| Status | Category | Status Code | Entity Code | Category Description | Status Description | Entity Description | Description | Action |
|----------|----------|-------------|--------------------|----------------------|----------------------|---------------------------|--------------------------|----------------------|
| | | | | | | | Acknowledgement of | |
| | | | | Acknowledgement/F | | | receipt of claim by | |
| | | | | orwarded-The | | | insurance company. | This claim NEEDS |
| | | | | claim/encounter has | | | This does not mean the | ATTENTION. This will |
| | | | | been forwarded to | Free Form Message | | claim has been | vary, depending on |
| Accepted | A0 | 570 | | another entity. | Text | | accepted for processing. | the text. |
| | | | | Acknowledgement/R | | | Acknowledgement of | |
| | | | | eceipt-The | Claim/encounter has | | receipt of claim by | |
| | | | | claim/encounter has | been forwarded to | | insurance company. | |
| | | | | been received. This | entity. Note: This | | This does not mean the | |
| | | | | does not mean that | code requires use of | | claim has been | |
| Accepted | A1 | 16 | | the claim has been | an Entity Code. | | accepted for processing. | No action required. |
| | | | | Acknowledgement/R | Entity acknowledges | | Acknowledgedment of | |
| | | | | eceipt-The | receipt of | | receipt of claim by | |
| | | | | claim/encounter has | claim/encounter. | | insurance company. | |
| | | | | been received. This | Note: This code | | This does not mean the | |
| | | | | does not mean that | requires use of an | | claim has been | |
| Accepted | A1 | 19 | PR | the claim has been | Entity Code. | Payer | accepted for processing. | No action required. |
| | | | | Acknowledgement/R | Entity acknowledges | | Acknowledgedment of | |
| | | | | eceipt-The | receipt of | | receipt of claim by | |
| | | | | claim/encounter has | claim/encounter. | | insurance company. | |
| | | | | been received. This | Note: This code | | This does not mean the | |
| | | | | does not mean that | requires use of an | | claim has been | |
| Accepted | A1 | 19 | | the claim has been | Entity Code. | | accepted for processing. | No action required. |
| | | | | Acknowledgement/R | | | | |
| | | | | eceipt-The | | | The insurance company | |
| | | | | claim/encounter has | | | has received and | |
| | | | | been received. This | Accepted for | | accepted the claim for | |
| Accepted | A1 | 20 | | does not mean that | processing. | | processing. | No action required. |

| | | | | | | | A -lll +f | 1 |
|----------|----|-----|----|-----------------------|---------------------|------------------|--------------------------|----------------------|
| | | | | | | | Acknowledgement of | |
| | | | | | | | receipt of claim by | |
| | | | | | | | insurance company. | |
| | | | | | | | This does not mean the | |
| | | | | Acknowledgement/R | | | claim has been | |
| | | | | eceipt-The | | | accepted for processing. | |
| | | | | claim/encounter has | | | Provider may receive a | |
| | | | | been received. This | | | request for more | |
| | | | | does not mean that | Entity not found. | | information. If you do | |
| | | | | the claim has been | Note: This code | | not receive | |
| | | | | accepted for | requires use of an | | correspondance, you | |
| Accepted | A1 | 26 | 85 | adjudication. | Entity Code. | Billing Provider | may want to resubmit | No action required. |
| | | | | Acknowledgement/A | Entity acknowledges | | | |
| | | | | cceptance into | receipt of | | | |
| | | | | adjudication system- | claim/encounter. | | The insurance company | |
| | | | | The claim/encounter | Note: This code | | has received and | |
| | | | | has been accepted | requires use of an | | accepted the claim for | |
| Accepted | A2 | 19 | PR | into the adjudication | Entity Code. | Payer | processing. | No action required. |
| | | | | Acknowledgement/A | | | | |
| | | | | cceptance into | | | The insurance company | |
| | | | | adjudication system- | | | has received and | |
| | | | | The claim/encounter | Accepted for | | accepted the claim for | |
| Accepted | A2 | 20 | | has been accepted | processing. | | processing. | No action required. |
| | | | | Acknowledgement/A | | | | |
| | | | | cceptance into | | | The insurance company | This claim NEEDS |
