIUM INDICATOR EQUAL TO '4' (COMPUTER GENERATED).
0498	0	0	3	ALL	'DEVELOPMENTALLY DISABLED RECIPIENT AUTHORIZED FOR SVCS'
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE: A. RECIP-EXCEP-INDIC IS EQUAL TO 'E' (DD SPEC SVCS). B. NUM-OF-LOCK-IN-VAR IS GREATER THAN ZERO. C. FIRST DATE OF SERVICE IS NOT LESS THAN RESTRICT-BEGIN-DATE AND NOT GREATER THAN RESTRICT-END-DATE. D. LAST DATE OF SERVICE IS NOT LESS THAN RESTRICT-BEGIN-DATE AND NOT GREATER THAN RESTRICT-END-DATE.
0499	0	0	3	D	'THIS DRUG IS FROM A NON-CONTRACT MFG AND NON-PAYABLE'
BWSC3540					THE FORMULARY INDICATOR IS 'M' NON-PAY.
0500	0	0	3	RC=60	'NONPAYMENT BUDGET CUT, 21 YEARS OR OLDER'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE: FIRST DATE OF SERVICE EQUAL TO OR GREATER THAN 12/01/91; AND PROVIDER TYPE 30 (CHIROPRACTOR) OR 32 (PODIATRIST); AND PATIENT IS 21 YEARS OF AGE OR OLDER. FOR DATES OF SVC 07/01/92 AND GREATER THIS EXCEPTION NO LONGER POSTS FOR PROVIDER TYPE 32 (PODIATRIST). OR;
				O	THIS EXCEPTION NO LONGER POSTS IF CLAIM TYPE IS O(MEDICARE CROSS-OVER) AND ONE OF THE FOLLOWING IS TRUE: A)THE MATCH CODE IS D(QMB) OR B)THE MEDICAL CODE IS: 7(MCARE-BUYIN-QMB) OR 8(MCARE-BUYIN-QDWI).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0501	0	0	3	RC=60	'NONPAYMENT, UNDER 21, NO REFERRING PROV'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					FIRST DATE OF SERVICE EQUAL TO OR GREATER THAN 12/01/91;
					AND PROVIDER TYPE 30 (CHIROPRACTOR) OR 32 (PODIATRIST);
					AND PATIENT IS 21 YEARS OF AGE OR OLDER; AND NO REFERRING
					PROV NUM IS INDICATED. FOR DATES OF SVC 07/01/92 AND
					GREATER THIS EXCEPTION NO LONGER POSTS FOR PROVIDER TYPE
					32 (PODIATRIST).
0502	0	0	3	D	'OBSOLETE DRUG'
BWSC3540					THE OBSOLETE DATE OF THE DRUG IS MORE THAN TWO YEARS
					PRIOR TO THE FIRST DATE OF SERVICE.
0503	0	0	3	D	'INNOVATOR DRUG'
BWSC3540					THE FORMULARY INDICATOR IS '8' - MULTI-SOURCE, CONTRACT,
					INNOVATOR, PA ALL.
0504	0	0	3	S,R	'PYSCH PROVIDER NUMBER AND NOT A PYSCH DRG CODE'
BWSC3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. INPATIENT (S) OR DRG (R) CLAIM TYPE
					B. THE PROVIDER NUMBER BEGINS WITH '35'
					C. PRIMARY OR ADMITTING DIAGNOSIS CODE IS NOT 290.-301.99
					306.-314.99
0505	0	0	3	RC=60, 61,62, 64,66	'NO 'D' EXCEPTION INDICATOR AND PROVIDER IS A HOSPICE'
BWSC3520					THE FOLLOWING CONDITIONS ARE TRUE:
					A. THE PROVIDER NUMBER BEGINS WITH 399,
					AND PROVIDER NUMBER IS NOT EQUAL TO 3999604,
					3999000, 3999208, 3999109, 3999505, 3990389, 3990397,
					3990363, 3990413, 3990421, 3990439, 3990447, 3990454,
					3990462,3999018.
					B. AND RECIPIENT EXCEPTION INDICATOR IS NOT EQUAL TO 'D'.

					THE EXCEPTION IS BYPASSED IF THE FOLLOWING IS TRUE:
					A. PROVIDER TYPE 62 WITH SPECIALTY 86 (KIDNEY CENTERS).
0506	0	0	3	D	'INVLD PROG SCHOOL SERVS'
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. THE PROVIDER TYPE IS EQUAL TO 58(SCHOOL SERVIES); AND
					B. THE CLIENT'S PROGRAM CODE IS EQUAL TO ONE OF THE
					FOLLOWING: M, N, Q, U, V OR W.
0507	0	0	2	J	'HMO-MSC-COLVILLE'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500077'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0508	0	0	3	ALL	'HMO-MSC-SPOKANE'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500069' AND FDOS IS BEFORE 01/01/96.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. DRUG CLAIM AND PRESCRIBING PROVIDER NUMBER BEGINS WITH A '5'.
					B. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM.
					C. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					D. PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					E) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					F) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					G) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					H) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					I. ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					J) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0509	0	0	3	ALL	'HMO-BHP-GROUP-HEALTH'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500085'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0510	0	0	3	ALL	'HMO-BHP-MSC'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500093'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0511	0	0	3	ALL	'HMO PLAN RECORD NOT FOUND ON MHCP MASTER FILE.'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER TYPE NOT EQUAL TO 90 (HEALTH-MAINTENANCE-ORG);
					AND
					B. RECIPIENT'S PCOP TYPE IS EQUAL TO 'P' OR 'C'
					(PRIMARY CARE OR CAPITATED);
					AND
					C. PLAN RECORD IS NOT FOUND ON THE HMO MASTER FILE FOR
					THE PROVIDER, FOR THE FIRST DATE OF SERVICE ON THE
					CLAIM.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. PCOP SEGMENT IS A ONE-DAY SEGMENT.
					B. PCOP TYPE IS Z.
0512	0	0	3	RC=60	'CLIA NUMBER NOT ON FILE.'
BWSC3550					THESE EXCEPTION CRITERIA ARE EVALUATED USING CRITERIA FROM
					THE PERFORMING PROVIDER RECORD IF THERE IS A PROCEDURE
					CODE MODIFIER '90' (REFERENCE LAB); OTHERWISE CRITERIA ARE
					FROM THE BILLING PROVIDER RECORD.
					THE FOLLOWING CONDITIONS ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					1. THE PROVIDER TYPE IS EQUAL TO LAB FACILITY (43).
					2. THE PROCEDURE CODE IS NOT CLIA EXEMPT. CLIA EXEMPT CODES ARE
					80100, 80101, 80102, 80103, 80500, 81050, 80502, 82075,
					83013, 83014, 83019, 84061, 85095, 85101, 85102, 85109,
					86077, 86078, 86079, 86455, 86485, 86490, 86510, 86540,
					86580, 86585, 86586, 86891, 86910, 86911, 86915, 86927,
					86930, 86931, 86932, 86945, 86950, 86965, 86985, 86999,
					88040, 88045, 88125, 88170, 88171, 88240, 88241, 88304,
					88305, 88311, 88312, 88313, 88314, 88329, 89100, 89105,
					89114, 89130, 89132, 89135, 89136, 89140, 89141, 89250,
					89251, 89252, 89253, 89254, 89255, 89256, 89257, 89258,
					89259, 89260, 89261, 89264, 89350, 60050,
					OR 88312 - 88314 WITH MODIFIER 'TC'.
					3. CLIA CERT NUMBER IS EQUAL TO ZERO OR SPACES OR THE NUMBER OF CLIA ITERATIONS IS EQUAL TO ZERO.
0514	0	0	3	RC=60	'LAB NOT AUTHORIZED FOR SERVICES - CLIA WAIVER.'
BWSC3550					THESE EXCEPTION CRITERIA ARE EVALUATED USING CRITERIA FROM THE PERFORMING PROVIDER RECORD IF THERE IS A PROCEDURE CODE MODIFIER '90' (REFERENCE LAB); OTHERWISE CRITERIA ARE FROM THE BILLING PROVIDER RECORD.
					ONE OF THE FOLLOWING CONDITIONS IS TRUE:
					A. CLIA CERTIFICATION TYPE ON PROVIDER FILE EQUAL TO '2' (WAIVER); AND, PROCEDURE CODE IS NOT EQUAL TO (80061,
					81002, 81025, 82044, 82270, 82273, 82465, 82947, 82950,
					82951, 82952, 82962, 83026, 83718, 83986, 84478, 84830,
					85013, 85014, 85018, 85651, 86318, 86588, 87072,
					G0054, G0055, G0056, G0057 OR Q0116)
					(WAIVER PROCEDURE CODES)
					OR
					B. CLIA CERTIFICATION TYPE ON PROVIDER FILE EQUAL TO '4' (MICROSCOPY); AND, PROCEDURE CODE IS NOT EQUAL TO
					(G0026,G0027,
					Q0111, Q0112, Q0113, Q0114, Q0115, 81015, 81000,
					80061, 82044, 82273, 82465, 82947, 82950, 82951,
					82952, 83718, 83986, 84478, 85014, 85018, 86318,
					87072, 86588, OR
					89190) (MICROSCOPY PROCEDURE CODES).
					EXCEPTION WILL BE BYPASSED IF:
					1. PROCEDURE CODE MODIFIER IS EQUAL TO 'QW' (CLIA-WAIVED-TEST).
0516	0	0	3	S	'DIAGNOSIS CODE NOT FOUND ON U/R CRITERIA FILE.'
BWMC4000					THE EXCEPTION POSTS WHEN THE PRIMARY DIAGNOSIS IS NOT FOUND ON THE U/R CRITERIA FILE.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0517	0	0	3	ALL	'HMO-HEALTH-ACCESS-SPOKANE'
					BWSC3580 THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER TYPE IS NOT EQUAL TO '90' (HEALTH MAINT ORG).
					B. PROGRAM CODE IS EQUAL TO 'I' (HEALTH-ACCESS-SPOKANE).
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
0518	0	0	3	D	'ALLOW ONCE IN FIVE YEARS'
					IF A CLAIM FOR THE NORPLANT DRUG HAS BEEN PREVIOUSLY PAID WITHIN THE LAST FIVE YEARS, POST THE EXCEPTION.
0519	0	0	3	D	'PRENATAL VITAMINS ALLOWED ONLY FOR PREGNANT WOMEN'
					BWSC3540 EXCEPTION POSTS IF:
					A. THE DRUG THERAPEUTIC CLASS IS '384' OR 'C6F' (PRENATAL VITAMINS),
					AND
					B. THE RECIPIENT IS NOT FEMALE, OR
					THE RECIPIENT IS LESS THAN 7 YEARS OLD, OR
					THE RECIPIENT IS OVER 55 YEARS OLD.
0520	0	0	3	ALL EXCEPT Z,I	'PARTIAL PCOP COVERAGE IN INVALID'
					BWSC3520 EXCEPTION POSTS IF:
					A. THE CLAIM DATES OF SERVICE DO NOT FALL WITHIN ONE PCOP SEGMENT OR WITHIN SEGMENTS THAT HAVE THE SAME PCOP PROVIDER AND PCOP TYPE;
					AND
					B. PROVIDER TYPE IS NOT EQUAL TO (15,23,27,29,30,35,36, 42,55,58,71,73,74,75,78,79,81-84,87,96).
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. PCOP SEGMENT IS A ONE-DAY SEGMENT.
					B. PCOP TYPE IS Z.
					C. PROVIDER TYPE IS '40' (OTHER-PROVIDERS) AND PROVIDER SPECIALTY IS '60' OR '63' (INTERPRETER-SERVICES).
					D. PROVIDER TYPE IS '34' AND FDOS IS LESS THAN 01/01/97.
0521	0	0	3	ALL EXCEPT Z,I	'PCOP REFERRAL REQUIRED'
					BWSC3530, BWSC3540, BWSC3550 THIS EXCEPTION POSTS IF:
					A. THE PROVIDER TYPE IS FOUND ON SCREEN 4 OF PCOP AND THE PROCEDURE IS NOT ON PAGE 5.
					THIS EXCEPTION WILL BE BYPASSED IF:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					1) PROVIDER TYPE IS '90' (HMO).
					OR;
					2) FOR MEDICAL CLAIMS, RECIP-AGE IS LESS THAN 21
					AND ONE OF THE FOLLOWING IS TRUE;
					A. TYPE OF SERVICE IS '3' AND PROC CODES ARE ONE
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983;
					B. TYPE OF SERVICE IS 'Z' AND PROCS CODE ARE ONE
					OF THE FOLLOWING (STERILIZATIONS): 55250 56301
					56302 58600 58615 58982 58983.
					OR;
					3) ITA-BLIND-IND EQUAL 'T' (THERAPY)
					AND ONE OF THE FOLLOWING IS TRUE;
					A. PROVIDER TYPE IS '34' (PHYSICAL THERAPIST) OR
					'36' (NEUROMUSCULAR CENTER) OR
					'37' (AUDIO SPEECH PATH)
					B. PROVIDER SPECIALTY IS '66' (OCCUPATIONAL THERAPY)
					AND PROVIDER TYPE IS '40' (OTHER PROVIDERS).
					OR;
					4) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					OR;
					5) PROVIDER TYPE IS 26 (PHARMACIST)
					AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					OR;
					6) IF THE ITA FIELD IS I.
					OR;
					7) TYPE OF SERVICE IS "Z"(AMB-SURG-CTR) AND
					THE RECIP-AGE IS OVER 20 AND PROC CODES
					ARE ONE OF THE FOLLOWING(STERILIZATIONS):I
					55250 56301 56302 58600 58615;
					OR;
					8) IF THE CLAIM TYPE IS M(OUTPATIENT) OR R(DRG) OR
					S(INPATIENT) AND DIAGNOSIS CODES 520 THRU 525.9 OR
					290.0 THRU 319.0 OR REVENUE CODE IS 168.
					OR;
					9) IF CLAIM TYPE IS NOT AN M(OUTPATIENT) OR R(DRG) OR
					S(INPATIENT) AND DIAGNOSIS CODES 648.33 OR 290.0 THRU
					319.0 AND PLACE OF SERVICE IS 1(INPATIENT HOSPITAL) OR
					2(OUTPATIENT HOSPITAL) OR 5(EMERGENCY ROOM.
0522	0	0	3	ALL	'PCOP COVERED SERVICE'
				EXCEPT	
BWSC3530, BWSC3540, BWSC3550				Z,I	EXCEPTION POSTS IF:
					A. THE PROVIDER TYPE IS FOUND ON SCREEN 2 OF PCOP AND
					THE PROCEDURE IS NOT ON PAGE 3.
					B. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PRO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					2) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0523	0	0	3	RC=60, 62	'PROCEDURE EXCLUDED FROM TPL'
BWSC3580					EXCEPTION POSTS IF:
					A. PHARMACY CLAIM AND DRUG CODE IS COGNITIVE SERVICES
					(BEGINS WITH 88888) AND THIRD PARTY AMOUNT IS GREATER
					THAN ZERO.
					B. MEDICAL CLAIM WITH PROCEDURE CODE (0998D, 4444D,
					4450D-4504D, 0352M, 0353M, 9274M-9277M, 09920); OR
					(PROC CODE 0122D OR D1203 AND PROV TYPE NOT EQUAL TO
					27); AND THIRD PARTY AMOUNT IS GREATER THAN ZERO.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) PROVIDER TYPE IS 58 SCHOOL DISTRICT AND FIRST DATE OF
					SERVICE IS LESS THAN 3/1/95.
					2) TAKE CHARGE CLIENT (PROGRAM G WITH MATCH M OR T
					AND ELIGIBILITY CODE P).
					3) MED VENDOR CLAIM WITH ONE OF THE FOLLOWING PROC CODES:
					6912E, 6950E, OR 6951E.
0524	0	0	3	ALL EXCEPT Z,I	'REVIEW RECIPIENT FOR MEDICAL REVIEW'
BWSC3520					THE FOLLOWING ARE TRUE:
					A. THE EXCEPTION INDICATOR IS SET TO AN 'Z'
					(NO-PCOP-SELECTED).
					B. PROVIDER TYPE IS NOT EQUAL TO (18,25,43,71,73,75 OR 28)
					(EMERGENCY ROOM PHYSICIAN,RADIOLOGY,LAB FACILITY,FAMILY
					PLANNING,VOL-COMM-MENTAL-HEALTH,SUBSTANCE ABUSE,
					OPTOMETRIST).
					C. WHERE THE CLAIM TYPE IS 'J' (PHYSICIAN), THE PROVIDER
					SPECIALITY IS NOT EQUAL TO 18 (OPHTHALMOLOGY).
					D. THE PROVIDER SPECIALTY IS NOT EQUAL TO 30 (RADIOLOGY).
					E. WHERE THE PROVIDER TYPE IS EQUAL TO 40 (OTHER PROVID-
					ERS), THE PROVIDER SPECIALTY IS NOT EQUAL TO (60 OR 63)
					(INTERPRETER SERVICE AGENCY,INTERPRETER SERVICES).
0525	0	0	3	ALL EXCEPT Z,I	'NO FAMILY PLANNING SERVICES'
BWSC3580					
					THE EXCEPTION WILL BE POSTED IF THE ELIGIBILITY CODE IS ('P' OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				'Z') AND (THE PROVIDER TYPE IS NOT '71' WITH A DIAGNOSIS CODE OF V25 THROUGH V25.9 OR THE SERVICES, CLAIM TYPE, OR TYPE OF SERVICE ARE NOT ONE OF THOSE SHOWN ON THE FOLLOWING LISTS:	
					1. LIST #1 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR (CLAIM TYPE 'J' AND TOS '3') OR (CLAIM TYPE 'M' AND TOS 'X'):
					G0001 P3000 P3001 Q0111 Q0112 Q0144 36415 57061
					76830 76856 76857
					80002-80019 80058 80059 80061 80076
					80091 80185 81000 81001 81002 81003 81005 81007 81015 81025
					82251 82465 82947-82952 82977 83001 83002
					83518 83519 83520
					83718 84146 84202 84443 84476 84478 84702 84703 85007 85013
					85014 85018 85021 85022 85023 85024 85025 85027 85029
					85030 85031 85651 86255 86256 86286 86287 86289
					86290 86291 86299 86302 86311 86313 86317 86318 86331 86403
					86592 86593 86631 86632 86689 86692 86701 86703 86706
					86762 86781 87070 87072 87076 87081
					87082 87084 87086 87087 87088 87101 87110 87140
					87147 87163 87164 87178 87184 87186 87205 87206 87207
					87210 87220 87250 87252 87253 87270 87274 87285
					87320 87340 87480 87481 87482 87490 87491 87492 87510
					87511 87512 87515 87516 87517 87528 87529 87530 87534
					87535 87536 87537 87538 87539 87590 87591 87592 87621
					87622 87810 87850
					88125 88141 88142-88145 88147 88148 88150-88154
					88156-88158 88164-88167
					88161 88302 88305 88346
					2. LIST #2 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM TYPE 'J' AND TOS 'Z':
					55250 56301 56302 58600 58615 58670 58671 58982 58983
					3. LIST #3 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM TYPE 'P' AND TOS '9':
					0190A 0195A 0196A 0197A 0198A 0199A 0200A
					4805A
					THIS PROCEDURE CODE ONLY APPLIES FOR DATE OF SERVICE PRIOR TO JANUARY 1, 2002:
					0178A
					4. LIST #4 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM TYPE 'J' AND TOS '3':

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					9020M 9802M
					5. LIST #5 -- THIS DRUG THERAPEUTIC LIST ONLY APPLIES FOR CLAIM TYPE 'D':
					(MAA THERA CODES)
					330 370 510-592 610 621 622 660 670 690
					801 807
					(FDB THERA CODES)
					'G1A', 'Q4K', 'G8A', 'G8B', 'G8C',
					'W1E', 'W1D', 'W1A', 'W1F', 'W1C',
					'W1B', 'W3A', 'W1H', 'W1J', 'W1K',
					'W1L', 'W1N', 'W1P', 'W1S', 'Q5W', 'W2A',
					'Q4B', 'Q4F', 'Q4S', 'Q4W', 'J1A',
					'R1S', 'W1Q', 'W2F', 'W2G', 'W2Y', 'Q5B',
					'Q5F', 'Q5R', 'Q5S', 'Q5V', 'W3B',
					'W8D', 'W4A', 'W4C', 'W4E', 'W4K', 'W4M',
					'W5A', 'W5B', 'X2A', 'X2B', 'G9A',
					'P0A', 'X1A', 'X1B', 'X1C', 'X1D'.
					-- ALSO THESE NDC(S) - 00009074630 00009074631
					6. LIST #6 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM TYPE 'J' AND TOS '3'. ALSO THESE PROCEDURE CODES ARE ONLY ALLOWED IF EITHER DIAGNOSIS CODE FIELD HAS DIAGNOSIS CODES: V25 THROUGH V25.9 AND V99.9:
					0980M-0982M 0991M-0998M
					99201 99202 99203 99204 99205 99211 99212 99213
					99214 99241 99242 99243 99244 99245 99215 5999M
					9000M 90782 9804M 9992M 9993M 9994M 9995M
					7. LIST #7 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR (CLAIM TYPE 'J' AND TOS '3') OR (CLAIM TYPE 'P' AND TOS '9'):
					11975 11976 11977 9910M 9913M 57170 58300 58301
					9911M 9912M
					8. LIST #8 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM TYPE 'J' AND TOS '3':
					A4260 A4261 G0101 J0170 J0580 J0690 J0694-J0698 J0710
					J1055 J1056 J1200 J1890 J2460 J2510 J2540 J2620 J2960
					J3100 J3290 J3320 J3460 J7300 J7302 S4989 S4993
					00869 00851 0390M 0391M 0392M 0393M 1111J 1112J
					5911M 5912M 9010M
					17102 17110 46900 46916 54050 54056 55250
					56301 56302 56307 56501 56515

