

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
001	HOME HLTH SVC IN CONFLICT W/OTHER HOME HLTH SVC AND/OR BEYOND PROG LMT
002	PERSONAL CARE SERVICES IN CONFLICT WITH OTHER PERSONAL CARE SERVICES
003	SERVICE EXCEEDS MONTHLY LIMIT
004	WAIVER SERVICE IN CONFLICT WITH PERSONAL CARE SERVICE
005	WAIVER SERVICE IN CONFLICT WITH OTHER WAIVER SERVICE
006	PROCEDURE IN CONFLICT WITH SIMILAR OR RELATED PROCEDURE
007	SERVICE IS IN CONFLICT WITH ALTERNATIVE PROCEDURE CODE
008	CASE MANAGEMENT SERVICE IN CONFLICT WITH OTHER CASE MANAGEMENT SERVICE
009	WAIVER SERVICE BEYOND PROGRAM LIMITS
010	WAIVER SVC IN CONFLICT W/OTHER PROCEDURE AND/OR BEYOND PROGRAM LMT
011	PROCEDURE EXCEEDS ANNUAL MAXIMUM ALLOWED
012	PROCEDURE IS IN CONFLICT WITH COMPREHENSIVE SERVICE
013	PROCEDURE EXCEEDS WEEKLY MAXIMUM ALLOWED
014	SCREENING PROCEDURE IN CONFLICT WITH SURGICAL PROCEDURE
015	PROCEDURE INCLUDED OR PART OF OTHER SURGICAL PROCEDURE
016	SINGULAR PROCEDURE IN CONFLICT WITH MULTIPLE PROCEDURE
017	RE-AMPUTATION IN CONFLICT WITH AMPUTATION OF THE LEG
018	PROCEDURE INCLUDED IN CRITICAL CARE OR NICU SERVICE
019	PROCEDURE INCIDENTAL TO PRIMARY SURGICAL PROCEDURE
020	PROCEDURE INCONSISTENT WITH PREVIOUSLY PAID SERVICE
021	PROCEDURE EXCEEDS 6 MONTH PERIODIC LIMIT
022	MODIFIER REQUIRED FOR ADDITIONAL SURGICAL PROCEDURE
023	HOSPITAL VISIT EXCEEDS PROGRAM LIMITS
024	MULTICHANNEL LABORATORY TEST CONFLICT

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
025	URINALYSIS PROCEDURE IN CONFLICT WITH ANOTHER URINALYSIS PROCEDURE
026	PANEL TEST CONFLICT
027	UNSPECIFIED LABORATORY PROCEDURE IN CONFLICT WITH ANOTHER LABORATORY PROCEDURE
028	PSYCH VISIT IN CONFLICT WITH OTHER OFFICE VISIT
029	PSYCH VISIT IN CONFLICT WITH OTHER PSYCH VISIT
030	OPHTHALMIC VISIT IN CONFLICT WITH A GENERAL MEDICAL VISIT
031	OPHTHALMIC VISIT IN CONFLICT WITH A PSYCH VISIT
032	OPHTHALMIC VISIT IN CONFLICT WITH AN EPSDT VISIT
033	SPEECH THERAPY VISIT IN CONFLICT WITH A MEDICAL VISIT
034	PHYSICAL MEDICINE MODALITY OR SPECIAL SERVICE IN CONFLICT WITH PREVENTIVE MEDICINE
035	PHYSICAL MEDICINE OR SPECIAL SERVICE IN CONFLICT WITH ANOTHER PHYSICAL MEDICINE OR SPECIAL SERVICE
036	PHYSICAL MEDICINE SERVICE IN CONFLICT WITH PSYCH SERVICE
037	PHYSICAL MEDICINE MODALITY IN CONFLICT WITH AN OPTHALMIC SERVICE
038	SPECIAL SERVICE IN CONFLICT WITH A MEDICAL VISIT
039	OFFICE VISIT IN CONFLICT WITH ANOTHER OFFICE VISIT
040	OFFICE VISIT IN CONFLICT WITH EPSDT SCREEN
041	PHYSICAL MEDICINE MODALITY OR SPECIAL SERVICE IN CONFLICT WITH MEDICAL VISIT
042	PREVENTIVE CARE VISIT IN CONFLICT WITH OTHER MEDICAL VISIT
043	HOSPITAL VISIT INCLUDED IN MAJOR SURGICAL PROCEDURE
044	HOSPITAL VISIT IN CONFLICT WITH OTHER HOSPITAL VISIT
045	EMERGENCY ROOM VISIT IN CONFLICT WITH OTHER EMERGENCY ROOM VISIT
046	CRITICAL CARE SERVICE IN CONFLICT WITH OTHER CRITICAL CARE SERVICE
047	NICU SERVICE IN CONFLICT WITH OTHER NICU SERVICE

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
048	SCREENING PROCEDURE IN CONFLICT WITH A DIAGNOSTIC PROCEDURE
049	PROCEDURE BILLED IS LIMITED TO ONE PER LIFETIME
050	TOOTH SURFACE/NUMBER AMALGAM LIMIT
051	RENTAL SERVICES EXCEEDING 3 MONTHS REQUIRE PREAUTHORIZATION
052	DELIVERY SERVICE IN CONFLICT WITH OTHER DELIVERY SERVICE
053	PSYCH REHAB ICW MED DAY CARE
054	ADULT DAY CARE IN CONFLICT WITH SUPPORTIVE EMPLOYMENT SERVICES
055	MEDICAL DAY CARE IN CONFLICT WITH SENIOR CENTER PLUS
056	DAY OF PERSONAL CARE LEVEL III AGENCY/PERSONAL CARE IN CONFLICT WITH MEDICAL DAY CARE
057	DEALER WARRANTY IN CONFLICT WITH MANUFACTURER WARRANTY
079	BILL AMERICAID---MCO
080	PA DENIED
081	GROUP NOT FOUND
082	BENEFIT NOT FOUND
083	NEGATIVE PA
084	NEGATIVE PA OVERRIDE
085	INVALID TPL AMOUNT
086	CONFLICT BETWEEN TPL IND. AND AMT.
087	EARLY REFILL BYPASS
088	DIAG. EDIT(S) PA/MC OVERRIDE
089	DOS < 01/04/99 SUBMIT DIRECTLY TO KDP
090	BILL MEDICAID
091	INSURANCE CONFLICT