| | | | | adjudication system- | | | has received and | ATTENTION. This will |
| | | | | The claim/encounter | Free Form Message | | accepted the claim for | vary, depending on |
| Accepted | A2 | 570 | | has been accepted | Text | | processing. | the text. |
| | | | | | | | | This claim NEEDS |
| | | | | Acknowledgement/R | | | | ATTENTION. Please |
| | | | | eturned as | | | | see the Knowledge |
| | | | | unprocessable claim- | | | | Base articles for |
| | | | | The claim/encounter | | | | Insurance Claims |
| | | | | has been rejected | | | The claim has been | Needing Attention |
| | | | | and has not been | Subscriber and | | rejected for processing, | and Correcting |
| | | | | entered into the | subscriber id not | | | Insurance Policy |
| Rejected | | 33 | | adjudication system. | i | i e | information. | |

| | | | | Acknowledgement/R | | | | |
|----------|-----|-----|----|----------------------|-------------------|---------|---|-------------------------|
| | | | | eturned as | | | | |
| | | | | unprocessable claim- | | | | This claim NEEDS |
| | | | | The claim/encounter | | | | ATTENTION. This will |
| | | | | • | Free Form Message | | | vary, depending on |
| Rejected | А3 | 570 | | and has not been | Text | | Rejected for processing | '' ' |
| Rejected | 7.0 | 370 | | and has not seen | Text | | nejected for processing | This claim NEEDS |
| | | | | Acknowledgement/R | | | | ATTENTION. Please |
| | | | | eturned as | | | | see the Knowledge |
| | | | | unprocessable claim- | | | | Base articles for |
| | | | | The claim/encounter | | | | Insurance Claims |
| | | | | has been rejected | | | | Needing Attention |
| | | | | and has not been | Subscriber and | | | and Correcting |
| | | | | entered into the | subscriber id | | l , , , , , , , , , , , , , , , , , , , | Insurance Policy |
| Rejected | А3 | 30 | | adjudication system. | mismatched. | | · · · | Information. |
| | | | | , | | | | No action required. |
| | | | | | | | | This claim will move |
| | | | | | | | | forward to be billed to |
| | | | | | | | | the next payer |
| | | | | Acknowledgement/R | | | | (Medicaid or Escrow). |
| | | | | eturned as | | | | However, if insurance |
| | | | | unprocessable claim- | | | | policy has expired, |
| | | | | The claim/encounter | | | | provider may want to |
| | | | | has been rejected | | | The claim has been | see Knowledge Base |
| | | | | and has not been | | | rejected. The patient is | article on Correcting |
| | | | | entered into the | | | no longer covered by | Insurance Policy |
| Rejected | А3 | 27 | IL | adjudication system. | Policy canceled. | Insured | this insurance policy. | Information. |

| | | | | | | | | No action required. |
|----------|------|-----|----|-----------------------|-------------------------|---------------------|--------------------------|-------------------------|
| | | | | | | | | This claim will move |
| | | | | | | | | forward to be billed to |
| | | | | | | | | the next payer |
| | | | | Acknowledgement/R | | | | (Medicaid or Escrow). |
| | | | | eturned as | | | | However, if insurance |
| | | | | | Entity not aligible for | | The claim has been | policy has expired, |
| | | | | · | Entity not eligible for | | | |
| | | | | · · | benefits for | | | provider may want to |
| | | | | has been rejected | submitted dates of | | as the patient was not | see Knowledge Base |
| | | | | and has not been | service. Note: This | | covered by insurance | article on Correcting |
| 1 | | | | entered into the | code requires use of | | policy on date of | Insurance Policy |
| Rejected | A3 | 88 | QC | adjudication system. | an Entity Code. | Patient | service. | Information. |
| | | | | | | | | No action required. |
| | | | | | | | | This claim will move |
| | | | | | | | | forward to be billed to |
| | | | | | | | | the next payer |
| | | | | Acknowledgement/R | | | | (Medicaid or Escrow). |
| | | | | eturned as | | | | However, if insurance |
| | | | | unprocessable claim- | Entity not eligible for | | The claim has been | policy has expired, |
| | | | | The claim/encounter | benefits for | | rejected for processing, | provider may want to |
| | | | | has been rejected | submitted dates of | | as the patient was not | see Knowledge Base |
