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AHCCCS Fee for Service (FFS) Claims Denial Resolution Guide

The information presented on this website is to provide general guidance. Providers maintain the responsibility to ensure all claims are billed appropriately.

The document contains a list of common denial codes (listed in descending order), descriptions and steps to take to resolve the denial. Providers can submit a replacement or corrected claim when appropriate using the **AHCCCS Online Provider Portal**. For more information on how to submit a corrected claim, view the **DFSM Provider Training web page.**

To find a denial code, press **(CTRL+F)** on your keyboard, type the five digit edit code listed on the remittance advice. The AHCCCS Fee-for-Service Provider Billing Manuals are available on the AHCCCS website. **FFS Provider Billing Manuals**

Denial Code	Denial Code Description	Suggested Review Steps
L050.1	Recipient Enrolled In Plan For Entire Service Date Span	1. This denial will appear when the claim has been submitted to the wrong health plan and will also indicate the name of the plan the member is enrolled with. 2. Verify members enrollment throughout the dates of service (DOS) span listed on the claim. a. You can verify through the AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov b. For instructions on verifying member enrollment please view this training: Member Verification and Eligibility PDF. 3. Verify if the member's enrollment was changed during the DOS span listed on the claim. a. If so, verify which plan is responsible for payment. 4. Verify if the member is enrolled in a Managed Care Plan. 5. Once you have verified the members enrollment please submit the claim to the appropriate health plan for payment as long as the claim is within timely filing guidelines.

L127.1	Billing provider not valid Group ID; Invalid combination of codes referring to the (Service provider NPI and Group NPI numbers).	1. This denial appears on a claim when the service provider's NPI is not linked to the facility group billing ID. 2. Verify If the service provider's NPI and the group billing NPI numbers are linked (must be linked since at least the date of service on the claim). a. If they are linked, but not as early as the date of service listed on the claim then the provider will need to request the effective begin date to be backdated to the date of service via AHCCCS Provider Enrollment Portal (APEP) using a "Modification Request." 3. If the service provider's NPI and the group billing NPI number are not linked in the AHCCCS Provider Enrollment Portal (APEP) system then the provider must update this information with the Provider Enrollment Unit. A service ticket will need to be submitted with the request to link the IDs. To submit this ticket please email servicedesk@azahcccs.gov
L081.2	Duplicate Check Failed; Duplicate Claim	1. This edit will appear on a claim for several reasons: a. There is another claim which has been approved and paid by AHCCCS with the same procedure code or date of service, and/or member information. 2. Verify if another claim was submitted on behalf of the member with the same codes, same date of service (DOS) or by the same service provider. 3. This is a valid denial unless a distinct service has a different modifier. 4. If duplicate services are being billed on multiple lines/claims then a corrected claim will be required. 5. Please review the claim information and resubmit as appropriate as long as the claim is within timely filing guidelines. a. For instructions on resubmitting a (replacement) claim please click here: Replacement Claim Training
L101.4	Service not covered for ESP recipients. must be emergency claim or PA	1. This denial will appear on the claim when the member is a Federal Emergency Services recipient and the claim was not marked as emergent. 2. Verify if the claim was billed with the appropriate emergency indicators. a. Review the submitted claim form. i. If the claim is a CMS1500, ensure there is a "Y" in field 23 if appropriate. b. The claim can be accessed via the AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. Submit a corrected claim as necessary upon reviewing the original submission and mark the appropriate indicator as long as the claim is within the timely filing guidelines.

