



An Independent Licensee of the Blue Cross and Blue Shield Association

## ICAP "I" Messages and ANSI Mapping Messages

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I501	PAYMENT IS INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I502	NON-COVERED CHARGES.	96	NON-COVERED CHARGE(S).
I503	PROCEDURE CODE IS INCONSISTENT WITH PROVIDER TYPE OR SPECIALTY.	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).
I504	PAYMENT IS INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I505	PAYMENT ADJUSTED BECAUSE PROGRAM GUIDES NOT MET OR EXCEEDED.	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
I506	DIAGNOSIS IS INCONSISTENT WITH PROCEDURE.	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
I507	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I508	PROCEDURE IS INCONSISTENT WITH MODIFIER OR REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I509	MULTIPLE PHYSICIANS OR ASSISTANTS NOT COVERED.	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE .
I510	PAYMENT IS INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I511	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I512	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I513	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.
I514	THE PROCEDURE IS INCONSISTENT WITH PATIENT AGE.	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
I515	PROCEDURE IS INCONSISTENT WITH PATIENT GENDER.	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.
I516	PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE.	B18	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE
I517	PAYMENT IS INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I518	PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE.	B18	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE
I519	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I520	PROCEDURE IS INCONSISTENT WITH MODIFIER OR REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I521	CHARGES EXCEED OUR FEE SCHEDULE OR MAX ALLOWABLE AMOUNT.	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
I522	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I523	PROCEDURE IS INCONSISTENT WITH PLACE OF SERVICE.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
I524	MULTIPLE PHYSICIANS OR ASSISTANTS NOT COVERED.	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE .
I525	MULTIPLE PHYSICIANS OR ASSISTANTS NOT COVERED.	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE .

