

PHYSICIANS MEDICAL GROUP OF SAN JOSE
Explanation of the Adjustment Reason Codes found in the EOB

CODE	DESCRIPTION
0D	On call for a capitated provider, please seek reimbursement from that provider
1D	Our records do not indicate that you are a CPSP provider
2C	Invalid / Deleted Code
2D	Paid according to the Letter of Agreement on file
3C	Denied, Lab services should be done by UNILAB
3D	Payment can not be made without the actual anesthesia time on claim
4D	Payment for Newborn child using Mothers ID#
5C	Processed according to contract / Agreement
5D	Please submit claim to Workers Compensation Carrier
6D	Services are out of area, please bill the Health Plan directly
7D	Services rendered are not covered by Medi-Cal
8C	Paid at the current Medi-Cal rates
8D	Patient not eligible with Physicians Medical Group of San Jose after DOS
9D	Two visits by the same provider are not billable on the same date of service
AC	Please rebill with medical records for review
AD	CHDP services please submit to the Health Plan
B	Charges are included in the global fees
BC	Cost Invoice needed
BD	Duplicate Service, claim previously processed
-C	COB applied to payment
CC	Paid at the Medicare charge limit, do not bill member
CD	Denied for untimely claim submission
D	Down Coded per Medical Review
DC	Services denied as non life threatening, nor emergent
DD	Denied No Authorization - No member liability, DO NOT BILL MEMBER
EC	Please rebill with a copy of the primary insurance carrier EOB
ED	Denied, services are payable by CCS
FC	Services rendered are not a covered benefit
FD	Primary insurance payment exceeds allowed amount
GC	Additional Payment
GD	Charges are included in the office visit
HC	Patient not eligible with Physicians Medical Group of San Jose prior to DOS
HD	Denied payment, waiting for TPL information from member
IC	Incorrect coding, resubmit with the correct CPT/HCPC/MEDI-CAL code
JC	\$30 Access Plus copayment applies
KC	Health plan responsibility, please submit to health plan:
M	Medicare assignment accepted, do not balance bill patient
N	Assistant surgeon, paid at 20% of the primary surgeons reimbursement
NC	Capitated service, payment is not available
VC	Denied, services not authorized
WC	Exceeds allowed number of pre natal visits, charges included as part of total OB
XC	Inpatient days denied per Utilization Management
YC	Interest payment
ZC	Legislation requires a signed copy of the PM330 be attached to the claim