

ACT 330 (HB424) claim denial explanation/*Explanation of Benefits Matrix*

Denial code	Description
ERI	After plan filing limit - member liable
G07	Provider not allowed per State
G46	Inappropriate billing for this contract
G47	Inappropriate billing for this contract
G79	Resubmit with servicing provider
GB8	Invoice required for reimbursement
GBA	Resubmit with rendering provider NPI
GC9	Service not eligible for this provider
GLI	Valid CLIA # must be submitted
GLJ	CLIA # invalid for service
GRH	Resubmit with rendering provider NPI
MN9	Resubmit claim with invoice
OR1	Code billed not supported by records.
OR4	Code billed not supported by records.
QT0	After plan filing limit
TF0	Submitted after plan filing limit
TF1	Submitted After Provider's Filing Limit
X15	Submitted after plan filing limit
X16	Submitted after plan filing limit
X94	Invoice required
YAA	Invoice required
Z71	QW modifier
F00	Charges processed under original submission

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