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
092	TRANSPLANT DATE/MCR CONFLICT CALL KDP
093	COV'D FOR RENAL TRANSPLANT ONLY
094	COV'D FOR TRANSPLANT/PERITONEAL DAILY ONLY
095	DRUG REQUIRES SPECIFIC DIAGNOSIS
096	DEPO PA, CALL (410) 767-3431
097	7 DAY QTY UNLESS MD SEND Q2W AUTH
098	CALL 800-884-7387 FOR PA H2/PPI
101	EXACT DUPLICATE OF PREVIOUSLY PAID CLAIM
102	POSSIBLE DUPLICATE SERVICE BY THE SAME PROVIDER REQUIRES PROGRAM REVIEW (SUSP)
103	POSSIBLE DUPLICATE SERVICE DIFFERENT PROVIDER. REQUIRES PROGRAM REVIEW (SUSP)
104	MULTIPLE SURGERIES ON THE SAME DAY FOR THE SAME RECIPIENT
105	INPATIENT CLAIM IN CONFLICT WITH OUTPATIENT CLAIM
106	MULTIPLE VISITS ON SAME DAY SAME RECIPIENT SAME PROVIDER
107	DATE OF SERVICE IS 100 DAYS AFTER PRESCRIBED DATE
108	NEW PATIENT VISIT ICW NEW PATIENT VISIT BY SAME PROVIDER
109	VISITS EXCEEDS SURGICAL FOLLOW UP LIMITS
110	DUPLICATE INVALID COMBINATION OF PROCEDURE
111	POSSIBLE PROCEDURE CONFLICT WITH OTHER PROCEDURE
112	FROM AND THRU DATES EXCEED MORE THAN ONE CALENDAR MONTH
113	ADMIT DATE ON THE INPATIENT CLAIM IS PRIOR TO THE FIRST DOS
114	SERVICE DATES OVERLAP FISCAL YEAR
115	DISCHARGE DATE IS MISSING OR INVALID
116	MULTIPLE NURSING HOME VISITS IN SAME CALENDAR MONTH

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
117	PROCEDURE MODIFIER ERROR
118	CLAIM GREATER THAN 90 DAYS, AUTOMATIC SUSPENSION
119	INVALID TOOTH SURFACE
120	MISSING PAY TO PROVIDER NUMBER
121	DUPLICATE MOUTH QUADRANT
122	RENDERING PROVIDER CHECK DIGIT INVALID
123	DATE BILLED IS MISSING
124	DATE OF SERVICE IS MISSING
125	INVALID PAY TO PROVIDER NUMBER
126	THRU DATE OF SERVICE IS PRIOR TO THE BEGIN DATE OF SERVICE
127	LAST DATE OF SERVICE IS GREATER THAN BILLED DATE
128	CLAIM PAST FILING LIMIT
129	MISSING RECIPIENT NUMBER
130	RECIPIENT NAME AND MA ID NUMBER DO NOT MATCH
132	TOTAL CHARGE MISSING
133	UB92-MISSING MEDICARE DATE PAID
134	INPATIENT HOSPITAL COVERED DAYS MISSING
135	MISSING PROVIDER NUMBER
136	PROCEDURE IN CONFLICT WITH DIAGNOSIS
137	DUPLICATE PRESCRIPTION
138	UB92 INVALID TYPE OF BILL
139	EARLY REFILL CALL 800-884-7387 FOR PREAUTHORIZATION
140	CALL 800-884-7387 CONTROLLED SUBSTANCE EARLY REFILL
141	CHARGES EXCEED DHMH FEE

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
142	INVALID PHARMACY FEE
143	THERAPEUTIC DUPLICATION
144	SERVICE DATE AFTER DATE RECEIVED
145	SUSPEND FOR REVIEW-VALVE REPLACEMENT IND REQUIRED FORWARD CLAIM TO PSOA P O BOX 2158
146	ALLOW 33% QTY WITH 2 REFILLS-RESUBMIT
147	ALLOW 50% QTY WITH 1 REFILL-RESUBMIT
148	REVENUE CODE IS MISSING
149	PAYMENT BASED ON GENERIC COST
150	INVALID 1295 INDICATOR
151	DUPLICATE INVOICES
152	NDC NO LONGER COVERED
153	NATIONAL DRUG CODE ERROR
154	INVALID PRESCRIPTION NUMBER
155	QUANTITY DISPENSED ERROR
156	CHARGE LESS THAN CO-PAY
157	INVALID DRUG COST
158	INVALID PHARMACY FEE
160	INVALID TOTAL CHARGE
161	BRAND NECESSARY INDICATOR ERROR
162	SUSPEND REVIEW-SEND TO PSOA-P.O. BOX 2158
163	INVALID OR MISSING DIAGNOSIS CODE
164	DUPLICATE REVENUE CODES APPEARING ON THE SAME CLAIM
165	SUSPECT DUPLICATE INVOICE
166	MEDICARE DEDUCTIBLE IS GREATER THAN MAXIMUM AMOUNT ALLOWED