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					58600 58605 58670 58671
					58611 58615 58700 58720
					90788
					THESE PROCEDURE CODES ONLY APPLY FOR DATE OF SERVICE PRIOR
					TO SEPTEMBER 1, 2002:
					57452 57454 57511
					9. LIST #9 -- THIS PROCEDURE CODE LIST ONLY APPLIES FOR CLAIM
					TYPE 'L' AND IF EITHER DIAGNOSIS CODE FIELD HAS DIAGNOSIS CODE
					V25 THROUGH V25.9:
					99384 99385 99394 99395
					THE EXCEPTION WILL NOT POST IF:
					1. THE ITA BLIND INDICATOR IS EQUAL TO I.
0526	0	0	3	ALL	'HMO-CARE-NET-BLUE-CROSS'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500788', AND FIRST DATE
					OF SERVICE IS BEFORE 01/01/95; OR,
					PROVIDER NUMBER IS EQUAL TO ('7500101', '7501422', OR
					'7501430') AND FDOS IS BEFORE 01/01/96.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0527	0	0	3	ALL	'HMO-ETHIX-NW-BLUE-CROSS'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO ('7500119' AND FDOS IS
					BEFORE 01/01/96) OR '7500267' OR '7500283'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					WILL NOT POST EXCEPTION IF:
					A. DRUG CLAIM AND PRESCRIBING PROVIDER NUMBER BEGINS WITH
					A '5'. OR
					B. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					C. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					D) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					E) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					F) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					G) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					H) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					I) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					J) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0528	0	0	3	ALL	'HMO-PROVIDENCE-HEALTH'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (7500325,7500341,7500408,
					7500663,7500689,7500721,7500804).
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY). 9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0529	0	0	3	ALL	'HMO-KING-COUNTY-MEDICAL-BLUE-SHIELD'
BWSC3530,3540,3550					THIS EXCEPTION NO LONGER POSTS.
0530	0	0	3	ALL	'HMO-PACIFIC-HEALTH-PLANS'
BWSC3530,3540,3550					THIS EXCEPTION NO LONGER POSTS.
0531				RC= 61	'INVALID 6TH DIAGNOSIS.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 6TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0532				RC= 61	'INVALID 7TH DIAGNOSIS.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 7TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0533				RC= 61	'INVALID 8TH DIAGNOSIS.'
BWSC3530,3550,3570					THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 8TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0534				RC= 61	'INVALID 9TH DIAGNOSIS.' BWSC3530,3550,3570 THE FOLLOWING CONDITIONS ARE TRUE: A. INSTITUTIONAL CLAIM. B. THE 9TH DIAGNOSIS CODE IS NOT FOUND ON THE PDD FILE AFTER A READ-KEY. BYPASS IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT), 'R' (DRG) OR 'S' (INPATIENT) AND; 2. THE LEADING DIGIT OF THE DIAGNOSIS CODE IS EQUAL TO 'E'.
0535				R,S	'INVALID 4TH PROCEDURE' BWSC3530 DRG CLAIM AND THE THIRD SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0536				R,S	'INVALID 5TH PROCEDURE' BWSC3530 DRG CLAIM AND THE THIRD SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0537				R,S	'INVALID 6TH PROCEDURE' BWSC3530 DRG CLAIM AND THE THIRD SURGICAL PROC CODE IS NOT ON THE PDD FILE.
0538	0	0	3	ALL	'HMO-PROVIDENCE-HEALTH-CARE-OKANOGAN' BWSC3530,3540,3550 THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER NUMBER IS EQUAL TO '7500200' OR '7500390'. B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD. C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D). D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983. THIS EXCEPTION WILL BE BYPASSED IF: 1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM. 2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888). 3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0539	0	0	3	ALL	'HMO-SELECTCARE'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (7500598,7500671) OR
					(7500218 AND FDOS IS BEFORE 01/01/96).
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0540	0	0	3	ALL	'HMO-KING-COUNTY-BLUE-SHIELD-COWLITZ'
BWSC3530,3540,3550					THIS EXCEPTION NO LONGER POSTS.
0541	0	0	3	ALL	'HMO-KAISER-COWLITZ'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500234'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0542				R,S	'HIGH OUTLIER CLAIM'
BWSC3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. COST-OUTLIER RECORD IS FOUND ON THE PROVIDER CHARGE FILE AFTER A READ-KEY IS PERFORMED.
					B. CLAIM PROVIDER NUMBER DOES NOT START WITH '36' (DETOX PROVIDER).
					C. PROGRAM CODE IS NOT EQUAL TO (U, Q, W, M) (GA-C, ITA-OR-BLIND, PROGRAM-W, MI).
0543				DRUG	'INVALID SERVICE CODE WITH COGNITIVE PROVIDER'
BWSC3540					THE FOLLOWING CONDITION IS TRUE:
					A. PROVIDER NUMBER IS FOR A COGNITIVE PROVIDER AND DRUG CODE IS NOT A COGNITIVE SERVICE DRUG CODE.
0545	0	0	3	ALL	'HMO-PIERCE-MED-BUREAU'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500275' AND FDOS IS BEFORE 01/01/96.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. DRUG CLAIM AND PRESCRIBING PROVIDER NUMBER BEGINS WITH A '5'; OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM; OR
					C. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					D. PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					E) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					F) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					G) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					H) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					K) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					L) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0546	0	0	3	ALL	'HMO-BLUE-MULTICARE'
BWSC3530,3540,3550					THIS EXCEPTION NO LONGER POSTS.
0547				DRUG	'INVALID PROVIDER WITH COGNITIVE SERVICE CODE'
BWSC3540					THE FOLLOWING CONDITION IS TRUE:
					A. PROVIDER NUMBER IS NOT A COGNITIVE PROVIDER AND DRUG CODE IS A COGNITIVE SERVICE DRUG CODE.
0548				RC=62	'SPAN FOUND IN PA RECORD BUT THERE ARE INSUFFICIENT UNITS. (ONLY POSTED IN BATCH FOR AVRAS CLAIMS ONLY)
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE:
					A. EXCEPTIONS 822, 823 AND 824 HAVE NOT BEEN POSTED.
					B. LINE-ITEM PA INDICATOR IS NOT EQUAL TO '1' (HAS BEEN PA'D).
					C. ALLOWED CHARGE IS NOT EQUAL TO ZEROES.
					D. PROCEDURE FALLS WITHIN PRIOR AUTHORIZED PROCEDURE RANGE.
					E. DATES OF SERVICE FALL WITHIN PRIOR AUTHORIZED DATE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					SPAN.
					F. PRIOR AUTH UNITS ON CLAIM IS GREATER THAN PRIOR AUTHORIZED UNITS.
					G. FIRST POSITION OF THE PA NUMBER = "9" (AVRAS PA NUMBER)
0549	0	0	3	RC=ALL	'RECIP IS SLMB (SPECIAL LOW-INCOME MEDICARE BENEFICIARY)'
BWSC3020					EXCEPTION POSTS IF ONE OF THE FOLLOWING IS TRUE:
					1. MATCH CODE IS EQUAL TO 'K'; AND PROGRAM CODE IS EQUAL TO 'A', 'B' OR 'P'; OR,
					2. MATCH CODE IS EQUAL TO 'E'; AND PROGRAM CODE IS EQUAL TO 'A', 'B', 'P' OR 'T'; OR,
					3. MATCH CODE IS EQUAL TO 'W' AND PROGRAM CODE IS EQUAL TO 'B' OR 'P'.
					EXCEPTION WILL NOT POST IF:
					A. MEDICAL ELIGIBILITY CODE = '5' (DUAL SLMB)
0550	0	0	3	ALL	'HMO-KITSAP-PHYSICIANS-SERVICE-THURSTON-COUNTY'
BWSC3530,3540,3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO '7500317'.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					E. THE FIRST DIGIT OF THE PRESCRIBING PHYSICIAN PROVIDER NUMBER IS NOT EQUAL TO '5'.
					THIS EXCEPTION WILL BE BYPASSED IF:
					1) DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM.
					2) PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					3) PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					4) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					5) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					6) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					7) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					8) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					9) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
0551	0	0	3	J,L,P S,M,R	'INCAPACITY REVIEW'
BWSC3550,3530					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECIPIENT MATCH CODE 'E' AND PROGRAM 'C','X', OR 'U'.
					B. THE FIRST DATE OF SERVICE EQUAL OR GREATER 06/01/94.
					C. THE CLAIM DOES NOT HAVE DIAGNOSIS 'V72.99' OR PROVIDER
					TYPE IS EQUAL '19' OR '31.
0552	0	0	3	ALL	'CLIENT COVERED BY MANAGED CARE'
BWSC3530,3550 BWMX5000					THE FOLLOWING CONDITIONS ARE TRUE:
					A. ANY PROVIDER NUMBER EXCEPT:
					- 7500788 WHEN FIRST DATE OF SERVICE IS ON OR BEFORE
					12/31/94;
					- 7500002,7500010,7500036,7500051,7500069,7500101,
					7500119,7500218,7500275,7501430,7501422)
					WHEN FIRST DATE OF SERVICE IS ON OR BEFORE 12/31/95.
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE
					PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A,
					G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR
					TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 55250 55450
					56301 56302 58600 58605 58611 58615 58982 58983; AND
					TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY
					OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. DRUG CLAIM AND PRESCRIBING PROVIDER NUMBER BEGINS WITH
					A '5'; OR
					B. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION
					DIAGNOSIS CODES) ARE ON THE CLAIM; OR
					C. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE
					(BEGINS WITH 88888).
					D. PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER
					NUMBER (7994106,7033913,7033921,7033897 AND 7056831)
					(SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE
					AFTER 07/31/94 AND BEFORE 07/01/96.
					E) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD),
					AND FIRST DATE OF SERVICE AFTER 12/31/95 AND
					PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400,
					59409, 59409, 59410, 59412, 59414, 59430, 59510,
					59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					F) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND
					PROCEDURE CODES (99431, 99433, 99440, 99295, 99296,
					99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					G) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND ADMISSION DATE AFTER 12/31/95 AND
					DRG CODES (370-375 AND 650-652) (DELIVERY).
					H) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER
					CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY)
					AND ADMISSION DATE IS LESS THAN 7/1/95.
					I) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37
					(PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO
					SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER)
					AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					J) DIAGNOSIS CODE IS 290.0 THRU 319.0 (MENTAL HEALTH) AND
					PLACE OF SERVICE IS (1, 2 OR 5).
					K) DIAGNOSIS CODE IS 520 THRU 525.9 (DENTAL) OR 648.33
					(CUP SERVICES).
					L) DIAGNOSIS CODE IS 010 THRU 018.9 (TB SERVICES) AND
					PROVIDER TYPE IS 24 (HEALTH DEPT).
					M) PROCEDURE CODE IS 9011M THRU 9014M AND PROVIDER TYPE
					IS 24 (HEALTH DEPT).
					N) ITA-BLIND-IND EQUAL TO "I" OR PIC CONTAINS "Q" IN THE
					TIEBREAKER FIELD.
					O) REVENUE CODES 942, 948 OR 949 (DIABETIC AND WEIGHT
					LOSS) ARE EXCLUSIVELY ON THE CLAIM.
					P) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF
					"X" (MHCP PRESCRIPTION).
					Q) EFFECTIVE 03/01/96, MEDICAL CLAIMS HAVE PROVIDER TYPE
					43 (LAB) AND REFERRING PROVIDER TYPE 73 (COMMUNITY
					MENTAL HEALTH CENTER).
					R) CLAIM TYPE IS M(OUTPATIENT), R(DRG), OR S(INPATIENT)
					AND PRIMARY OR ADMITTING DIAGNOSIS IS 290.0 - 319.0
					(MENTAL HEALTH).
					S) FOR MEDICAL CLAIMS, IF PROCEDURE CODES ARE 0852J -
					0858J OR 36415 AND FDOS IS JAN 1, 1998 OR LATER
					AND THE REFERRING PROVIDER ON THE CLAIM IS
					PROVIDER TYPE 73 (COMMUNITY MENTAL HEALTH).
					T) FOR MEDICAL VENDOR CLAIMS PROC CODES ARE 4800A -
					4801A OR 4802A AND THE REFERRING PROVIDER ON THE CLAIM
					IS PROVIDER TYPE 73 (COMMUNITY MENTAL HEALTH).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					U) FOR MEDICAL CLAIMS WITH TYPE OF SERVICE = 3, AND DETAIL LINE CONTAINS A DIAGNOSIS CODE OF: CUP 648.33, DENTAL 520-525.9, OR ABORTION V61.7 OR 635-639.9., BYPASS FOR ALL LINE ITEMS WITH THE SAME DATE.
					V) FOR INSTITUTIONAL CLAIMS WITH CLAIM TYPE OF M (OUTPAT), R (DRG), OR S (INPAT), WITH A DIAGNOSIS CODE OF V25.2.
					W) PROVIDER NUMBER EQUAL TO 6008916 7033731 7033749 7044019 7099765 7099773 OR 7099781.
0553	0	0	3	RC=60	'FQHC CLAIM WITH MISSING MEDICAL ENCOUNTER CODE/UNITS'
BWSC3550, BWOC0086					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS 'J' (PHYSICIAN CLAIM);
					B. PROVIDER SPECIALTY CODE IS '90' (FQHC);
					AND
					1. LINE-ITEM PROCEDURE CODE EQUALS '99202-99205', '99212-99215' (EVAL & MGMT PROCEDURE CODES);
					2. THERE IS NO LINE-ITEM PROCEDURE CODE '9000M OR 9001M'(MEDICAL ENCOUNTER CODE) FOR DATES OF SERVICE ON OR BEFORE 9/30/03 OR PROCEDURE CODE T1015 ON OR AFTER DATES OF SERVICE 10/01/03.
					3. THERE IS A LINE-ITEM PROCEDURE CODE '9000M OR 9001M' ON OR BEFORE DATES OF SERVICE 9/30/03 OR 'T1015' ON OR AFTER DATES OF SERVICE 10/01/03 BUT THE UNITS OF SERVICE AND/OR DATES OF SERVICE DO NOT EQUAL BETWEEN THE LINE-ITEMS.
					4. THERE IS A LINE ITEM PROCEDURE CODE '9000M OR 9001M' ON OR BEFORE 9/30/03OR 'T1015' ON OR AFTER 10/01/03 AND THE DOS OVERLAP.
					THIS EXCEPTION BYPASSES IF :
					A. THE PROGRAM CODE IS G(TAKE-CH-FP); AND
					B. THE MATCH CODE IS M(MEDICAL-ONLY)
					OR
					THE MATCH CODE IS T(ADOPT-SUPP-MED-PROG); AND
					C. THE PLACE OF SERVICE IS:
					1. 3(OFFICE)
					OR
					2. 2(OUTPATIENT-HOSPITAL)
					OR
					3. 5(EMERGENCY-ROOM);
					OR
					D. IF ONE OF THE FOLLOWING IS TRUE:
					1. PROGRAM CODE IS U(GAU) AND MATCH CODE IS NOT H(L-MN-INST)
					OR
					2. PROGRAM CODE IS W(PROGRAM-W) AND MATCH CODE IS U(GA-C) OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					MATCH CODE IS R(DETOX)
					OR
					3. PROGRAM CODE IS M(MI) AND
					MATCH CODE IS R(DETOX)
					OR
					4. PROGRMA CODE IS H(OTHER-CHILD) OR
					PROGRAM CODE IS V (CHLD-HEALTH)
					OR
					5. PROGRAM CODE IS S(GAU-PREGNANCY) AND
					MEDICAL CODE IS 2(UNDOCUMENTED-ALIEN) OR
					MEDICAL CODE IS Z(FAMILY-PLANNING-Z).
0554	0	0	3	RC=60	'ALLOWED AMT IS GREATER THAN BILLED FOR ANESTHESIA SVC'
BWSC3550, BWOC0086					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM PRICED AS ANESTHESIA; AND,
					B. BILLED CHARGE IS GREATER THAN COMPUTED ALLOWED.
0555	0	0	3	M	'DELIVERY & NEWBORN CARE MUST BE BILLED ON DRG CLAIM'
BWSC3530, BWOC0087					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS 'M' (OUTPATIENT CLAIM); AND,
					B. AFTER READ-KEY ON PDD FILE FOR DIAGNOSIS CODE, THE
					DIAGNOSIS-CONTROL-CODE IS EQUAL TO '3' (NEWBORN-CARE).
0556	0	0	3	M,S	'MEDICARE PT B PRIOR PAYMENTS MUST BE ON DRG CLAIM'
BWSC2040					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS NOT EQUAL TO 'R' (DRG CLAIM); AND,
					B. PAYER-NAME FIELD IN PAYER-INFORMATION SEGMENTS BEGINS
					WITH '*M'.
0557	0	0	3	J	'INVALID PROCEDURES BILLED FOR PROLONGED CARE CLAIM'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN CLAIM); AND,
					SAME DATES OF SERVICE.
					B. LINE-ITEM PROCEDURE CODE IS 99354 BUT THE CLAIM DOES
					NOT CONTAIN A VALID MATCHING PROCEDURE CODE: (99201-
					99215,99241-99245,99301-99350);
					OR
					LINE-ITEM PROCEDURE CODE IS 99355 BUT THE CLAIM DOES
					NOT CONTAIN PROCEDURE CODE 99354;
					OR
					LINE-ITEM PROCEDURE CODE IS 99356 BUT THE CLAIM DOES
					NOT CONTAIN A VALID MATCHING PROCEDURE CODE: (99221-
					99233,99251-99255,99261-99263);
					OR
					LINE-ITEM PROCEDURE CODE IS 99357 BUT THE CLAIM DOES

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					NOT CONTAIN PROCEDURE CODE 99356.
0558	0	0	3	S,R,J W	'MENTAL HEALTH DUPS'
BWMC4000					THE FOLLOWING CONDITIONS ARE TRUE:
					A. THE PHYSICIAN CLAIM PROVIDER TYPE IS 73 (COMMUNITY MENTAL HEALTH)
					AND
					(INSTITUTIONAL CLAIM TYPE IS 'R' (DRG) OR 'S' (INPATIENT AND THE PROVIDER NUMBER STARTS WITH '398'.
					OR
					MEDICARE X-OVER CLAIM IS 'W' (INPATIENT) AND THE PROVIDER NUMBER STARTS WITH '398'.)
					AND
					BOTH CLAIMS HAVE THE SAME RECIPIENT ID, SAME OR OVERLAPPING DATES OF SERVICE.
0559	0	0	3	D	'EXPEDITED AUTHORIZATION'
BWPC3540					THE FOLLOWING CONDITIONS ARE TRUE:
					A. THE EXPEDITED AUTHORIZATION IND ON PDD DRUG RECORD EQUAL 'Y'.
					B. THE GENERIC CODE SEQUENCE NUMBER OF THE PDD DRUG RECORD IS IN GCN-SEQ-NUMBER TABLE.
					C. THE LAST FOUR POSITIONS OF THE PRIOR AUTH NUMBER IS NOT IN THE GCN-SEQ-NUMBER TABLE.
0560	0	0	3	RC=60	'FQHC ENCOUNTER ON CLAIM WITHOUT A PAYABLE, QUALIFY SVC'
BWMC5000					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM TYPE IS 'J' (PHYSICIAN CLAIM); AND,
					B. PROVIDER SPECIALTY CODE IS '90' (FQHC); AND,
					C. LINE-ITEM PROCEDURE CODE EQUALS (0200D, 5900M, 9000M, 9001M, 9005M, 9006M, 9007M, 9008M, 9700M) (MEDICAL ENCOUNTER CODES) WITH DATES OF SERVICE PRIOR TO OCTOBER 1, 2003;
					OR
					LINE-ITEM PROCEDURE CODE EQUALS (T1015) WITH DATES OF SERVICE AFTER SEPTEMBER 30, 2003; AND
					D. THERE ARE NO OTHER LINE-ITEMS WITH MATCHING DATES OF SERVICE AND LINE-ITEM ALLOWED AMOUNT GREATER THAN ZERO EXCLUDING THE FOLLOWING CODES: 36400 - 36425, 36511 - 36515, 38204 - 38215, 70000 - 79999, 80000 - 89999, P3000 - P3001, D0210, D0220, D0230, D0240, D0270, D0272, D0274, D0321, D0330, D0460, D0501, 90281 - 90799, D1203. AND ALL HCPCS PROCEDURE J CODES, Q CODES, AND S CODES EXCEPT PROCEDURE CODE RANGE S9445 - S9470.
					EXCEPTION 560 WILL BYPASS IF PROC CODE IS T1015, PROC

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					CODE MODIFIER IS EQUAL TO HE, PROV TYPE IS 73 AND PROV SPEC IS 90.
0561	0	0	3	ALL	'HMO-PROVIDENCE-ELDERCARE'
					THE FOLLOWING CONDITIONS ARE TRUE:
BWSC3530,3540,3550					A. PROVIDER NUMBER IS EQUAL TO 7520000; AND,
					B. PROVIDER TYPE AND/OR SPECIALTY ON THE CLAIM MATCH THE PROVIDER TYPE AND/OR SPECIALTY ON THE HMO PLAN RECORD.
					C. DRUG THERA CLASS IS NOT EQUAL TO (370-379, 807, G8A, G8B, G8C, X1A, X1B, X1C, X1D).
					D. FOR MEDICAL CLAIMS, RECIP-AGE IS GREATER THAN '20'; OR TYPE OF SERVICE IS NOT '3' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 55250 55450 56301 56302 58600 58605 58611 58615 58982 58983; AND TYPE OF SERVICE IS NOT 'Z' OR PROC CODES ARE NOT ANY OF THE FOLLOWING (STERILIZATIONS): 58982 58983.
					THIS EXCEPTION WILL BE BYPASSED IF:
					A. DIAGNOSIS CODES 635 THRU 639.9 OR V61.7 (ABORTION DIAGNOSIS CODES) ARE ON THE CLAIM; OR
					B. PROVIDER TYPE IS 26 AND NDC IS COGNITIVE SERVICE (BEGINS WITH 88888).
					C. PROCEDURE CODES (90701-90742,90749,9068M-9073M,9076M AND J2790) (IMMUNIZATION PROC CODES), AND; PROVIDER NUMBER (7994106,7033913,7033921,7033897 AND 7056831) (SPECIAL YAKIMA PROVIDERS), AND; FIRST DATE OF SERVICE AFTER 07/31/94 AND BEFORE 07/01/96.
					D) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (5930M, 5935M, 5940M-5950M, 59400, 59409, 59409, 59410, 59412, 59414, 59430, 59510, 59515, 59525, 5959M, 9804M) (OB-DELIVERY).
					E) MEDICAL CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND PROCEDURE CODES (99431, 99433, 99440, 99295, 99296, 99297) (OB-DELIVERY) AND FDOS IS LESS THAN 7/1/95.
					F) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (370-375 AND 650-652) (DELIVERY).
					G) INPATIENT OR DRG CLAIM WITH PROGRAM CODE H (OTHER CHILD) AND DRG CODES (385-391 OR 602-640 (DELIVERY) AND ADMISSION DATE IS LESS THAN 7/1/95.
					H) ITA IND IS B (THERAPY) AND PROVIDER TYPE IS 34,36,37 (PHYSICAL THERAPIST, NEUROMUSCULAR CENTER, AUDIO SPEECH PATH) OR PROVIDER TYPE IS 40 (OTHER PROVIDER) AND PROVIDER SPECIALTY IS 66 (OCCUPATIONAL THERAPY).
					I) DIAGNOSIS CODE IS 290.0 THRU 319.0 (MENTAL HEALTH) AND PLACE OF SERVICE IS (1, 2 OR 5).
					J) DIAGNOSIS CODE IS 520 THRU 525.9 (DENTAL) OR 648.33 (CUP SERVICES).
					K) DIAGNOSIS CODE IS 010 THRU 018.9 (TB SERVICES) AND PROVIDER TYPE IS 24 (HEALTH DEPT).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					L) PROCEDURE CODE IS 9011M THRU 9014M AND PROVIDER TYPE IS 24 (HEALTH DEPT).
					M) ITA-BLIND-IND EQUAL TO "I" OR PIC CONTAINS "Q" IN THE TIEBREAKER FIELD.
					N) REVENUE CODE IS 942, 948 OR 949 (DIABETIC AND WEIGHT LOSS).
					O) EFFECTIVE 08/01/95, DRUG CLAIMS HAVE ITA-BLIND-IND OF "X" (MHCP PRESCRIPTION).
0562	0	0	3	T	'CLAIM WAS SUSPENDED FOR FULL REVIEW AS INDICATED BY A PROVIDER EXCEPTION INDICATOR OF 37.'
BWSC3520					A. FIRST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					B. LAST DATE OF SVC OF DETAIL LINE GREATER THAN/EQUAL TO HOLD-REVIEW-BEGIN-DATE ON PROVIDER FILE AND LESS THAN/EQUAL TO HOLD-REVIEW-END-DATE ON PROVIDER FILE.
					C. PROVIDER EXCEPTION INDICATOR IS EQUAL TO 37 (NURSING-FAC-REVIEW).
0563	0	0	3	P VS. P	'AMBULANCE MILEAGE'
BWMC4000				P VS. O	
					A. SAME DATES OF SERVICE.
					SAME TYPE OF SERVICE.
					SAME PROVIDER.
					SAME RECIPIENT.
					PROCEDURE CODE EQUAL TO '0007A' (AMBULANCE MILEAGE)
					OR
					PROCEDURE CODE EQUAL TO 'A0425' AND DATES OF SERVICE ON OR AFTER OCTOBER 1, 2003.
0564	0	0	3	ALL	'BORDER PROVIDER BILLING FOR ITA SERVICES'
BWSC3520					OUT-OF-STATE INDICATOR IS EQUAL TO SPACE AND COUNTY CODE CONTAINS ALPHA CHARACTERS ON THE PROVIDER FILE. ITA-BLIND INDICATOR ON THE CLAIM IS EQUAL TO 'I' (ITA).
0565	0	0	3	RC=60 J	'MODIFIER 1C AND NO ITA 'B'
BWSC3550					EXCEPTION POSTS IF: CLAIM TYPE IS 'J' (PHYSICIAN); AND RECIP-AGE IS 11 OR OVER; AND THERE IS A PROC-CODE-MODIFIER '1C' (CHILDRENS-SERVICES) OR 'HA' (CHILD ADOLESCENT PROGRAM) ON ANY LINE ITEM WITH DATES OF SERVICE ON OR AFTER JULY 01, 03; AND AND ITA-BLIND-IND IS NOT EQUAL TO 'B' (BABY-USE-MOTHER-PIC).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EXCEPTION BYPASS IF:
					PROC-CODE-MODIFIER IS 'HA' AND THE PROVIDER TYPE IS 75.
0566	0	0	3	RC=60	'DUPE MED VENDOR VS. MEDICARE PART B.
				P VS. O	
BWMC4000					EXCEPTION POSTS IF ANY OF THE FOLLOWING ARE TRUE:
					1. CLAIM 'P' VS 'O' AND PROVIDER IS THE SAME, THE
					RECIPIENT IS THE SAME, TYPE OF SERVICE IS THE SAME,
					AND PROC CODE FOR 'P' CLAIM IS IN THE STATE-HCPCS
					TABLE AND PROC CODE FOR 'O' CLAIM IS IN THE HCPCS
					TABLE.
					2. CLAIM 'O' VS 'O' AND PROC CODE FOR ONE 'O' CLAIM IS
					IN THE HCPCS TABLE AND PROC CODE FOR THE OTHER 'O'
					CLAIM IS IN THE STATE-HCPCS TABLE.
					HCPCS TABLE:
					A0300 A0302 A0304 A0306 A0308 A0310 A0320 A0324 A0326
					A0328 A0330 A0340 A0342 A0344 A0346 A0348 A0350 A0360
					A0362 A0364 A0366 A0368 A0370 A0380 A0382 A0384 A0390
					J0170 J0460 J2921 J3360 J3490 J7620 W6103 W6105 93012
					STATE-HCPCS TABLE:
					0001A 0002A 0004A-0012A 0019A-0020A 0022A 0030A
					0033A-0039A 0041A 0044A
0567	0	0	4	CLM TYP	'HOSPICE CLAIM WITH TPL'
				R,S	
BWSC3580					POSTS IF THE FOLLOWING CONDITIONS ARE TRUE:
					A. OTHER INSURANCE INDICATOR IS EQUAL TO 'Y'
					(OTHER-INSUR-APPL); AND,
					B. THIRD PARTY AMOUNT IS EQUAL TO ZERO; AND,
					C. PROCEDURE CODE IS NOT EQUAL TO (0350M, 0351M, 0352M,
					OR 0353M) (CAPITATION PROCEDURES); AND,
					D. PROVIDER TYPE IS EQUAL TO '63' (HOSPICE); AND,
					E. REVENUE CODE IS EQUAL TO '651' '653' '115' '125' OR
					'135'.
					POST IF ONE OF THE TPL SEGMENTS FOR A RECIPIENT HAS A '1'
					IN THE SVCS-COV-BY-TPL FIELD. (HEALTH TPL)
					DO NOT POST IF PROV-TYPE IS (15,23,28,35,41,42,44,45,50,
					54,58,71,74,83,87,90,96) OR NUM-OF-TPL-SEGMENTS
					EQUALS ZERO OR (THIRD PARTY PMT AMT GREATER THAN ZERO AND
					CARRIER ID IS NOT EQUAL TO SPACES).
					DO NOT POST IF PROVIDER TYPE IS 40 AND PROVIDER SPECIALTY
					IS 60 OR 63.
					DO NOT POST IF PROVIDER TYPE IS 73 AND PROVIDER SPECIALTY
					IS 73 AND PROCEDURE CODES IS ONE OF THE FOLLOWING
					0450M, 0451M, 0452M, 0453M.
					DO NOT POST IF PROVIDER IS ONE OF THE FOLLOWING KIDNEY
					CENTER PROVIDERS:
					3003142 3003399 3004645 3005568 3005733 3006053 3006475
					3007028 3007176 3009719 3115607 3142700 3143807 3144805

