

EDI Business Rules for Revision E
EOBR Code List
Outpatient Hospital [DWC-90: codes 13x, 14x, 85x 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 amount must equal \$0.00
- 10 - Payment denied: compensability: injury or illness for which service was rendered is not compensable.
- Line item payment amount 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 amount must equal \$0.00
- 22 - Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided.
- Does not apply to 13x
 - Line item payment amount must equal \$0.00
- 23 - Payment disallowed: medical necessity: diagnosis does not support the service rendered.
- Line item payment amount must equal \$0.00
- 24 - Payment disallowed: medical necessity: service rendered was not therapeutically appropriate.
- Does not apply to 14x
 - For all others, line item payment amount must equal \$0.00
- 25 - Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature.
- Line item payment amount must equal \$0.00
- 26 - Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner's licensure.
- Does not apply to 14x
 - For all others, line item payment amount 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 amount 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 amount must equal \$0.00
- 38 – Payment disallowed: insufficient documentation: documentation does not support this supply was dispensed to the patient.
- Line item payment amount must equal \$0.00
- 39 – Payment disallowed – insufficient documentation: documentation does not support this medication was dispensed to the patient.
- Line item payment amount must equal \$0.00
- 40 - Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered.
- Line item payment amount 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 14x
 - Line item payment amount must equal \$0.00
- 42 - Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
- Does not apply to 14x
 - Line item payment amount must equal \$0.00
- 43 - Payment disallowed: insufficient documentation: frequency of service not supported by documentation.
- Line item payment amount must equal \$0.00
- 44 - Payment disallowed: insufficient documentation: duration of service not supported by documentation.
- Line item payment amount must equal \$0.00
- 45 - Payment disallowed: insufficient documentation: fraud statement not provided pursuant to s.440.105 (7), F.S.
- Line item payment amount must equal \$0.00
- 46 - Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill.
- Line item payment amount must equal \$0.00
- 47 - Payment disallowed: insufficient documentation: invoice or certification not submitted for implant.
- Does not apply to 14x
 - Line item payment amount must equal \$0.00

- 48 - Payment disallowed: insufficient documentation: invoice not submitted for supplies.
- Does not apply
- 49 - Payment disallowed: insufficient documentation: invoice not submitted for medication.
- Does not apply
- 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 amount must equal \$0.00
- 51 - Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted.
- Does not apply
- 52 - Payment disallowed: insufficient documentation: supply (ies) incidental to the procedure. (Insurer must specify which supply is incidental to which procedure)
- Does not apply to 14x.
 - Line item payment amount must equal \$0.00
- 53 - Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill.
- Does not apply to 14x.
 - Line item payment amount must equal \$0.00
- 54 - Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.
- Does not apply to 14x.
 - Line item payment amount must equal \$0.00
- 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 procedure code)
- Does not apply to 14x
 - 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 amount must equal \$0.00
- 61 - Payment disallowed: billing error: duplicate bill. (Shall not be transmitted electronically to Division)
- Not applicable to EDI

- 62 - Payment disallowed: billing error: incorrect procedure, modifier, units, supply code or NDC number.
- Line item payment amount 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 amount must equal \$0.00
- 64 - Payment disallowed: billing error: service “not covered” under applicable workers’ compensation reimbursement manual.
- Line item payment amount must equal \$0.00
- 65 - Payment disallowed: billing error: multiple providers billed on the same form.
- Line item payment amount must equal \$0.00
- 66 – Payment disallowed: billing error: omitted procedure, modifier, units, supply code or NDC number.
- Line item payment must 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
- 69 – Payment disallowed: billing error: Correct Coding Initiative guidelines indicate this code is a comprehensive component code of XXXXX billed for service(s) provided on the same day (Insurer must specify the 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 14x
 - Line item payment must be greater than \$0.00
- 72 - Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
- Does not apply to 14x.
 - For all other codes, line item payment must be greater than \$0.00
- 73 - Payment adjusted: insufficient documentation; frequency of service not supported by documentation.
- Does not apply to 14x
 - Line item payment must be greater than \$0.00

- 74 - Payment adjusted: insufficient documentation: duration of service not supported by documentation.
- Does not apply to 14x.
 - For all other codes, 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, supply code, units, or NDC code.
- 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
- 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.
- 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 \$0.00
- 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
- 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 14x.
 - For all other codes, line item payment must be greater than \$0.00

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.

- 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.

- Payment must be greater than zero.

96 – Paid: Payment made pursuant to a write-off by a health care provider self-insured employer.

- Payment must be greater than or equal to \$0.00