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
167	INVALID ADMISSION DATE
168	MEDICARE CLAIM BILLED PAST FILING TIME LIMIT
169	MEDICARE PAYMENT EQUALS 0.00 - CLAIM UNDER REVIEW
170	INVALID/MISSING PLACE OF SERVICE
171	OVER RECOMMENDED AGE
172	INVALID OR MISSING REVENUE/HCPCS CODE
173	INVALID HOSPICE REVENUE CODE
174	CLAIM UNDER REVIEW FOR SPEND DOWN VERIFICATION
175	DATE OF SURGERY IS GREATER THAN DATE BILLED
176	INVALID PLACE OF SERVICE
177	HOSPICE RESPITE CARE DAYS EXCEED MAXIMUM ALLOWED
178	MISSING INVALID ACCOUNT CODE
179	DEBIT GROSS ADJUSTMENT VERSUS AMOUNT
180	GROSS ADJUSTMENT VERSUS AMOUNT
181	INVALID NURSING HOME PATIENT STATUS
182	PATIENT STATUS CODE DISCHARGE DATE CONFLICT
184	UNITS OF SERVICE INVALID FOR HOSPICE REVENUE CODE 652
185	OCCURRENCE CODE 75 REQUIRES FORM DHMH 1288
186	TOTAL UNITS EXCEEDS TOTAL DAYS
188	INVALID LEAVE OF ABSENCE SPAN DATE(S)
189	CONFLICT WITH INVALID LEAVE OF ABSENCE SPAN
190	FIRST DATE OF SURGERY INVALID
191	SECOND DATE OF SURGERY INVALID
192	THIRD DATE OF SURGERY INVALID

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
193	PATIENT IN DIABETES CARE
194	OUTPATIENT CLAIM AND THE 1ST DOS IS NOT EQUAL TO THE LAST DOS
195	INVALID MOUTH QUADRANT
196	FIRST SURGICAL PROCEDURE CODE MISSING
197	INVALID/MISSING FIRST SURGICAL PROCEDURE DATE
198	INVALID/MISSING SECOND SURGICAL PROCEDURE DATE
199	INVALID/MISSING THIRD SURGICAL PROCEDURE DATE
200	INVALID EPSDT PROCEDURE MODIFIER
202	COMPOUND-SEND TO PSOA P.O. BOX 2158
203	PROVIDER MAY NOT BILL PRESCRIPTION TYPE VIA TAPE
204	COMPOUND CODE NOT VALID
205	INVALID HOUR OF ADMISSION
206	ONE REFILL LIMIT
207	INVALID PATIENT DISCHARGE STATUS
209	INVALID SOURCE OF ADMISSION
210	MCO/HMO SPAN DOES NOT COVER THE FULL LENGTH OF STAY BILLED
211	LONG TERM CARE SPAN DOES NOT COVER DATES OF SERVICE BILLED
212	DATES OF SERVICE IN CONFLICT WITH MANAGED CARE SPAN
213	PROVIDER CHARGE IS GREATER THAN PROGRAM ALLOWED AMOUNT
214	UNDER UTILIZATION
215	ICF-A PROVIDER NO 2324 ON FILE FOR DATES OF SERVICE BILLED
216	NURSING VISIT NON-PAYABLE FOR CHILD OVER 5 DAYS OLD
218	INVALID 2129 INDICATOR
219	INVALID 1321 INDICATOR

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
220	THERAPEUTIC LEAVE DAYS INDICATOR CONFLICT
221	ADMINISTRATIVE LEAVE DAYS INDICATOR CONFLICT
222	BED RESERVATION DAYS INDICATOR CONFLICT
223	EXACT DUPLICATE PAID VS UNPAID
224	SUSPECT DUPLICATE PAID VS UNPAID
225	DUPLICATE PAID VS UNPAID
226	DAILY DOSE OVER
227	DAILY DOSE UNDER
228	PROVIDER AGREEMENT NOT ON FILE
229	DRUG INTERACTION
230	TERMINATED NDC NOT COVERED
231	OBSOLETE NDC NOT COVERED
232	ORIGINAL/FIRST REFILL RX NOT PAID
233	INVALID REFILL NUMBER
234	PRESCRIPTION DATE ERROR
235	INVALID DAYS SUPPLY
236	BRAND NECESSARY - CALL 800-884-7387 FOR PRIOR AUTHORIZATION
237	RECIPIENT HAS MEDICARE FOR PART OF DAYS OF SERVICE BILLED. REBILL NON-MEDICARE COVERED DAYS
238	POST SURGICAL VISIT REQUIRES REVIEW
239	PREGNANCY
240	EXCESSIVE QUANTITY DISPENSED
241	DRUG NAME/MEDICAL CONDITION
242	RECIPIENT ENROLLED IN PRUDENTIAL HMO

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
243	RESTRICT FOR PREAUTH
244	RECIPIENT ENROLLED IN WEST BALTIMORE HMO
245	RECIPIENT ENROLLED IN CHESAPEAKE HMO
246	RECIPIENT ENROLLED IN COLUMBIA HMO
249	UNITS OF SERVICE MISSING OR ZERO
250	RECIPIENT ID NUMBER NOT ON FILE
251	RECIPIENT NOT ON FILE OVER 60 DAYS
252	NO TAD RESPONSE OVER 60 DAYS
253	3808 PENDED ON FILE MORE THAN 60 DAYS
254	DATE OF SERVICE AFTER PROCESS DATE
255	DATE OF SERVICE IS 10 DAYS AFTER WRITTEN DATE
256	75% DAYS SUPPLY NOT ELAPSED
258	NOT WITHIN AGE RANGE
259	PROCEDURE CODE BILLED REQUIRES DIAGNOSIS CODE AND THE PRIMARY DIAGNOSIS CODE INDICATOR IS EQUAL TO SPACES
260	STERILIZATION PROCEDURE REQUIRES REVIEW OF ATTACHED CERTIFICATION FORM
261	ABORTION PROCEDURE REQUIRES REVIEW OF ATTACHED ABORTION CERTIFICATION FORM
262	HYSTERECTOMY PROCEDURE REQUIRES REVIEW OF ATTACHED HYSTERECTOMY CERTIFICATION FORM
263	INDEMINITY OR LTC TPL COVERAGE
264	UNDER RECOMMENDED AGE
265	RECIPIENT IN A STATE FUNDED CATEGORY ONLY
267	UB92 - TPL ATTACHMENT IS UNDER REVIEW
268	CALL 800-884-7387 FOR PRESCRIBER NUMBER PRE-AUTH
269	CALL 800-884-7387 FOR PRIOR AUTHORIZATION