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					3990009 3999000 3999109 3999208 3999505 3999604.
					DO NOT POST IF ANY OF THE FOLLOWING PROCEDURE CODES
					APPEARS ON THE CLAIM:
					59610,59612,59614,59618,59620,59622,59840,59841,59850,
					59851,59852,90721,90744,90745,90746,90747,
					92340-92342,92352-92355,92370,92371,9275M-9277M,
					92390, 92070, 92310, 92311, 92312, 92313'.
					DO NOT POST FOR TAKE CHARGE CLIENTS (PROGRAM G WITH
					MATCH M OR T AND ELIGIBILITY CODE P).
0568	0	0	3	CLM TYP D	'POS CLAIM ADJ DRUG'
BWOC0047					POSTS IF THE FOLLOWING CONDITION IS TRUE:
					A. THE CLAIM THAT IS TO BE ADJUSTED IS A DRUG CLAIM.
0569	0	0	3	ALL	'RSN MENTAL HEALTH PRIOR AUTH UNITS ALREADY USED'
BWSC5030,BWSC3590					POSTS IF THE FOLLOWING CONDITION IS TRUE:
					A. RECORD CODE IS EQUAL TO (60, 61 OR 62) (MEDICAL,
					INSTITUTIONAL OR PHARMACY.
					B. CLAIM PRIOR AUTH NUMBER BEGINS WITH '88' (RSN MENTAL
					HEALTH PRIOR AUTH NUMBERS).
					C. A PRIOR AUTH RECORD ALREADY EXISTS FOR THIS NUMBER
					OR THE PRIOR AUTH NUMBER DOES NOT HAVE A VALID RSN
					CODE (410, 411, 412, 413, 414, 415, 416, 417, 418,
					419, 420, 424, 425, 426).
0576	0	0	3	RC=60	'MCARE PART-B MPI IS '3''
BWSC5010					POSTS IF THE FOLLOWING CONDITIONS ARE TRUE;
					A. CLAIM IS A MEDICARE CROSSOVER CLAIM.
					B. CLAIM HAS A MEDICARE PAYMENT INDICATOR OF '3'
					C. O N E OF THE FOLLOWING IS TRUE:
					1. THE FIRST DATE OF SERVICE IS PRIOR TO 1/1/98
					AND;
					THE ALLOWED CHARGE AMOUNT IS EQUAL TO ZERO
					OR;
					2. THE FIRST DATE OF SERVICE IS ON OR AFTER 1/1/98
					AND;
					THE ALLOWED CHARGE AMOUNT IS GREATER THAN ZERO
					AND;
					THE ALLOWED CHARGE SOURCE CODE IS EQUAL TO 'A'
					(MANUALLY PRICED)
0577	0	0	3	RC=60	'NO MODIFIER 1H WITH HEALTH DEPT VACCINE FOR CHILD'
BWSC3550					POSTS IF THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECORD CODE IS EQUAL TO 60 (MEDICAL CLAIM); AND
					B. RECIPIENT IS UNDER 19 YEARS OLD OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(RECIPIENT IS OVER 18 YEARS OLD AND
					ITA INDICATOR IS 'B'); AND
					C. PROCEDURE CODE 90471 AND/OR PROCEDURE CODE 90472 IS
					ON THE CLAIM; AND
					D. A VACCINE PROCEDURE CODE (90371 - 90749) IS ON THE
					CLAIM WITH THE SAME DATE OF SERVICE AND A FACTOR
					CODE OF '9' ON THE PDDD FILE.
					BYPASS POSTING 577 IF ONE OF THE FOLLOWING IS TRUE:
					1. PROCEDURE CODE 90471 IS ON THE CLAIM AND
					PROCEDURE CODE 90472 IS NOT ON THE CLAIM AND
					THERE IS ONLY ONE OTHER VACCINE PROCEDURE (90371
					- 90749) ON THE CLAIM WITHOUT A FACTOR CODE OF
					'9' ON THE PDDD FILE; OR
					2. PROCEDURE CODE 90471 IS ON THE CLAIM AND
					PROCEDURE CODE 90472 IS ON THE CLAIM AND THERE
					ARE TWO OR MORE OTHER VACCINE PROCEDURES (90371
					- 90749) ON THE CLAIM WITHOUT A FACTOR CODE OF
					'9' ON THE PDDD FILE.
0579	0	0	3	RC=60 AND CLMTYP M	'MEDICAL VENDOR VALID PROCS
BWPC3530,BWPC3550					EXCEPTION POSTS IF THE FOLLOWING IS TRUE:
					1. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/96; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM;
					OR,
					1A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A1. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC
					CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND
					LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC
					CODE 8949M OR S3600:
					(80100, 80101, 80156, 80162, 80164, 80170,
					80184, 80185, 80188, 80192, 80194, 80196,
					80198, 81000, 81001, 81002, 81003, 81005,
					82003, 82009, 82040, 82055, 82150, 82250,
					82251, 82310, 82330, 82374, 82435, 82550,
					82565, 82803, 82947, 83615, 83735, 83874,
					84100, 84132, 84155, 84295, 84450, 84520,
					84550, 84702, 85007, 85021, 85022, 85023,
					85024, 85025, 85027, 85378, 85384, 85595,
					85610, 85730, 86308, 86403, 86588, 86880,
					86900, 86901, 86920, 86921, 86922, 86971,
					87205, 87210, 89051),
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT
					EQUAL TO ONE OF THE FOLLOWING:
					(80100, 80101, 80156, 80162, 80164, 80170,
					80184, 80185, 80188, 80192, 80194, 80196,
					80198, 81000, 81001, 81002, 81003, 81005,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					82003, 82009, 82040, 82055, 82150, 82250,
					82251, 82310, 82330, 82374, 82435, 82550,
					82565, 82803, 82947, 83615, 83735, 83874,
					84100, 84132, 84155, 84295, 84450, 84520,
					84550, 84702, 85007, 85021, 85022, 85023,
					85024, 85025, 85027, 85378, 85384, 85595,
					85610, 85730, 86308, 86403, 86588, 86880,
					86900, 86901, 86920, 86921, 86922, 86971,
					87205, 87210, 89051).
					OR;
					2. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/97; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM;
					OR,
					2A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A2. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC
					CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND
					LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC
					CODE 8949M:
					(80197, 84484).
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT
					EQUAL TO ONE OF THE FOLLOWING:
					(80197, 84484).
					OR;
					3. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/98; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM; AND,
					OR,
					3A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A3. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC
					CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND
					LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC
					CODE 8949M:
					(80049, 80051, 80054, 84512).
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT
					EQUAL TO ONE OF THE FOLLOWING:
					(80049, 80051, 80054, 84512).
					OR;
					4. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/99; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM; AND,
					OR,
					4A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A4. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC
					CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND
					LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC
					CODE 8949M:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(82247, 82248, 85046).
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT EQUAL TO ONE OF THE FOLLOWING:
					(82247, 82248, 85046).
					OR;
					5. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/00; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM; AND,
					OR,
					5A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A5. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC CODE 8949M:
					(80048, 80069, 80076).
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT EQUAL TO ONE OF THE FOLLOWING:
					(80048, 80069, 80076).
					OR;
					6. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/01; AND,
					A. PROCEDURE CODE 8949M IS ON THE CLAIM; AND,
					OR,
					6A. FIRST DATE OF SERVICE IS ON OR AFTER 07/01/02; AND,
					A6. PROCEDURE CODE S3600 IS ON THE CLAIM; AND,
					B. FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC CODE 8949M:
					(82945, 83663, 83664, 87281, 87327, 87400, 88400).
					OR
					C. FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT EQUAL TO ONE OF THE FOLLOWING:
					(82945, 83663, 83664, 87281, 87327, 87400, 88400).
					OR;
					7. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/03; AND,
					A PROCEDURE CODE S3600 IS ON THE CLAIM AND FOR MEDICAL CLAIMS, NONE OF THE FOLLOWING PROC CODES APPEAR ON THE CLAIM WITH THE SAME FIRST AND LAST DATES OF SERVICE AS THE LINE-ITEM WITH PROC CODE 8949M:
					(83880, 84302, 85004, 85032, 85049, 85380).
					OR
					B. PROCEDURE CODE S3600 IS ON THE CLAIM AND FOR OUTPATIENT CLAIMS ONLY- PROCEDURE CODE IS NOT EQUAL TO ONE OF THE FOLLOWING:
					(83880, 84302, 85004, 85032, 85049, 85380).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0580	0	0	3	RC=60 EXCEPT P	'PROC INVALID FOR CLAIM TYPE.'
BWPC2050,BWOC0034					A.MUST BE A MEDICAL CLAIM WITH A CLAIM TYPE OTHER THAN MEDICAL VENDOR (P) AND HAVE A FIRST DATE OF SERVICE OF 10/01/96 OR AFTER AND HAVE ONE OF THE FOLLOWING PROCEDURE CODES. 0001A,0002A,0004A THRU 0012A, 0019A THRU 0020A,0022A, 0030A,0033A THRU 0039A, 0041A, 0044A. B.MUST BE A MEDICARE X-OVER CLAIM WITH A EXAM ENTRY MEDIA TYPE, AND HAVE ONE OF THE FOLLOWING PROCEDURE CODES. 90841 THRU 90899, G0071 THRU G0094.
0581	0	0	3	RC=60	'UNITS VS DAYS'
BWPC3550,BWOC0086					MUST BE A MEDICAL CLAIM WITH 1) TYPE OF SERVICE 'R' AND ONE OF THE FOLLOWING PROCEDURE CODES: 0070B 1783E 1784E 1785E 1786E 6912E 0931E 0196E 0197E 0916E 0917E 0170E 0169E E0186 E0194 E0372 E0603 E0604 E0935 K0538 K0539 K0540 K0549 K0550 2) TYPE OF SERVICE '9' AND ONE OF THE FOLLOWING PROCEDURE CODES: 6906T 6906V 6907T 6907V 6908T 6908V 6909T 6909V 6913T 6913V 6950E 6951E THIS EXCEPTION WILL POST IF THE NUMBER OF UNITS DOES NOT EQUAL THE NUMBER OF DAYS BILLED.
0582	0	0	3	RC=61	'PROVIDER NOT TIED TO DRG'
BWPC3530					EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS DRG (R) OR INPATIENT (S); AND, B. ONE OF THE LISTED DRG CODES IS ON THE CLAIM; AND, C. THE DRG CODE IS NOT TIED TO A PROVIDER AS FOLLOWS: DRG PROVIDER 103 - 3306206,3358801,3304201,3348802 302 - 3358801,3304201,3309200,3348802,3315009 3306206 480 - 3306206,3358801,3348802 795 - 3304201,3348802 803 - 3094604,3348802,3315009,3306206,3308707, 3361102,3302601,3358801,3304201,3309309, 3022936,3309200 804 - 3094604,3300340,3309309,3348802,3315009 3306206,3308707,3361102,3302601,3358801 3304201,3022936,3309200 805 - 3348802,3315009,3358801.
0583	0	0	3	RC=61	'PROC CODE DIAGNOSIS PROVIDER NUMBER CONFLICT'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWPC3530					EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS DRG (R) OR INPATIENT (S); AND, B. THE RECIPIENTS AGE IS GREATER THAN ONE YEAR OF AGE; AND, C. ONE OF THE FOLLOWING CRITERIA IS TRUE: 1) THE PROCEDURE CODES 89.17 OR 89.18 ARE FOUND IN ANY POSITION ON THE CLAIM AND THE PROVIDER IS NOT ONE LISTED BELOW; 2) THE PROCEDURE CODES 89.17 OR 89.18 ARE FOUND IN ANY POSITION ON THE CLAIM AND THE PROVIDER IS ON THE LIST BELOW AND THE DIAGNOSIS CODES 780.51 780.53 780.57 OR 347 ARE NOT FOUND ANYWHERE ON THE CLAIM. LIST OF PROVIDERS: 3100062 3149101 3300258 3300332 3300340 3302601 3303104 3304201 3306206 3307402 3308707 3309200 3309507 3309609 3312204 3315009 3319506 3343407 3347606 3361102 3303500
0585	0	0	3	RC=60	'RECIPIENT ON NEWBORN PREMIUM CLAIM IS OVER 1 YEAR OLD'
BWPC3550					EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS PHYSICIAN (J); AND, B. (LINE-ITEM PROCEDURE CODE IS '0351M' (NEWBORN PREMIUM); OR LINE-ITEM PROCEDURE CODE IS '0357M' (FQHC ENHANCEMENT) AND THE ITA IS A 'B' (PCOP BABY ON MOM'S PIC)) AND, C. RECIPIENT AGE IS OVER 1 YEAR OLD. AND, D. DATES OF SERVICE IS MARCH 1, 1997 OR AFTER.
0586	0	0	3	R,S,J	'PSYCHIATRIC SERVICE WITH NO 88 PRIOR AUTH NUMBER'
BWPC3530 BWPC3550					DRG AND INPATIENT: A. PROVIDER NUMBER DOES NOT EQUAL 3600000 THRU 3699999. B. ADMIT DATE IS GREATER THAN 02/01/95. C. PRINCIPAL DIAGNOSIS IS EQUAL 290 THRU 301.99 ,306 THRU 314.99. D. PRIOR AUTH NUMBER DOES NOT BEGIN WITH '88'.
0587	0	0	3	RC=60	'INVALID DIAGNOSIS FOR FLUTTER MUCUS PROCEDURE'
BWPC2050					EXCEPTION POST IF THE FOLLOWING ARE TRUE: A. PROCEDURE CODE IS 6671E. B. FIRST DATE OF SERVICE IS ON OR AFTER JUNE 15, 1997. C. DIAGNOSIS CODE IS NOT EQUAL TO: 494, 748.61, 0011.5, 277.0, 277.00, 277.01.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0588	0	0	3	CLM TYPI R,S	'NEWBORN AGE OVER 29 DAYS - HOSPITAL TRANSFER' BWPC3520 EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS 'R' OR 'S' (DRG OR INPATIENT); AND, B. ADMIT SOURCE EQUALS '4' (HOSPITAL TRANSFER); AND, C. ONE OF THE FOLLOWING IS TRUE: 1. RECIPIENT AGE IS EQUAL TO ZERO OR 2. IF THERE IS A 'J0' OCCURANCE DATA SEGMENT ON THE CLAIM, THE BABY'S AGE CALCULATED FROM THE 'J0' DATE IS EQUAL TO ZERO. EXCEPTION WILL NOT POST IF THE FOLLOWING IS TRUE: 1. THE 'J0' DATE OR THE RECIP BIRTHDATE EQUALS THE ADMIT DATE.
0589	0	0	3	CLM TYPI O	'PSYCHIATIC PROCEDURE CODES' BWPC2050 EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: A. CLAIM TYPE IS 'O' (MEDICARE X-OVER); AND, B. MEDIA TYPE IS '0' (EXAM ENTRY); AND, C. PROCEDURE CODE IS 90804-90899, G0071-G0094.
0590	0	0	3	RC=60	'ANTI-EMETIC CLAIM WITH MISSING CHEMOTHERAPY PROCEDURE' BWSC3550, BWOC0086 THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS 'J' (PHYSICIAN CLAIM); AND, B. LINE-ITEM PROCEDURE CODE EQUALS 'Q0163-Q0181' (ANTI-EMETIC PROCEDURE CODES); AND, C. THERE IS NO LINE-ITEM PROCEDURE CODE 'J8530-J9999' (CHEMOTHERAPY AGENT PROCEDURE CODES).
0591	0	0	3	RC=64	'MEDICARE PAID MORE' BWSC3570, BWOC0090 THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS 'V' (MCARE INPAT XOVER) OR CLAIM TYPE IS 'W' (MCARE OUTPAT XOVER); AND, B. CLAIM FIRST DATE OF SERVICE GREATER THAN 03/31/99;AND, C. MEDICARE PAID IS GREATER THAN THE MEDICAID CALCULATED RCC PAYMENT AMOUNT.
0592	0	0	3	RC=64	'MEDICARE PAID LESS' BWSC3570, BWOC0090 THE FOLLOWING CONDITIONS ARE TRUE: A. CLAIM TYPE IS 'V' (MCARE INPAT XOVER); AND, B. CLAIM FIRST DATE OF SERVICE GREATER THAN 03/31/99;AND, C. MEDICARE PAID IS LESS THAN THE MEDICAID CALCULATED RCC PAYMENT AMOUNT.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0593	0	0	3	RC=60	'CHILD HEALTH/DRUG ABUSE'
BWPC3580					EXCEPTION POSTS IF THE FOLLOWING ARE TRUE: CLIENT IS ON PROGRAM V (CHILDREN'S HEALTH PROGRAM);AND A. PROCEDURE CODE IS 0184M (CHEMICAL DEPENDENCY); OR B. PRIOR AUTHORIZATION NUMBER IS 870000999 AND THE CLAIM TYPE IS DENTAL.
0594	0	0	3	RC=60, 63	'INTERPRETER NOT APPROVED'
BWPC3520					EXCEPTION POST IF THE FOLLOWING ARE TRUE: A. CLAIM IS A MEDICAL CLAIM. B. BILLING PROVIDER TYPE 40 (OTHER PROVIDER) C. BILLING PROVIDER SPECIALTY 60 (AGENCY INTERPRETER) OR SPECIALTY 63 (INTERPRETER SERVICE). D. PROCEDURE CODE '9997M' OR 9996M' E. IS NOT ONE OF THE PERFORMING PROVIDER/GROUP BILLING COMBINATIONS LISTED: '00070732570008169831' '00070732570008169856' '00070732570008185910' '00070732570008185928' '00070732570008185936' '00070732570008185944' '00070732570008221632' '00070732570008221665' '00070732570008221590' '00070732570008222770' '00070732570008221624' '00070732570008221566' '00070732570008221582' '00070732570008221574' '00070732570008221616' '00070732570008221640' '00070732570008221657' '00070732570008224412' '00070732570008186330' '00070678200008183394' '00070664830008170110' '00070513940008169773' '00070513940008169781' '00070513940008169799' '00070513940008169815' '00070513940008169823' '00070513940008169831' '00070513940008169849' '00070513940008169856' '00070513940008169864' '00070513940008169870' '00070512120008169997' '00070512120008170052' '00070512120008170060' '00070512120008170078' '00070512120008170086' '00070512120008170094' '00070512120008170110' '00070512120008170656' '00070512120008174690' '00070512120008174724' '00070512120008175234' '00070512120008175242' '00070512120008181745' '00070512120008183964' '00070512120008183972' '00070512120008183980' '00070512120008183998' '00070512120008184012' '00070512120008189938' '00070512120008190670' '00070512120008190688' '00070512120008191777' '00070512120008191785' '00070512120008191793' '00070512120008192585'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION	
					'00070512120008194771' '00070512120008196214'	
					'00070512120008198061' '00070512120008198079'	
					'00070512120008219750' '00070512120008219610'	
					'00070512120008222242' '00070512120008219529'	
					'00070512120008219693' '00070512120008219396'	
					'00070512120008219438' '00070512120008219768'	
					'00070512120008219727' '00070512120008219446'	
					'00070512120008219479' '00070512120008219453'	
					'00070512120008220386' '00070512120008228652'	
					'00070512120008231946' '00070512120008228660'	
					'00070512120008228447' '00070512120008227266'	
					'00070512120008224149' '00070512120008224156'	
					'00070512120008222234' '00070512120008220378'	
					'00070512120008207052' '00070523760008170540'	**
					'00070523760008170557' '00070523760008170565'	
					'00070523760008170573' '00070523760008170581'	
					'00070523760008170599' '00070523760008170615'	
					'00070523760008170623' '00070523760008183139'	
					'00070655190008170599' '00070655190008172488'	
					'00070655190008222176' '00070502140008222994'	
					'00070502140008166068' '00070502140008166266'	
					'00070502140008166852' '00070502140008167496'	
					'00070502140008170110' '00070502140008184012'	
					'00070502140008197527' '00070501720008171399'	
					'00070501720008171415' '00070501720008171431'	
					'00070501720008171449' '00070501720008172058'	
					'00070501720008172066' '00070607180008169773'	
					'00070607180008169823' '00070546380000000000'	
					'00070762680000000000' '00070567990000000000'	
					'00070784960000000000' '00070688930008221848'.	
					(1ST 7 NUMBERS ARE THE PERFORMING PROVIDER #, THE SECOND 7 NUMBERS ARE THE CORRESPONDING GROUP BILLING NUMBER)	
0595	0	0	3	RC=60	'INTERPRETER NOT CERTIFIED WITH BILLING AGENCY'	
BWPC3520					EXCEPTION POST IF THE FOLLOWING ARE TRUE:	
					A. CLAIM IS A MEDICAL CLAIM.	
					B. BILLING PROVIDER TYPE 40 (OTHER PROVIDER)	
					C. BILLING PROVIDER SPECIALTY 60 (AGENCY INTERPRETER).	
					D. PERFORMING PROVIDER NUMBER IS NOT LISTED ON PAGE 3 OF THE BILLING PROVIDER MASTER RECORD.	
					E. DATE OF SERVICE IS AFTER DECEMBER 31, 2000.	
					BYPASS THE EXCEPTION IF THE FOLLOWING IS TRUE:	
					A. IF THE PROCEDURE CODE IS 0997M (SIGN LANGUAGE)	
0596	0	0	3	CLM TYPI O,V,W	'MISSING MEDICARE PAID AND DEDUCTIBLE AMOUNTS'	
BWPC5010, BWPC2060					EXCEPTION POST IF THE FOLLOWING ARE TRUE:	

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. CLAIM TYPE IS EQUAL TO O,W, OR V.
					B. AMOUNT PAID BY MEDICARE AT HEADER IS EQUAL TO ZERO OR CLAIM TYPE IS O AND FDOS IS 1/1/98 OR AFTER AND LINE ITEM AMOUNT PAID BY MEDICARE IS EQUAL TO ZERO WITH AN MPI OF 1,2, OR 3.
					C. MEDICARE DEDUCTIBLE AMOUNT IS EQUAL TO ZERO.
0597	0	0	3	RC=60 J	'DUPE PHY VS. PHY'
BWMC4000					CLAIM TYPE MUST BE PHYSICIAN WITH SAME OR OVERLAPPING DATES OF SERVICE AND THE FOLLOWING:
					1. IF BILLING PROVIDER NUMBER AND PERFORMING PROVIDER NUMBERS ARE SAME AND
					E & M PROCEDURE CODES (99201-99456), WITHIN RANGE; OR
					IMMUNIZATIONS (90700-90799), EXACT MATCH; OR
					EYE SERVICES (92002-92287), EXACT MATCH OR
					LAB PROCEDURES(80000-89999,8000M-8999M,36415) EXACT.
					2. IF DIFFERENT BILLING PROVIDER NUMBERS AND SAME PERFORMING PROVIDER NUMBERS, EXCEPT 8999500 OR BLANK AND
					E & M PROCEDURE CODES (99201-99456), WITHIN RANGE; OR
					IMMUNIZATIONS (90700-90799), EXACT MATCH; OR
					EYE SERVICES (92002-92287), EXACT MATCH OR
					LAB PROCEDURES(80000-89999,8000M-8999M,36415) EXACT.
					3. IF DIFFERENT BILLING PROVIDER NUMBER AND X-RAY PROCEDURE CODES (70000-79999, 7000M-7999M), EXACT MATCH AND THE FOLLOWING CRITERIA IS PRESENT WITH;
					BLANK MODIFIER VS BLANK MODIFIER
					BLANK MODIFIER VS TC MODIFIER
					BLANK MODIFIER VS 26 MODIFIER
					BLANK MODIFIER VS LT MODIFIER
					BLANK MODIFIER VS RT MODIFIER
					TC MODIFIER VS TC MODIFIER
					RT MODIFIER VS RT MODIFIER
					LT MODIFIER VS LT MODIFIER
					52 MODIFIER VS BLANK MODIFIER
					52 MODIFIER VS TC MODIFIER
					52 MODIFIER VS RT MODIFIER
					52 MODIFIER VS LT MODIFIER
					52 MODIFIER VS 26 MODIFIER
					52 MODIFIER VS 22 MODIFIER
					26 MODIFIER VS 26 MODIFIER
					26 MODIFIER VS 26 MODIFIER
					BLANK MODIFIER VS 22 MODIFIER
					TC MODIFIER VS 22 MODIFIER
					26 MODIFIER VS 22 MODIFIER
					RT MODIFIER VS 22 MODIFIER
					LT MODIFIER VS 22 MODIFIER
					4. IF SAME BILLING PROVIDER NUMBER AND DIFFERENT PERFORM

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROVIDER NUMBER EXCLUDING 8999500 OR BLANK AND
					X-RAY PROCEDURE CODES (70000-79999, 7000M-7999M),
					EXACT MATCH AND THE FOLLOWING CRITERIA IS PRESENT WITH;
					BLANK MODIFIER VS BLANK MODIFIER
					BLANK MODIFIER VS TC MODIFIER
					BLANK MODIFIER VS 26 MODIFIER
					BLANK MODIFIER VS LT MODIFIER
					BLANK MODIFIER VS RT MODIFIER
					TC MODIFIER VS TC MODIFIER
					RT MODIFIER VS RT MODIFIER
					LT MODIFIER VS LT MODIFIER
					52 MODIFIER VS BLANK MODIFIER
					52 MODIFIER VS TC MODIFIER
					52 MODIFIER VS RT MODIFIER
					52 MODIFIER VS LT MODIFIER
					52 MODIFIER VS 26 MODIFIER
					52 MODIFIER VS 22 MODIFIER
					26 MODIFIER VS 26 MODIFIER
					26 MODIFIER VS 26 MODIFIER
					BLANK MODIFIER VS 22 MODIFIER
					TC MODIFIER VS 22 MODIFIER
					26 MODIFIER VS 22 MODIFIER
					RT MODIFIER VS 22 MODIFIER
					LT MODIFIER VS 22 MODIFIER
					5. IF SAME BILLING PROVIDER NUMBER AND DIFFERENT PERFORM
					PROVIDER NUMBER EXCLUDING 8999500 OR BLANK AND
					LAB PROCEDURE CODES (80000-89999, 8000M-8999M,36415)
					EXACT MATCH.
					6. IF SAME BILLING PROVIDER NUMBER AND DIFFERENT PERFORM
					PROVIDER NUMBER INCLUDING 8999500 AND EXCLUDING BLANK
					AND PROCEDURE CODES ARE (0400M-0405M OR 0420M-0421M),
					EXACT MATCH.
0598	0	0	3	RC=60	'RSN VS. MEDICARE PART B'
BWSC3520				O	CLAIM TYPE MUST BE MEDICARE PART B. THE CLAIM PROVIDER
					TYPE MUST BE 73 AND PAGE ONE OF THE PROV RECORD MUST HAVE
					AT LEAST ONE RSN PROVIDER GROUP MEMBER. RSN PROVIDERS ARE
					(1980572,1980580,1980549,1980531).
					THIS EXCEPTION IS BYPASSED IF THE RECIPIENT HAS PROGRAM
					CODE A, B, OR P (AGED, BLIND, OR DISABLED), AND MATCH
					CODE 'D' (QMB).
0599	0	0	3	RC=60	'EXACT DUPLICATE FOR PROV TYPE 73 OR PROV SPECIALTY 90'
BWMC4000					SEE EXHIBIT B AT BOTTOM OF DOCUMENT. THIS EXCEPTION
					POSTS INSTEAD OF EXCEPTION 101 (EXACT DUPLICATE) USING
					THE SAME CRITERIA FOR PROVIDER TYPE 73 (COMMUNITY MENTAL
					HEALTH OR PROVIDER SPECIALTY 90 (FQHC).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					EXCEPTION WILL NOT POST IF:
					1.CLAIM TYPE IS EQUAL TO "O" (MCARE PART B XOVER).
0600	0	0	3	RC=61	'MEDICALLY INDIGENT HOSPITAL SERVICE NOT COVERED'
BWSC3580					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECIPIENT IS 'MI'. I.E., PROGRAM CODE EQUAL TO 'M'
					AND MATCH CODE EQUAL TO 'G' OR 'P'.
					B. CLAIM TYPE EQUAL TO DRG OR INPATIENT AND ADMISSION
					DATE IS GREATER THAN 6/30/91
					OR
					CLAIM TYPE EQUAL TO OUTPATIENT AND FIRST DATE OF
					SERVICE IS GREATER THAN 6/30/91.
					C. ITA INDICATOR IS NOT EQUAL TO 'I'.
					D. PROVIDER IS NOT DETOX. PROVIDER NUMBER DOES NOT
					START WITH A '36'.
0601				RC=60	'SPEC-MANGD-CARE'
BWSC3550, BWSC3520				J	EXCEPTION POSTS IF:
					CLAIM TYPE IS J(PHYSICIAN) AND PLACE OF SERVICE IS 1
					(INPATIENT HOSPITAL), 21(INPATIENT HOSPITAL) OR 51
					(INPATIENT PSYCHIATRIC FACILITY) AND ITS A HARD COPY
					CLAIM AND EXCEPTION 552 OR 520 HAS BEEN POSTED.
0602				RC=60, 61,62	'PRIOR AUTHORIZATION NUMBER NOT FOUND ON FILE.'
BWSC3590					ONE OF THE FOLLOWING IS TRUE:
					A. AFTER PERFORMING A READ-KEY ON THE PA MASTER WITH THE
					PA NUMBER, AN INVALID-KEY CODE IS RETURNED.
					B. THE PA NUMBER IS FOUND ON THE PA MASTER AFTER A READ-
					KEY, BUT THE PA-APPROVAL-IND IS EQUAL TO 'X'.
0603				RC=60, 61,62	'PRIOR AUTHORIZATION IS PENDING.'
BWSC3590					THE FOLLOWING CONDITIONS ARE TRUE:
					A. ORIGINAL-RECIP-ID FROM THE CLAIM IS FOUND ON THE
					ELIGIBILITY MASTER FILE.
					B. ORIGINAL-RECIP-ID FROM THE CLAIM MATCHES THE ORIG-
					RECIP-ID ON THE PA MASTER FILE.
					C. PA-APPROVAL-IND ON THE PA MASTER FILE IS EQUAL TO 'P'
					(PENDING).
0604				RC=60, 61,62	'PRIOR AUTHORIZATION RECIPIENT ID MIS-MATCH.'
BWSC3590					THE PRIOR AUTH NUMBER ON THE CLAIM IS FOUND ON THE PA
					MASTER FILE AND THE PA-APPROVAL-IND IS NOT EQUAL TO 'X'
					AND ONE OF THE FOLLOWING IS TRUE:
					1. CLAIM ORIGINAL-RECIP-ID IS NOT FOUND ON THE ELIG

