

BC3NP and WISEWOMAN Approved Rejection and Hold Codes

Claim Adjustment Reason Code (CARC)	MBCIS (Internal) Hold Code	Description	Action to Be Taken by Provider
5	NE	Place of Service (POS) code not in contract. HCFA only – box 24B	Correct and re-bill with program-approved POS code.
6	AB	Client not eligible due to age.	Verify client eligibility with your local HD After verification, re-bill.
16	JL	Revenue code not in contract. UB only – box 42 Must be 4 digits	Re-bill with program-approved revenue code.
18	ND	Duplicate Claim. Reminder: Must unit bill.	N/A If no record of payment, please re-bill.
31	BC WC RC	Client not enrolled OR billing with incorrect program diagnosis (ICD-10) code. (Z00.00 not payable by BC3NP)	Verify client eligibility with your local HD OR re-bill with program-approved ICD-10 code. Reminder: Each program (BC3NP and WISEWOMAN) must be billed separate.
38	N8	Provider not enrolled.	Contact your local HD for additional details. Contract and Provider Enrollment form must be on file before the newly established provider can receive payment.
39	AR PS PB	Authorization required.	Contact your local HD for additional details. After authorization, re-bill.
39	JT JU	Anesthesia not payable.	Reminder: Anesthesia is only payable with an excisional breast biopsy code 19120 or 19125.
45	XA	Payment: Claim initially rejected, now being re-processed for payment.	N/A
45	IC	Payment: Primary Insurance paid at or above program rate. Program pays \$0.	N/A
45	IP	Payment: Primary Insurance paid below program rate. Program will pay difference up to the program rate.	N/A
45	N6	Payment: Program Nurse Consultants approved non-program services for payment.	N/A

Claim Adjustment Reason Code (CARC)	MBCIS (Internal) Hold Code	Description	Action to Be Taken by Provider
96	JM	CPT/HCPCS (procedure) code not in contract OR billing with incorrect program diagnosis (ICD-10 code).	Correct and re-bill with program approved code. Each program (BC3NP, WISEWOMAN) must be billed separate.
163	E2	Secondary claim submitted with no primary insurance EOB.	Resubmit claim with primary insurance EOB.
29	N5	Timely filing: BC3NP July 1 - June 30, claims must be on file by July 15.	N/A Claims will not be accepted.
29	N5	Timely filing: WISEWOMAN October 1 - September 30, claims must be on file by October 15.	N/A Claims will not be accepted.
167	I9	ICD-10 (diagnosis) code not in contract.	Correct and re-bill with program-approved code. Only primary diagnosis code is utilized.
203	IV	CPT/HCPCS code no longer valid.	Re-bill with program-approved procedure code.
222	UN UT	Units: Number of units authorized does not match number of units billed.	Contact your local HD for additional details. Re-bill if necessary.
B10	XB	Take back: Claim was paid in error.	N/A
B20	N9	Service paid to another provider.	Processing error. Please contact MDHHS-Claims-CAN@michigan.gov for corrections, if needed.