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
270	AFTER 60 DAY WAITING PERIOD RECIPIENT STILL INELIGIBLE FOR DATE OF SERVICE
271	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE
272	RECIPIENT NOT ENROLLED IN CAPITATION PLAN ON DATE OF SERVICE
274	RECIPIENT ELIGIBLE FOR MEDICARE SERVICES ONLY
275	CMD CAPITATION CLAIM UNDER REVIEW
276	CAPITATION CLAIM UNDER REVIEW
277	SPECIALTY MENTAL HEALTH CLAIM---BILL ASO (HEALTH PARTNERS)
278	PREAPPROVED MEDICAL NECESSITY REQUIRED BY PHYSICIAN
279	MCO LABOR AND DELIVERY SERVICE DOES NOT MATCH TO THE RECIPIENT'S COUNTY
280	ASO IMD CLAIM IS NOT COVERED WHEN THERE IS NO LTC SPAN ON FILE
281	LTC SPAN ON FILE; BUT NOT FOR PAY TO PROVIDER
282	MODIFIER INVALID FOR PROVIDER SPECIALTY
283	LTC CLAIM AND THE CLAIM DATE OF SERVICE DOES NOT FALL WITHIN THE LTC SPAN
284	FOR MCO CAPITATION CLAIM, NO ACG DEMOGRAPHIC INFORMATION ON FILE
285	CAPITATIONS CLAIM WITHOUT DATA TO ID RATE TYPE
286	RECIPIENT IS ENROLLED IN AN MCO AND HAS NOT YET REACHED STOP LOSS-- CALL EVS
287	CAPITATION CLAIM UNDER REVIEW
288	REFERRING PHYSICIAN ID NUMBER NOT ON FILE
290	ORIGINAL ENCOUNTER TYPE AND RESUBMISSION ENCOUNTER TYPE DOES NOT AGREE
299	CAPITATION CLAIM OR PHYSICIAN CLAIM FOR MCO LABOR AND DELIVERY SERVICES AND THE PAY TO PROVIDER NUMBER DOES NOT MATCH THE RECIPIENT'S MCO PROVIDER NUMBER
301	PROVIDER IS NOT ELIGIBLE FOR PROCEDURE ON DATE OF SERVICE
313	CONTACT PROVIDER ENROLLMENT FOR CATEGORY OF SERVICE DISCREPANCY
316	PROCEDURE INVALID FOR NURSING HOME RECIPIENT

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
317	PROVIDER RATE (EXCEPTION RATE) NOT ON FILE FOR DATE OF SERVICE
318	THIRD PARTY PAYMENT GREATER THAN PROGRAM ALLOWED AMOUNT
319	MISSING LOA DAYS OR NON COVERED CHARGES
320	MEDICAL LABORATORY NOT CERTIFIED TO PERFORM THE LABORATORY CLASS INDICATED FOR THE PROCEDURE CODE
321	THE ALLOWED CHARGE EXCEEDS THE MAXIMUM ALLOWED, ITEMIZED BILL REQUIRED
322	INVALID AND OR MISSING RECIPIENT NAME
323	THE CALCULATED ALLOWED CHARGE AMOUNT EQUALS ZERO
326	DRUG DISPENSED BEFORE EFFECTIVE DATE
327	RECIPIENT ENROLLED IN THE MARYLAND KIDS COUNT PROGRAM
328	RECIPIENT ENROLLED IN THE FAMILY PLANNING PROGRAM
329	FOR INPUT MEDIA 6 GROSS ADJUSTMENT NO MMIS EXAM ENTRY IS AUTHORIZED
330	PAYMENT IS NOT AUTHORIZED FOR CLAIMS RECEIVED FROM MARYLAND HEALTH PARTNERS FOR DIAGNOSIS NOT DESIGNATED FOR SPECIALTY MENTAL HEALTH SERVICES
333	INVALID CODE
334	SERVICE REQUIRES MANUAL PRICING
335	FAMILY PLANNING
336	PAYABLE UNDER KIDNEY DISEASE PROGRAM ONLY
338	QUANTITY IS LESS THAN MINIMUM
339	QUANTITY EXCEEDS MAX CALL 800-884-7387 FOR AUTHORIZATION
340	PT AGE LESS THAN MINIMUM
341	AGE GREATER THAN MAXIMUM
346	DIAGNOSIS CODE REQUIRES 4TH OR 5TH DIGIT
347	PLACE OF SERVICE NOT AUTHORIZED FOR DIAGNOSIS
348	DRUG NOT COVERED