		a. For instructions on resubmitting a (replacement) claim please click here: Replacement Claim Training
L050.3	Recipient Enrolled in Plan That Does Not Allow Payment	1. This denial will appear on the claim when the member is enrolled in a plan which AHCCCS does not make payments on. 2. Verify member's eligibility via the AHCCCS Online Provider Portal a. If you do not have a Provider Portal account, please request access by submitting a request via email to: servicedesk@azahcccs.gov b. For instructions on how to verify member eligibility, please view this training: Member Verification and Eligibility PDF. 3. Providers should not submit claims to AHCCCS Fee for Service (FFS) on behalf of specified Low-Income Medicare Beneficiary (SLMB) and QI1-PART B BUY-IN (QI1) members. a. This plan only covers Medicare Part B premiums.
L016.3	Category of Service Provider is Not Authorized	1. This denial will appear on a claim when the category of service is not applicable to the provider type. 2. Verify the codes billed on the claim by reviewing the remit or viewing the claim online via the AHCCCS Online Provider Portal a. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If you verify the coding is accurate, please contact Provider Enrollment to update the Category of Service (COS) and have it added to the provider profile. a. This can be done by submitting a request via email to: servicedesk@azahcccs.gov 4. Upon updating the Category of Service listed in the provider profile you can resubmit the claim as long as it is within timely filing. a. For instructions on resubmitting a corrected (replacement) claim please click here: Replacement Claim Training
H001.7	Service Provider ID Not Valid For Provider	1. This denial will appear on the claim when the Provider NPI listed on the claim was either not registered or active with AHCCCS on the date of service listed on the respective claim. 2. Verify if the service provider was an AHCCCS registered provider on the date of service (DOS) listed on the claim. a. This can be found on the: AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If the NPI # was entered incorrectly by provider; provider

		must resubmit a corrected claim referencing the original claim record number (CRN). 4. If the NPI # was entered incorrectly by AHCCCS; providers should contact Customer Service for the data entry error at (602) 417-7670. a. In an effort to reduce long wait times please follow the steps listed above prior to calling AHCCCS.
L067.1	Recipient has Part B medicare, Medicare data missing.	1. This denial will appear on the claim when the member has Medicare Part B and the required MEOB was not submitted with or attached to the claim for payment. 2. Verify if the claim was submitted with the medicare cost sharing amounts, coinsurance, copay or deductible listed on the claim. a. This can be found on the: AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. Verify if the claim was submitted with a copy of the MEOB. This is required in addition to one of the pieces of information listed above. 4. If the MEOB was not submitted, the provider will need to upload the MEOB via TIBCO. a. For instructions on how to submit via TIBCO please click here: Transaction Insight Portal PDF
L081.1	Duplicate Check Failed; Near Duplicate Claim	1. This edit will appear on a claim for several reasons: a. The AHCCCS claims system has an approved/paid claim on file with the same member ID, procedure code and date of service on file. 2. Verify if another claim was submitted on behalf of the member with the same codes, same date of service (DOS) or by the same service provider. Any one of these will trigger this denial. 3. This is a valid denial unless a distinct service was provided to the member and was billed with a different modifier. 4. If duplicate services are being billed on multiple lines/claims then a corrected claim will be required. If the same procedure is provided multiple times on the same date of service, enter the procedure only once. Use the Units field to indicate the number of times the procedure was performed. 5. Please review the claim information and resubmit as appropriate.
L013.5	Claim Service Requires prior authorization (PA), none found	1. This denial appears on the claim when a prior authorization is required and no PA is on file. 2. Verify that a PA is on file: a. This can be found on the: AHCCCS Online Provider Portal i. If you do not have a Provider Portal account,

		please request access by submitting an email to: servicedesk@azahcccs.gov 3. Verify the codes listed on the PA, dates of service (DOS), provider information all match the information billed on the claim. a. Discrepancies between the PA and the Claim will cause the denial. 4. If there are discrepancies on either the PA or the claim the provider will need to submit either a PA Correction Form or corrected claim depending on what the provider deems inaccurate. 5. If submitting a PA Correction Form- upload and attach the document to the PA using the online provider portal. a. Please click here to access the Prior Authorization Correction Form: Here
L099.1	Recipient Not Elig/Enrl For Entire DOS; Invalid Eligibility	1. This edit is set to check the members eligibility for the date of service span listed on the claim form. 2. Verify the dates of service billed on the claim. 3. Verify member's eligibility using the AHCCCS Provider Portal. a. For instructions on checking member eligibility, click Here. b. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 4. If the member is not enrolled for the entire date of service billed on the claim then submit a corrected claim and only bill for the dates of service that the member is enrolled.
L013.1	Claim Service Not Covered by AHCCCS	1. This denial will appear on a claim if the service billed is not covered under the recipient's contract that is in effect on the date of service. 2. This denial checks for verification of benefits, i.e. plan type the recipient is enrolled under. 3. No claims resubmission is required as the service billed is not a Medicaid reimbursable service.
L210.2	Trip report required, trip report missing.	1. This denial will appear on a claim when the AHCCCS Daily Trip Report is not attached to the claim. 2. Attach the trip report using the Transaction Insight Portal (TIBCO). a. For instructions on how to upload documentation via TIBCO please click Transaction Insight Portal PDF. b. The AHCCCS 12 digit claim reference number will be the attachment number with set purpose code '11". ■ If you do not have a TIBCO account, please sent an email request to servicedesk@azahcccs.gov