| | | | | and has not been | service. Note: This | | covered by insurance | article on Correcting |
| | | | | entered into the | code requires use of | | policy on date of | Insurance Policy |
| Rejected | А3 | 88 | 3 | adjudication system. | an Entity Code. | Dependent | service. | Information. |
| | | | | Acknowledgement/R | | | | |
| | | | | ejected for Missing | Entity's | | | No action required. |
| | | | | Information - The | credential/enrollment | | | This claim will move |
| | | | | claim/encounter is | information. Note: | | The claim has been | forward to be billed to |
| | | | | missing the | This code requires use | | rejected due to missing | the next payer |
| Rejected | A6 | 743 | | information specified | | | information. | (Medicaid or Escrow). |
| , | - | | | Acknowledgement/R | , | | | , , |
| | | | | ejected for Missing | | | | No action required. |
| | | | | Information - The | Entity's plan network | | The claim has been | This claim will move |
| | | | | claim/encounter is | id. Note: This code | | rejected for processing | forward to be billed to |
| | | | | missing the | requires use of an | | due to an out of | the next payer |
| Rejected | A6 | 137 | 82 | information specified | · ' | Rendering Provider | network provider. | (Medicaid or Escrow). |
| Rejected | , 10 | 137 | 02 | morniation specified | Entity Code. | nendering i Tovider | network provider. | (irredicate of Escrow). |

| | | | | Acknowledgement/R | | | I | |
|----------|----|------|----|-------------------------|-----------------------|--------------------|-------------------------|-------------------------|
| | | | | ejected for Missing | | | | No action required. |
| | | | | Information - The | | | The claim has been | This claim will move |
| | | | | | | | | |
| | | | | claim/encounter is | | | rejected for processing | forward to be billed to |
| | | 2.10 | | missing the | | | due to missing | the next payer |
| Rejected | A6 | 249 | | information specified | Place of service. | | information. | (Medicaid or Escrow). |
| | | | | Acknowledgement/R | | | L | |
| | | | | ejected for Missing | | | The claim has been | |
| | | | | Information - The | Entity's First Name. | | rejected for processing | |
| | | | | claim/encounter is | Note: This code | | due to a missing first | |
| | | | | missing the | requires use of an | | name for the rendering | This claim NEEDS |
| Rejected | A6 | 505 | 82 | information specified | Entity Code. | Rendering Provider | provider. | ATTENTION. |
| | | | | Acknowledgement/R | | | | The IFA needs to |
| | | | | ejected for Invalid | | | | update the payer ID |
| | | | | Information - The | | | | for this insurance |
| | | | | claim/encounter has | | | The claim has been | company. Please |
| | | | | invalid information as | · · | | rejected for processing | contact provider |
| | | | | specified in the Status | Note: This code | | due to the payer ID | support at |
| | | | | details and has been | requires use of an | | used to electronically | ProviderSupport@EIBi |
| Rejected | A7 | 153 | PR | rejected. | Entity Code. | Payer | bill the claim. | lling.com. |
| | | | | | | | | The IFA needs to |
| | | | | Acknowledgement/R | | | | correct this issue. |
| | | | | ejected for Invalid | | | | Please contact |
| | | | | Information - The | | | | provider support at |
| | | | | claim/encounter has | | | | ProviderSupport@EIBi |
| | | | | invalid information as | Entity not found. | | The claim has been | lling.com if you see |
| | | | | specified in the Status | Note: This code | | rejected for processing | this rejection and see |
| | | | | details and has been | requires use of an | | due to invalid billing | that the claim has not |
| Rejected | A7 | 26 | 85 | rejected. | Entity Code. | Billing Provider | provider information. | been rebilled. |
| | | | | Acknowledgement/R | | | | This claim NEEDS |
| | | | | ejected for Invalid | | | | ATTENTION. The |
| | | | | Information - The | | | | child's address |
| | | | | claim/encounter has | | | | information needs to |
| | | | | invalid information as | Entity's Postal/Zip | | The claim has been | be updated in NYEIS |
| | | | | specified in the Status | Code. Note: This code | | rejected for processing | or KIDS. Please |
| | | | | details and has been | requires use of an | | due to invalid patient | contact the county for |