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
349	CALL MCFCA FOR PRIOR AUTHORIZATION
351	SUBMITTED CHARGE EXCEEDS THE SYSTEM ALLOWED CHARGE
353	RX EXCEEDS \$400 CALL 800-884-7387 FOR PRIOR AUTHORIZATION
354	DENTAL CLAIM PREAUTHORIZATION TOOTH SURFACE CONFLICT
355	INVALID TOOTH NUMBER
356	INVALID TOOTH CHARACTER
357	DAYS SUPPLY LESS THAN MIN
358	DAYS SUPPLY EXCEEDS MAX
359	UNIT DOSE PACKAGE SIZE
360	NDC NOT ON DHMH FILE
361	PROCEDURE REQUIRES TOOTH NUMBER
362	PROCEDURE REQUIRES TOOTH SURFACE
363	MODIFIER INVALID FOR PROCEDURE CODE
364	PROVIDER NOT AUTHORIZED FOR PROCEDURE
365	PLACE OF SERVICE INVALID FOR PROCEDURE
366	PROVIDER SPECIALTY INVALID FOR PROCEDURE
367	PROVIDER TYPE INVALID FOR PROCEDURE
368	CLAIM TYPE INVALID FOR PROCEDURE
369	RECIPIENT COVERAGE GROUP INVALID FOR PROCEDURE
370	INVALID - MISSING REFERRING PROVIDER NUMBER
371	CORRECTIVE MANAGED CARE RECIPIENT CONFLICT WITH PROVIDER NUMBER
372	DIABETES CARE PROGRAM RECIPIENT CONFLICT WITH PROVIDER NUMBER
373	RECIPIENT ENROLLED IN HMO - CALL EVS FOR FURTHER INFORMATION
374	MAC RECIPIENT IN CONFLICT WITH PROVIDER NUMBER

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

**EOB
CODE**

DESCRIPTION

375	PMP NUMBER MISSING OR INVALID FOR MAC RECIPIENT IN FIELD 82 ON THE UB-92 CLAIM FORM
376	DESI NDC NOT COVERED
377	WAIVER SERVICE AND RECIPIENT IS NOT IN WAIVER PROGRAM ON DOS
380	HOSPICE SERVICE IN CONFLICT WITH UNAUTHORIZED PROVIDER NUMBER
381	NO HOSPITAL REIMBURSEMENT RATE ON FILE
382	LTC CLAIM PENDED FOR REVIEW OF ATTACHMENT
383	LTC DAYS BILLED NOT EQUAL TO COVERED DAYS
384	LTC CLAIM ANCILLARY DAYS CONF W/TOTAL LINE ITEM UNITS
385	PATIENT ASSESSMENT PROCEDURE CODE(S) INCORRECTLY BILLED BY PROVIDER
386	ANCILLARY SERVICES DAYS EXCEED THE NUMBER OF DAYS OF CARE
387	ANCILLARY SERVICE EXCEEDS DAYS OF CARE PLUS BED RESERVATION DAYS
388	LTC OXYGEN, SUCTIONING AND/OR VENTILATOR EXCEEDS DAYS OF CARE
389	RECIPIENT ENROLLED IN AN HMO
390	TRANSITION MANAGEMENT EXCEEDS COVERED DAYS
391	TOT OF COV/NON COV DAYS N/EQ TO THE SUM OF ALL INCLU R/B DYS PLUS ADM DYS
392	INCORRECT LEAVE OF ABSENCE SPAN DATE(S)
393	UNITS OF SERVICE EXCEEDS PROGRAM LIMITS
394	INVALID LEAVE OF ABSENCE SPAN DATE(S)
395	DATES OF SERVICE SPANS NOT AUTHORIZED FOR THE CLAIM
397	ELECTIVE PROCEDURE BILLED AS EMERGENCY WITH NO PREAUTH
398	NON-EMERGENCY ELECTIVE SURGERY REQUIRES PREAUTHORIZATION
399	ELECTIVE SURGERY REQUIRES PREAUTHORIZATION
400	INVALID ADMIT SOURCE FOR PROCEDURE

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
401	LONG TERM CARE AND MULTIPLE LEVEL OF CARE ERROR
402	PROCEDURE CONFLICT MEDICAID/MEDICARE TUBEFEEDING FOR SAME NUMBER OF DAYS
403	MISSING OR INVALID TYPE OF ADMISSION
404	INVALID/MISSING TOTAL NON COVERED CHARGES
407	CLAIM NOT PAYABLE FOR RECIPIENT IN NON FEDERAL CATEGORY
408	PAY TO PROVIDER NUMBER IS AUTHORIZED FOR RENDERING ONLY
409	PROVIDER RESTRICTED TO MEDICARE BILLING ONLY
410	RENDERING PROVIDER NUMBER MISSING
411	PAY TO PROVIDER CLAIM UNDER REVIEW
412	RENDERING PROVIDER NUMBER NOT ON FILE
413	RENDERING PROVIDER CLAIM UNDER REVIEW
421	GROUP PROVIDER NUMBER INCORRECTLY USED AS A RENDERING PROVIDER NUMBER
422	RENDERING PROVIDER NOT ELIGIBLE ON DATE OF SERVICE
423	RENDERING PROVIDER NOT LINKED TO GROUP PROVIDER
424	PAY TO PROVIDER ENROLLMENT STATUS NOT ACTIVE
425	RECIPIENT IS NOT ENROLLED IN A WAIVER PROGRAM
427	PAY TO PROVIDER NOT GROUP OR RENDERING PROVIDER
428	PAYMENT FOR PROCEDURES W9011 THRU W9018 IS LIMITED TO (AMBULATORY SURGICAL CENTERS) PAY TO PROVIDERS
429	"PROVIDER" PROCEDURE MODIFIER RESTRICTION CONFLICT
430	PROCEDURE OR REVENUE CODE NOT ON FILE
431	PROCEDURE NOT COVERED
432	CLAIM REQUIRES PROGRAM REVIEW
433	CLAIM SUSPENDED FOR REVIEW
434	RECIPIENT AGE NOT WITHIN PROCEDURE LIMITS

