Summit COMMUNITY CARE

Arkansas | Medicaid

Top 25 claim adjustment codes for non-payment

As additional support for our care providers, please see the below list of the most frequently encountered claim adjustment codes, each provided with further information to enhance understanding and assist in addressing any issues that may arise.

Code	CARC	Description	Most common reasons
CBP	252	Primary carrier info req	Explanation of Benefits is needed from the member's primary carrier.
CDD	18	Definite Duplicate Claim	The same service was billed on the same day for the same member. Possible additional modifier required.
F00	129	Charges processed under original submission	Usually pertains to a corrected claim in which the initial claim was reprocessed
G02	119	Benefits limit reached	The member's daily, monthly, or yearly benefit limit has exceeded regardless of provider.
G18	256	Disallow-not allowed under contract	1. Service/modifier(s) billed is not on the State Fee Schedule to which we have you linked to. 2. Service billed is outside the scope of practice for the specialty/provider type. 3. The place of service is not permitted for this code.
g48	16	History code quantity greater than 1	The service billed reflects a quantity greater than one but lacks the correct add-on code.
g50	119	Billed more than once/day with history	The submitted procedure is not permitted because it was submitted multiple times for the same date of service.
GB4	16	Denied based on void/cancelled claim	The claim was submitted with a frequency code 8 which voided out/cancelled the claim submission.
GBK	242	Disallow for Out of Network provider	The billed service received a G18 denial, and the provider is listed as out of network. Please refer to the G18 denial code description for further examples.
GD0	18	Duplicate Service	The same service was billed on the same day for the same member. Possible additional modifier required.
GDP	256	Procedure non-reimbursable	1. Service/modifier(s) billed is not on the State Fee Schedule 2. Service billed is outside the scope of practice for the specialty/provider type
h77	97	Unbundled procedure	Unbundled with claim billed on the same date of service based on the NCCI Program.
i26	16	Principal Diagnosis Incorrectly Coded	The principal diagnosis is incorrectly coded based upon ICD guidelines.
i56	18	Duplicate Submission	The same service was billed on the same day for the same member. Possible additional modifier required.

Code	CARC	Description	Most common reasons
k26	5	Procedure billed in an invalid location	Claim was billed with a GT modifier.
PXN	45	NetworX Std Fee Sched	Claim paid per the Arkansas State Fee Schedule or possible secondary denial code if payment is $0.00.
Q41	119	PEGA-Benefits limit reached	The member's daily, monthly, or yearly benefit limit has been exceeded, regardless of provider.
QA0	16	PEGA- EOB Required from Primary Carrier	Explanation of Benefits is needed from the member's primary carrier.
ST	27	Termination	Member's coverage was not eligible on the date of service.
TF0	29	Submitted after plan filing limit	This claim was submitted 365 days after the date of service.
UM1	198	Units exceed UM authorization	Units billed exceed the number of units available on the authorization.
Y3Z	197	Deny pre-auth not obtained	1. Provider is showing out of network (Possible roster update needed) 2. A limit has been reached 3. Required authorization is not on file
Y40	197	Deny pre-auth not obtained	1. Provider is showing out of network (Possible roster update needed) 2. A limit has been reached 3. Required authorization is not on file
Y41	197	Deny pre-auth not obtained	1. Provider is showing out of network (Possible roster update needed) 2. A limit has been reached 3. Required authorization is not on file
Y88	16	Billing Error	1. The claim contains missing or invalid information required to process the claim 2. The provider billed more than the permitted number of units

For additional support, visit the *Contact Us* section of our provider website or reach out to your provider relationship management representative.

Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form: https://bit.ly/signup-summit-ar.