L001.1	Procedure Code Field is Missing	1. This denial will appear when a required procedure code was not listed on the claim. 2. Verify that the procedure code was entered on the claim in the correct format, and the code is a valid five-digit CPT or HCPCS code. 3. This can be verified via the AHCCCS Online Provider Portal a. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 4. Resubmit a corrected claim with the correct/valid five-digit CPT or HCPCS code. a. For instructions on resubmitting a corrected (replacement) claim please click here: Replacement Claim Training
L096.1	Out of State (Non-IHS) provider not authorized to bill	1. This denial will appear on the claim when the provider's street address is either missing or out of state. Excluding those listed below in step #3. 2. Check to see that there is a service address on file. a. This can be verified via the AHCCCS Online Provider Portal ■ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov b. If the service address is not on file with access then the provider will need to submit a service ticket to the AHCCCS Provider Enrollment unit by emailing servicedesk@azahcccs.gov 3. Is the provider service address within AZ, CA, CO, NV or UT. a. If the service addressed listed on the claim is outside of one of the 5 states listed above then the service must be an emergency or have an accompanying Prior Authorization.
L210.4	Trip Report Required Trip Report Received	1. This denial will appear on a claim when the AHCCCS Daily Trip Report is not attached to the claim 2. Attach the trip report using the Transaction Insight Portal (TIBCO). a. For instructions on how to upload documentation via TIBCO please click Transaction Insight Portal PDF. i. If you do not have a TIBCO account, please sent an email request to servicedesk@azahcccs.gov b. The AHCCCS 12 digit claim reference number will be the attachment number with set purpose code "11".
L112.1	Modifier #1 not Valid for Procedure; Invalid Combination of Codes	1. This denial will appear on a claim when the HCPCS and Modifier #1 is not a valid combination. 2. Review the HCPCS and the modifier billed on the denied claim. a. The claim is denied for the modifier not being valid

		for the HCPCS. 3. The provider will need to update the claim using the appropriate (valid) modifier and resubmit the claim.
H079.7	Billing Provider ID Not Valid For Provider	1. This denial will appear on a claim when the billing provider ID was not active or registered with AHCCCS on the date of service listed on the claim. 2. Verify if the provider ID was active on the date of service listed on the claim. a. This can be done using the AHCCCS Online Provider Portal. i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If the claim was submitted via a paper, verify if the NPI was entered incorrectly on the claim form. 4. If the NPI # was entered incorrectly by the provider on the claim form; the provider must resubmit a corrected claim referencing the original CRN. 5. If the NPI # was entered incorrectly by AHCCCS; providers should contact Customer Service for the data entry error at (602) 417-7670. a. In an effort to reduce long wait times please follow the steps listed above prior to calling AHCCCS. 6. Providers should also ensure that the billing provider ID is linked to the service provider. This can be verified by submitting a ticket to the AHCCCS Provider Enrollment Unit by emailing servicedesk@azahcccs.gov
L183.1	HCPCS & POS Not Allowed For Cntrct Type Unacceptable W/ AHCCCS Policy	1. This denial will appear on a claim when the HCPCS or POS listed on the claim are not allowed. 2. Per the AHCCCS Fee-For-Service Provider billing manual Ch. 18, only emergency services are covered. Only services that fully meet the federal definition of an emergency medical condition will be covered. Services may be medically necessary, but may not meet this definition for FESP. 3. Per AHCCCS claim submission guidelines, all FES claims must be submitted with the appropriate EMG indicator.
H179.1	Recipient Enrolled in Plan for Entire Service Date Span	1. This denial will appear when the claim has been submitted to the incorrect plan for processing. The denial will also provide the name of the member's health plan enrollment. 2. Verify member's eligibility via the AHCCCS Online Provider Portal a. Member Verification and Eligibility PDF. b. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. Once the provider has verified the correct health plan, please submit a claim to the appropriate health plan.