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
435	RECIPIENT SEX NOT VALID FOR PROCEDURE
436	PROCEDURE REQUIRES PREAUTHORIZATION
437	PROCEDURE NOT COVERED FOR DATE OF SERVICE
438	PROCEDURE REQUIRES MEDICAL REVIEW
439	PROCEDURE NOT ALLOWED ON DATE OF SERVICE
440	PROCEDURE REQUIRES MEDICAL REVIEW FOR PRICING
450	FIRST DIAGNOSIS NOT ON FILE
451	FIRST DIAGNOSIS NOT COVERED
452	1ST DIAGNOSIS IS SUSPENDED FOR DHMH REVIEW
453	1ST DIAG. IS SUSPENDED FOR MEDICAL REVIEW
454	AGE CONFLICT WITH FIRST DIAGNOSIS
455	SEX CONFLICT WITH FIRST DIAGNOSIS
460	SECOND DIAGNOSIS NOT ON FILE
461	SECOND DIAGNOSIS NOT COVERED
462	CLAIM SUSPENDED FOR PROGRAM REVIEW
463	CLAIM SUSPENDED FOR MEDICAL REVIEW
464	AGE CONFLICT WITH SECOND DIAGNOSIS
465	SEX CONFLICT WITH SECOND DIAGNOSIS
470	THIRD DIAGNOSIS NOT ON FILE
471	THIRD DIAGNOSIS NOT COVERED
472	CLAIM SUSPENDED FOR PROGRAM REVIEW
473	CLAIM SUSPENDED FOR PROGRAM REVIEW
474	AGE CONFLICT WITH THIRD DIAGNOSIS
475	SEX CONFLICT WITH THIRD DIAGNOSIS

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
480	FOURTH DIAGNOSIS NOT ON FILE
481	FOURTH DIAGNOSIS NOT COVERED
482	CLAIMS SUSPENDED FOR PROGRAM REVIEW
483	CLAIM SUSPENDED FOR PROGRAM REVIEW
484	AGE CONFLICT WITH FOURTH DIAGNOSIS
485	SEX CONFLICT WITH FOURTH DIAGNOSIS
495	UNABLE TO ASSIGN DRUG
499	CLAIM TYPE BILL OR PROVIDER TYPE IS NOT AUTHORIZED FOR 3808
500	INVALID OR MISSING PREAUTHORIZATION NUMBER
501	PREAUTHORIZATION PENDED FOR REVIEW
502	RECIPIENT ID DOES NOT MATCH PREAUTHORIZATION ID
504	PROCEDURE-MODIFIER ON CLAIM DOES NOT MATCH THE PREAUTHORIZED PROCEDURE-MODIFIER
510	PROVIDER NUMBER DOES NOT MATCH PROVIDER NUMBER ON PREAUTHORIZATION FORM
511	THE LINE ITEM PROCEDURE CODE NOT FOUND ON THE PREAUTHORIZATION RECORD
513	PREAUTH CLAIM DATES DO NOT MATCH PREAUTH FILE DATES
514	PREAUTHORIZATION LINE ITEM WAS NOT APPROVED
515	CLAIM NUMBER UNITS EXCEEDS PA UNITS USED
516	ALL REQUESTED PRE-AUTHORIZATIONS SERVICES HAVE BEEN USED
518	PROCEDURE MODIFIER ON CLAIM DOES NOT APPEAR ON PROCEDURE FILE
520	PROCEDURE FOR MEDICALLY COMPLEX SERVICES DOES NOT MATCH PROCEDURE FILE CATEGORY OF SERVICE
524	CLAIM SUSPENDED FOR REVIEW
528	RECIPIENT ENTITLED TO MEDICARE PART B BENEFITS
529	RECIPIENT HAS THIRD PARTY INSURANCE

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
533	DEA UNMATCHED, IF VALID CALL 877-719-6816
537	ADJUSTMENT CLAIM ALREADY IN PROCESS
538	DUPLICATE THIRD PARTY LIABILITY ADJUSTMENT
539	RECIPIENT ENROLLED IN MCO---CALL EVS FOR FURTHER INFORMATION
550	FIRST PROCEDURE CODE NOT ON FILE
551	FIRST PROCEDURE CODE NOT COVERED
554	FIRST PROCEDURE AGE CONFLICT
555	FIRST PROCEDURE SEX CONFLICT
560	SECOND PROCEDURE NOT ON FILE
561	SECOND PROCEDURE NOT COVERED
564	SECOND PROCEDURE AGE CONFLICT
565	SECOND PROCEDURE SEX CONFLICT
570	THIRD PROCEDURE NOT ON FILE
571	THIRD PROCEDURE NOT COVERED
574	THIRD PROCEDURE AGE CONFLICT
575	THIRD PROCEDURE SEX CONFLICT
582	CAPITATION CLAIM IN CONFLICT WITH DIABETES CARE PROGRAM OR CORRECTIVE MANAGED CARE PROGRAM
583	MULTIPLE ANESTHESIA SERVICES ON SAME DAY
589	DATE OF SERVICE PRIOR TO THE RECIPIENTS DATE OF BIRTH
590	NO VALID CLIA NUMBER ON FILE FOR PROVIDER
591	NO VALID STATE PERMIT NUMBER ON FILE FOR PROVIDER
592	CLIA CERTIFICATION NOT VALID ON DATE OF SERVICE
593	CLIA CERTIFICATION TYPE NOT VALID