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					MASTER FILE AFTER A READ-KEY.
					2. CLAIM ORIGINAL-RECIP-ID IS NOT EQUAL TO THE PA ORIGINAL-RECIP-ID.
					EXCEPTION IS BYPASSED FOR EXPEDITED AUTH.
0605				RC=60, 61,62	'PRIOR AUTHORIZATION WAS DENIED.'
(N O L O N G E R P O S T S)					THE PA-APPROVAL-IND ON THE PRIOR AUTHORIZATION MASTER FILE IS EQUAL TO 'D'.
0606				RC=60, 61,62	'PRIOR AUTHORIZATION DATES OF SERVICE MIS-MATCH.'
BWSC3590					ONE OF THE FOLLOWING CONDITIONS IS TRUE:
					1. CLAIM IS MEDICAL CLAIM
					A. LINE ITEM TYPES OF SERVICE MATCH BETWEEN THE PA AND THE CLAIM; AND,
					B. THE LINE-ITEM PROCEDURE CODE IN THE CLAIM MATCHES THE PROCEDURE CODE, OR FALLS WITHIN THE PROCEDURE CODE RANGE IN THE PA LINE-ITEM; AND,
					C. FIRST DATE OF SERVICE IS LESS THAN THE FIRST DATE OF SERVICE ON THE PA MASTER OR THE LAST DATE OF SERVICE IS GREATER THAN THE LAST DATE OF SERVICE ON THE PA MASTER.
					2. CLAIM IS A MEDICAL CLAIM
					A. THE FIRST PA LINE-ITEM PROCEDURE CODE (1), DRUG CODE (1) AND DIAGNOSIS CODE (1) ARE EQUAL TO SPACE.
					B. THE FIRST AND LAST DATES OF SERVICE IN THE LINE-ITEM ARE NOT CONTAINED WITHIN THE PA FIRST AND LAST DATES OF SERVICE.
					3. CLAIM IS AN INSTITUTIONAL CLAIM
					A. THE FIRST AND LAST DATES OF SERVICE IN THE LINE-ITEM ARE NOT CONTAINED WITHIN THE PA FIRST AND LAST DATES OF SERVICE.
					4. CLAIM IS A DRUG CLAIM
					A. THE FIRST AND LAST DATES OF SERVICE ARE NOT CONTAINED WITHIN THE PA FIRST AND LAST DATES OF SERVICE.
0607				RC=60, 61,62	'PA AMOUNT GREATER THAN THAT AUTHORIZED.'
BWSC3590					ONE OF THE FOLLOWING CONDITIONS IS TRUE:
					1. CLAIM IS A MEDICAL CLAIM
					A. THE CLAIM LINE-ITEM PROCEDURE CHARGE IS GREATER THAN THE PRIOR AUTHORIZED AMOUNT REMAINING IN THE PA LINE-ITEM;
					OR
					2. CLAIM IS AN INSTITUTIONAL CLAIM
					A. THE PA LINE-ITEM DOES NOT CONTAIN EITHER A DRUG CODE OR PROCEDURE CODE (1ST OCCURRANCE), BUT DOES

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					CONTAIN A DIAGNOSIS CODE; AND,
					B. THE TOTAL-CLAIM-CHARGE IS GREATER THAN THE PRIOR AUTHORIZED AMOUNT REMAINING IN THE PA LINE-ITEM;
					OR
					3. CLAIM IS A DRUG CLAIM
					A. THE CLAIM DRUG CODE MATCHES THE DRUG CODE IN THE PA LINE-ITEM; AND,
					B. THE TOTAL-CLAIM-CHARGE IS GREATER THAN THE PRIOR AUTHORIZED AMOUNT REMAINING IN THE PA LINE-ITEM.
					EXCEPTION IS BYPASSED FOR EXPEDITED AUTH.
0608				RC=60, 61,62	'PA UNITS OF SERVICE GREATER THAN THAT AUTHORIZED.'
BWSC3590					ONE OF THE FOLLOWING IS TRUE:
					1. CLAIM IS A MEDICAL CLAIM
					A. THE CLAIM LINE-ITEM UNITS OF SERVICE IS GREATER THAN THE PRIOR AUTHORIZED UNITS REMAINING IN THE PA LINE-ITEM;
					OR
					2. CLAIM IS AN INSTITUTIONAL CLAIM
					A. THE PA LINE-ITEM DOES NOT CONTAIN EITHER A DRUG CODE OR PROCEDURE CODE (1ST OCCURRANCE), BUT DOES CONTAIN A DIAGNOSIS CODE; AND,
					B. THE CLAIM UNITS OF SERVICE (+1 FOR OUTPATIENT CLAIMS; ELSE, THE COMPUTED DAYS OF SERVICE) IS GREATER THAN THE PRIOR AUTHORIZED UNITS REMAIN- ING IN THE PA LINE-ITEM;
					OR
					3. CLAIM IS A DRUG CLAIM
					A. THE NDC DOES NOT BEGIN WITH ANY OF THE FOLLOWING NINE-DIGIT STRINGS: 50458-0300, 50458-0320, 50458-0330, 50458-0350, 50419-5021; AND
					B. THE CLAIM DRUG CODE MATCHES THE DRUG CODE IN THE PA LINE-ITEM; AND,
					C. THE DRUG NUMBER OF UNITS IS GREATER THAN THE PRIOR AUTHORIZED UNITS REMAINING IN THE PA LINE-ITEM.
					EXCEPTION IS BYPASSED FOR EXPEDITED AUTH.
0609	BWSC3550			RC=60	'FQHC ENCOUNTER STATE ONLY '
					DATE: 05/13/04
					EXCEPTION WILL POST IF ONE OF THE FOLLOWING IS TRUE:
					1.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M 9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'U'
					D. MATCH CODE IS NOT EQUAL TO 'H'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M
					9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'W'
					D. MATCH CODE IS EQUAL TO 'U'
					3.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M
					9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'W'
					D. MATCH CODE IS EQUAL TO 'R'
					4.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M
					9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'M'
					D. MATCH CODE IS EQUAL TO 'R'
					5.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M
					9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'H'
					D. ELIGIBILITY CODE IS EQUAL TO '2'
					6.A. FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO 0200D 5900M 9000M 9001M
					9005M 9006M 9007M 9701M
					C. PROGRAM CODE IS EQUAL TO 'V'
					7.A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO T1015
					C. PROGRAM CODE IS EQUAL TO 'U'
					D. MATCH CODE IS NOT EQUAL TO 'H'
					8.A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO T1015
					C. PROGRAM CODE IS EQUAL TO 'W'
					D. MATCH CODE IS EQUAL TO 'U'
					9.A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					OCTOBER 01, 2003
					B. PROCEDURE CODE IS EQUAL TO T1015
					C. PROGRAM CODE IS EQUAL TO 'W'
					D. MATCH CODE IS EQUAL TO 'R'
					10.A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					OCTOBER 01, 2003

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I-------------------------------------------------------------------------------------------------I
I  EXC I       I      I           I CLAIM  I                                                       I
I CODE I FORCE I DENY I DISP      I TYPES  I       DESCRIPTION                                     I
I------I-------------------------------------------------------------------------------------------I
I      I       I      I           I        I   B.  PROCEDURE CODE IS EQUAL TO T1015                I
I      I       I      I           I        I   C.  PROGRAM CODE IS EQUAL TO 'M'                    I
I      I       I      I           I        I   D.  MATCH CODE IS EQUAL TO 'R'                      I
I      I       I      I           I        I                                                       I
I      I       I      I           I        I11.A.  FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO I
I      I       I      I           I        I       OCTOBER 01, 2003                                I
I      I       I      I           I        I   B.  PROCEDURE CODE IS EQUAL TO T1015                I
I      I       I      I           I        I   C.  PROGRAM CODE IS EQUAL TO 'H'                    I
I      I       I      I           I        I   D.  ELIGIBILITY CODE IS EQUAL TO '2'                I
I      I       I      I           I        I                                                       I
I      I       I      I           I        I12.A.  FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO I
I      I       I      I           I        I       OCTOBER 01, 2003                                I
I      I       I      I           I        I   B.  PROCEDURE CODE IS EQUAL TO T1015                I
I      I       I      I           I        I   C.  PROGRAM CODE IS EQUAL TO 'V'                    I
I      I       I      I           I        I                                                       I
I      I       I      I           I        I13.A.  FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO I
I      I       I      I           I        I       OCTOBER 01, 2003                                I
I      I       I      I           I        I   B.  PROCEDURE CODE IS EQUAL TO T1015                I
I      I       I      I           I        I   C.  PROGRAM CODE IS EQUAL TO 'S'                    I
I      I       I      I           I        I   D.  ELIGIBILITY CODE IS EQUAL TO '2'                I
I      I       I      I           I        I                                                       I
I      I       I      I           I        I14.A.  FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO I
I      I       I      I           I        I       OCTOBER 01, 2003                                I
I      I       I      I           I        I   B.  PROCEDURE CODE IS EQUAL TO T1015                I
I      I       I      I           I        I   C.  PROGRAM CODE IS EQUAL TO 'S'                    I
I      I       I      I           I        I   D.  ELIGIBILITY CODE IS EQUAL TO 'Z'                I
I-------------------------------------------------------------------------------------------------I
I 0610 I       I      I           I RC=60, I 'PRIOR AUTHORIZATION, PROVIDER NUMBER MISMATCH.'      I
I      I       I      I           I 61,62  I-------------------------------------------------------I
I  BWSC3590    I      I           I        I THE FOLLOWING CONDITIONS ARE TRUE:                    I
I      I       I      I           I        I A. THE PROVIDER NUMBER ON THE PA MASTER FILE IS NOT EQUAL I
I      I       I      I           I        I    TO ZEROS.                                          I
I      I       I      I           I        I B. THE PROVIDER NUMBER ON THE PA MASTER IS NOT EQUAL TO I
I      I       I      I           I        I    THE PROVIDER NUMBER ON THE CLAIM.                  I
I      I       I      I           I        I EXCEPTION IS BYPASSED FOR EXPEDITED AUTH.              I
I-------------------------------------------------------------------------------------------------I
I 0611 I       I      I           I        I 'PRIOR AUTHORIZATION PROC DENIAL.'                     I
I  BWSC3530, BWSC3550 I           I        I-------------------------------------------------------I
I      I       I      I           I        I                                          DATE: 05/24/04 I
I      I       I      I           I        I-------------------------------------------------------I
I      I       I      I           I RC= 60 I                   MEDICAL CLAIM                        I
I      I       I      I           I        I 1.A. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED)  I
I      I       I      I           I        I   B. FIRST OCCURRENCE OF THE LINE ITEM PRIOR AUTHORIZATIONI
I      I       I      I           I        I      NUMBER IS GREATER THAN ZEROS                      I
I      I       I      I           I        I                                                        I
I      I       I      I           I RC= 61 I                   INSTITUTIONAL CLAIM                  I
I      I       I      I           I   M    I 1.A. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)           I
I      I       I      I           I        I   B. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED)  I
I      I       I      I           I        I   C. PRIOR AUTHORIZATION NUMBER 1 OR 2 ON THE CLAIM IS    I
I-------------------------------------------------------------------------------------------------I
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EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					GREATER THAN ZERO
					THIS EXCEPTION WILL BE BYPASSED IF:
					MEDICAL CLAIM BYPASSES
					1. CLAIM TYPE IS EQUAL TO 'O' (PART B MEDICARE)
					2. ALLOWED CHARGE SOURCE IS EQUAL TO 'A'
					3.A. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN)
					B. TYPE OF SERVICE IS EQUAL TO '3' (OTHER-CPT-SERVICES)
					C. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED)
					D. PA REQUIRED INDICATOR IS NOT EQAUL TO 'Y' OR 'S'
					FOR THE DATES OF SERVICE ON THE CLAIM
					INSTITUTIONAL CLAIM BYPASSES
					1. ALLOWED CHARGE SOURCE IS EQUAL TO 'A' (MANUALLY PRICE)
0612	0	0	2	D	'RETIN-A NDC REQUIRES PRIOR AUTH FOR RECIP 35 AND OLDER.'
BWSC3540					A. FIRST DATE OF SERVICE IS ON OR AFTER 09/01/92; AND,
					B. RECIPIENT AGE ON DRUG CLAIM IS 35 YEARS OR OLDER; AND,
					C. CORE NINE NDC IS EQUAL TO A RETIN-A NDC
					(000620165, 000620075, 000620175, 000620275, 000620475,
					000620575, 000620166, 000620176, 000620276, 000620476,
					000620576, 550810470, 550810473 OR 550810474).
0613	0	0	2	D	'STATE REBATE AVRAS AUTH NOC'
BWSC3540					THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					02/03/94.
					B. AVRAS AUTHORIZATION IS REQUIRED FOR THIS MANUFACTURER.
					C. CLAIM PRIOR AUTH NUMBER IS EQUAL TO ZERO OR CLAIM PA
					INDICATOR IS NOT EQUAL TO '1' (SERVICE HAS BEEN PA).
0614	0	0	2	D	'STATE REBATE AVRAS AUTH RECORD NOT ON FILE'
BWSC3590					THE FOLLOWING CONDITIONS ARE TRUE:
					A. FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					02/03/94.
					B. CLAIM PRIOR AUTH NUMBER BEGINS WITH '9'.
					C. PRIOR AUTH RECORD IS NOT FOUND ON FILE FOR THE CLAIM
					PRIOR AUTH NUMBER.
0615	0	0	2	D	'STATE REBATE AVRAS NDC DOES NOT MATCH' '
BWSC3590					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLAIM PRIOR AUTH NUMBER BEGINS WITH '9'.
					B. NDC ON THE CLAIM DOES NOT MATCH THE NDC ON THE PRIOR
					AUTH RECORD.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0616	0	0	3	D	'UNABLE TO PRICE MEDISET CLAIM' BWSC3540 THE FOLLOWING CONDITIONS ARE TRUE: A. THE NDC IS 77777000000; AND, B. 1) THE FIRST DATE OF SERVICE IS LESS THAN 12/01/94; OR, 2) THERE IS A PCOP BILLING OR PERFORMING PROVIDER OR THE OTHER INSURANCE INDICATOR IS 'Y'; OR, 3) THE RECIPIENT EXCEPTION INDICATOR IS 'D' (HOS-REVIEW); OR, 4) MATCH CODE IS 'D' (QMB).
0617	0	0	3	D	'MEDISET CLAIM FOR A NUSRING HOME PATIENT' BWSC3540 THE FOLLOWING CONDITIONS ARE TRUE: A. THE NDC IS 77777000000 AND THE RECIPIENT NURSING HOME INDICATOR IS 'Y'.
0618	0	0	3	D	'NUMBER OF MEDISETS ALLOWED EXCEEDED' BWMC4000 THE FOLLOWING CONDITIONS ARE TRUE: A. IF MORE THAN TWO MEDISET CLAIMS PER RECIPIENT FOR THE SAME PROVIDER WITHIN A 12 MONTH TIME PERIOD.
0619	0	0	3	D	'MEDISET HOSPITAL CONFLICT' BWMC4000 THE FOLLOWING CONDITIONS ARE TRUE: A. NDC IS 77777000000 AND THE FIRST DATE OF SERVICE IS WITHIN THE DATE OF SERVICE FOR A HOSPITAL CLAIM FOR THE SAME RECIPIENT.
0620	0	0	3	R,S	'ALL INPATIENT CLAIMS REQUIRE AUTHORIZATION.' BWSC3530 NOTE: 'CHILD PSYCHIATRIC TREATMENT' IN THESE CRITERIA MEANS THAT THE FOLLOWING SET OF CONDITIONS IS MET: CLAIM TYPE = 'S' (INPATIENT), AND ADMISSION DATE IS ON OR AFTER 02/01/95, AND RECIPIENT IS GREATER THAN 6 AND LESS THAN 21 AND NONE OF THE 10 DIAG CODES, INCLUDING ADMIT DIAG, IS IN THE RANGES 290 - 301.99 OR 305 -314.99. EXCEPTION POSTS IF THE FOLLOWING CONDITIONS ARE MET: THE FIRST TWO DIGITS OF THE PROVIDER NUMBER ARE NOT EQUAL TO '36', AND THE FIRST TWO DIGITS OF THE PA NUMBER ARE NOT EQUAL TO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'88', AND
					CLAIM PA INDICATOR IS NOT EQUAL TO (R,1,2,3) (SVC-
					REQ-REFERRAL,SVC-HAS-BEEN-PA,SVC-BEEN-PA-HEADER,
					DVC-BEEN-PA-HDR-LINE), AND
					CLAIM IS NOT CHILD PSYCHIATRY TREATMENT.
					- IF ADMISSION DATE IS LESS THAN 03/01/90 -
					LMC APPROVAL INDICATOR IS NOT EQUAL TO 'Y' (LMC-
					APPROVAL),
					AND THE FOLLOWING CONDITIONS ARE MET:
					I.A. ADMISSION DATE IS LESS THAN REIMBURSEMENT EFFECTIVE
					DATE;
					OR
					ADMISSION DATE IS GREATER THAN OR EQUAL TO REIM-
					BURSEMENT EFFECTIVE DATE, AND
					CLAIM TYPE IS NOT 'R' (DRG);
					OR
					ADMISSION DATE IS GREATER THAN OR EQUAL TO REIM-
					BURSEMENT EFFECTIVE DATE, AND
					CLAIM TYPE IS 'R' (DRG), AND
					HOSPITAL TYPE IS (04,01,02) (REMOTE, CONTRACT-ALL,
					CONTRACT-MATERNITY).
					B. PRIMARY DIAGNOSIS IS NOT EMERGENCY.
					C. THE FOLLOWING CONDITION DOES NOT EXIST:
					CLAIM TYPE IS 'R' OR 'S' (DRG,INPATIENT),
					AND
					ITA BLIND INDICATOR IS EQUAL TO 'I' (ITA).
			EFFECTIVE 03/01/90		
				R,S	IF ADMIT DATE IS EQUAL TO OR GREATER THAN 03/01/90,
					AND
					ADMIT DATE IS LESS THAN 10/01/96;
					AND
					THE PROVIDER NUMBER DOES NOT START '36' (DETOX)
					AND
					THE PA NUMBER DOES NOT START '88' (MENTAL HLTH)
					AND
					CLAIM HAS NOT BEEN PA (PA IND EQUAL R,1,2,3; SVC-
					REQ-REFERRAL,SVC-HAS-BEEN-PA,SVC-BEEN-PA-HEADER,
					DVC-BEEN-PA-HDR-LINE)
					AND
					ITA-BLIND-INDICATOR NOT EQUAL 'I' (ITA-CLAIM)
					AND
					NOT ONE OF THE TEN DIAGNOSIS CODES, INCLUDING PRIMARY
					DIAGNOSIS, IS IN RANGE (042.0-044.9,740.0-759.9)
					AND
					HOSPITAL TYPE IS EQUAL TO 5, 4, 1, 2, 6, 7, AND
					(8 WITHOUT A MI/GAU RECIP)
					AND
					ADMIT DIAGNOSIS PA IND IS EQUAL TO 'Y' OR NO ADMIT

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DIAGNOSIS
					AND
					RECIPIENT AGE IS GREATER THAN 6
					AND
					CLAIM IS NOT CHILD PSYCH TREATMENT (SEE NOTE ABOVE).
			EFFECTIVE 10/01/96		
				R,S	IF ADMIT DATE IS EQUAL TO OR GREATER THAN 10/01/96:
					AND
					THE PROVIDER NUMBER DOES NOT START '36' (DETOX)
					AND
					THE PA NUMBER DOES NOT START '88' (MENTAL HLTH)
					AND
					CLAIM HAS NOT BEEN PA (PA IND EQUAL R,1,2,3; SVC-
					REQ-REFERRAL,SVC-HAS-BEEN-PA,SVC-BEEN-PA-HEADER,
					DVC-BEEN-PA-HDR-LINE)
					AND
					ONE OF THE FOLLOWING IS TRUE:
					A. ADMIT OR PRIMARY DIAG CODE IS (611.1 OR 611.9); OR,
					ONE OF THE SURGICAL PROCEDURE CODES IS IN THE RANGE
					85.3-85.36.
					B. ONE OF THE PROCEDURE CODES IS (68.3-68.7,68.9); AND,
					CLIENT AGE IS LESS THAN 46; AND,
					NONE OF THE TEN DIAGNOSIS CODES, INCLUDING PRIMARY
					DIAGNOSIS IS IN THE RANGE (179-184.9,198.6,198.82,
					233.1-233.3,236.0-236.3).
					C. ADMIT OR PRIMARY DIAG CODE IS (278.0,278.01); OR,
					ONE OF THE SURGICAL PROCEDURE CODES IS (44.5,44.31,
					44.39).
					D. ADMIT OR PRIMARY DIAG CODE IS (625.6,788.3); OR,
					ONE OF THE SURGICAL PROCEDURE CODES IS (59.3-59.79,
					57.89).
					E. ADMIT OR PRIMARY DIAG CODE IS (276-276.9,346-346.9,
					535-535.6,536.2,560.3-560.39,564-564.9,681-681.9,
					682,682.2-682.9,780,780.4,780.7,780.9,784.0,
					786.52,787.0-787.03,789.0-789.09,846.0-847.9).
					SYPASS THE EXCEPTION IF ONE OF THE FOLLOWING IS TRUE:
					A. RECIP IS UNDER 6 YEARS OF AGE.
					B. ITA/BLIND IND IS EQUAL TO 'I' OR 'V'.
					C. ANY DIAGNOSIS CODE ON THE CLAIM (ADMIT OR SURG)
					IS EQUAL TO (42.0-044.9,740.0-759.9)
					BYPASS THE EXCEPTION IF ALL OF THE FOLLOWING IS TRUE.
					A. PROGRAM CODE = 'M' AND MATCH CODE = 'G' OR 'P' AND
					THE FIRST DATE OF SERVICE IS AFTER 30 SEPTEMBER 96.
0621	0	0	5	R,S	'NON CONTRACT SERVICES NOT AUTHORIZED'
BWSC3530					POSTS IF THE FOLLOWING ARE TRUE:
					ADMISSION DATE IS LESS THAN 03/01/90 -