L069.1	Recipient Has Other Insurance: TPL Data Must Be Indicated, Is Missing	1. This denial will appear on a claim when the AHCCCS system shows the member has Third Party Liability (TPL) coverage. 2. Verify if the claim was submitted with the TPL payment information on each line of service (1500/ADA). This can be done by reviewing the claim on the AHCCCS Online Provider Portal a. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. Submit a copy of the primary payer's Explanation of Benefits (EOB) for processing. 4. For instructions on how to attach documents via TIBCO please click here: Transaction Insight Portal PDF
H002.3	Recipient ID Field is Not on File	1. This denial will appear on a claim if the member ID is not on file with AHCCCS. 2. Verify if the recipient ID is correct. a. This can be done through the AHCCCS Online Provider Portal ■ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 2. Resubmit the claim with the correct member ID. a. For instructions on resubmitting a (replacement) claim please click here: Replacement Claim Training
L028.3	Diagnosis #1 Not Covered For Contract Type	1. This denial will appear on a claim when the diagnosis code in field #1 is not covered by AHCCCS. 2. The biller should review the claim to determine if a replacement claim is required with changes to the diagnosis code and if yes, submit a replacement claim using the AHCCCS Online Provider Portal ○ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov ○ For instructions on resubmitting a (replacement) claim please click here: Replacement Claim Training
L140.9	Practitioner NCCI Edit Correct Coding Col 1 Code paid.	1. This is a National Correct Coding Initiative Edit (NCCI) denial. 2. This edit will deny the secondary CPT code to the primary CPT code that is in an paid status. 3. The biller will need to refer back to their professional coder.
L083.2	Prior Auth is Pended	1. A prior authorization (PA) is on file but in a Pended status. 2. Review the PA number using the AHCCCS Online Provider Portal a. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. View the comments section on the PA portal to confirm if the PA team requires additional documentation for the PA. 4. Use the "attachment" tab on the PA case number to upload

		the necessary documents for PA review. 5. If PA is not required, then the pended authorization must either be revoked or completed and approved- the claim will not pay if the PA remains in a pended status. 6. Providers are required to create an "Event" with the appropriate (ICD-F) diagnosis code and "Activity" including the applicable revenue code and units. a. For instructions on creating the Event and Activity please click here: Prior Authorization Submission (starts on slide 32)
H189.1	Recipient has medicare; medicare must be indicated, is missing.	1. This denial will appear on the claim when the member has Medicare as the primary payer but the claim was submitted without the medicare cost-sharing amounts included/attached. 2. Review the submitted claim and verify if changes need to be made to the information listed on the claim. If no changes need to be made to the information on the claim, please submit a copy of the MEOB for processing. 3. For instructions on how to attach documents via TIBCO please click here: Transaction Insight Portal PDF
H204.2	Duplicate check failed; duplicate claim	1. This denial will appear on a UB-04 claim when a paid claim is on file for the same date of service, codes, and provider ID. 2. Compare the paid claim on file against the denied claim. If both claims match no action is required. a. You can verify through the AHCCCS Online Provider Portal ■ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If the provider intended to submit a corrected claim but failed to include the original claim number, please submit a corrected claim with the correct claim number. a. For instructions on resubmitting a corrected claim (also known as a replacement claim) please click here: Replacement Claim Training
H002.2	Recipient ID Field Is Invalid Format	1. This denial will appear when there is an error with the medicaid (AHCCCS) member (recipient) ID listed on the claim. 2. AHCCCS only accepts the Medicaid member ID number that begins with "A" or ADOC assigned ID numbers. 3. If the member name field is "blank" on the remittance advice or Online (when viewing the claim on the AHCCCS Online Provider Portal), this indicates an error with the member ID number. 4. Verify if the recipient (member) ID was entered in the correct format. a. You can verify through the AHCCCS Online Provider

		Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 5. Resubmit claim with corrected information. a. For instructions on submitting a corrected claim please click here: Claim Submission Training
H218.4	Service not covered for ESP must be emergency or PA required	1. This denial will appear on a claim when the emergency indicator is not marked on the claim submission. 2. The claim must be billed as an emergency claim or must have a prior authorization. 3. Check the emergency indicator fields. a. You can verify if the emergency field indicator was appropriately marked by reviewing this claim through the AHCCCS Online Provider Portal ■ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 4. Resubmit the claim with corrected information. a. For instructions on submitting a corrected claim please click here: Claim Submission Training
L231.2	Must Bill RHBA Health Plan	1. This denial will appear on a claim when the diagnosis code billed is for behavioral health and the member is enrolled with a RHBA. 2. Verify members enrollment throughout the dates of service (DOS) span listed on the claim. a. You can verify through the AHCCCS Online Provider Portal b. Member Verification and Eligibility PDF i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If the member is enrolled with a RHBA, please submit the claim to the RHBA for processing.

H001.1	Service Provider ID Field is Missing	1. This denial will appear on a claim if the service/billing/referring/attending provider NPI was/is not registered with AHCCCS at the time the claim was processed. 2. To verify if the NPI is currently on file: a. This can be found on the: AHCCCS Online Provider Portal i. Click on the "**Provider Verification**" tab. 1. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov b. Or for those who do not have access to the Online Provider Portal- Review the remit and verify if the NPI # listed on the remit is accurate. c. If verified the provider is not registered with AHCCCS, please submit a ticket by emailing: APEPTrainingQuestions@azahcccs.gov i. Once registered, the provider must resubmit a corrected claim referencing the original CRN. 3. If the NPI # was entered incorrectly by provider; provider must resubmit a fresh claim 4. If the NPI # was entered incorrectly by AHCCCS; providers should contact Claims Customer Service for the data entry error at (602) 417-7670 opt. #4. a. In an effort to reduce long wait times please follow the steps listed above prior to calling AHCCCS.
L119.1	No rate schedule found for provider type; not authorized to bill for service.	1. This denial may appear on a claim if the practitioner billed a CPT code that is not covered or listed for their specific provider type. 2. Review the claim in order to identify the CPT/HCPCS code that failed. a. You can verify through the AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. If an incorrect code was billed, submit a corrected claim. ○ For instructions on submitting a corrected claim please click here: Claim Submission Training 4. Providers can submit a request to add a code to their provider type by completing the Reference Table Review Update (RTRU) form if the code is valid for their respective provider type. a. https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/RTRU.docx

H216.1	Recipient Not Elig/Enrl for Entire DOS; Invalid Eligibility	1. This denial will appear on a claim when the member was **not** enrolled Fee for Service (FFS) for the entire dates of service listed on the claim. 2. Verify that the member is enrolled for the entire date of service (AHCCCS Provider Portal) a. You can verify through the AHCCCS Online Provider Portal b. Member Verification and Eligibility PDF ■ If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. Submit a corrected claim with only the dates of service that the member has eligibility with FFS. a. For instructions on submitting a corrected claim please click here: Claim Submission Training
L144.1	Please Contact TRBHA; Possible Subvention	1. This denial will appear on a claim if there are CPT/HCPCS codes billed on the claim that may be covered by a TRBHA/RBHA. 2. Verify the behavioral health site enrollment through the AHCCCS Online Portal. a. You can verify through the AHCCCS Online Provider Portal i. If you do not have a Provider Portal account, please request access by submitting an email to: servicedesk@azahcccs.gov 3. The provider must contact the member's assigned TRBHA to verify if the service is covered. 4. Submit a corrected claim if necessary. a. For instructions on submitting a corrected claim please click here: Claim Submission Training