

EDI Business Rules for 2008
EOBR Code List Based on Revenue Code
(DWC-90 Only)
(Updated 01/16/2008)

- 10 - Payment denied: compensability: injury or illness for which service was rendered is not compensable.

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

- 22 - Payment disallowed: medical necessity: medical records reflect no physician's prescription was given for service rendered or supply provided.
 - Applies only in the presence of code 13X in Form Locator 4 (outpatient).

- 23 - Payment disallowed: medical necessity: diagnosis does not support the service rendered.

- 24 - Payment disallowed: medical necessity: service rendered was not therapeutically appropriate.

- 25 - Payment disallowed: medical necessity: service rendered was experimental, investigative or research in nature.

- 26 - Payment disallowed: service rendered by healthcare practitioner outside scope of practitioner's licensure.

- 30 - Payment disallowed: lack of authorization: no authorization given for service rendered.

- 40 - Payment disallowed: insufficient documentation: documentation does not substantiate the service billed was rendered.

- 41 - Payment disallowed: insufficient documentation: level of evaluation and management service not supported by documentation.
 - Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 045X, 051X, 052X or 076X
 - Applies only in the presence of code 13X in Form Locator 4 (outpatient).

- 42 - Payment disallowed: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
 - Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 042X, 043X and 044X.

- 43 - Payment disallowed: insufficient documentation: frequency of service not supported by documentation.
- 44 - Payment disallowed: insufficient documentation: duration of service not supported by documentation.
- 45 - Payment disallowed: insufficient documentation: fraud statement not provided pursuant to s.440.105(7), F.S.
- 46 - Payment disallowed: insufficient documentation: required itemized statement not submitted with the medical bill.
- 47 - Payment disallowed: insufficient documentation: invoice not submitted for implant.
- Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 027X.
- 48 - Payment disallowed: insufficient documentation: invoice not submitted for supplies.
- DOES NOT apply to DWC-90.
- 49 - Payment disallowed: insufficient documentation: invoice not submitted for medication.
- DOES NOT apply to DWC-90.
- 50 - Payment disallowed: insufficient documentation: requested documentation not submitted with the medical bill.
- 51 - Payment disallowed: insufficient documentation: required DFS-F5-DWC-25 not submitted.
- DOES NOT apply to DWC-90.
- 52 - Payment disallowed: insufficient documentation: supply(ies) incidental to the procedure.
- DOES NOT apply to DWC-90.
- 53 - Payment disallowed: insufficient documentation: required operative report not submitted with the medical bill.
- 54 - Payment disallowed: insufficient documentation: required narrative report not submitted with the medical bill.
- 60 - Payment disallowed: billing error: service previously billed and processed on prior medical bill.

- 61 - Payment disallowed: billing error: same service billed multiple times on same date of service.
- 62 - Payment disallowed: billing error: incorrect procedure, modifier or supply code.
- 63 - Payment disallowed: billing error: service billed is integral component of another procedure code.
- 64 - Payment disallowed: billing error: service “not covered” under applicable workers’ compensation reimbursement manual.
- 65 - Payment disallowed: billing error: multiple providers billed on the same form.
- 71 - Payment adjusted: insufficient documentation: level of evaluation and management service not supported by documentation.
- Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 045X, 051X, 052X or 076X.
 - Applies only in the presence of code 13X in Form Locator 4 (outpatient).
- 72 - Payment adjusted: insufficient documentation: intensity of physical medicine and rehabilitation service not supported by documentation.
- Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 042X, 043X and 044X in Form Locator 42.
- 73 - Payment adjusted: insufficient documentation: frequency of service not supported by documentation.
- 74 - Payment adjusted: insufficient documentation: duration of service not supported by documentation.
- 75 - Payment adjusted: insufficient documentation: requested documentation not submitted with the medical bill.
- 80 - Payment adjusted: billing error: correction of procedure, modifier or supply code.
- 81 - Payment adjusted: billing error: payment modified pursuant to a charge audit.
- 82 - Payment adjusted: payment modified pursuant to carrier charge analysis.
- 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.).

- 84 - Payment adjusted: co-payment applied pursuant to s.440.13(14)(c), F.S.
- 90 - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Health Care Provider Reimbursement Manual.
- Applies only in the presence of code 13X in Form Locator 4 (outpatient).
 - Applies only in the presence of one of the following in Form Locator 42 (revenue codes): 030X, 032X, 033X, 034X, 035X, 040X, 042X, 043X, 044X, 061X or 093X.
- 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 DWC-90.
- 92 - Paid: no modification to the information provided on the medical bill: payment made pursuant to Florida Workers' Compensation Reimbursement Manual for Hospitals.
- 93 - Paid: no modification to the information provided on the medical bill: payment made pursuant to contractual arrangement.
- 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.
- 95 - Paid: Reimbursement Dispute Resolution: payment made pursuant to Agency determination on a Petition for Resolution of Reimbursement Dispute, pursuant to s.440.13(7), F.S.