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
594	PROCEDURE BILLED NOT A WAIVER SERVICE
595	PROCEDURE BILL NOT AUTHORIZED; PROVIDER PERFORMED MICROSCOPIC PROCEDURE
596	MODIFIER 90 REQUIRES NINE DIGIT PROVIDER NUMBER FOR THE REFERENCING LAB IN FIELD 32 (FACILITY PROVIDER #)
597	REFERENCING LABORATORY NOT CLIA CERTIFIED
598	REFERENCING LAB PROVIDER NUMBER IS NOT ELIGIBLE FOR THE CATEGORY OF SERVICE (FACILITY PROVIDER #)
602	BILL PRIORITY PARTNERS---MCO
603	DAYS BILLED EXCEEDS 3808 APPROVED DAYS
604	NEWBORN STAY EXCEEDS FIVE DAY LIMIT USING MOTHER'S 3808
605	PRIMARY DIAGNOSIS NOT EQUAL TO PRIMARY DIAGNOSIS ON 3808
606	2ND, 3RD OR 4TH DIAGNOSIS CODES DON'T MATCH THE 3808 RECORD
607	3808 PENDED FOR REVIEW
608	3808 RETURNED TO UCA FOR CORRECTION. SEE UCA FOR CORRECTED 3808
609	INVALID 3808 ON FILE
610	ADMINISTRATIVE DAYS EXCEED 3808 APPROVED ADMINISTRATIVE DAYS
611	INPATIENT ACUTE DAYS EXCEED 3808 APPROVED INPATIENT ACUTE DAYS
612	TOTAL DAYS BILLED EXCEED THE TOTAL DAYS ON THE 3808 RECORD
613	PROCEDURE DOES NOT MATCH PROCEDURE ON PREAUTH FILE
614	COVERED DAYS ON CLAIM EXCEEDS APPROVED DAYS
617	PRAUTHORIZATION LINE NUMBER PREVIOUSLY USED
624	SERVICE LIMITS EXCEEDED
634	PHARMACY PRAUTHORIZATION NUMBER INVALID
635	PHARMACY COMB FIELDS
636	PHARMACY HOME IV NOT ON FILE

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
637	PHARMACY NEAR DUPLICATE
638	PHARMACY MEDICAL NECESS
639	PHARMACY PSOA REVIEW
640	CALL FOR CENTRAL NERVOUS SYSTEM STIMULANT AUTHORIZATION
642	NOT COVERED BY PHARMACY ASSISTANCE
643	NDC NOT PAYABLE---MFG NOT A REBATE SIGNER
644	BILL MCO FOR SERVICE---CALL MARYLAND EVS FOR INFORMATION
645	RECIPIENT MCHP---CLAIMS SUBMISSION PRIOR TO JULY 1, 1998
649	BIRTH CONTROL 180 DAYS
650	RECIPIENT IN CORRECTIVE MANAGE CARE OR DIABETES CARE PROGRAM, CLAIM REQUIRES MANUAL REVIEW
661	STOP DATE PRIOR TO ENDING DATE
662	START DATE PRIOR TO END DATE
663	START/STOP DATE CONFLICT
664	INVALID SERVICE STOP DATE
665	FOR FUTURE USE---APPP (AMERICAN PREFERRED PROVIDER PLAN, INC)
666	BILL MARYLAND PHYSICIANS CARE---MCO
667	BILL JAI MEDICAL SYSTEMS---MCO
668	BILL UNITED HEALTHCARE---MCO
669	BILL FREESTATE HEALTH PLAN---MCO
670	BILL NEW AMERICAN HEALTH---MCO
671	BILL PRIME HEALTH---MCO
672	BILL HELIX FAMILY CHOICE---MCO
673	DIAGNOSIS REQUIRES PROGRAM REVIEW--BILL HARD COPY CLAIM
674	BILL PRUDENTIAL HEALTHCARE---MCO

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

**EOB
CODE**

DESCRIPTION

675	AFTER PROGRAM REVIEW FURTHER DOCUMENTATION REQUIRED
676	LTC CLAIM REQUIRED ATTACHMENT MISSING OR INVALID
677	BILL NEW AMERICAN HEALTH---MCO
678	3808 PENDED FOR ADDITIONAL INFORMATION FROM HOSPITAL
679	BILL HELIX FAMILY CHOICE---MCO
680	FORM 216/8001 REQUIRED
681	DUPLICATE SERVICE BY SAME PROVIDER (DENY)
682	DUPLICATE SERVICE DIFFERENT PROVIDER (DENY)
683	INPATIENT CLAIM DUPLICATE OF OUTPATIENT CLAIM
684	ABORTION CERTIFICATION FORM IS REQUIRED
685	ABORTION CERTIFICATION FORM IS INCOMPLETE
686	HYSTERECTOMY CERTIFICATION FORM IS REQUIRED
687	HYSTERECTOMY CERTIFICATION FORM IS INCOMPLETE
688	STERILIZATION CERTIFICATION FORM IS REQUIRED
689	STERILIZATION CERTIFICATION FORM IS REQUIRED
690	CMC OR DCP RECIPIENT, ATTACH REQUIRED. CALL 1-800-766-8692 IF YOU HAVE ANY QUESTIONS
691	CMC OR DCP RECIPIENT, BILL HARD COPY WITH REQUIRED ATTACH. CALL 1-800-766-86921 IF YOU HAVE ANY QUESTIONS
692	UB92 - TPL ATTACHMENT REQUIRED
693	PROCEDURE REQUIRES DOCUMENTATION FOR PRICING
694	AFTER REVIEW PROCEDURE REQUIRES FURTHER DOCUMENTATION
695	PROCEDURE REQUIRES FURTHER DOCUMENTATION
696	CLAIM NOT PAYABLE
697	CLAIM MUST BE REVIEWED BILL HARD COPY

