

INNOVISTA EZNET PEND CODES

Code	DESCR
ACM	Authorization Claim Multiples
ACP	Authorization Claim Pend
ADM	Claim/Authorization Pended Because Benefits Are Based On Admission and Admission Date Is Blank
ADT	Auth/Action Date Is outside Patient's Eligibility Period
AEX	Service Date Is After Authorization Expiration Date
ANM	Authorization Not Match
ANN	Authorization Not Needed
ANR	Remittance Advice Code Not Selected From the Combination Table CARC and RARC
APA	Dollar Amount Exceeds the Amount Defined In Authorized Service Package
APQ	Quantity Exceeds the Amount Defined In Authorized Service Package
APS	Service Not Authorized By Authorized Service Package
ARC	Adjustment Reason Code Date Is Not Effective with Service Date From
ARQ	This Service Requires an Authorization
BAD	Authorization/Action Date Is Outside Of Benefit Matrix Healthplan/Option/Employer Group Period
BEX	Service Date Is Outside Of Benefit Matrix Healthplan/Option/Employer Group Period
BML	No Linked Rule for Claim/Auth
BMO	Overlapping BM-Rule for Claim/Auth
BMR	No BM-Rule Found For Claim/Auth
BSP	The Member/Provider Line of Business Does Not Match With the Option Master Line of Business
CAO	Multiple Conflicting Claim Auto Adjudication Rules
CEF	Claim Shop Edit Failed
CS3	Authorization Status Is 3 - Denied
CS4	Authorization Status Is 4 - Deferred
CS6	Authorization Status Is 6 - Cancelled
CS7	Authorization Status Is 7 - Requested
CS8	Authorization Status Is 8 - System Hold
DIA	Diagnosis Date Is Not Effective With Service Date From
DLX	Adjudication Dollar Limit Exceeded
DTL	Dental Tiered Utilization Pended
DUP	Duplicate
EDF	Claim Shop Edits Failed
EDP	Exact Duplicate
EDT	Expiration Date Is Outside Patient's Eligibility Period
EL2	Member Status = 2 Provisional
ELG	Service Date Is outside Patient's Eligibility Period
ERR	Error Duplicate Lines Inserted
FSP	Fee Schedule Pended
HDP	Hospital H/P Duplicate
HDS	The Service Date on The Claim Detail Is Greater The Discharge Date.
HDU	Another Claim with the Same Hospital Admission Information Exists
HGP	Previous Claim for This Continuous Hospital Admission Is Missing
HLD	Member Is In Hold Status
HNO	The First Claim for This Continuous Hospital Admission Is Missing
HOA	Claim Pended Due To Hospital Admission Tiered Benefits, Apply Patient Payment Conflict.
HON	Claim Pended Due To Hospital Admission Tiered Benefits, Overlap Of Not Covered Services.
HPD	Hospital Admission Tiered Utilization Pended.
HPF	Both H/P Fee Schedule Found

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LBS	Preferred Status on Specialty Is Not Active
LBX	Benefit Type Lifetime Financial Limit Exceeded
LDX	Benefit Type Lifetime Financial Family Limit Exceeded
LFX	Benefit Type Lifetime Limit Exceeded
NAD	Benefit Tracking Based On Admission, Claim Master Contains No Admission Date/Hospitalized From Date
NCD	Procedure Not Covered
NDC	NDC Code Is Not Effective On Date of Service
OPC	Member Has Active Primary Other Coverage
PAD	Provider Contact Not In Effect on Auth Date
PCL	Provider Does Not Participate In This Healthplans Line of Business
PED	Provider Contract Not In Effect on Expiration Date
PEX	Provider's Contract Not In Effect on Service Date
PHX	Provider's Healthplan Panel Is Not In Effect on Service Date/Auth Date
PL2	Provider Status = 2 Provisional
PNR	Claim Shop Pricing Needs Review
PRD	Provider Contract Not In Effect On Requested Date
PS3	Authorization Payment Status Is 3 - Closed
PSC	Payment Status Conflict
PSU	Claim Shop Pricing Process Suspended
RAC	Remittance Advice Code Date Is Not Effective with Service Date From
RDT	Date Requested Is outside Patient's Eligibility Period
SL2	Level 2 Pended
SL3	Level 3 Pended
SVC	Service Code Is Not Effective On Date of Service
TFX	Timely Filing Has Been Exceeded
VEN	Vendor Is Not In Effective with Service Date From
XBR	Extended Benefit Table Pend Rule In Effect
XDO	Claims Received Exceed Authorized Dollars
XUN	Claims Received Exceed Authorized Units
YBX	Benefit Type Year to Date Financial Limit Exceeded
YDX	Benefit Type Year to Date Financial Family Limit Exceeded
YRX	Benefit Type Year to Date Limit Exceeded