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. HOSPITAL TYPE IS EQUAL TO '03'(NON-CONTRACT); AND,
					B. CLAIM PA INDICATOR IS NOT EQUAL TO (1, 2 OR 3) (SVC-HAS
					BEEN-PA, SVC-BEEN-PA-HEADER, SVC-BEEN-PA-HDR-LINE);AND,
					C. LMC APPROVAL INDICATOR IS NOT EQUAL TO 'Y' (LMC-APPL);
					AND,
					D. NOT A MI/GAU RECIPIENT (PROGRAM CODE IS NOT EQUAL TO
					U,Q,W AND M); AND,
					E. PRIMARY DIAGNOSIS CODE IS NOT EQUAL TO
					(V24.0 OR V24.1-V27.9 OR V28.3-V61.5 OR
					630-635.82 OR 636.00-637.82 OR 638.00-676.94); AND
					F. ALL FIVE DIAGNOSIS CODES ARE NOT EQUAL TO 042-044.99.
					OR
					ADMISSION DATE IS NOT LESS THAN 03/01/90 AND ALL OF THE
BWSC3530					THE FOLLOWING ARE TRUE:
					A. CLAIM PA INDICATOR IS NOT EQUAL TO (R,1, 2 OR 3);
					B. HOSPITAL TYPE IS NOT EQUAL TO ONE OF THE FOLLOWING:
					(1) -CONTRACT-ALL (2) -CONTRACT-MATERNITY
					(4) -REMOTE (5) -EXEMPT
					(6) -EXEMPT-FED-REM-ST (7) -EXEMPT-FED-CON-ST;
					C. EMERGENT-DIAGNOSIS-INDIC IS NOT EQUAL TO 'E'
					D. NOT A MI/GAU RECIPIENT (PROGRAM CODE IS NOT EQUAL TO
					U,Q,W AND M).
					EXCEPTION WILL BE BYPASSED IF:
					1. IF THE ADMISSION DATE NOT LESS THAN 02/01/95 AND
					IF CLAIM TYPE EQUAL 'S' (INPATIENT) AND THE RECIPIENT
					AGE IS LESS THAN 21 AND THE DIAGNOSIS CODE IS EQUAL TO
					'290 ' THRU '301.99 ' OR '306 ' THRU '314.99'.
					2. IF FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO
					09/01/95 AND PROGRAM-CODE IS EQUAL TO (A, B OR P)
					(AGED, BLIND OR DISABLED) AND PCOP-TYPE IS EQUAL TO
					'P' (PRIMARY-CARE).
					3. IF DRG CODE IS 370 - 384, 602 - 624, 626 - 630, 635
					OR 637 - 647.
0624				T	'NH STOP CLAIM'
BWSC3020					NURSING HOME CLAIM WITH A VALID STOP CLAIM CODE OF D, I,
					V, OR S.
0625	0	0	1	J	'DOP PROCEDURE WITH AUTO DENY'
BWMC5000					DISEASE ORGAN PANEL LINE ITEM PROCEDURE WITH A AUTO DENY
					EXCEPTION STATUS.
					EXCEPTION WILL POST IF LINE ITEM;
					A.ALLOWED CHARGE SOURCE '1' OR '2' (DOP PRICED).
					B.HAS A EXCEPTION STATUS AUTO DENY '2' POSTING.
0626	0	0	1	O	'MEDICARE SECONDARY PAYOR'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWSC5010					MEDICARE IS SECONDARY PAYOR ON CLAIM. EXCEPTION WILL POST AT THE HEADER LEVEL IF THE ACTION CODE FIELD C21-058 HAD 'YK' ON THE INCOMING MSP CLAIM AND SET THE LINE ITEM SPECIAL INDICATOR TO 'Y'.
0627	0	0	1	RC=61	'REVENUE CODE VS CONDITION CODE'
BWSC2040					CLAIMS WITH REVENUE CODE 100 MUST HAVE A CONDITION CODE OF 'LT' AND CLAIMS WITH REVENUE CODE 101 MUST HAVE A CONDITION CODE OF 'R2'.
0628	0	0	3	ALL, EXCEPT Q,I,Z	'RECIPIENT ELIGIBILITY RECORD INDICATES THAT THE RECIPIENT HAS THIRD PARTY COVERAGE TO BE PURSUED IN A PRE-PAYMENT MODE.'
BWSC3580					POST IF ONE OF THE TPL SEGMENTS FOR A RECIPIENT HAS A '1' IN THE SVCS-COV-BY-TPL FIELD AND ALL OF THE TPL SEGEMENTS HAVE A CASUALTY CARRIER. DO NOT POST IF PROV-TYPE IS (15,23,28,35,41,42,45,50, 54,58,71,74,83,87,90,96) OR NUM-OF-TPL-SEGMENTS EQUALS ZERO. DO NOT POST IF PROVIDER TYPE IS 40 AND PROVIDER SPECIALTY IS 60 OR 63. DO NOT POST IF PROVIDER TYPE IS 73 AND PROVIDER SPECIALTY IS 73 AND PROCEDURE CODES IS ONE OF THE FOLLOWING 0450M, 0451M, 0452M, 0453M. DO NOT POST IF PROVIDER IS ONE OF THE FOLLOWING KIDNEY CENTER PROVIDERS: 3003142 3003399 3004645 3005568 3005733 3006053 3006475 3007028 3007176 3009719 3115607 3142700 3143807 3144805 3990009 3999000 3999109 3999208 3999505 3999604. DO NOT POST IF ANY OF THE FOLLOWING PROCEDURE CODES APPEARS ON THE CLAIM OR DIAGNOSIS CODES: PROCEDURE CODE LIST
					'0910M' '0911M' '09100' '09110'
					'59000' '59010' '59011' '59012' '59015' '59020'
					'59025' '59051'
					'59030' '59031' '59050' '59320' '59325' '59400'
					'59409' '59410' '59412' '59414' '59420' '59425'
					'59426' '59430' '59500' '59501' '59510' '59514'
					'59515' '59525' '59520' '59521' '59540' '59541'
					'59560' '59561' '59580' '59581' '59610' '59612'
					'59614' '59618' '59620' '59622' '59866' '59899'
					'5930M' '5935M' '5940M' '5941M' '5942M' '5943M'
					'5944M' '5945M' '5946M' '5947M' '5948M' '5949M'
					'5950M' '5951M' '5952M' '5953M' '5954M' '5955M'
					'5957M' '5958M' '5959M' '76805' '76810' '76815'
					'76816' '76818' '76825' '76826' '76827' '76828'
					'76946' '8000M' '8001M' '80055' '90700' '90701'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'90702' '90703' '90704' '90705' '90706' '90707'
					'90708' '90709' '90710' '90711' '90712' '90713'
					'90714' '90716' '90717' '90718' '90719' '90720'
					'90721' '90724' '90725' '90726' '90727' '90728'
					'90730' '90731' '90732' '90733' '90735' '90737'
					'90741' '90742' '90744' '90745' '90747' '90748'
					'92340'-'92342' '92352'-'92355' '92370' '92371'
					'9045M' '9068M' '9069M' '9070M' '9071M' '9072M'
					'9073M' '9076M' '9074M'.
					'0173M' '0028M'
					'0160M' '0161M' '0162M' '0163M' '0164M'
					'0166M' '0167M' '0168M' '0169M'
					'0192M' '9275M-9277M'.
					DIAGNOSIS CODE LIST
					'V22 ' THRU 'V22.19 '
					'V23 ' THRU 'V23.99 '
					'V28 ' THRU 'V28.99 '
					'640 ' THRU '648.99 '
					'651 ' THRU '658.99 '
					'671 ' THRU '671.99 '
					'673 ' THRU '673.99 '
					'675 ' THRU '676.99 '
					DO NO POST IF PROVIDER TYPE IS '58' (SCHOOL-DISTRICT) AND
					RECIPIENT HAS A TPL SEGMENT WITH CARRIER CODE 'CH01',
					'CH10' OR' HI01' (CHAMPUS).
					DO NOT POST IF PROVIDER TYPE 33 AND PROCEDURE CODE IS
					ONE OF THE FOLLOWING: 8900N, 8901N, 8902N, 8903N.
					EXCEPTION 495 WILL POST IF MATERNITY OR PEDIATRIC PROC OR
					DIAG ON CLAIM OR CLAIM TYPE IS EPSDT.
					EXCEPTION 567 WILL POST IF HOSPICE PROVIDER TYPE (63) AND
					REVENUE CODE '651' OR '653' AND CARRIER 'HI','HO','HM',
					'CH01'
					DO NOT POST FOR TAKE CHARGE CLIENTS (PROGRAM G WITH
					MATCH M OR T AND ELIGIBILITY CODE P).
0629				SCANNR	'DATA TRANSFER'
BWMC5000					CLAIMS WITH EXCEPTIONS:
					118 (WK-996-MISSING-PLACE-SVC) OR
					121 (WK-996-MISSING-PROV-NUM) OR
					122 (WK-996-INV-PROV-CHECK-DIGIT) OR
					124 (WK-996-MISSING-FRST-DTE-SVC) OR
					126 (WK-996-FRST-DTE-GT-LAST-DTE) OR
					127 (WK-996-LST-DTE-GT-BATCH-DTE) OR
					129 (WK-996-MISSING-RECIP-ID) OR
					130 (WK-996-INV-RECIP-ID) OR
					133 (WK-996-INV-TOT-CLM-CHRG) OR
					134 (WK-996-INV-NET-CLM-CHRG) OR
					163 (WK-996-MISSING-DIAG-CODE) OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					164 (WK-996-INV-REFER-CHK-DIGIT) OR
					172 (WK-996-MISSING-PROC-CODE) OR
					183 (WK-996-MISSING-UNITS-SVC) OR
					250 (WK-996-RECIP-NOT-ON-ELIG) OR
					260 (WK-996-RECIP-NOT-ON-FILE) OR
					344 (WK-996-PRIMARY-DIAG-NOF) OR
					361 (WK-996-NO-PROCEDURE-RECORD) OR
					367 (WK-996-REVENUE-CODE-NOF).
					THAT WOULD NOT HAVE DENIED WITHOUT ONE OF THESE
					EXCEPTIONS ARE SUPER-SUSPENDED AND SENT TO LOC 81
0630				P	'NO ORTHO/PROSTHETIC LICENSE'
BWSC3520					POST WHEN MED VENDOR CLAIM IS BILLED WITH ONE OF THE
					PROCEDURE CODES ON LIST#8383, AND THE PROVIDER TYPE IS
					EITHER '38' OR '39', AND THE DESIGNATED INDICATOR FOR
					FILE PROSTHETIC LICENSE ('38') IS NOT PRESENT IN THE
					CD FIELD ON PAGE 2 OF THE PROVIDER MASTER FILE.
					POST WHEN MED VENDOR CLAIM IS BILLED WITH ONE OF THE
					PROCEDURE CODES ON LIST#8181, AND THE PROVIDER TYPE IS
					EITHER '38' OR '39', AND THE DESIGNATED INDICATOR FOR
					FILE ORTHOTIC LICENSE ('39') IS NOT PRESENT IN THE
					CD FIELD ON PAGE 2 OF THE PROVIDER MASTER FILE.
					WILL NOT POST WHEN PROVIDER IS OUT-OF-STATE
					INCLUDING (BORDER STATES).
0631				R	'DRG STATUS IS SUSPEND'
BWSC3530					DRG CLAIM AND THE DRG STATUS ON THE PDD FILE IS EQUAL TO
					'S' (SUSPEND).
0632				R,S	'DRG STATUS IS DENY'
BWSC3530					DRG CLAIM AND THE DRG STATUS ON THE PDD FILE IS EQUAL TO
					'D' (DENY) OR
					INPATIENT AND THE DRG CODE IS ONE OF THE FOLLOWING
					TRANSPLANT CODES: 103,302,480,481,795,803,804,805.
0634				ALL	'CLAIM KEYED BY A QC SECURITY MODE USER'
BWMC5000					THE FOLLOWING CONDITIONS ARE TRUE:
					A. THE CLAIM IS ON THE FIRST CYCLE.
					B. USER HAS A SECURITY INDICATOR IS 'Q'
0635				ALL	'QRS/PIP BATCH NO RELEASE'
BWMC2000					THE FOLLOWING CONDITIONS ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. THE MICROFISH/REEL NUMBER IS 76, 77 OR 78.
					B. THE BATCH NUMBER IS 011 THROUGH 999.
					EXCEPTION WILL BE BYPASSED IF:
					1. IF A BATCH RELEASE TRANSACTION HAS BEEN SUBMITTED.
0636					'MULTIPLE UNITS OF SERVICE'
BWSC2050					DO NOT POST IF:
					A. TYPE OF SERVICE IS 3(OTHER CPT SERVICES)
					AND
					B. PROVIDER TYPES : 48(ANESTHESIOLOGIST)
					OR 49(NURSE ANESTHESIOLOGIST)
					AND
					C. PROCEDURES RANGE: 10000 THRU 99999
					OR 1000M THRU 9999M
					AND
					D. MODIFIER :(AA,AD,QK,QX,QY,QZ, OR 23)
0637					'ACCESS TO BABY AND CHILD DENTISTRY RESTRICTED'
BWSC3020					EXEPTION 637 WILL POST IF THE FOLLOWING CONDITIONS
					ARE TRUE:
					A. PROCEDURE CODE EQUAL TO: 4453D 4463D 4467D 4470D 4482D
					4484D 4486D 4488D 4490D 4492D
					4498D 4501D 4503D 4505D
					AND
					B. RESTRICT TYPE IS NOT EQUAL TO 'K'.
0638				RC=60	'EXCEPTIONAL THERAPY RESTRICTED'
				RC=61	
BWSC3520					ONE OF THE FOLLOWING CONDITIONS IS TRUE:
					1. CLAIM TYPE IS 'T'
					RESTRICTION TYPE IS NOT 'N' FOR ANY PORTION OF DATES
					OF SERVICE BILLED
					CLASS CODE BILLED IS EQUAL TO 40.
					2. CLAIM TYPE IS 'J'
					PROVIDER TYPE IS 80 WITH SPECIALTY 46
					DATES BILLED ON THE LINE ITEM DO NOT FALL COMPLETELY
					WITHIN THE 'N' RESTRICTED SEGMENT OR
					THERE IS NO 'N' RESTRICTED SEGMENT OR
					PROVIDER NUMBER ON RESTRICTED SEGMENT DOES NOT MATCH
					PROVIDER NUMBER ON THE CLAIM.
					3. CLAIM TYPE IS 'S'
					RESTRICTION TYPE IS 'N' FOR ANY PORTION OF DATES
					OF SERVICE BILLED
					REVENUE CODE 128 IS BILLED.
					4. CLAIM TYPE IS 'J' OR 'P'
					PROVIDER TYPE IS 34 OR 36 OR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROVIDER TYPE IS 37 WITH SPECIALTY 76 OR
					PROVIDER TYPE IS 40 WITH SPECIALTY 66
					RESTRICTION TYPE IS 'N' FOR ANY PORTION OF DATES
					OF SERVICE BILLED ON THE LINE ITEM.
0639				RC=60	'OBSERVATION FOLLOWING RAPE'
				RC=61	
BWSC2040,2050					INSTITUTIONAL CLAIM AND ONE OF THE FOLLOWING ARE TRUE:
					A. LINE ITEM DIAGNOSIS IS V71.5
					B. INPATIENT CLAIM AND ADMIT DIAGNOSIS IS V71.5
					MEDICAL CLAIM AND THE FOLLOWING IS TRUE:
					A. A DIAGNOSIS CODE OF V71.5 APPEARS ON THE CLAIM.
0640				RC=60	'INVALID DETOX DIAGNOSIS CODE - PHYSICIAN CLAIM'
BWSC3530,3550,3570					MEDICAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. LINE-ITEM PROCEDURE CODE IS EQUAL TO 0025M OR 0026M.
					B. LINE-ITEM FIRST DATE OF SVC GREATER THAN 06/30/90.
					C. LINE-ITEM DIAGNOSIS CODE IS NOT EQUAL TO:
					291.0 , 291.1 , 291.2 , 291.3 , 291.4 , 291.81,
					291.9 , 303.0 ,
					303.00, 303.01, 303.02, 303.03, 303.9 , 303.90,
					303.91, 303.92, 303.93, 305.0 , 790.3 ,
					292.0 , 292.1 , 292.11, 292.12, 292.2 , 292.8 , 292.9 ,
					304.0 , 304.00, 304.01, 304.02, 304.03, 304.1 , 304.10,
					304.11, 304.12, 304.13, 304.2 , 304.20, 304.21, 304.22,
					304.23, 304.3 , 304.30, 304.31, 304.32, 304.33, 304.4 ,
					304.40, 304.41, 304.42, 304.43, 304.5 , 304.50, 304.51,
					304.52, 304.53, 304.6 , 304.60, 304.61, 304.62, 304.63,
					304.7 , 304.70, 304.71, 304.72, 304.73, 304.8 , 304.80,
					304.81, 304.82, 304.83, 304.9 , 304.90, 304.91, 304.92,
					304.93, 305.2 , 305.20, 305.21, 305.22, 305.23, 305.3 ,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4 , 305.40, 305.41,
					305.42, 305.43, 305.5 , 305.50, 305.51, 305.52, 305.53,
					305.6 , 305.60, 305.61, 305.62, 305.63, 305.7 , 305.70,
					305.71, 305.72, 305.73, 305.8 , 305.80, 305.81, 305.82,
					305.83, 305.9 , 305.90, 305.91, 305.92, 305.93
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0639				RC=60	'OBSERVATION FOLLOWING RAPE'
				RC=61	
BWSC2040,2050					INSTITUTIONAL CLAIM AND ONE OF THE FOLLOWING ARE TRUE:
					A. LINE ITEM DIAGNOSIS IS V71.5
					B. INPATIENT CLAIM AND ADMIT DIAGNOSIS IS V71.5
					MEDICAL CLAIM AND THE FOLLOWING IS TRUE:
					A. A DIAGNOSIS CODE OF V71.5 APPEARS ON THE CLAIM.
0641				RC=61	'INVALID DETOX DIAGNOSIS CODE (1) - INSTITUTIONAL CLM'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					BWSC3530,3550,3570 INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (1) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0642				RC=61	'INVALID DETOX DIAGNOSIS CODE (2) - INSTITUTIONAL CLM'
					BWSC3530,3550,3570 INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (2) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0643				RC=61	'INVALID DETOX DIAGNOSIS CODE (3) - INSTITUTIONAL CLM'
BWSC3530,3550,3570					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (3) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0644				RC=61	'INVALID DETOX DIAGNOSIS CODE (4) - INSTITUTIONAL CLM'
BWSC3530,3550,3570					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (4) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70, 305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82, 305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93) (ALCOHOL AND DRUG DIAGNOSIS CODES).
0645				RC=61	'INVALID DETOX DIAGNOSIS CODE (5) - INSTITUTIONAL CLM'
	BWSC3530,3550,3570				INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE: A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999). B. ADMISSION DATE IS GREATER THAN 06/30/90. C. DIAGNOSIS-CODE-ICD-9 (5) IS NOT EQUAL TO: 291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0, 303.00, 303.01, 303.02, 303.03, 303.9, 303.90, 303.91, 303.92, 303.93, 305.0, 790.3, 292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9, 304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10, 304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22, 304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4, 304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51, 304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63, 304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80, 304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92, 304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3, 305.00, 305.01, 305.02, 305.03, 305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41, 305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53, 305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70, 305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82, 305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93) (ALCOHOL AND DRUG DIAGNOSIS CODES).
0646				S,R	'INVALID DETOX ADMIT DIAGNOSIS'
	BWSC3530,3550,3570				INPATIENT OR DRG CLAIM AND THE FOLLOWING ARE TRUE: A. ADMIT DIAGNOSIS IS NOT EQUAL TO SPACES OR ZEROES. B. ADMIT DIAGNOSIS IS FOUND ON THE PDD MASTER FILE. C. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999). C. ADMIT DIAGNOSIS CODE IS NOT EQUAL TO: 291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0, 303.00, 303.01, 303.02, 303.03, 303.9, 303.90, 303.91, 303.92, 303.93, 305.0, 790.3, 292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9, 304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10, 304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22, 304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4, 304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51, 304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63, 304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80, 304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3, 305.00, 305.01, 305.02, 305.03, 305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41, 305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53, 305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70, 305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82, 305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93) (ALCOHOL AND DRUG DIAGNOSIS CODES).
0647				M	'MISSING OR INVALID OTHER PROVIDER'
BWSC3520					OUTPATIENT CLAIM AND ONE OF THE FOLLOWING IS TRUE: A. PROCEDURE CODE EQUAL TO (08000, 08010, 08020, 08030, 08040, 08050, 09000, 09010 OR 09020) (NUTRITIONAL COUNSELING AND OCCUPATIONAL THERAPY PROCEDURES) AND OTHER PROVIDER NUMBER IS EQUAL TO ZEROES. OR B. PROCEDURE CODE IS NOT EQUAL TO ONE OF THE NUTRITIONAL COUNSELING/OCCUPATIONAL THERAPY PROCEDURES BUT OTHER PROVIDER NUMBER IS NOT FOUND ON THE PROVIDER MASTER FILE.
0648				J	'TPR PREMIUM AUTO DENY'
BWMC5000					PHYSICIAN CLAIM WITH PROCEDURE CODE OF 0360M OR 0361M, INPUT MEDIA OF '4' AND AN AUTO DENY EXCEPTION ON ANY EXCEPTION ON THE CLAIM.
0649				J,P,M	'NON CERTIFIED DIETICIAN'
BWSC3520					POSTS AT LINE-ITEM LEVEL UNDER THE FOLLOWING CONDITIONS: (A). OUTPATIENT CLAIM TYPE 'M' - PROC-CODE IS 0910M, 0911M, 97802, 97803, 97804 - DOS AFTER DEC. 31, 2000 - ATTENDING PROVIDER TYPE NOT '40' - ATTENDING PROVIDER SPECIALTY NOT '68' (B). PHYSICIAN CLAIM TYPE 'J' - PROC-CODE IS 0910M, 0911M, 97802, 97803, 97804 AND - DOS AFTER DEC. 31, 2000 AND (AT LEAST ONE OF THE FOLLOWING) - (PERFORMING PROVIDER TYPE NOT '40' AND PERFORMING PROVIDER SPECIALTY NOT '68') OR - (PROVIDER TYPE NOT '40' AND PROVIDER SPECIALTY NOT '68') (C). MED VENDOR CLAIM TYPE 'P'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					- PROC-CODE IS ONE OF THE FOLLOWING:
					0000B-0017B, 0019B, 0021B, 0023B, 0025B,
					0027B-0057B, 0059B, 0061B, 0063B-0069B,
					0071B, 0073B, 0075B, 0077B, 0079B, 0081B,
					0083B, 0085B, 0087B, 0089B, 0091B, 0093B,
					0095B, 0097B, 0100B-0111B, 0113B-0143B,
					0145B, 0147B, 0149B, 0159B-0160B, 0164B,
					0167B-0170B, 0177B-0184B, 0188B-0190B,
					0194B-0198B, 0203B-0205B, 0209B-0210B,
					0217B-0220B, 0365B
					0370B, 0371B, 0376B, 0377B, 0380B, 0381B,
					0382B, 0383B, 0384B, 0385B, 0386B, 0387B,
					0388B, 0389B, 0390B, 0391B, 0392B, 0393B,
					0394B, 0395B, 0396B, 0397B, 0399B, 0400B,
					0401B, 0402B, 0403B, 0405B, 0406B, 0407B,
					0409B, 0410B, 0411B, 0412B, 0413B, B4100,
					B4150, B4151, B4152, B4153, B4154, B4155,
					B4156.
					- DOS AFTER DEC. 31, 2000
					- CLIENT AGE IS 17 YEARS OR YOUNGER
					- REFERRING PROVIDER TYPE NOT '40'
					- REFERRING PROVIDER SPECIALTY NOT '68'
0650				ALL	'DRG SPECIAL'.
(N O L O N G E R P O S T S)					THIS EXCEPTION WAS USED DURING DRG IMPLEMENTATION TO IDENTIFY THOSE CLAIMS WITH BAD LINE ITEMS. THIS EXCEPTION SHOULD NEVER POST ANYMORE, EVEN THOUGH THE CODE HAS NOT BEEN REMOVED.
0651				RC=61	'INVALID DETOX DIAGNOSIS CODE (6) - INSTITUTIONAL CLM'
BWSC3530,3550,3570					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (5) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0652				RC=61	'INVALID DETOX DIAGNOSIS CODE (7) - INSTITUTIONAL CLM'
					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
BWSC3530,3550,3570					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (5) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0653				RC=61	'INVALID DETOX DIAGNOSIS CODE (8) - INSTITUTIONAL CLM'
					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
BWSC3530,3550,3570					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (5) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0654				RC=61	'INVALID DETOX DIAGNOSIS CODE (9) - INSTITUTIONAL CLM'
BWSC3530,3550,3570					INSTITUTIONAL CLAIM AND THE FOLLOWING ARE TRUE:
					A. PROVIDER NUMBER IS EQUAL TO (3600000 THRU 3699999).
					B. ADMISSION DATE IS GREATER THAN 06/30/90.
					C. DIAGNOSIS-CODE-ICD-9 (5) IS NOT EQUAL TO:
					291.0, 291.1, 291.2, 291.3, 291.4, 291.9, 303.0,
					303.00, 303.01, 303.02, 303.03, 303.9, 303.90,
					303.91, 303.92, 303.93, 305.0, 790.3,
					292.0, 292.1, 292.11, 292.12, 292.2, 292.8, 292.9,
					304.0, 304.00, 304.01, 304.02, 304.03, 304.1, 304.10,
					304.11, 304.12, 304.13, 304.2, 304.20, 304.21, 304.22,
					304.23, 304.3, 304.30, 304.31, 304.32, 304.33, 304.4,
					304.40, 304.41, 304.42, 304.43, 304.5, 304.50, 304.51,
					304.52, 304.53, 304.6, 304.60, 304.61, 304.62, 304.63,
					304.7, 304.70, 304.71, 304.72, 304.73, 304.8, 304.80,
					304.81, 304.82, 304.83, 304.9, 304.90, 304.91, 304.92,
					304.93, 305.2, 305.20, 305.21, 305.22, 305.23, 305.3,
					305.00, 305.01, 305.02, 305.03,
					305.30, 305.31, 305.32, 305.33, 305.4, 305.40, 305.41,
					305.42, 305.43, 305.5, 305.50, 305.51, 305.52, 305.53,
					305.6, 305.60, 305.61, 305.62, 305.63, 305.7, 305.70,
					305.71, 305.72, 305.73, 305.8, 305.80, 305.81, 305.82,
					305.83, 305.9, 305.90, 305.91, 305.92 OR 305.93)
					(ALCOHOL AND DRUG DIAGNOSIS CODES).
0655				RC=60	'INVALID SUPPLEMENTAL PREMIUM FOR PCOP.'
BWSC3020					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROCEDURE CODE IS HMO: 0350M, 0351M,0352M,0353M,
					0357M, 0365M, 0366M, 0367M, OR 0368M.
					B. THE CLAIM INPUT MEDIUM INDICATOR IS NOT A '4'
					(SYSTEM GENERATED PREMIUM CLAIM).
					C. THE MICROREEL NUMBER IS NOT A '71' (ADJUSTMENT
					CLAIM).
					D. FDOS AND LDOS ON LINE ITEM IS WITHIN A PCOP SEGMENT
					ON THE RECIPIENT FILE.
					E. THE PCOP TYPE ON THE VALID PCOP SEGMENT IS AN 'M',
					'R', OR 'X'.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0656				RC=60	'HMO PROC ERROR'
					WILL TAKE THE PLACE OF EXC 174 WHEN THE PROVIDER TYPE IS '90' AND OTHER CRITERIA FOR POSTING EXC 174 IS MET: EXCEPTION 656 WILL POST FOR A MEDICAL CLAIM FOR THE FOLLOWING CRITERIA: A) IF PROCEDURE CODE IS EQUAL TO 0357M,0366M,0368M AND THE CLAIM BILLING PROVIDER NUMBER DOES NOT BEGIN WITH '759'. OR B) THE PROCEDURE CODE IS EQUAL TO 0350M,0351M,0352M, 0365M,0367M AND THE CLAIM BILLING PROVIDER NUMBER DOES BEGIN WITH '759'.
BWSC3520					
0657				RC=60	'HMO PROV ERROR'
					THIS EXCEPTION WILL POST FOR THE FOLLOWING: A) PROVIDER TYPE IS '90' AND THE CLAIM BILLING PROVIDER IS NOT EQUAL TO EITHER THE RECIPIENTS PLAN BILLING PROVIDER OR THE PERFORMING PROVIDER NUMBER. OR IF: B. CLAIM HAS A PROC CODE MODIFIER '90' (REFERENCE-LAB) ON IT, AND C. THE PERFORMING PROVIDER NUMBER IS EQUAL TO ZEROS. OR IF: D. CLAIM HAS PROC CODES (0357M, 0366M, 0368M) (FQHC ENHANCEMENT PROCEDURES); AND, E. FIRST DATE OF SERVICE IS ON OR AFTER 01/01/97; AND, F. FIRST DATE OF SERVICE PRIOR TO 01/01/98; AND, G. THE PERFORMING PROVIDER NUMBER IS EQUAL TO ZEROS; OR THE PERFORMING PROVIDER NUMBER IS NOT EQUAL TO THE PCOP PERFORMING PROVIDER NUMBER. THIS EXCEPTION WILL NOT POST IF: A. FIRST DATE OF SERVICE IS 02/01/02 AND AFTER; AND, B. CLAIM HAS PROC CODE 0366M OR 0368M.
BWSC3520					
0658				U	'FAMILY PLANNING SERVICES ONLY ON PA RECORD.'
BWOA0325					THE FOLLOWING CONDITION IS TRUE: A. MEDICAL ELIGIBILITY CODE IS EQUAL TO 'P' (FAMILY-PLANNING-P) OR 'Z' (FAMILY-PLANNING-Z).
0659					'DRUG REQUIRES PRIOR AUTH OUT OF A NURSING HOME'.
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. THE DRUG RECORD IS FOUND ON THE PDD FILE. B. THE DRUG FORULARY INDICATOR IS EQUAL TO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					(X,Y,Z,4,5 OR Q). (SINGLE SOURCE NON-FORMULARY NOT NURSING HOME, MULTI-SOURCE NON-FORMULARY NOT NURSING HOME, SCHEDUAL II NON-FORMULARY NOT NURSING HOME, MULTI-SOURCE CONTRACT PA NOT NURSING HOME, SINGLE SOURCE CONTRACT PA NOT NURSING HOME, SUPPLIES PA NOT NURSING HOME).
0660					'DRUG REQUIRES PRIOR AUTH IN A NURSING HOME'.
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. THE DRUG RECORD IS FOUND ON THE PDD FILE. B. THE DRUG FORULARY INDICATOR IS EQUAL TO (A,B,C,6,7 OR U). (SINGLE SOURCE FORMULARY NOT NURSING HOME, MULTI-SOURCE FORMULARY NOT NURSING HOME, SCHEDUAL II FORMULARY NOT NURSING HOME, MULTI-SOURCE CONTRACT PA NURSING HOME, SINGLE SOURCE CONTRACT NURSING HOME, SUPPLIES PA NURSING HOME).
0661					'PRIOR AUTH RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE.'
BWOA0325					A. RECIPIENT IS NOT ELIGIBLE DURING THE CALCULATED ELIGIBILITY DATE ARRAY (CALCULATED USING THE DATE-OFFSET - DATE 4 YEARS PRIOR TO CYCLE DATE).
0662				ALL	'PRIOR AUTH RECIPIENT IS IN NURSING HOME ON DATES OF SVC'
BWOA0325					THE FOLLOWING CONDITIONS ARE TRUE: A. THE RECIPIENT IS ELIGIBILE DURING THE SPAN OF SERVICE. B. FIRST DATE OF SVC IS FALLS WITHIN THE NURSING HOME BEGIN AND END DATES; OR, LAST DATE OF SVC FALLS WITHIN THE NURSING HOME BEGIN AND END DATES; OR, THE NURSING HOME BEGIN DATE FALLS WITHIN THE FIRST AND LAST DATES OF SVC; OR, THE NURSING HOME END DATE FALLS WITHIN THE FIRST AND LAST DATES OF SVC.
0663				ALL	'PRIOR AUTH RECIPIENT IS RESTRICTED FOR DATES OF SERVICE'
BWOA0325					THE FOLLOWING CONDITIONS ARE TRUE: A. RECIPIENT ID IS FOUND ON THE RECIPIENT MASTER FILE. B. RECIPIENT EXCEPTION IND IS EQUAL TO A,B,C,D, OR F. (DED 1160 -- PRR, MRS-REV-FRAUD, MRS-REV-MCARE, HOS-REVIEW,NO-PCOP-SELECTED)
0664				ALL	'PRIOR AUTH FIRST PROVIDER NUMBER HAS BEEN TERMINATED.'
BWOA0326,0327					THE FOLLOWING CONDITIONS ARE TRUE: A. A VALID ELIGIBILITY SPAN IS FOUND FOR PROVIDER (1) ON THE PROVIDER MASTER FILE; AND,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO (A,B,C, 4,5,6,7,8 OR 9) FOR PROVIDER (1). (TERM-MED-AUTHORITY, TERM-LIC-REVOKED, TERM-LIC-EXPIRED TERM-VOLUNTARY, TERM-DECEASED, TERM-ADDRESS, TERM-PROV-NUM-CHG, TERM-NO-CORE-AGREEMENT, TERM-OTHER-INVOL).
0665				ALL	'PRIOR AUTH SECOND PROVIDER NUMBER HAS BEEN TERMINATED.'
BWOA0326,0327					THE FOLLOWING CONDITIONS ARE TRUE: A. A VALID ELIGIBILITY SPAN IS FOUND FOR PROVIDER (2) ON THE PROVIDER MASTER FILE; AND, B. PROVIDER ENROLLMENT STATUS CODE IS EQUAL TO (A,B,C, 4,5,6,7,8 OR 9) FOR PROVIDER (2). (TERM-MED-AUTHORITY, TERM-LIC-REVOKED, TERM-LIC-EXPIRED TERM-VOLUNTARY, TERM-DECEASED, TERM-ADDRESS, TERM-PROV-NUM-CHG, TERM-NO-CORE-AGREEMENT, TERM-OTHER-INVOL).
0666				ALL	'PRIOR AUTH FIRST PROVIDER IS INELIGIBLE ON DATES OF SVC.'
BWOA0326,0327					A. NO VALID ELIGIBILITY SPAN IS FOUND FOR PROVIDER NUMBER (1) ON THE PROVIDER MASTER FILE.
0667				ALL	'PRIOR AUTH SECOND PROVIDER IS INELIGIBLE ON DATES OF SVC'
BWOA0326,0327					A. NO VALID ELIGIBILITY SPAN IS FOUND FOR PROVIDER NUMBER (2) ON THE PROVIDER MASTER FILE.
0668				ALL	'PRIOR AUTH FIRST PROVIDER TYPE IS NOT ELIGIBLE FOR PROCEDURE.'
BWOA0327					ONE OF THE FOLLOWING CONDITIONS IS TRUE: A. PROCEDURE PROV TYPE INDICATOR IS EQUAL TO 'I' (INVALID PROVIDER TYPES) AND PA FIRST PROV TYPE MATCHES ELIGIBLE PROV TYPES ON THE PDD FILE. OR B. PROCEDURE PROV TYPE INDICATOR IS EQUAL TO 'V' (VALID PROVIDER TYPES) AND PA FIRST PROV TYPE DOES NOT MATCH ANY ELIGIBLE PROV TYPES ON THE PDD FILE.
0669				ALL	'PRIOR AUTH SECOND PROVIDER TYPE IS NOT ELIGIBLE FOR PROCEDURE.'
BWOA0327					ONE OF THE FOLLOWING CONDITIONS IS TRUE: A. PROCEDURE PROV TYPE INDICATOR IS EQUAL TO 'I' (INVALID PROVIDER TYPES) AND PA SECOND PROV TYPE MATCHES ELIGIBLE PROV TYPES ON THE PDD FILE. OR B. PROCEDURE PROV TYPE INDICATOR IS EQUAL TO 'V' (VALID PROVIDER TYPES) AND PA SECOND PROV TYPE DOES NOT MATCH

