

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

Accepted	A1	26	85	Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.	Entity not found. Note: This code requires use of an Entity Code.	Billing Provider	Acknowledgement of receipt of claim by insurance company. This does not mean the claim has been accepted for processing. Provider may receive a request for more information. If you do not receive correspondence, you may want to resubmit	No action required.
Accepted	A2	19	PR	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication	Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.	Payer	The insurance company has received and accepted the claim for processing.	No action required.
Accepted	A2	20		Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted	Accepted for processing.		The insurance company has received and accepted the claim for processing.	No action required.
Accepted	A2	570		Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted	Free Form Message Text		The insurance company has received and accepted the claim for processing.	This claim NEEDS ATTENTION. This will vary, depending on the text.
Rejected	A3	33		Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.	Subscriber and subscriber id not found.		The claim has been rejected for processing, due to incorrect policy information.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention and Correcting Insurance Policy Information.

Rejected	A3	570		Acknowledgement/R eturned as unprocessable claim- The claim/encounter has been rejected and has not been	Free Form Message Text		Rejected for processing	This claim NEEDS ATTENTION. This will vary, depending on the text.
Rejected	A3	30		Acknowledgement/R eturned as unprocessable claim- The claim/encounter has been rejected and has not been entered into the adjudication system.	Subscriber and subscriber id mismatched.		The claim has been rejected for processing, due to incorrect policy information.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention and Correcting Insurance Policy Information.
Rejected	A3	27	IL	Acknowledgement/R eturned as unprocessable claim- The claim/encounter has been rejected and has not been entered into the adjudication system.	Policy canceled.	Insured	The claim has been rejected. The patient is no longer covered by this insurance policy.	No action required. This claim will move forward to be billed to the next payer (Medicaid or Escrow). However, if insurance policy has expired, provider may want to see Knowledge Base article on Correcting Insurance Policy Information.

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

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

Rejected	A7	54		Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status	Duplicate of a previously processed claim/line.		The claim has been rejected for processing as a duplicate claim.	No action required. This claim will move forward to be billed to the next payer (Medicaid or Escrow).
Rejected	A7	26	QC	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity not found. Note: This code requires use of an Entity Code.	Patient	The claim has been rejected due to incorrect policy information.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention and Correcting Insurance Policy Information.
Rejected	A7	153	IL	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's id number. Note: This code requires use of an Entity Code.	Insured	The claim has been rejected for processing due to an invalid policy ID.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention and Correcting Insurance Policy Information.
Rejected	A7	255		Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status	Diagnosis code.		The claim has been rejected for processing due to an invalid ICD-9 code.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention.

Rejected	A7	503	85	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.	Entity's Street Address. Note: This code requires use of an Entity Code.	Billing Provider	The claim has been rejected for processing, due to incorrect policy information.	This claim NEEDS ATTENTION. Please see the Knowledge Base articles for Insurance Claims Needing Attention and Correcting Insurance Policy Information.
Accepted	F0	570		Finalized-The claim/encounter has completed the adjudication cycle	Free Form Message Text		The insurance company has received and accepted the claim for processing.	This claim NEEDS ATTENTION. This will vary, depending on the text.
Accepted	F1	570		Finalized/Payment-The claim/line has been paid.	Free Form Message Text		The claim has been accepted and paid.	Provider should enter received EOB into Reporting EOB's screen on EIBilling.com. Please see Knowledge Base article on Entering EOB's.
Rejected	P0	0		Pending: Adjudication/Details- This is a generic message about a pending claim. A pending claim is one for which no	Cannot provide further status electronically.		This claim is pending. The insurance company has not provided more information.	This claim NEEDS ATTENTION. This will vary.