

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

351	D	SPAN DATE NOT ALLOWED MUST BILL PER DAY _____
364	D	RECIPIENT INELIGIBLE/DECEASED
386	E	NOT PAYABLE WITH CLIA CERT TYPE
387	E	NO CLIA # ON OUR FILE
390	E	SERVICE EXCEEDS MAXIMUM ALLOWABLE OF 1 PER MONTH
400	E	REFERRING/ATTENDING PHYSICIAN REQUIRED
401	E	CONCURRENT CARE IS NOT COVERED BY THE PROGRAM
402	E	NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPL
405	E	OUTSIDE LABORATORY SERVICES NOT COVERED
408	E	INVALID POA INDICATOR
410	D	LICN PREFIX ON ENCOUNTER IS MISSING OR INVALID
414	D	PLAN PAYMENT DATE ON ENCOUNTER IS MISSING OR INVALID
416	D	PLAN RECEIVE DATE ON ENCOUNTER IS MISSING OR INVALID
417	D	INTEREST PAYMENT ON PLAN ENCOUNTER IS INVALID
429	E	NOT PAYABLE FOR MED NEEDY PROGRAM _____
433	D	MISSING/INVALID DIAGNOSIS CODE
444	D	MISSING/INVALID SERVICE PROVIDER
456	D	SUBMIT CLAIM TO CSOC PROVIDER (MAGELLAN)
<u>472</u>	<u>E</u>	<u>Manufacturer not in federal rebate agreement</u>
475	E	QW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE
490	E	MUST UTILIZE HMO SERVICES _____
492	E	HMO EOB REQUIRES REVIEW _____
505	O	CLAIM DID NOT RECEIVE CLAIMCHECK EDITS
513	D	HCPCS REQUIRED