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					ANY ELIGIBLE PROV TYPES ON THE PDD FILE.
0670				ALL	'PRIOR AUTH DRUG IS LESS THAN EFFECTIVE.'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. DRUG RECORD IS FOUND ON THE PDD FILE. B. FORMULARY DATA SEGMENT IS FOUND FOR THE DATE OF SVC. C. DRUG FORMULARY INDICATOR IS EQUAL TO 'D' (DESIGNATED FLAG DRUG LESS THAN EFFECTIVE).
0671				ALL	'DRUG ON PA RECORD REQUIRES PRIOR AUTHORIZATION'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. DRUG RECORD IS FOUND ON THE PDD FILE. B. FORMULARY DATA SEGMENT IS FOUND FOR THE DATE OF SVC. C. DRUG FORMULARY INDICATOR IS EQUAL TO (N,R,T,E,H,K,L,P,2,3 OR 8) (SINGLE SOURCE NON-FORMULARY DRUG, MULTI-SOURCE NON-FORMULARY DRUG, SCHEDULE II NON-FORMULARY DRUG, MULTI-SOURCE NON-CONTRACT PA, SINGLE SOURCE NON-CONTRACT PA, MULTI-SOURCE NON-CONTRACT PA ST, SINGLE SOURCE NON-CONTRACT PA ST, SUPPLIES PA, MULTI-SOURCE CONTRACT PA, SINGLE SOURCE CONTRACT PA, MULTI-SOURCE CONTRACT INNOV PA.
0672				ALL	'THERE IS NO CORRESPONDING RECORD ON THE RECIPIENT MASTER FILE FOR PATIENT ID ENTERED ON PA RECORD.'
BWOA0325					THE FOLLOWING CONDITIONS ARE TRUE: A. RECIPIENT ID IS NOT EQUAL TO SPACES; AND, B. RECIPIENT ID IS FOUND ON THE RECIP CROSS-REFERENCE FILE; AND, C. RECIPIENT ID IS NOT FOUND ON THE RECIPIENT MASTER FILE.
0673				ALL	'THERE IS NO CORRESPONDING RECORD ON THE PROVIDER MASTER FILE FOR THE FIRST PROVIDER ON PA RECORD.'
BWOA0326,0327					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER NUMBER (1) IS NOT EQUAL TO ZEROES; AND, B. PROVIDER NUMBER HAS A VALID CHECK DIGIT; AND, C. EXCEPTION 679 HAS NOT BEEN POSTED; AND, D. PROVIDER NUMBER (1) IS NOT FOUND ON THE PROVIDER MASTER FILE.
0674				ALL	'THERE IS NO CORRESPONDING RECORD ON THE PROVIDER MASTER FILE FOR THE SECOND PROVIDER ON PA RECORD.'
BWOA0326,0327					THE FOLLOWING CONDITIONS ARE TRUE:

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					A. PROVIDER NUMBER (2) IS NOT EQUAL TO ZEROES; AND,
					B. PROVIDER NUMBER HAS A VALID CHECK DIGIT; AND,
					C. EXCEPTION 680 HAS NOT BEEN POSTED; AND,
					D. PROVIDER NUMBER (2) IS NOT FOUND ON THE PROVIDER MASTER FILE.
0675				ALL	'THERE IS NO CORRESPONDING RECORD ON THE PDDD MASTER FILE FOR PROCEDURE ENTERED ON PA RECORD.'
BWOA0327					PROCEDURE CODE RECORD IS NOT FOUND ON THE PDD FILE AFTER A READ IS PERFORMED.
0676				ALL	'THERE IS NO CORRESPONDING RECORD ON THE PDDD MASTER FILE FOR DIAGNOSIS ENTERED ON PA RECORD.'
BWOA0327					A DIAGNOSIS CODE RECORD IS NOT FOUND ON THE PDD FILE AFTER A READ IS PERFORMED.
0677				ALL	'THERE IS NO CORRESPONDING RECORD ON THE PDDD MASTER FILE FOR DRUG CODE ENTERED ON PA RECORD.'
BWOA0327					A DRUG RECORD IS NOT FOUND ON THE PDD FILE AFTER A READ IS PERFORMED.
0678				ALL	'INVALID PROCEDURE CODE MODIFIER ON PA RECORD.'
BWOA0324					EXCEPTION POSTS IF:
					1. LINE-ITEM PROCEDURE CODE MODIFIER IS NOT EQUAL TO SPACES; AND,
					2. ONE OF THE FOLLOWING SETS OF CONDITIONS IS TRUE:
					A. PROC MODIFIER NOT EQUAL (SPACE,AA,AB,AC,AD,AE,AF,AG, AH,AJ,AK,AL,AM,AN,AP,AR,AS,AT,AU,AV,AW,AY,BP,BR,BU,CC,DD, DE,DH,DR,EG,EJ,EM,EN,EP,ET,E1,E2,E3, E4,D4,FA,FP,F1,F2,F3,F4, F5,F6,F7,F8,F9,GA,GB,GC,GE,GH,GN,GR,G1,G2,G3,HD,HG,HI,HJ, HN,HP,IH,JE,JH,JN,JR,KA,KB,KC,KD,KE,KF,KG,KH,KI,KJ, KM,KO,KP,KQ,KS,LL,LR,LS,LT,MP,MS,ND,NE,NG,NH,NI,NJ,NN,NR, NU,NX,PD,PE,PL,PN,P1,P2,P3,P4,P5,P6,QB,QC,QD,QE,QF,QG,QI, QJ,QK,QO,QQ,QS,QT,QU,QX,QY,QZ,Q1,Q2,Q3,Q4,Q5,Q6,Q7,Q8,Q9, RD,RE,RG,RH,RN,RP,RR,RT,RX,SD,SF,SH,SN,SP,SS, TA,TC,T1,T2,T3,T4,T5,T6,T7,T8,T9, UC,UE,VP,WR,XC,XX,X1,X2,X3,X4,X5,X6,X7,X8,X9, YL,YY,ZX,ZZ,1A,1C,1H,1L,1M,1P,1R,2A,2N,20,21, 22,23,24,25,26,3A,3N,32,4N,47,5A,5B,5C,50,51,52,53,54,55, 56,57,58,59,6N,62,66,76,77,78,79,80,81,82,90,99) VALID VALUE MODIFIERS; OR,
					B. FIRST DATE OF SERVICE IS ON OR BEFORE 07/31/94, AND PROCEDURE MODIFIER IS (AE,AF,AG,QS,1A,2A,3A); OR,
					C. FIRST DATE OF SERVICE IS ON OR AFTER 08/01/94, AND

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					PROCEDURE MODIFIER IS (QX,QZ).
					C. FIRST DATE OF SERVICE IS ON OR AFTER 05/01/95, AND
					PROCEDURE MODIFIER IS (QJ,QO,QQ,5C).
					C. FIRST DATE OF SERVICE IS BEFORE 05/01/95, AND
					PROCEDURE MODIFIER IS (QK).
0679				ALL	'FIRST PROVIDER NUMBER IS INVALID ON PA RECORD (INVALID CHECK DIGIT).'
BWOA0324,0326,0327					FIRST PROVIDER NUMBER HAS FAILED A MATHEMATICAL CALCULATION FOR THE LAST DIGIT.
0680					'SECOND PROVIDER NUMBER IS INVALID ON PA RECORD (INVALID CHECK DIGIT).'
BWOA0324,0326,0327					SECOND PROVIDER NUMBER HAS FAILED A MATHEMATICAL CALCULATION FOR THE LAST DIGIT.
0681				ALL	'INVALID TOOTH NUMBER ON PA RECORD.'
BWOA0324					THE FOLLOWING CONDITIONS ARE TRUE:
					A. LINE-ITEM TOOTH NUMBER IS NOT EQUAL TO SPACES; AND,
					B. LINE-ITEM TOOTH NUMBER IS NOT EQUAL TO (A-T,FM,LA,LL, LR,SN,UA,UR,01-32). (VALID TOOTH NUMBERS)
0682				ALL	'FIRST PROVIDER NUMBER IS MISSING ON PA RECORD.'
BWOA0324,0327					A. PROVIDER NUMBER (1) IS EQUAL TO ZEROES.
0683				ALL	'PATIENT ID MISSING ON PA RECORD.'
BWOA0324,0327					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROVIDER NUMBER (1) IS NOT EQUAL TO ZEROES; AND,
					B. PROVIDER NUMBER (2) IS EQUAL TO ZEROES; AND,
					C. RECIP ID IS EQUAL TO SPACES OR ZEROES.
0684				ALL	'INVALID TOOTH SURFACE ON PA RECORD.'
BWOA0324					THE FOLLOWING CONDITIONS ARE TRUE:
					A. LINE-ITEM TOOTH SURFACE IS NOT EQUAL TO SPACES; AND,
					B. LINE-ITEM TOOTH SURFACE IS NOT EQUAL TO (A,B,D,F,I,L, M OR O). (VALID TOOTH SURFACES)
0685				ALL	'PROCEDURE AGE CONFLICT FOR PROCEDURE ON PA RECORD.'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE:
					A. PROCEDURE CODE RECORD IS FOUND ON THE PDD FILE; AND,
					B. EXCEPTIONS 672 AND 683 ARE NOT POSTED; AND,
					C. RECIPIENT AGE IS LESS THAN THE PROCEDURE'S MINIMUM AGE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					OR GREATER THAN THE PROCEDURE'S MAXIMUM AGE.
0686				ALL	'NO PRICING SEGMENT FOR PROCEDURE OR NDC FOR DOS ON PA RECORD.'
	BWOA0327				NO PROC OR DRUG PRICING SEGMENT IS FOUND WITH FIRST DATE OF SVC NOT LESS THAN THE PRICING BEGIN DATE AND FIRST DATE OF SVC NOT GREATER THAN PRICING END DATE.
0687				ALL	'PROCEDURE SEX CONFLICT FOR PROCEDURE ON PA RECORD.'
	BWOA0327				ONE OF THE FOLLOWING SETS OF CONDITIONS IS TRUE: A1. VALID SEX INDICATOR IS EQUAL TO MALE OR FEMALE; AND, B1. RECIPIENT SEX CODE IS NOT EQUAL TO MALE OR FEMALE. OR A2. VALID SEX INDICATOR IS EQUAL TO MALE ONLY; AND, B2. RECIPIENT SEX CODE IS NOT EQUAL TO MALE. OR A3. VALID SEX INDICATOR IS EQUAL TO FEMALE ONLY; AND, B3. RECIPIENT SEX CODE IS NOT EQUAL TO FEMALE.
0688				ALL	'PROCEDURE CODE ON PA RECORD NOT COVERED (FACTOR CODE=6)'
	BWOA0327				THE FOLLOWING CONDITIONS ARE TRUE: A. A PRICING SEGMENT FOR THE PROCEDURE IS FOUND FOR DATE OF SERVICE. B. PROCEDURE FACTOR CODE IS EQUAL TO '6' (NOT COVERED).
0689				ALL	'DIAGNOSIS ON PA RECORD NOT COVERED (CONTROL CODE = 1).'
	BWOA0327				THE FOLLOWING CONDITIONS ARE TRUE: A. DIAGNOSIS RECORD IS FOUND ON PDD FILE. B. DIAGNOSIS CONTROL CODE IS EQUAL TO '1' (NON PAYABLE).
0690				ALL	'PROCEDURE ON PA RECORD DOES NOT REQUIRE PRIOR AUTH (PA IND = N OR S)'.
	BWOA0327				PA INDICATOR ON THE PDD FILE IS NOT EQUAL 'Y' (PRIOR AUTH REQUIRED) AND IS NOT EQUAL TO 'S' (AUTH WITH PA NUMBER).
0691				ALL	'DRUG ON PA RECORD DOES NOT REQUIRE PRIOR AUTHORIZATION (PA IND = N)'.
	BWOA0327				THE FOLLOWING CONDITIONS ARE TRUE: A. DRUG RECORD IS FOUND ON THE PDD FILE. B. FORMULARY DATA SEGMENT IS FOUND FOR THE DATE OF SVC. C. PA IND IS EQUAL 'N' (NO PA REQUIRED).
0692				ALL	'DIAGNOSIS ON PA RECORD DOES NOT REQUIRE PRIOR

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					AUTHORIZATION (PA IND = N OR S).'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. DIAGNOSIS CODE RECORD IS FOUND ON THE PDD FILE. B. PA INDICATOR IS NOT EQUAL TO (Y OR S) (PA REQD OR AUTH WITH PA NUMBER).
0693				ALL	'FIRST PROVIDER SPECIALTY INVALID FOR PROCEDURE ON PA RECORD.'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER SPECIALTY CODE ON THE PDD RECORD AND THE CLAIM ARE NOT EQUAL TO SPACES; AND, B. PA FIRST PROVIDER SPECIALTY CODE DOES NOT MATCH ANY ELIGIBLE PROVIDER SPECIALTY CODES ON THE PDD FILE.
0694				ALL	'SECOND PROVIDER SPECIALTY INVALID FOR PROCEDURE ON PA RECORD.'
BWOA0327					THE FOLLOWING CONDITIONS ARE TRUE: A. PROVIDER SPECIALTY CODE ON THE PDD RECORD AND THE CLAIM ARE NOT EQUAL TO SPACES; AND, B. PA SECOND PROVIDER SPECIALTY CODE DOES NOT MATCH ANY ELIGIBLE PROVIDER SPECIALTY CODES ON THE PDD FILE.
0695				ALL	'RECIP ASSISTANCE CATEGORY ON PA RECORD IS MEDICAL ONLY.'
BWOA0325					A. MATCH CODE IS EQUAL TO (F OR 4) AND PROGRAM CODE IS EQUAL TO 'M'.
0696				ALL	'RECIP ASSISTANCE CATEGORY ON PA RECORD IS GAU.'
BWOA0325					ONE OF THE FOLLOWING CONDITIONS IS TRUE: A. MATCH CODE IS EQUAL TO (A,B,C,D,E,F,G,H,I,J,K,L,M,N, P,R,S,T,U,X,Y,1,2,4 OR 5) AND PROGRAM CODE IS EQUAL TO 'U'; OR B. MATCH CODE IS EQUAL TO (R OR U) AND PROGRAM CODE IS EQUAL TO 'W'.
0697				ALL	'RECIP ASSISTANCE CATEGORY ON PA RECORD IS MEDICALLY INDIGENT.'
BWOA0325					ONE OF THE FOLLOWING CONDITIONS IS TRUE: A. MATCH CODE IS EQUAL TO 'G' AND PROGRAM CODE IS EQUAL TO M; OR B. MATCH CODE IS EQUAL TO 'P' AND PROGRAM CODE IS EQUAL TO 'M'.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0698				ALL	'RECIP ASSISTANCE CATEGORY ON PA RECORD IS MEDICALLY NEEDY.'
BWOA0325					ONE OF THE FOLLOWING CONDITIONS IS TRUE: A. MATCH CODE IS EQUAL TO (A,B OR H) AND PROGRAM CODE IS EQUAL TO (A,B,C,G,H,J,P,R OR S); OR B. MATCH CODE IS EQUAL TO 'L' AND PROGRAM CODE IS EQUAL TO (C,G,H,J,R OR S).
0699				ALL	'RECIP ASSISTANCE CATEGORY ON PA RECORD IS DETOXIFICATION'
BWOA0325					A. MATCH CODE IS EQUAL TO 'R' AND PROGRAM CODE IS EQUAL TO 'M'.
0820				ALL	'PRIOR AUTHORIZATION STATUS IS TO BE PURGED. (ONLY POSTED IN BATCH)'
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE: A. PA NUMBER RECORD IS FOUND ON THE PA MASTER FILE. B. PA APPROVAL INDICATOR IS EQUAL TO 'X' (TO BE PURGED).
0821				ALL	'PRIOR AUTHORIZATION STATUS IS PENDING. (ONLY POSTED IN BATCH)'
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE: A. PA NUMBER RECORD IS FOUND ON THE PA MASTER FILE. B. PA APPROVAL INDICATOR IS EQUAL TO (M,P OR I) (PENDING-INFO, PENDING-OTHER OR INACTIVE).
0822				RC=60, 61,62	'DOS ON CLAIM DO NOT MATCH ANY DOS IN PA RECORD. (ONLY POSTED IN BATCH)'
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE: A. EXCEPTIONS 822, 823 AND 824 HAVE NOT BEEN POSTED. B. LINE-ITEM PA INDICATOR IS NOT EQUAL TO '1' (HAS BEEN PA'D). C. ALLOWED CHARGE IS NOT EQUAL TO ZEROES. D. PROCEDURE FALLS WITHIN PRIOR AUTHORIZED PROCEDURE RANGE. E. DATES OF SERVICE DO NOT FALL WITHIN ANY PRIOR AUTHORIZED DATE SPAN ON THE PA RECORD.
0823				RC=60, 61,62	'SPAN FOUND IN PA RECORD BUT THERE ARE INSUFFICIENT DOLLARS. (ONLY POSTED IN BATCH)'
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE: A. EXCEPTIONS 822, 823 AND 824 HAVE NOT BEEN POSTED.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. LINE-ITEM PA INDICATOR IS NOT EQUAL TO '1' (HAS BEEN PA'D).
					C. ALLOWED CHARGE IS NOT EQUAL TO ZEROES.
					D. PROCEDURE FALLS WITHIN PRIOR AUTHORIZED PROCEDURE RANGE.
					E. DATES OF SERVICE FALL WITHIN PRIOR AUTHORIZED DATE SPAN.
					F. PRIOR AUTH AMOUNT ON CLAIM IS GREATER THAN PRIOR AUTHORIZED AMOUNT.
0824				RC=60, 61,62	'SPAN FOUND IN PA RECORD BUT THERE ARE INSUFFICIENT UNITS. (ONLY POSTED IN BATCH)'
BWSC5030					THE FOLLOWING CONDITIONS ARE TRUE:
					A. EXCEPTIONS 822, 823 AND 824 HAVE NOT BEEN POSTED.
					B. LINE-ITEM PA INDICATOR IS NOT EQUAL TO '1' (HAS BEEN PA'D).
					C. ALLOWED CHARGE IS NOT EQUAL TO ZEROES.
					D. PROCEDURE FALLS WITHIN PRIOR AUTHORIZED PROCEDURE RANGE.
					E. DATES OF SERVICE FALL WITHIN PRIOR AUTHORIZED DATE SPAN.
					F. PRIOR AUTH UNITS ON CLAIM IS GREATER THAN PRIOR AUTHORIZED UNITS.
					G. FOR A DRUG CLAIM, THE NDC DOES NOT BEGIN WITH ANY OF THE FOLLOWING NINE-DIGIT STRINGS: 50458-0300, 50458-0320, 50458-0330, 50458-0350.
0841	2	2	1	RC=66	'RECORD ALREADY BEING ADJUSTED.'
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. A READ-KEY ON THE CLAIMS-TO-BE-CREDITED FILE HAS A RETURN-CODE OF '20' (RECORD-BUSY).
					THIS EXCEPTION POSTS WHEN TRYING TO ADJUST A CLAIM THAT SOMEONE ELSE IS TRYING TO ADJUST AT EXACTLY THE SAME TIME.
0842	2	2	1	RC=66	'NO MATCH ON PIC ON ADJUSTMENT REQUEST.'
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECORD CODE IS EQUAL TO 66 (CREDIT-ADJUSTMENT RECORD).
					B. ORIGINAL-RECIP-ID ON THE ORIGINAL CLAIM IS NOT EQUAL TO THE ORIGINAL-RECIP-ID ON THE CLAIM TO BE ADJUSTED.
0843	2	2	1	RC=66	'NO MATCH ON PROVIDER ON ADJUSTMENT REQUEST.'
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECORD CODE IS EQUAL TO 66 (CREDIT-ADJUSTMENT RECORD).
					B. PROVIDER NUMBER ON THE ORIGINAL CLAIM IS NOT EQUAL TO

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THE PROVIDER NUMBER ON THE CLAIM TO BE ADJUSTED.
0844	2	2	1	RC=66	'ADJUSTMENT FROM HISTORY'.
BWOC0047					EXCEPTION ALWAYS POSTS TO EACH ONLINE ADJUSTMENT THAT MAKES A MATCH.
0845	2	2	1	ALL	'CASH CONTROL MASS CREDIT (SAME AS 854 EXCEPT ONLY POSTS FOR CASH CONTROL RETURNED WARRANTS.)'
BWMC5000					THE FOLLOWING CONDITIONS ARE TRUE: A. RECORD CODE IS EQUAL TO 66 (CREDIT/ADJUST RECORD). B. TCN IS NOT FOUND ON HISTORY FILE AFTER A READ-KEY IS PERFORMED.
0850	2	2	1	ALL	'NO MATCH FOUND IN HISTORY FOR ICN.'
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE: A. RECORD CODE IS EQUAL TO 66 (CREDIT/ADJUST RECORD). B. TCN IS NOT FOUND ON HISTORY FILE AFTER A READ-KEY IS PERFORMED.
0851	2	2	1	ALL	'CLAIM WAS ALREADY CREDITED.'
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE: A. RECORD-CODE IS EQUAL TO 66 (CREDIT/ADJUST RECORD). B. FIRST DIGIT OF THE DOCUMENT NUMBER IS EQUAL TO 1 OR CLAIM-CREDIT-INDICATOR IS EQUAL TO Y ON ORIGINAL CLAIM.
0852	0	0	3	Q	'GROSS ADJUSTMENT EXCEEDS MAX.'
BWSC3560					THE FOLLOWING CONDITIONS ARE TRUE: A. EXCEPTION 124 IS NOT DETECTED. B. CLAIM TYPE IS EQUAL TO Q (GROSS ADJUSTMENT). C. TOTAL CLAIM CHARGE IS GREATER THAN THE UPPER LIMIT ESTABLISHED FOR THAT DATE OF SERVICE FOR GROSS ADJUSTMENTS. (UPPER LIMIT IS A SYSTEM PARAMETER.)
0853	2	2	1	ALL	'CLAIM IS AN ADJUSTMENT.'
(N O L O N G E R P O S T S)					EXCEPTION 844 TOOK THE PLACE OF 853.
0854	2	2	1	ALL	'CLAIM IS A MASS ADJUSTMENT OR MASS CREDIT.'
BWMC5000					CLAIM STATUS IS EQUAL TO F AND ACCOUNTING CODE EQUAL TO (F, L, D OR J).
0855	0	0	1	ALL	'ADJUSTMENT HAS AUTO DENIAL.'
BWMC5000					

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					DATE: 04/21/04
					EXCEPTION WILL POST IF THE FOLLOWING IS TRUE: 1.A. THE CLAIM STATUS OF THE CLAIMS IS EQUAL TO 'F' B. THE ACCOUNTING CODE ON THE CLAIM IS EQUAL TO 'E' 'F' 'K' OR 'L' C. THE EXCEPTION STAUS IS EQUAL TO '2' EXCEPTION WILL NOT POST IF: 1.A. THE CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN) OR 'L' (EPSDT) B. THE CLAIM INPUT MEDIUM IS EQUAL TO '0' (EXAM ENTRY) C. EXCEPTION 609 HAS POSTED ON THE CLAIM
0856	0	0	3	O	'MONEY ON A PART B CROSSOVER IS OUT OF BALANCE.' BWSC5010 ONE OF THE FOLLOWING CONDITIONS ARE TRUE: 1). MEDICARE PAID AMOUNT PLUS THE TOTAL MEDICAID ALLOWED IS GREATER THAN THE TOTAL MEDICARE ALLOWED. WILL POST AT HEADER LEVEL FOR THIS CONDITION. 2). WILL POST AT THE LINE ITEM LEVEL IF THE MEDICAID ALLOWED IS GREATER THAN THE MEDICARE ALLOWED AT THE LINE ITEM LEVEL. 3). WILL POST AT THE LINE ITEM LEVEL IF THE MEDICARE PAID AMOUNT IS GREATER THAN THE MEDICARE ALLOWED AMOUNT.
0857				RC=66	'UNUSED' THIS EXCEPTION IS CURRENTLY UNUSED AS OF 01/12/01.
0858	2	2	1	ALL	'THE EXCEPTION SPECIFIED TO BE OVERRIDDEN IS AN EXCEPTION WHICH CANNOT BE FORCED. THEREFORE IT CANNOT BE OVERRIDDEN. BWSC2020,2040,2050,2060,2070 (N O L O N G E R P O S T S) (C O D E S T I L L E X I S T S) 1) THE HEADER OVERRIDE EXCEPTION CODE HAS A FORCE INDICATOR NOT EQUAL TO '0'. 2) THE CLAIM IS AN INSTITUTIONAL OR MEDICAL CLAIM AND THE LINE ITEM OVERRIDE EXCEPTION CODE IS NOT EQUAL TO ZERO AND LINE ITEM OVERRIDE EXCEPTION CODE HAS A FORCE INDICATOR NOT EQUAL TO '0'.