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I526	SERVICE DENIED AS RELATED SERVICE NOT PAID OR IDENTIFIED ON CLAIM.	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
I527	PAYMENT ADJUSTED BECAUSE INFORMATION SUBMITTED DOESN'T SUPPORT THIS LEVEL OF SERVICE.	150	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
I528	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
I529	THIS(THESE) DIAGNOSIS(ES) IS(ARE) NOT COVERED, MISSING OR INVALID.	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
I530	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I531	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I532	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
I533	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	B20	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.
I534	PAYMENT ADJUSTED AS INFORMATION DOESN'T SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I535	DUPLICATE CLAIM OR SERVICE.	18	DUPLICATE CLAIM/SERVICE.
I536	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I537	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE SERVICE IS NOT PAID SEPARATELY.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I538	DUPLICATE CLAIM OR SERVICE.	18	DUPLICATE CLAIM/SERVICE.
I539	PROCEDURE CODE WAS INCORRECT. THIS PAYMENT REFLECTS THE CORRECT CODE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I540	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	150	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
I541	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I542	PAYMENT ADJUSTED BECAUSE 'NEW PATIENT' QUALIFICATIONS WERE NOT MET.	B16	PAYMENT ADJUSTED BECAUSE 'NEW PATIENT' QUALIFICATIONS WERE NOT MET.
I543	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I544	PROCEDURE CODE WAS INCORRECT. THIS PAYMENT REFLECTS THE CORRECT CODE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I545	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I546	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I547	SERVICE DENIED AS RELATED OR QUALIFYING SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
I548	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I549	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE SERVICE IS NOT PAID SEPARATELY.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I550	THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
I551	THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.
I552	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODE WHENEVER APPROPRIATE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I553	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
I554	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.
I555	PROCEDURE CODE WAS INCORRECT. THIS PAYMENT REFLECTS THE CORRECT CODE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I556	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.	B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.
I557	SERVICE DENIED; ONLY ONE GENERAL ANESTHESIA SERVICE ALLOWED FOR A SINGLE OPERATIVE SESSION.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I558	PROCEDURE CODE WAS INCORRECT. THIS PAYMENT REFLECTS THE CORRECT CODE.	B20	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.
I559	PAYMENT ADJUSTED AS TREATMENT WAS DEEMED TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	58	PAYMENT ADJUSTED BECAUSE TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.
I560	THIS PAYMENT IS ADJUSTED WHEN PERFORMED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, OR BY A PROVIDER OF THIS SPECIALTY.
I561	PAYMENT IS INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I562	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I563	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I564	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I565	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I566	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.	B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.
I567	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR IS (ARE) INVALID.	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
I568	NON-COVERED CHARGES.	96	NON-COVERED CHARGE(S).
I569	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I570	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICES.	150	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
I571	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I572	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I573	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.	B18	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE
I574	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I575	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY.	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I576	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I577	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICES.	150	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.
I578	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I579	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I580	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I581	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.	B18	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE
I582	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE SERVICE IS NOT PAID SEPARATELY.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I583	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I584	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I585	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE SERVICE IS NOT PAID SEPARATELY.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I586	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.
I587	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I588	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	B12	SERVICES NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS.
I589	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.	B18	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE AND MODIFIER WERE INVALID ON THE DATE OF SERVICE
I590	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I591	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
I592	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.
I593	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I594	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
I595	PAYMENT ADJUSTED BECAUSE 'NEW PATIENT' QUALIFICATIONS WERE NOT MET.	B16	PAYMENT ADJUSTED BECAUSE 'NEW PATIENT' QUALIFICATIONS WERE NOT MET.
I596	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I597	THIS PAYMENT IS ADJUSTED WHEN PERFORMED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, OR BY A PROVIDER OF THIS SPECIALTY.
I598	PROCEDURE IS INCONSISTENT WITH MODIFIER OR REQUIRED MODIFIER IS MISSING.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I599	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I600	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I601	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
I602	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I603	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I604	DUPLICATE CLAIM/SERVICE.	18	DUPLICATE CLAIM/SERVICE.
I605	DUPLICATE CLAIM/SERVICE.	18	DUPLICATE CLAIM/SERVICE.
I606	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	B20	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.
I607	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY SERVICES.
I608	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
I611	THIS PROCEDURE HAS BEEN INCLUDED AS PART OF ANOTHER PROCEDURE.	D21	THIS (THESE) DIAGNOSIS(ES) IS (ARE) MISSING OR ARE INVALID
I613	THIS PROCEDURE HAS BEEN INCLUDED AS PART OF ANOTHER PROCEDURE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I615	THIS PROCEDURE WAS DENIED AS IT IS PAYABLE ONLY IN THE INPATIENT SETTING.	58	PAYMENT ADJUSTED BECAUSE TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.
I617	THE SERVICE IS DENIED AS THE REVENUE CODE IS INVALID.	181	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I619	INPATIENT ONLY PROCEDURE DENIED BECAUSE BILLED AS OUTPATIENT.	60	CHARGES FOR OUTPATIENT SERVICES WITH THIS PROXIMITY TO INPATIENT SERVICES ARE NOT COVERED.
I623	BILATERAL PROCEDURES DISCONTINUED PRIOR TO ANESTHESIA DENIED DUE TO INCORRECT MODIFIER SUBMISSION.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I625	LINE DENIED DUE TO REORDERED MODIFIERS.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
I627	PRINCIPAL DX CODE IS EITHER INVALID OR NOT CODED TO HIGHEST LEVEL OF SPECIFICITY.	D21	THIS (THESE) DIAGNOSIS(ES) IS (ARE) MISSING OR ARE INVALID
I629	SERVICE IS DENIED AS INCIDENTAL TO ANOTHER SERVICE.	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
I631	THESE SERVICES ARE DENIED AS THEY ARE INCLUDED IN WEEKLY RADIATION THERAPY MANAGEMENT CODE.	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
I633	HCPCS CODE WAS BILLED WITHOUT APPROPRIATE REVENUE CODE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I635	REVENUE CODE DOES NOT MATCH TYPE OF BILL.	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
I637	LINE DENIED INVALID REVENUE CODE WAS SUBMITTED.	181	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE
I639	LINE DENIED REVENUE CODE WAS NOT SUBMITTED WITH THE CORRECT HCPCS CODE.	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES WHENEVER APPROPRIATE.
I641	LINE DENIED MULTIPLE CLAIMS WERE SUBMITTED FOR THE SAME DIAGNOSTIC TEST OR X-RAY.	18	DUPLICATE CLAIM/SERVICE.

* "I" Message	Practitioner Descriptor	835 CAS Code	Descriptor
I642	OBSERVATION ROOM NOT PAYABLE ON THE SAME DAY AS OUTPATIENT SURGERY.	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SERVICES, THIS LENGTH OF SERVICE, THIS DOSAGE, OR THIS DAY'S SUPPLY.
I643	OBSERVATION ROOM NOT PAYABLE ON THE SAME DAY AS OUTPATIENT SURGERY.	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SERVICES, THIS LENGTH OF SERVICE, THIS DOSAGE, OR THIS DAY'S SUPPLY.
I644	PROCEDURE CODE HAS BEEN RECODED TO A CODE REPRESENTING THE LEAST COSTLY ALTERNATIVE.	B8	ALTERNATIVE SERVICES WERE AVAILABLE, AND SHOULD HAVE BEEN UTILIZED.
I645	BASED ON GENERALLY ACCEPTED STANDARDS OF MEDICAL PRACTICE SERVICE IS NON-COVERED.	56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.
I647	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.	202	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.