

**EDI Business Rules for Revision E**  
**EOBR Code List Based on Line Item Paid**  
**ASC only on the DWC-90**  
**(Updated 05/12/2010)**

- 06 – Payment disallowed: location of service(s) is not consistent with the level of service(s) billed.
- **Line item payment must equal \$0.00**
- 10 - Payment denied: compensability: injury or illness for which service was rendered is not compensable.
- **Line item payment must equal \$0.00**
- 21 - Payment disallowed: medical necessity: medical records reflect no physician's order was given for service rendered or supply provided.
- **Does NOT apply to ASC.**
- 22 - Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided.
- **Does NOT apply to ASC**
- 23 - Payment disallowed: medical necessity: diagnosis does not support the service rendered.
- **Line item payment must equal \$0.00.**
- 24 - Payment disallowed: medical necessity: service rendered was not therapeutically appropriate.
- **Line item payment must equal \$0.00.**
- 25 - Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature.
- **Line item payment must equal \$0.00.**
- 26 - Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner's licensure.
- **Does not apply to ASC**
- 30 - Payment disallowed: lack of authorization: no authorization given for service rendered.
- **Line item payment must equal \$0.00.**
- 34 – Payment disallowed: no modification to the information provided on the medical bill. No payment pursuant to contractual arrangement.
- **Line item payment must equal \$0.00**
- 38 – Payment disallowed: insufficient documentation: documentation does not support this supply was dispensed to the patient.
- **Line item payment must equal \$0.00**

- 39 – Payment disallowed: insufficient documentation: documentation does not support this medication was dispensed to the patient.
- **Line item payment must equal \$0.00**
- 40 - Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered.
- **Line item payment must equal \$0.00.**
- 41 – Payment disallowed: insufficient documentation: level of evaluation and management service not supported by documentation. (Insurer must specify missing components of evaluation and management code description.)
- **Does not apply to ASC**
- 42 – Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
- **Does not apply to ASC**
- 43 - Payment disallowed: insufficient documentation: frequency of service not supported by documentation.
- **Line item payment must equal \$0.00.**
- 44 - Payment disallowed: insufficient documentation: duration of service not supported by documentation.
- **Does not apply to ASC**
- 45 - Payment disallowed: insufficient documentation: fraud statement not provided pursuant to s.440.105 (7), F.S.
- **Line item payment must equal \$0.00.**
- 46 - Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill.
- **Does not apply to ASC**
- 47 - Payment disallowed: insufficient documentation: invoice or certification not submitted for implant.
- **Line item payment must equal \$0.00.**
- 48 - Payment disallowed: insufficient documentation: invoice not submitted for supplies.
- **Line item payment must equal \$0.00.**
- 49 - Payment disallowed: insufficient documentation: invoice not submitted for medication.
- **Does NOT apply to ASC**
- 50 - Payment disallowed: insufficient documentation: specific documentation requested in writing at the time of authorization not submitted with the medical bill. (Insurer must specify omitted documentation)
- **Line item payment must equal \$0.00**

- 51 - Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted.
- **Does not apply to ASC**
- 52 - Payment disallowed: insufficient documentation: supply (ies) incidental to the procedure. (Insurer must specify which supply is incidental to which procedure.)
- **Line item payment must equal \$0.00.**
- 53 - Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill.
- **Line item payment must equal \$0.00.**
- 54 - Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.
- **Does not apply to ASC.**
- 59 – Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is mutually exclusive to code XXXXX billed for service(s) provided on the same day (Insurer must specify the inclusive procedure code).
- **Line item payment must equal \$0.00**
- 60 - Payment disallowed: billing error: service previously billed and reimbursement decision previously rendered.
- **Line item payment must equal \$0.00.**
- 61 - Payment disallowed: billing error: duplicate bill.
- **Not applicable to EDI**
- 62 - Payment disallowed: billing error: incorrect procedure, modifier, units, supply code or NDC number.
- **Line item payment must equal \$0.00.**
- 63 - Payment disallowed: billing error: service billed is integral component of another procedure code. (Insurer must specify inclusive procedure code.)
- **Line item payment must equal \$0.00.**
- 64 - Payment disallowed: billing error: service “not covered” under applicable workers’ compensation reimbursement manual.
- **Line item payment must be equal \$0.00.**
- 65 - Payment disallowed: billing error: multiple providers billed on the same form.
- **Does not apply to ASC.**
- 66 – Payment disallowed: billing error: omitted procedure, modifier, units, supply code or NDC number.
- **Line item payment must be equal \$0.00**
- 67 – Payment disallowed: billing error: Same service billed multiple times on same date of service.
- **Line item payment must equal \$0.00**

- 68 – Payment disallowed: billing error: Rental value has exceeded purchase price per written fee agreement.
- **Does not apply to ASC**
- 69 – Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is a comprehensive component code of code XXXXX billed for service(s) provided on the same day (Insurer must specify inclusive procedure code)
- **Line item payment must equal \$0.00**
- 71 - Payment adjusted: insufficient documentation: level of evaluation and management service not supported by documentation.
- **Does not apply to ASC.**
- 72 - Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
- **Does not apply to ASC.**
- 73 - Payment adjusted: insufficient documentation: frequency of service not supported by documentation.
- **Does not apply to ASC**
- 74 - Payment adjusted: insufficient documentation: duration of service not supported by documentation.
- **Does NOT apply to ASC.**
- 75 - Payment adjusted: insufficient documentation: specific documentation requested in writing at the time of authorization not submitted with the medical bill.
- **Line item payment must be greater than \$0.00.**
- 80 - Payment adjusted: billing error: correction of procedure, modifier, supply code, units, or NDC number.
- **Line item payment must be greater than \$0.00.**
- 81 - Payment adjusted: billing error: payment modified pursuant to a charge audit.
- **Line item payment must be greater than \$0.00.**
- 83 - Payment adjusted: medical benefits paid apportioning out the percentage of the need for such care attributable to preexisting condition (s.440.15 (5) (b), F.S.).
- **Line item payment must be greater than \$0.00.**
- 84 - Payment adjusted: co-payment applied pursuant to s. 440.13(14) (c), F.S.
- **Does not apply to ASC.**
- 85 – Payment adjusted: no modification to the information provided on the medical bill. Payment made pursuant to agreement between the health care provider and the carrier.
- **Line item payment must be greater than or equal to \$0.00**
  - **Payment plan must reflect “M” or “C”**

- 90 - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Health Care Provider Reimbursement Manual.
- **Does not apply to ASC**
- 91 - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers.
- **Line item payment must be greater than \$0.00**
- 92 - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Hospitals.
- **Does not apply to ASC**
- 93 - Paid: no modification to the information provided on the medical bill: payment made pursuant to written contractual arrangement. (Network or PPO name required)
- **Payment must be greater than or equal to zero**
  - **If line item amount is \$0.00, payment plan must reflect "M" or "C" - contractual reimbursement.**
- 94 - Paid: Out-of-State Provider: payment made pursuant to the Out-of-State Provider section of the applicable Florida reimbursement manual.
- **Payment must be greater than or equal to zero**
  - **Payment Plan must reflect "C" contractual reimbursement**
- 95 - Paid: Reimbursement Dispute Resolution: payment made pursuant to receipt of a Determination or Final Order on a Petition for Resolution of Reimbursement Dispute, pursuant to Section 440.13(7), F.S.
- **Line item payment must be greater than \$0.00**
- 96 - Paid: Payment made pursuant to a write-off by a health care provider self-insured employer.
- **Line item payment must be greater than or equal to \$0.00**