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0859	2	2	1	ALL	'THERE IS NO EOB ON A CLAIM OR LINE ITEM TO BE DENIED. YOU MUST HAVE A VALID NON-ZERO EOB CODE ON EACH SERVICE OR CLAIM YOU WISH TO DENY.' BWMC5000 1) EXCEPTION STATUS = D OR 2 (DENIED OR DENY) AND HEADER EXCEPTION CODE (1) = 0 AND HEADER EXCEPTION (2) = 0. 2) EXCEPTION STATUS = 2 (DENY), AND LINE-ITEM EXCEPTION CODE (1)= 0 AND LINE-ITEM EXCEPTION CODE (2) = 0.
0860	2	2	1	ALL	'A RETURN DISPOSITION WAS SET ON THE CLAIM BUT NO EOB WAS SPECIFIED FOR THE RETURN LETTER.' BWMC5000 1) EXCEPTION STATUS = R (RETURNED) AND HEADER EOB (1)(2) ARE BOTH ZERO. 2) EXCEPTION STATUS = R (RETURNED) AND EOB(1) AND EOB (2) ARE NOT A VALUE BETWEEN 600-699 (INCLUSIVE). 3) EXCEPTION STATUS =R (RETURNED) AND LINE ITEM EOB (1)(2) ARE BOTH ZEROES. 4) EXCEPTION STATUS = R (RETURNED) AND LINE ITEM EOB (1)(2) ARE NOT A VALUE BETWEEN 600-699 (INCLUSIVE).
0861				ALL EXCEPT RC=66	'STOP PAYMENT ON APPROPRIATION' BWSC5050 THE ACCOUNT APPROPRIATION CODE IN THE CLAIM IS EQUAL TO A TABLED EXCEPTION-APPROPRIATION-CODE PARAMETER AFTER A SEARCH OF THE TABLE.
0862	0	0	3	Q	'NURSING HOME PAYOUT' (GROSS ADJUSTMENT) BWMC5000 THE FOLLOWING CONDITIONS ARE TRUE: A. CLM-INPUT-FORM-IND IS EQUAL TO 'Q'(GROSS ADJ); AND, B. CLM-INPUT-MEDIUM-IN IS EQUAL TO 4 (COMP GENER); AND, C. CLAIM STATUS IS EQUAL TO 'I' (TO BE PAID); AND, D. DOCUMENT NUMBER IS LESS THAN 1000; AND, E. PROV-CAT-OF-SVC-CODE IS EQUAL TO (90,91,93,94,95 OR 48) (SNF-EXTENDED-CARE, INTERMEDIATE-CARE, ICF-MR, CONGREGATE-CARE, INVOLUNTARY-TREAT, CAP-DISP-FEE).
0863				ALL	'ATTEMPTING TO ADJUST A DENIED ADJUSTMENT REQUEST' BWOC0047 THE FOLLOWING CONDITIONS ARE TRUE: A. REIMBURSEMENT AMOUNT IS NOT LESS THAN 0. B. RECORD-CODE IS NOT EQUAL TO (60,61,62,64). (MEDICAL, INSTITUTIONAL, PHARMACY, MCARE PT. A). C. CLAIM IS NOT A RESULT OF A MASS ADJUSTMENT ATTEMPT.
0864				ALL	'ATTEMPTING TO ADJUST A DENIED CREDIT REQUEST.'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
BWOC0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. REIMBURSEMENT AMOUNT IS LESS THAN ZERO.
					B. RECORD-CODE IS NOT EQUAL TO R4 (MASS ADJUST REQUEST).
					C. CLAIM IS NOT A RESULT OF A MASS ADJUSTMENT ATTEMPT.
0865				ALL	'ADJUSTMENT ALREADY IN PROCESS'
BWOC0047					EXCEPTIONS POSTS WHEN TRYING TO ADJUST A CLAIM THAT IS
					ALREADY BEING ADJUSTED.
0866				RC=66	'ATTEMPTING TO ADJUST A GROSS ADJUSTMENT'.
BW0C0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECORD CODE IS EQUAL TO 66 (CREDIT-ADJUSTMENT RECORD).
					B. CLAIM-INPUT-FORM-INDICATOR IS EQUAL TO 'Q'
					(GROSS-ADJUSTMENT).
0867				RC=66	'ATTEMPTING TO ADJUST A CREDIT.'
BW0C0047					THE FOLLOWING CONDITIONS ARE TRUE:
					A. RECORD CODE IS EQUAL TO 66 (CREDIT-ADJUSTMENT RECORD).
					B. ACCOUNTING CODE IS EQUAL TO (A, B, C, D, G, H, I OR J)
					(CREDIT-CLAIM-ADJ, CREDIT-CLM-CREDIT, CREDIT-MASS-ADJ,
					CREDIT-MASS-CREDIT, HIST-CRE-CLM-ADJ, HIST-CRE-CLM-CRE,
					HIST-CRE-MA, HIST-CREDIT-MCARE).
0875				ALL	'SUSP CLM PROC IN NEW BIEN YR'
BWMC5000					ONE OF THE FOLLOWING IS TRUE:
					A. FIRST DATE OF SERVICE IS NOT LESS THAN THE BIENNIUM
					CUT-OFF-DATE AS DETERMINED BY A DATE PARAMETER;
					OR
					B. FIRST DATE OF SERVICE IS NOT GREATER THAN BIENNIUM CUT-
					OFF-DATE AND LAST DATE OF SERVICE IS NOT LESS THAN
					BIENNIUM CUT-OFF-DATE.
					(NOTE: THE PURPOSE OF THIS EXCEPTION IS TO SUSPEND
					CLAIMS IN THE NEW BIENNIUM UNTIL THE NEW ACCOUNTING CODE
					REVISIONS ARE IN PLACE.)
0876					'UNUSED'
					THIS EXCEPTION IS CURRENTLY UNUSED AS OF 01/12/01.
0877					'NON TAKE CHARGE PROVIDER'
BWSC3520					DATE: 06/01/04
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLIENT PROGRAM CODE IS 'G' (TAKE CHARGE).

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					B. CLIENT MATCH CODE IS 'M' (MEDICAL ONLY)
					OR
					'T' (ADOPT SUPP MED PROG).
					C. CLIENT ELIGIBILITY CODE IS 'P' (FAMILY PLANNING).
					D. PROVIDER DOES NOT HAVE A HOLD AND REVIEW INDICATOR OF
					'B' FOR THE DATES OF SERVICE ON THE CLAIM
					OR
					FIRST DATE OF SERVICE IS BEFORE EFFECTIVE DATE.
					THE FOLLOWING CONDITIONS WILL BYPASS THE EXCEPTION:
					A. PROVIDER TYPE IS ONE OF THE FOLLOWING:
					1. '22' (AMBULATORY SURGERY CENTER)
					2. '25' (RADIOLOGIST)
					3. '26' (PHARMACY)
					4. '43' (LAB)
					5. '48' (ANESTHESIOLOGIST)
					6. '49' (NURSE ANESTHESIOLOGIST)
					7. '59' (OUTPATIENT HOSPITAL)
					B. PROVIDER TYPE IS 40 WITH SPECIALTY 60 (INTERPRETER)
					C. PROCEDURE CODE IS ONE OF THE FOLLOWING:
					'55250' '58600' '58615' '58670' '58671' '57452',
					'57454' '57511' '5911M' '5912M' '00851' '00869'
					D. PROVIDER TYPE IS 20 WITH SPECIALTY 30 (RADIOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 70000 THROUGH 79999.
					OR
					PROVIDER TYPE IS 20
					AND
					PERFORMING PROVIDER HAS A SPECIALY OF 30(RADIOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 70000 THROUGH 79999.
					E. PROVIDER TYPE IS 20 WITH SPECIALTY 22 (PATHOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 80000 THROUGH 89999.
					OR
					PROVIDER TYPE IS 20
					AND
					PERFORMING PROVIDER HAS A OF SPECIALTY 22 (PATHOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 80000 THROUGH 89999.
					F. PROVIDER TYPE IS 20 AND DIAGNOSIS CODE IS V25.2
					AND
					PROCEDURE CODE IS IN RANGES:
					99201 THROUGH 99215 OR 99241 THROUGH 99245.
					G. ITA BLIND INDICATOR IS EQUAL TO ITA CLAIM (I).
					H. PROCEDURE CODE IS EQUAL TO 55450.
087X					'NON TAKE CHARGE PROVIDER'
BWSC3520					
					DATE: 06/01/04

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					THE FOLLOWING CONDITIONS ARE TRUE:
					A. CLIENT PROGRAM CODE IS 'G' (TAKE CHARGE).
					B. CLIENT MATCH CODE IS 'M' (MEDICAL ONLY)
					OR
					'T' (ADOPT SUPP MED PROG).
					C. CLIENT ELIGIBILITY CODE IS 'P' (FAMILY PLANNING).
					D. PROVIDER NOT LISTED AS A TAKE CHARGE PROVIDER.
					LIST FOLLOWS:
					EFFECTIVE 07/01/2001
					7103203, 7871007, 7900012, 7900038, 7900137,
					7900186, 7900210, 7900228, 7900277, 7900335, 7900368,
					7900376, 7900384, 7900392, 7900426, 7900459, 7900467,
					7900483, 7900491, 7900517, 7900525, 7900533, 7900558,
					7900566, 7900574, 7901309, 7902208, 7902703, 7902901,
					7911803, 7912405, 7913700, 7913908, 7914500, 7920705,
					7921109, 7922008, 7922404.
					EFFECTIVE 09/25/2001
					7900590, 7900632, 7900681.
					EFFECTIVE 10/30/2001
					7102734, 7900616, 7900624, 7900640, 7900657,7900665,
					7900723.
					EFFECTIVE 01/01/2002
					7900756, 7900996, 7901036.
					EFFECTIVE 02/01/2002
					7018500, 7900673, 7900699, 7900715, 7900731, 7900749,
					7900772, 7900798, 7900814, 7900830, 7900848, 7900855,
					7900863, 7900327, 7900822, 7900871, 7900889, 7900897,
					7900913, 7900947, 7900954, 7900962.
					EFFECTIVE 06/01/2002
					7900921.
					EFFECTIVE 08/01/2002
					7900442, 7900780.
					EFFECTIVE 10/01/2002
					7901010, 7900988, 7901028, 7901044.
					EFFECTIVE 11/01/2002
					7901119.
					EFFECTIVE 01/01/2003
					7901135.
					EFFECTIVE 02/01/2003
					7901051.
					OR
					FIRST DATE OF SERVICE IS BEFORE EFFECTIVE DATE.
					THE FOLLOWING CONDITIONS WILL BYPASS THE EXCEPTION:
					A. PROVIDER TYPE IS ONE OF THE FOLLOWING:
					1. '22' (AMBULATORY SURGERY CENTER)
					2. '25' (RADIOLOGIST)
					3. '26' (PHARMACY)
					4. '43' (LAB)

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					5. '48' (ANESTHESIOLOGIST)
					6. '49' (NURSE ANESTHESIOLOGIST)
					7. '59' (OUTPATIENT HOSPITAL)
					B. PROVIDER TYPE IS 40 WITH SPECIALTY 60 (INTERPRETER)
					C. PROCEDURE CODE IS ONE OF THE FOLLOWING:
					'55250' '58600' '58615' '58670' '58671' '57452',
					'57454' '57511' '5911M' '5912M' '00851' '00869'
					D. PROVIDER TYPE IS 20 WITH SPECIALTY 30 (RADIOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 70000 THROUGH 79999.
					OR
					PROVIDER TYPE IS 20
					AND
					PERFORMING PROVIDER HAS A SPECIALY OF 30(RADIOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 70000 THROUGH 79999.
					E. PROVIDER TYPE IS 20 WITH SPECIALTY 22 (PATHOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 80000 THROUGH 89999.
					OR
					PROVIDER TYPE IS 20
					AND
					PERFORMING PROVIDER HAS A OF SPECIALTY 22 (PATHOLOGY)
					AND
					PROCEDURE CODE IS IN RANGE 80000 THROUGH 89999.
					F. PROVIDER TYPE IS 20 AND DIAGNOSIS CODE IS V25.2
					AND
					PROCEDURE CODE IS IN RANGES:
					99201 THROUGH 99215 OR 99241 THROUGH 99245.
					G. ITA BLIND INDICATOR IS EQUAL TO ITA CLAIM (I).
					H. PROCEDURE CODE IS EQUAL TO 55450.
0878					'NOT ELIG FOR TAKE CHRG ED'
BWSC3550					THE FOLLOWING CONDITIONS ARE TRUE:
					PROCEDURE CODE IS ONE OF THE FOLLOWING:
					0392M, 0393M, 9010M.
					AND
					A. CLIENT PROGRAM CODE IS OTHER THAN 'G' (TAKE CHARGE)
					AND
					B. CLIENT MATCH CODE IS OTHER THAN 'M' (MEDICAL ONLY)
					OR
					'T' (ADOPT SUPP MED PROG).
					AND
					C. CLIENT ELIGIBILITY CODE IS OTHER THAN 'P'
					(FAMILY PLANNING).
					AND
					C. CLAIM IS NOT POSTING EXCEPTIONS 129 (MISSING PIC),
					OR 130 (INVALID PIC), OR 250 (RECIPIENT NOT ON

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					ELIGIBILITY FILE).
0895	0	0	1		'ON SIZE ERROR - CAN'T COMPUTE.'
BWSC3530,3540,3550,3570				M,S,T	A. INSTITUTIONAL CLAIM AND AN ON-SIZE ERROR OCCURRED DURING THE COMPUTATION OF ONE OF THE FOLLOWING: 1. SUBMITTED CHARGE. 2. MAXIMUM ALLOWED CHARGE. 3. ALLOWED CHARGE. 4. OUTLIER ALLOWED CHARGE. 5. MAX-COMPUTED-CHARGE. 6. FEE SCHEDULE. 7. CUSTOMARY CHARGE. 8. ADJUSTED UNITS OF SERVICE. 9. PREVAILING CHARGE. 10. ADJUSTED-PROC-FACTOR. 11. CUT-ALLOWED-CHARGE. OR
				D	B. DRUG CLAIM AND ON-SIZE ERROR HAS OCCURED IN COMPUTATION OF MAX-ACQ-ALLOWED. MAX-ACQ-ALLOWED IS COMPUTED AS FOLLOWS: IF W1500232-DRUG-MAC (WX1500191-DRUG-PRICE-DATA) IS EQUAL TO 0 THEN COMPUTE W1500232-DRUG-EAC (WX1500191-DRUG-PRICE-DATA) * W1415433-DRUG-QUANTITY ELSE IF LMC-APPROVAL-IND IS EQUAL TO 'Y' (LMC APPROVAL) THEN COMPUTE W1500232-DRUG-EAC (WX1500191-DRUG-PRICE-DATA) * W1415433-DRUG-QUANTITY ELSE COMPUTE W1500232-DRUG-MAC (WX1500191-DRUG-PRICE-DATA) OR
				RC= 60	C. MEDICAL CLAIM AND ON-SIZE ERROR OCCURRED DURING THE COMPUTATION OF ONE OF THE FOLLOWING: 1. MAXIMUM-ALLOWED-CHARGE. 2. FEE-SCHEDULE. 3. CUSTOMARY-CHARGE. 4. ADJUSTED-PROC-FACTOR. OR
				V,W	D. CLAIM TYPE IS EQUAL TO V OR W (MCARE INPAT OR OUTPAT CROSSOVER CLAIM) - 1. EXCEPTIONS (124,132,134,225) ARE NOT DETECTED. 2. FIRST DATE OF SERVICE IS NOT EQUAL TO ZEROS. 3. ON-SIZE ERROR OCCURRED IN COMPUTATION OF MAXIMUM- COINSURANCE AMOUNT. THE MAX-COINS AMOUNT EQUALS (AMT-PAID-BY-MCARE * PERCENT-LIMIT / (1 - PERCENT- LIMIT)). (PERCENT-LIMIT IS A SYSTEM PARAMETER).

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
0897				J, K	' ADULT DENTAL SERVICE NO LONGER COVERED'
					BWSC3550
					THIS EXCEPTION POST IF THE FOLLOWING IS TRUE:
					1. CLAIM INPUT FORM INDICATOR IS EQUAL TO PHYSICIAN (J) OR DENTAL (K); AND
					2. PROVIDER TYPE IS EQUAL TO DENTIST (27); AND
					3. RECIPIENT IS 21 YEARS OF AGE OR OLDER; AND
					4. FIRST DATE OF SERVICE IS ON OR AFTER AUGUST 01, 2003; AND
					5. THE PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					D0210 D0240 D0321 D0330 D0460 D0501 D2110 D2120 D2130
					D2336 D2380 D2381 D2382 D2710 D2740 D2750 D2751 D2752
					D2910 D2920 D2930 D2931 D3220 D3320 D3330 D3351 D3352
					D3410 D3421 D3425 D3426 D3430 D3950 D5211 D5212 D5213
					D5214 5211D 5212D 5213D 5214D D5410 D5411 D5421 D5422
					D5510 D5520 0552D D5610 D5630 D5640 0565D D5650 D5660
					D5710 D5711 D5720 D5721 D5750 D5751 D5760 D5761 D5850
					D5851 D5932 0663D D6930 D7220 D7230 D7240
					D7270 D7280 D7880 D9230 D9610 D9951 11044
					20680 21031 21032 40819 41520 41830 41874.
0898	2	2	3	ALL	'TOO MANY CLAIMS FOR THIS RECIPIENT IN THIS CYCLE.'
					BWMC4000
					THE NUMBER OF TABLED CLAIMS FOR A RECIPIENT HAS EXCEEDED
					THE MAXIMUM AMOUNT.
					DRUG - 25 CLAIMS
					MEDICAL - 10
					INSTITUTIONAL - 8
					MEDICARE - 10
0899				RC=60, 61,62,64	'OVER 50 EXCEPTIONS'
					BWMC3500
					PHARMACY, MEDICAL, INST OR MED A CLAIM AND THERE ARE MORE
					THAN 50 EXCEPTIONS POSTED ON THE CLAIM.
1003				RC=60, K	'NO APPLIANCE PLACEMENT DATE ON CLAIM'
					BWSC3550
					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. APPLIANCE PLACEMENT DATE IS NOT GREATER THAN ZERO
					2. FIRST DATE OF SERVICE IS OCTOBER 01, 2003 OR GREATER
					3. PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					0840D 0841D 0843D 0844D 0868D 0869D 0872D 0873D.
1004					'MISSING OR INVALID NDC NUMBER'
					BWSC3530, BWSC3550
					DATE: 04/07/04

