

**EDI Business Rules for Revision E**  
**EOBR Code List**  
**Home Health Only [DWC-90: codes 032x, 033x, 034x**  
**In Field Locator 10 (bill type)]**  
**(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.

Line item payment must equal 0.00

22 - Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided.

Line item payment must equal 0.00

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.

Line item payment must equal 0.00

30 - Payment disallowed: lack of authorization: no authorization given for service rendered or notice provided for emergency treatment pursuant to Section 440.13(3), F.S.

Line item payment must equal \$0.00

34 – Payment disallowed: no modification to the information provided on the medical bill. No payment made 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 032x, 033x and 034x
- 42 - Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.  
Line item payment must equal \$0.00
- 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.  
Line item payment must equal \$0.00
- 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.  
Line item payment must equal \$0.00
- 47 - Payment disallowed: insufficient documentation: invoice or certification not submitted for implant.  
Does not apply to 032x, 033x and 034x
- 48 - Payment disallowed: insufficient documentation: invoice not submitted for supplies.  
Does not apply to 032x, 033x and 034x
- 49 - Payment disallowed: insufficient documentation: invoice not submitted for medication.  
Line item payment must equal \$0.00

- 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 032x, 033x and 034x
- 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.  
Does not apply to 032x, 033X, and 034X
- 54 - Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.  
Does not apply to 032x, 033X, and 034X
- 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 inclusive code).  
Line item payment must equal \$0.00
- 60 - Payment disallowed: billing error: line item service previously billed and reimbursement decision previously rendered.  
Line item payment must equal \$0.00
- 61 - Payment disallowed: billing error: duplicate bill. (Shall not be transmitted electronically to Division)  
Does not apply 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.  
Does not apply to 032x, 033X, and 034X

- 65 - Payment disallowed: billing error: multiple providers billed on the same form.  
Line item payment must equal \$0.00
- 66 – Payment disallowed: billing error: omitted procedure, modifier, units, supply code or NDC number.  
Does not apply
- 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  
Line item payment must equal \$0.00
- 69 – Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is a comprehensive component of code XXXXX billed for service(s) provided on the same day (Insurer must specify inclusive procedure).  
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 032x, 033x and 034x
- 72 - Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.  
Line item payment must be greater than \$0.00
- 73 - Payment adjusted: insufficient documentation; frequency of service not supported by documentation.  
Line item payment must be greater than \$0.00
- 74 - Payment adjusted: insufficient documentation: duration of service not supported by documentation.  
Line item payment must be greater than \$0.00
- 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.440.5 (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 032x, 033x and 034x**
- 85 – Payment adjusted: no modification to the information provided on the medical bill. Payment made pursuant to a fee agreement between the health care provider and the carrier.  
**Line item payment must be greater than or equal to zero.**  
**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.  
**Line item payment must be greater than or equal to zero**
- 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.  
**Does not apply to 032x, 033x and 034x**
- 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 032x, 033x and 034x**
- 93 - Paid: no modification to the information provided on the medical bill: payment made pursuant to written contractual arrangement (network or PPO name required).
  - **Line item payment must be equal to or greater than \$0.00.**
  - **If line item payment equals \$0.00, then 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.
  - **Line item 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**