| Rejected | A7 | 500 | QC | rejected. | Entity Code. | Patient | zip code. | further assistance. |

| | | | | Acknowledgement/R | | | | |
|----------|----|-----|----|-------------------------|---------------------|---------|--------------------------|-------------------------|
| | | | | ejected for Invalid | | | | No action required. |
| | | | | Information - The | | | | ' |
| | | | | | Dunlingto of a | | The eleine has been | This claim will move |
| | | | | claim/encounter has | • | | The claim has been | forward to be billed to |
| | | | | invalid information as | | | | the next payer |
| Rejected | A7 | 54 | | specified in the Status | claim/line. | | as a duplicate claim. | (Medicaid or Escrow). |
| | | | | | | | | This claim NEEDS |
| | | | | Acknowledgement/R | | | | ATTENTION. Please |
| | | | | ejected for Invalid | | | | see the Knowledge |
| | | | | Information - The | | | | Base articles for |
| | | | | claim/encounter has | | | | Insurance Claims |
| | | | | invalid information as | Entity not found. | | The claim has been | Needing Attention |
| | | | | specified in the Status | Note: This code | | rejected due to | and Correcting |
| | | | | details and has been | requires use of an | | incorrect policy | Insurance Policy |
| Rejected | A7 | 26 | QC | rejected. | Entity Code. | Patient | information. | Information. |
| | | | | | | | | This claim NEEDS |
| | | | | Acknowledgement/R | | | | ATTENTION. Please |
| | | | | ejected for Invalid | | | | see the Knowledge |
| | | | | Information - The | | | | Base articles for |
| | | | | claim/encounter has | | | | Insurance Claims |
| | | | | invalid information as | Entity's id number. | | The claim has been | Needing Attention |
| | | | | specified in the Status | Note: This code | | rejected for processing | and Correcting |
| | | | | details and has been | requires use of an | | due to an invalid policy | Insurance Policy |
| Rejected | Α7 | 153 | IL | rejected. | Entity Code. | Insured | ID. | Information. |
| | | | | Acknowledgement/R | - | | | This claim NEEDS |
| | | | | ejected for Invalid | | | | ATTENTION. Please |
| | | | | Information - The | | | The claim has been | see the Knowledge |
| | | | | claim/encounter has | | | rejected for processing | Base articles for |
| | | | | invalid information as | | | 1 ' | Insurance Claims |
| Rejected | A7 | 255 | | specified in the Status | Diagnosis code. | | | Needing Attention. |

| | | | | Acknowledgement/R | | | | This claim NEEDS ATTENTION. Please |
|----------|----|-----|----|-------------------------|----------------------|------------------|--------------------------|------------------------------------|
| 1 | | | | ejected for Invalid | | | | see the Knowledge |
| | | | | Information - The | | | | Base articles for |
| | | | | claim/encounter has | | | | Insurance Claims |
| | | | | · · | Custituda Csus as | | The alaim been been | |
| | | | | invalid information as | · · | | | Needing Attention |
| | | | | specified in the Status | | | rejected for processing, | and Correcting |
| | | | | | code requires use of | | l ' ' | Insurance Policy |
| Rejected | A7 | 503 | 85 | • | an Entity Code. | Billing Provider | information. | Information. |
| | | | | Finalized-The | | | ' ' | This claim NEEDS |
| | | | | claim/encounter has | | | | ATTENTION. This will |
| | | | | · · | Free Form Message | | · · | vary, depending on |
| Accepted | F0 | 570 | | adjudication cycle | Text | | processing. | the text. |
| | | | | | | | | Provider should enter |
| | | | | | | | | received EOB into |
| | | | | | | | | Reporting EOB's |
| | | | | | | | | screen on |
| | | | | | | | | EIBilling.com. Please |
| | | | | Finalized/Payment- | | | | see Knowledge Base |
| | | | | The claim/line has | Free Form Message | | The claim has been | article on Entering |
| Accepted | F1 | 570 | | been paid. | Text | | accepted and paid. | EOB's. |
| | | | | Pending: | | | | |
| | | | | Adjudication/Details- | | | | |
| | | | | This is a generic | | | | |
| | | | | message about a | | | This claim is pending. | |
| | | | | - | Cannot provide | | ' " | This claim NEEDS |
| | | | | l' | further status | | | ATTENTION. This will |
| Rejected | P0 | 0 | | for which no | electronically. | | information. | vary. |