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					MEDICAL CLAIMS
					1. FIRST DATE OF SERVICE IS ON OR AFTER OCTOBER 16, 2003
					2. CLAIM INPUT FORM INDICATOR IS EQUAL TO 'J' OR 'P'
					3. THE NDC NUMBER IS MISSING OR INVALID
					4. PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					J3490 J9999
					BYPASS CRITERIA
					1. BILLING PROVIDER TYPE IS EQUAL TO 71
					INSTITUTIONAL CLAIMS
					MEDICAL CLAIMS
					1. FIRST DATE OF SERVICE IS ON OR AFTER OCTOBER 16, 2003
					2. CLAIM INPUT FORM INDICATOR IS EQUAL TO 'M'
					3. PROVIDER TYPE IS EQUAL TO '62' (KIDNEY CENTER)
					4. THE NDC NUMBER IS MISSING OR INVALID
					5. PROCEDURE CODE IS EQUAL TO J3490 OR J9999
1005				RC=60 (P)	'INVALID PROCEDURE CODE FOR DIAGNOSIS CODE V59.8'
BWSC2050					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. CLAIM INPUT FORM INDICATOR EQUAL TO 'P' MED VENDOR;
					2. DIAGNOSIS CODE EQUAL TO V59.8;
					AND ONE OF THE FOLLOWING IS TRUE:
					A. FIRST DATE IF SERVICE IS GREATER THAN OCTOBER 31, 2002
					AND THE PROC CODE IS EQUAL TO ONE OF THE FOLLOWING:
					'0410L' '3220L' '3300L' 'A4280' 'A5500'
					'A5501' 'A5503' 'A5504' 'A5505' 'A5506'
					'A5507' 'A5509' 'A5511' 'L0100' 'L0110'
					'L0120' 'L0130' 'L0140' 'L0150' 'L0160'
					'L0170' 'L0172' 'L0174' 'L0180' 'L0190'
					'L0200' 'L0210' 'L0220' 'L0300' 'L0310'
					'L0315' 'L0317' 'L0320' 'L0321' 'L0330'
					'L0331' 'L0340' 'L0350' 'L0360' 'L0370'
					'L0380' 'L0390' 'L0391' 'L0400' 'L0410'
					'L0420' 'L0430' 'L0440' 'L0500' 'L0510'
					'L0515' 'L0520' 'L0530' 'L0540' 'L0550'
					'L0560' 'L0561' 'L0565' 'L0600' 'L0610'
					'L0620' 'L0700' 'L0710' 'L0810' 'L0820'
					'L0830' 'L0860' 'L0900' 'L0910' 'L0920'
					'L0940' 'L0950' 'L0960' 'L0970' 'L0972'
					'L0974' 'L0976' 'L0978' 'L0980' 'L0982'
					'L0984' 'L0986' 'L0999' 'L1000' 'L1005'
					'L1010' 'L1020' 'L1025' 'L1030' 'L1040'
					'L1050' 'L1060' 'L1070' 'L1080' 'L1085'
					'L1090' 'L1100' 'L1120' 'L1200' 'L1210'
					'L1220' 'L1230' 'L1240' 'L1250' 'L1260'
					'L1270' 'L1280' 'L1290' 'L1300' 'L1310'
					'L1499' 'L1500' 'L1510' 'L1520' 'L1600'
					'L1610' 'L1620' 'L1630' 'L1640' 'L1650'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'L1660' 'L1680' 'L1685' 'L1686' 'L1690'
					'L1700' 'L1710' 'L1720' 'L1730' 'L1750'
					'L1755' 'L1800' 'L1810' 'L1815' 'L1820'
					'L1825' 'L1830' 'L1832' 'L1834' 'L1840'
					'L1843' 'L1844' 'L1845' 'L1846' 'L1847'
					'L1850' 'L1855' 'L1858' 'L1860' 'L1870'
					'L1880' 'L1885' 'L1900' 'L1902' 'L1904'
					'L1906' 'L1910' 'L1920' 'L1930' 'L1940'
					'L1945' 'L1950' 'L1960' 'L1970' 'L1980'
					'L1990' 'L2000' 'L2010' 'L2020' 'L2030'
					'L2035' 'L2036' 'L2037' 'L2038' 'L2039'
					'L2040' 'L2050' 'L2060' 'L2070' 'L2080'
					'L2090' 'L2102' 'L2104' 'L2106' 'L2108'
					'L2112' 'L2114' 'L2116' 'L2122' 'L2124'
					'L2126' 'L2128' 'L2132' 'L2134' 'L2136'
					'L2180' 'L2182' 'L2184' 'L2186' 'L2188'
					'L2190' 'L2192' 'L2200' 'L2210' 'L2220'
					'L2230' 'L2240' 'L2250' 'L2260' 'L2265'
					'L2270' 'L2275' 'L2280' 'L2300' 'L2310'
					'L2320' 'L2330' 'L2310' 'L2320' 'L2330'
					'L2335' 'L2340' 'L2350' 'L2360' 'L2370'
					'L2375' 'L2380' 'L2385' 'L2390' 'L2395'
					'L2397' 'L2405' 'L2415' 'L2425' 'L2430'
					'L2435' 'L2492' 'L2500' 'L2510' 'L2520'
					'L2525' 'L2526' 'L2530' 'L2540' 'L2550'
					'L2570' 'L2580' 'L2600' 'L2610' 'L2620'
					'L2622' 'L2624' 'L2627' 'L2628' 'L2630'
					'L2640' 'L2650' 'L2660' 'L2670' 'L2680'
					'L2750' 'L2755' 'L2760' 'L2768' 'L2770'
					'L2780' 'L2785' 'L2795' 'L2800' 'L2810'
					'L2820' 'L2830' 'L2840' 'L2850' 'L2999'
					'L3000' 'L3030' 'L3100' 'L3140' 'L3150'
					'L3170' 'L3215' 'L3219' 'L3334' 'L3340'
					'L3350' 'L3360' 'L3400' 'L3410' 'L3420'
					'L3620' 'L3650' 'L3660' 'L3670' 'L3677'
					'L3700' 'L3710' 'L3720' 'L3730' 'L3740'
					'L3760' 'L3800' 'L3805' 'L3807' 'L3810'
					'L3815' 'L3820' 'L3825' 'L3830' 'L3835'
					'L3840' 'L3845' 'L3850' 'L3855' 'L3860'
					'L3900' 'L3901' 'L3902' 'L3904' 'L3906'
					'L3907' 'L3908' 'L3910' 'L3912' 'L3914'
					'L3916' 'L3918' 'L3920' 'L3922' 'L3923'
					'L3924' 'L3926' 'L3928' 'L3930' 'L3932'
					'L3934' 'L3936' 'L3938' 'L3940' 'L3942'
					'L3944' 'L3946' 'L3948' 'L3950' 'L3952'
					'L3954' 'L3956' 'L3960' 'L3962' 'L3963'
					'L3969' 'L3970' 'L3972' 'L3974' 'L3980'
					'L3982' 'L3984' 'L3985' 'L3986' 'L3995'
					'L3999' 'L4000' 'L4010' 'L4020' 'L4030'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'L4040' 'L4045' 'L4050' 'L4055' 'L4060'
					'L4070' 'L4080' 'L4090' 'L4100' 'L4110'
					'L4130' 'L4205' 'L4210' 'L4350' 'L4360'
					'L4370' 'L4380' 'L4396' 'L5000' 'L5010'
					'L5020' 'L5050' 'L5060' 'L5100' 'L5105'
					'L5150' 'L5160' 'L5200' 'L5210' 'L5220'
					'L5230' 'L5250' 'L5270' 'L5280' 'L5301'
					'L5311' 'L5321' 'L5331' 'L5341' 'L5400'
					'L5410' 'L5420' 'L5430' 'L5450' 'L5460'
					'L5500' 'L5505' 'L5510' 'L5520' 'L5530'
					'L5535' 'L5540' 'L5560' 'L5570' 'L5580'
					'L5585' 'L5590' 'L5595' 'L5600' 'L5610'
					'L5611' 'L5613' 'L5614' 'L5616' 'L5617'
					'L5618' 'L5620' 'L5622' 'L5624' 'L5626'
					'L5628' 'L5629' 'L5630' 'L5631' 'L5632'
					'L5634' 'L5636' 'L5637' 'L5638' 'L5639'
					'L5640' 'L5642' 'L5643' 'L5644' 'L5655'
					'L5656' 'L5658' 'L5660' 'L5661' 'L5662'
					'L5663' 'L5664' 'L5665' 'L5666' 'L5667'
					'L5668' 'L5669' 'L5670' 'L5671' 'L5672'
					'L5674' 'L5675' 'L5676' 'L5677' 'L5678'
					'L5680' 'L5682' 'L5684' 'L5686' 'L5688'
					'L5690' 'L5692' 'L5694' 'L5695' 'L5696'
					'L5697' 'L5698' 'L5699' 'L5700' 'L5701'
					'L5702' 'L5704' 'L5705' 'L5706' 'L5707'
					'L5710' 'L5711' 'L5712' 'L5714' 'L5716'
					'L5718' 'L5722' 'L5724' 'L5726' 'L5728'
					'L5780' 'L5785' 'L5790' 'L5795' 'L5810'
					'L5811' 'L5812' 'L5814' 'L5816' 'L5818'
					'L5822' 'L5824' 'L5826' 'L5828' 'L5830'
					'L5840' 'L5850' 'L5855' 'L5910' 'L5920'
					'L5925' 'L5940' 'L5950' 'L5960' 'L5962'
					'L5964' 'L5966' 'L5968' 'L5970' 'L5972'
					'L5974' 'L5975' 'L5976' 'L5978' 'L5979'
					'L5980' 'L5981' 'L5982' 'L5984' 'L5985'
					'L5986' 'L5988' 'L5990' 'L5999' 'L6000'
					'L6010' 'L6020' 'L6050' 'L6055' 'L6100'
					'L6110' 'L6120' 'L6130' 'L6200' 'L6205'
					'L6250' 'L6300' 'L6310' 'L6320' 'L6350'
					'L6360' 'L6370' 'L6380' 'L6382' 'L6384'
					'L6386' 'L6388' 'L6400' 'L6450' 'L6500'
					'L6550' 'L6570' 'L6580' 'L6582' 'L6584'
					'L6586' 'L6588' 'L6590' 'L6600' 'L6605'
					'L6610' 'L6615' 'L6616' 'L6620' 'L6623'
					'L6625' 'L6628' 'L6629' 'L6630' 'L6632'
					'L6635' 'L6637' 'L6640' 'L6641' 'L6642'
					'L6645' 'L6650' 'L6655' 'L6660' 'L6665'
					'L6670' 'L6672' 'L6675' 'L6676' 'L6680'
					'L6682' 'L6684' 'L6686' 'L6687' 'L6688'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'L6689' 'L6690' 'L6691' 'L6692' 'L6693'
					'L6700' 'L6705' 'L6710' 'L6715' 'L6720'
					'L6725' 'L6730' 'L6735' 'L6740' 'L6745'
					'L6750' 'L6755' 'L6765' 'L6770' 'L6775'
					'L6780' 'L6790' 'L6795' 'L6800' 'L6805'
					'L6806' 'L6807' 'L6808' 'L6809' 'L6810'
					'L6825' 'L6830' 'L6835' 'L6840' 'L6845'
					'L6850' 'L6855' 'L6860' 'L6865' 'L6867'
					'L6868' 'L6870' 'L6872' 'L6873' 'L6875'
					'L6880' 'L6881' 'L6882' 'L6890' 'L6895'
					'L6900' 'L6905' 'L6910' 'L6915' 'L6920'
					'L6925' 'L6930' 'L6935' 'L6940' 'L6945'
					'L6950' 'L6955' 'L6960' 'L6965' 'L6970'
					'L6975' 'L7010' 'L7015' 'L7020' 'L7025'
					'L7030' 'L7035' 'L7040' 'L7045' 'L7170'
					'L7180' 'L7185' 'L7186' 'L7190' 'L7191'
					'L7260' 'L7261' 'L7266' 'L7272' 'L7274'
					'L7360' 'L7362' 'L7364' 'L7366' 'L7499'
					'L7510' 'L7520' 'L8000' 'L8001' 'L8002'
					'L8010' 'L8015' 'L8020' 'L8030' 'L8039'
					'L8300' 'L8310' 'L8320' 'L8330' 'L8400'
					'L8410' 'L8415' 'L8417' 'L8420' 'L8430'
					'L8435' 'L8440' 'L8460' 'L8465' 'L8470'
					'L8480' 'L8485' 'L8490' 'L8499' 'V2636'
					'V2624' 'V2625' 'V2626' 'V2627' 'V2628'
					'0001E' '0090A' '0094A' '0095A' '0098A'
					'0100A' '0100E' '0110E' '0112E' '0113E'
					'0114E' '0115E' '0116E' '0118E' '0119E'
					'0121E' '0123E' '0124E' '0126E' '0127E'
					'0128E' '0131E' '0132E' '0133E' '0134E'
					'0135E' '0136E' '0137E' '0138E' '0142E'
					'0143E' '0144E' '0145E' '0146E' '0147E'
					'0148E' '0149E' '0150E' '0152E' '0153E'
					'0154E' '0155E' '0157A' '0157E' '0158E'
					'0159E' '0167E' '0168E' '0169E' '0170E'
					'0172A' '0173A' '0173E' '0175E' '0176E'
					'0178A' '0178E' '0179A' '0181A' '0182E'
					'0185E' '0186E' '0187E' '0189E' '0191E'
					'0196E' '0197E' '0200E' '0201E' '0202E'
					'0203E' '0204E' '0205E' '0206E' '0207E'
					'0209E' '0210E' '0211E' '0213E' '0214E'
					'0215E' '0216E' '0217E' '0218E' '0219E'
					'0224E' '0225E' '0226E' '0227E' '0230E'
					'0231E' '0232E' '0233E' '0234E' '0235E'
					'0243E' '0244E' '0245E' '0246E' '0293E'
					'0294E' '0295E' '0296E' '0297E' '0298E'
					'0301E' '0302E' '0307E' '0323E' '0324E'
					'0325E' '0326E' '0328E' '0329E' '0330E'
					'0331E' '0332E' '0333E' '0335E' '0336E'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'0337E' '0338E' '0339E' '0341E' '0348E'
					'0349E' '0350E' '0351E' '0352E' '0353E'
					'0354E' '0355E' '0356E' '0357E' '0360E'
					'0361E' '0363E' '0364E' '0366E' '0367E'
					'0368E' '0371E' '0372E' '0373E' '0376E'
					'0378E' '0379E' '0380E' '0382E' '0385E'
					'0389E' '0392E' '0393E' '0394E' '0396E'
					'0397E' '0400E' '0404E' '0405E' '0407E'
					'0408E' '0410E' '0414E' '0416E' '0417E'
					'0421E' '0425E' '0427E' '0428E' '0429E'
					'0430E' '0433E' '0434E' '0508E' '0626E'
					'0662E' '0667E' '0686E' '0687E' '0693E'
					'0695E' '0700E' '0701E' '0702E' '0703E'
					'0705E' '0708E' '0711E' '0712E' '0713E'
					'0714E' '0716E' '0717E' '0719E' '0722E'
					'0723E' '0724E' '0725E' '0726E' '0727E'
					'0729E' '0730E' '0731E' '0733E' '0735E'
					'0736E' '0738E' '0739E' '0742E' '0744E'
					'0745E' '0746E' '0747E' '0748E' '0749E'
					'0750E' '0751E' '0753E' '0755E' '0756E'
					'0757E' '0760E' '0762E' '0763E' '0770E'
					'0772E' '0775E' '0777E' '0778E' '0781E'
					'0782E' '0788E' '0791E' '0792E' '0793E'
					'0794E' '0795E' '0799E' '0801E' '0802E'
					'0815E' '0825E' '0840E' '0845E' '0851E'
					'0852E' '0853E' '0854E' '0858E' '0859E'
					'0865E' '0899E' '0900E' '0903E' '0904E'
					'0905E' '0906E' '0907E' '0908E' '0912E'
					'0913E' '0914E' '0916E' '0917E' '0918E'
					'0920E' '0921E' '0922E' '0923E' '0924E'
					'0931E' '0936E' '0937E' '0960E' '0973E'
					'0974E' '0976E' '0977E' '0978E' '1016E'
					'1020E' '1107E' '1109E' '1111E' '1113E'
					'1211E' '1212E' '1213E' '1214E' '1219E'
					'1222E' '1223E' '1270E' '1271E' '1272E'
					'1273E' '1274E' '1275E' '1276E' '1277E'
					'1278E' '1323E' '1416E' '1417E' '1427E'
					'1428E' '1465E' '1482E' '1499E' '1503E'
					'1504E' '1505E' '1530E' '1533E' '1535E'
					'1610E' '1613E' '1614E' '1625E' '1631E'
					'1635E' '1636E' '1639E' '1705E' '1706E'
					'1799E' '1820E' '1821E' '1822E' '1824E'
					'1828E' '1912E' '1957E' '1960E' '1961E'
					'1962E' '1972E' '1997E' '1998E' '4350A'
					'4460A' '4461A' '4462A' '4463A' '4464A'
					'4465A' '4466A' '4467A' '4468A' '4469A'
					'4470A' '4471A' '4472A' '4473A' '4474A'
					'4475A' '4476A' '4477A' '4478A' '4479A'
					'4480A' '4481A' '4482A' '4512A' '4513A'

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'4521A' '4529A' '4530A' '4555A' '4560A'
					'4570A' '4580A' '4585A' '4595A' '4610A'
					'4611A' '4612A' '4616A' '4617A' '4618A'
					'4619A' '4620A' '4621A' '4625A' '4630A'
					'4640A' '4760A' '4761A' '4762A' '4763A'
					'4764A' '4765A' '4766A' '4767A' '4768A'
					'4769A' '4771A' '4790A' '4791A' '4792A'
					'4795A' '4796A' '4799A' '4800A' '4801A'
					'4802A' '4803A' '4804A' '4805A' '4991A'
					'A4214' 'A4215' 'A4244' 'A4245' 'A4246'
					'A4247' 'A4253' 'A4254' 'A4256' 'A4258'
					'A4259' 'A4310' 'A4311' 'A4312' 'A4313'
					'A4314' 'A4315' 'A4316' 'A4320' 'A4322'
					'A4323' 'A4324' 'A4325' 'A4326' 'A4330'
					'A4331' 'A4332' 'A4338' 'A4340' 'A4344'
					'A4346' 'A4351' 'A4352' 'A4353' 'A4354'
					'A4355' 'A4356' 'A4357' 'A4358' 'A4359'
					'A4361' 'A4362' 'A4364' 'A4365' 'A4367'
					'A4368' 'A4369' 'A4370' 'A4371' 'A4372'
					'A4373' 'A4374' 'A4375' 'A4376' 'A4377'
					'A4378' 'A4379' 'A4380' 'A4381' 'A4382'
					'A4383' 'A4385' 'A4386' 'A4387' 'A4388'
					'A4389' 'A4390' 'A4391' 'A4392' 'A4393'
					'A4397' 'A4398' 'A4399' 'A4402' 'A4404'
					'A4421' 'A4455' 'A4462' 'A4490' 'A4495'
					'A4500' 'A4510' 'A4554' 'A4558' 'A4565'
					'A4570' 'A4572' 'A4595' 'A4630' 'A4635'
					'A4636' 'A4637' 'A4640' 'A4649' 'A4660'
					'A4663' 'A4670' 'A5051' 'A5052' 'A5053'
					'A5054' 'A5055' 'A5061' 'A5062' 'A5063'
					'A5071' 'A5072' 'A5073' 'A5081' 'A5082'
					'A5093' 'A5102' 'A5105' 'A5112' 'A5113'
					'A5114' 'A5119' 'A5121' 'A5122' 'A5123'
					'A5126' 'A6021' 'A6022' 'A6023' 'A6024'
					'A6154' 'A6196' 'A6197' 'A6198' 'A6199'
					'A6200' 'A6201' 'A6202' 'A6203' 'A6204'
					'A6205' 'A6206' 'A6207' 'A6208' 'A6209'
					'A6210' 'A6211' 'A6212' 'A6213' 'A6214'
					'A6215' 'A6216' 'A6217' 'A6218' 'A6219'
					'A6220' 'A6221' 'A6222' 'A6223' 'A6224'
					'A6228' 'A6229' 'A6230' 'A6234' 'A6235'
					'A6236' 'A6237' 'A6238' 'A6239' 'A6240'
					'A6241' 'A6242' 'A6243' 'A6244' 'A6245'
					'A6246' 'A6247' 'A6248' 'A6251' 'A6253'
					'A6254' 'A6255' 'A6256' 'A6257' 'A6258'
					'A6259' 'A6260' 'A6261' 'A6262' 'A6263'
					'A6264' 'A6402' 'A6403' 'A6404' 'A6405'
					'A6406' 'E0100' 'E0105' 'E0110' 'E0111'
					'E0112' 'E0113' 'E0114' 'E0116' 'E0130'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'E0135' 'E0143' 'E0153' 'E0155' 'E0157'
					'E0158' 'E0163' 'E0164' 'E0165' 'E0166'
					'E0167' 'E0180' 'E0181' 'E0182' 'E0185'
					'E0188' 'E0189' 'E0190' 'E0191' 'E0197'
					'E0199' 'E0241' 'E0242' 'E0243' 'E0244'
					'E0245' 'E0271' 'E0275' 'E0276' 'E0292'
					'E0293' 'E0294' 'E0295' 'E0296' 'E0297'
					'E0305' 'E0310' 'E0325' 'E0326' 'E0607'
					'E0609' 'E0621' 'E0630' 'E0635' 'E0650'
					'E0730' 'E0747' 'E0748' 'E0840' 'E0860'
					'E0870' 'E0890' 'E0910' 'E0920' 'E0930'
					'E0935' 'E0940' 'E0942' 'E0943' 'E0944'
					'E0945' 'E0946' 'E0947' 'E0958' 'E0959'
					'E0961' 'E0962' 'E0963' 'E0964' 'E0965'
					'E0971' 'E0972' 'E0974' 'E0992' 'E1060'
					'E1230' 'E1296' 'K0001' 'K0003' 'K0006'
					'K0031' 'K0034' 'K0035' 'K0036' 'K0037'
					'K0040' 'K0041' 'K0059' 'K0065' 'K0088'
					'K0541' 'K0542' 'K0543' 'K0544' 'K0546'
					'K0547' 'V2629'
					B. ANY DATE OF SERVICE AND THE PROCEDURE CODE IS EQUAL
					TO ONE OF THE FOLLOWING:
					'0000B' '0001B' '0002B' '0003B' '0004B'
					'0005B' '0006B' '0007B' '0008B' '0009B'
					'0010B' '0011B' '0012B' '0013B' '0014B'
					'0015B' '0016B' '0017B' '0019B' '0021B'
					'0023B' '0025B' '0027B' '0028B' '0029B'
					'0030B' '0031B' '0032B' '0033B' '0034B'
					'0035B' '0036B' '0037B' '0038B' '0039B'
					'0040B' '0041B' '0042B' '0043B' '0044B'
					'0045B' '0046B' '0047B' '0048B' '0049B'
					'0050B' '0051B' '0052B' '0053B' '0054B'
					'0055B' '0056B' '0057B' '0059B' '0061B'
					'0063B' '0064B' '0065B' '0066B' '0067B'
					'0068B' '0069B' '0071B' '0073B' '0075B'
					'0077B' '0079B' '0081B' '0083B' '0085B'
					'0087B' '0089B' '0091B' '0093B' '0095B'
					'0097B' '0100B' '0102B' '0103B' '0104B'
					'0105B' '0106B' '0107B' '0108B' '0109B'
					'0110B' '0111B' '0113B' '0114B' '0115B'
					'0116B' '0117B' '0118B' '0119B' '0120B'
					'0121B' '0122B' '0123B' '0124B' '0125B'
					'0126B' '0127B' '0128B' '0129B' '0130B'
					'0131B' '0132B' '0133B' '0134B' '0135B'
					'0136B' '0137B' '0138B' '0139B' '0140B'
					'0141B' '0142B' '0143B' '0145B' '0147B'
					'0149B' '0159B' '0160B' '0164B' '0166B'
					'0167B' '0168B' '0169B' '0170B' '0178B'
					'0179B' '0180B' '0181B' '0182B' '0183B'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					'0184B' '0188B' '0189B' '0190B' '0194B'
					'0195B' '0196B' '0197B' '0198B' '0199B'
					'0200B' '0203B' '0204B' '0205B' '0209B'
					'0210B' '0217B' '0218B' '0219B' '0220B'
					'0365B' '0370B' '0371B' '0376B' '0377B'
					'0380B' '0381B' '0382B' '0383B' '0384B'
					'0385B' '0386B' '4041B' '4085B' 'B4034'
					'B4035' 'B4036' 'B4081' 'B4082' 'B4083'
					'B4086' 'B9002' 'B9998' 'E0776' 'E1340'
1006				RC=61, M	'OPPS REVENUE CODE REQUIRES HCPC PROCEDURE CODE'
BWSC2040					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT)
					2. FIRST DATE OF SERVICE GREATER THAN OR EQUAL TO
					AUGUST 1, 2003
					3. PROVIDER TYPE IS EQUAL TO '59' '61' '64' OR '65'
					4. HCPC PROCEDURE CODE IS EQUAL TO SPACES OR ZEROS
					5. REVENUE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					0261 0275 0278 0360 0361 0391 0410 0412 0413 0450
					0456 0460 0480 0481 0482 0483 0490 0500 0510 0512
					0519 0623 0631 0632 0633 0634 0635 0363 0722 0724
					0750 0760 0761 0790 0811 0812 0820 0830 0840 0850
					0880 0881 0901 0949.
1007				RC=60, J & P	'INVALID EYE GLASS PROVIDER'
BWSC2050					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. CLAIM TYPE IS EQUAL TO 'J' (PHY) OR 'P' (VENDOR)
					2. FIRST DATE OF SERVICE GREATER THAN OR EQUAL TO
					OCTOBER 1, 2003
					3. PROVIDER IS NOT EQUAL TO 2020436
					4. AND PROCEDURE CODE IS EQUAL TO ONE OF THE FOLLOWING:
					V2100 - V2615, V2700 - V2781, S0590, S0516 OR S0581.
1008				RC=60, P	'INVALID HH PROVIDER TYPE BILLED ON MED VENDOR CLAIM'
BWSC3550					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. CLAIM TYPE IS EQUAL TO 'P' (MED VENDOR)
					2. PROVIDER TYPE IS EQUAL TO '44' (HOME HEALTH AGENCY).
1009				RC=ALL	'RECIP NOT ENROLLED IN MANGAGED CARE PLAN'
					DATE: 02/20/04
BWSC3020					POST EXCEPTION IF THE FOLLOWING IS TRUE:
					1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN) AND;
					2. PROC CODE IS EQUAL TO 'T2022' AND;
					3. THE FIRST DATE OF SERVICE IS ON OR AFTER JANURAY 1,

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
					2004 AND;
					4. PROVIDER TYPS IS EQUAL TO '90' AND;
					5. PROVIDER NUMBER BEGINS WITH 759 AND;
					6. THE RECIP IS NOT ENROLLED IN A MANAGED CARE
					PLAN FOR DATES OF SERVICE ON CLAIM.
1010				RC=60 'J'	'PROVIDER NOT CONTRACTED WITH RECIPS MANAGED CARE PROV'
					DATE: 02/20/04
BWSC3520					1. CLAIM TYPE IS EQUAL TO 'J' (PHYSICIAN) AND;
					2. PROC CODE IS EQUAL TO 'T2022' AND;
					3. THE FIRST DATE OF SERVICE IS ON OR AFTER JANURAY 1,
					2004 AND;
					4. PROVIDER TYPS IS EQUAL TO '90' AND;
					5. PROVIDER NUMBER BEGINS WITH 759 AND;
					6. THE MANAGED CARE PLAN PROVIDER OF THE RECIPIENT IS NOT
					CONTRACTED WITH THE BILLING PROVIDER OF CLAIM.
1015				RC=ALL	'PROVIDER SUSPENDED BY MAA'
					DATE: 05/11/44
BWSC3520					EXCEPTION WILL POST IF:
					1.A. ANY ONE OF THE PROVIDERS(PROV, PERF, ATTEN, OTHER,
					1 OR REFERRING)ARE IN SUSPEND STATUS FOR THE CLAIM
					1 DATES.
1016				RC=60 'K'	'DENTAL CODE UNITS EQUAL NUMBER OF TEETH BILLED'
					DATE: 04/21/04
BWSC3550					EXCEPTION WILL POST IF:
					1.A. CLAIM TYPE IS EQUAL TO 'K' (DENTAL) AND;
					B. PROC CODE IS EQUAL TO ONE OF THE FOLLOWING:
					D1351 D2110 D2120 D2130 D2140 D2150 D2160 D2161
					D2330 D2331 D2332 D2335 D2336 D2380 D2381 D2382
					D2385 D2386 D2387 D2388 D2390 D2391 D2392 D2393
					D2394 D2710 D2740 D2750 D2751 D2752 D2910 D2920
					D2930 D2931 D2933 D2950 D3220 D3310 D3320 D3330
					D3346 D3347 D3348 D3351 D3352 D3410 D3421 D3425
					D3950 D5520 D5640 D5650 D5660 D7110 D7120 D7130
					D7140 D7210 D7220 D7230 D7240 D7241 D7250 D7270
					D7280 4482D 4484D 4486D 4490D 4491D 4492D 4501D
					4503D 4505D AND;
					C. THE NUMBER OF UNITS BILLED IS EQUAL TO THE NUMBER
					OF TEETH BILLED ON THAT LINE.
1017				RC=60	'DENTAL CODE UNITS EQUAL NUMBER OF QUADS BILLED'

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				'K'	DATE: 04/21/04
BWSC3550					EXCEPTION WILL POST IF: 1.A. CLAIM TYPE IS EQUAL TO 'K' (DENTAL) AND; B. PROC CODE IS EQUAL TO ONE OF THE FOLLOWING: D1510 D1515 D1550 D4210 D4341 D4342 D5510 D5610 D5620 D5630 D5860 D9951 AND; C. THE NUMBER OF UNITS BILLED IS NOT EQUAL TO THE NUMBER OF QUADS BILLED ON THAT LINE.
1011				M	'LINE ITEM DOS DO NOT FALL WITHIN HEADER DOS'
BWSC2040					POST EXCEPTION IF THE FOLLOWING IS TRUE: 1. CLAIM TYPE IS EQUAL TO 'M' (OUTPATIENT) AND ONE OF THE FOLLOWING IS TRUE: A. FIRST DATE OF SERVICE DOES NOT FALL WITHIN THE FIRST AND LAST DATE OF SERVICE AT THE HEADER LEVEL. B. LAST DATE OF SERVICE DOES NOT FALL WITHIN THE FIRST FIRST AND LAST DATE OF SERVICE AT THE HEADER LEVEL.
1021				K	'INVALID TOOTH QUADARNT'
BWSC3550, BWSC3530					THE FOLLOWING ARE TRUE: A. TOOTH NUMBER IND ON THE PDD FILE IS EQUAL TO 'Y' (TOOTH NUMBER REQUIRED). B. TOOTH QUAD IS NOT EQUAL TO SPACES. C. TOOTH QUAD IS NOT FOUND IN THE TABLE OF POSSIBLE VALUES: (00,01,02,09,10,20,30,40,L ,R).
1022				K	'INVALID QUADRANT OR ARCH FOR PROCEDURE CODE
BWSC3550					PROCEDURE CODES VALID QUADRANTS - ELSE POST EXCEPTION. D9110 00 01 02 09 10 20 30 40 L R D1510 01510 00 10 20 30 40 D1515 D5510 D5610 D5630 01 02 01515 05211 05212 05510 05610 05630 0569D 0661D 0662D 0664D 0665D 07470 07960 07970 D1550 01550 00 01 02 10 20 30 40 04220 04340 09952 00

EXCEPTION CODE CROSS-REFERENCE

EXC CODE	FORCE	DENY	DISP	CLAIM TYPES	DESCRIPTION
				D4210	D4341 D4342 D9951 10 20 30 40
				04210	0422D 04341 0435D
				07310	07320 09110 09951
				0041D	0042D 0043D 0044D 01
				0049D	0050D 05110 0520D
				0521D	05213 0523D 0524D
				05410	05421 05710 05720
				05750	05760 07560 07610
				07620	07710 07720
					3
				0051D	0052D 05120 05214 02
				0525D	0526D 0527D 0528D
				05411	05422 05711 05721
				05751	05761 05860 07490
				07630	07640 07730 07740
1117					EXCEPTION CODE 1117 IS RESERVED FOR A FUTURE PROCEDURE CODE EDIT.
1169					EXCEPTION CODE 1169 IS RESERVED FOR A FUTURE PROCEDURE CODE MODIFIER EDIT.
1500-1699					EXCEPTION CODES 1500 - 1699 ARE RESERVED FOR HISTORY AUDITS (1650 - 1699 ARE RESERVED FOR HARD CODED EDITS).
1700-1799					EXCEPTION CODES 1700 - 1799 ARE RESERVED FOR POS.