

# Managed Care System Remittance Explanatory Codes

Below are listed some of the explanatory codes that appear on the remittance advice that lists claims payments for all Univera Healthcare managed care benefit packages. Explanations are provided for codes that are not self-explanatory. For additional information about explanatory codes, including the actions required, contact Provider Service at (716) 857-4444 or 1(800) 617-1114.

Managed Care System Remittance Explanatory Codes		
Code	Code Name	Explanation
CAP	Capitated	
CDD	Definite Duplicate Claim	
N01	Rebundle Edit	Two or more procedure codes were billed which are subsets of a more appropriate single code.
N02	Redundant Procedures, From/Thru	One reported procedure replicates another reported procedure
N03	Secondary Procedure	Identifies procedures considered to be of lesser relative value when done in conjunction with the current procedure
N04	Number of Follow-Up Days	Identifies the number of days following a surgical procedure that a physician visit Evaluation and Management (E/M) procedure code should not be billed
N05	Same Day Procedure	Identifies procedures not generally performed on the same day
N13	Invalid Procedure Code	Procedure code is not valid given the other information supplied
N14	Gender	Procedure code is not valid for the specified gender
N16	Assistant Surgeon	Assistant surgeon must be associated with procedure
N16	Normal/Extreme Age Ranges	Procedure is not normally associated with indicated age
N19	Invalid Diagnosis for Procedure	Reported procedure is not valid for reported diagnosis
PAC	Exceeds Per Case Rate	
PSS	Exceeds Scheduled Rate	
PSU	Exceeds Anesthesia Rate	
PSV	Exceeds RVY x CVF Rate	
ST	Terminated	Indicates patient's coverage has been terminated
506	Unauthorized Service	
519	Incidental to Primary Procedure	
534	Custodial	Appears to be custodial. Doctors must submit additional information if they disagree.
535	Cosmetic	Appears to be cosmetic. Doctors must submit additional information if they disagree.
536	Convenience Item	Appear to be a convenience item. Doctors must submit additional information if they disagree.