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
698	POST SURGICAL NOT PAYABLE
699	POST SURGICAL VISIT REQUIRES REVIEW, BILL HARD COPY CLAIM
700	AFTER REVIEW, ADJUSTMENT NOT AUTHORIZED FOR PAYMENT - CLAIM PAID INCORRECTLY
701	REVIEW FOR PREAUTHORIZATION OF RENTAL SERVICES EXCEEDING 3 MONTHS
713	AFTER MANAGED CARE REVIEW CLAIM DENIED, CALL 1-800-766-8692 IF YOU HAVE ANY QUESTIONS
800	CLAIM REQUIRES REVIEW FORWARD TO PSOA P.O. BOX 2158
801	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE
802	HOSPICE-NURSING FACILITY SERVICES REPORT REQUIRED
803	FORM DHMH 1288 REQUIRED FOR ADMINISTRATIVE DAYS
840	ADJUSTMENT IS IN PROCESS
842	RECIP ID ON ADJUST REQUEST DOES NOT MATCH RECIP ID ON CLM TO BE ADJUSTED
843	PROV NUMBER ON ADJUST DOES NOT MATCH PROV NUMBER ON CLM TO BE ADJUSTED
844	ADJUSTMENT SUSPENDED FOR REVIEW
845	CLAIM HAS PREVIOUSLY BEEN CREDITED OR ADJUSTED
846	ADJUSTMENT EXCEEDS 9 MONTH BILLING LIMIT
848	INVALID DISPENSED AS WRITTEN INDICATOR
850	NO PAID CLAIM FOR ADJUSTMENT
854	CLAIM UNDER REVIEW
873	UNABLE TO DETERMINE WAIVER ELIGIBILITY
896	CLAIM UNDER REVIEW
898	RECIPIENT CLAIM OVERFLOW; CLAIMS AUTOMATICALLY REPROCESSED IN NEXT ADJUDICATION CYCLE
900	CLAIM UNDER REVIEW (DEFAULT MESSAGE FOR SUSPENDED CLAIMS)

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
901	DUPLICATE SERVICE DIFFERENT PROVIDER IN ERROR
902	SERVICES NON-COVERED BY MEDICARE/MEDICAID
903	AFTER PROGRAM REVIEW CLAIM NOT PAYABLE
904	3808 UNDER MEDICAL RECORD REVIEW
905	AFTER REVIEW, ADJUSTMENT NOT AUTHORIZED FOR PAYMENT - INSUFFICIENT INFO
906	AFTER REVIEW UB-92/TPL DOCUMENTATION INSUFFICIENT FOR PRICING
907	AFTER REVIEW PROCEDURE REQUIRES WRITTEN PRE-AUTH
908	CLAIM REFILED IN A MEDICARE BATCH; PROGRAM WILL REPROCESS CLAIM
909	AFTER PROGRAM REVIEW ATTACHED FORM IS INCORRECT
910	AFTER PROGRAM REVIEW ATTACHED FORM IS INCOMPLETE
911	NEED DOCUMENT TO BEGIN INTO FACILITY
912	NEED DOCUMENT FOR READMISSION INTO FACILITY
913	NEED DOCUMENT TO CANCEL PAY AND READMIT INTO THE FACILITY
914	NEED DOCUMENT TO CANCEL PAY FROM PRIOR FACILITY AND A BEGIN TO ADMIT INTO YOUR FACILITY
915	MUST SUBMIT AS AN ADJUSTMENT ON FORM DHMH 4518
916	PRE-PAYMENT REVIEW REQUIRED
917	CLAIM PREVIOUSLY PAID
918	ABORTION PROCEDURES MUST BE SPLIT OUT AND BILLED SEPARATELY FROM OTHER PROCEDURES
919	ABORTION AND STERILIZATION CHARGES MUST BE BILLED ON TWO SEPARATE INVOICES
920	VAGINAL DELIVERY AND THE STERILIZATION CHARGES MUST BE BILLED ON A SEPARATE INVOICE
934	RENDERING PROVIDER NOT IN MCO NETWORK
938	ATTENDING PROVIDER NOT IN MCO ON DATE OF SERVICE
951	PROVIDER NOT ON PROVIDER MASTER

MARYLAND MEDICAL ASSISTANCE PROGRAM
MMIS-II EXPLANATION OF BENEFIT CODE (EOB) LIST
(REPORTED ON REMITTANCE ADVICE)

EOB CODE	DESCRIPTION
952	PERFORMING PROVIDER NOT ON NETWORK FILE
953	CAPITATION CLAIM SUSPENDED DUE TO HMO/MCO SPAN CONFLICT. CLAIM TO BE REPROCESSED
954	PERFORMING PROVIDER NOT ACTIVE
956	PROCEDURE NOT ALLOWED
957	CLAIM PAST FILING LIMIT, IF RETRO ELIGIBILITY CALL DSS FOR AN ADMIN ERROR NEED DOCUMENT FOR READMISSION INTO FACILITY LETTER
992	A CREDIT GROSS ADJUSTMENT CREATED TO DEDUCT THE REQUIRED STATE LEVY AMT FROM A PROVIDER'S PAYMENT
993	A DEBIT GROSS ADJUSTMENT CREATED TO PAY THE REQUIRED STATE LEVY AMOUNT TO THE LEVY HOLDER
994	A CREDIT GROSS ADJUSTMENT TO RECOVER A CREDIT BALANCE ESTABLISHED BY AN EARLIER NEGATIVE PAYABLE
995	A DEBIT GROSS ADJ TO ESTABLISH A CREDIT BALANCE FOR A PROVIDER WHOSE TOTAL REIMBURSEMENT AMOUNT FOR THE WEEK IS LESS THAN ZERO
996	A CREDIT GROSS ADJUSTMENT TO DEDUCT THE REQUIRED RECOUPMENT AMOUNT FROM A PROVIDER'S PAYMENT
997	A DEBIT GROSS ADJUSTMENT TO ESTABLISH THE REMAINING RECOUPMENT BALANCE AFTER THIS PAY CYCLE'S DEDUCTION IS MADE
998	A CREDIT GROSS ADJUSTMENT CREATED TO DEDUCT THE REQUIRED FEDERAL LEVY AMOUNT FROM A PROVIDER'S PAYMENT
999	A DEBIT GROSS ADJUSTMENT CREATED TO PAY THE REQUIRED FEDERAL LEVY AMOUNT TO THE LEVY HOLDER