

Edit Type/Code	ATLAS Paycode	ATLAS Edit Status	EOB Message	Edit Definition
Rebundle REB-C-C	XAA	Deny	Patient should not be responsible for this medical procedure as billed. This code is not eligible as a separate procedure	Current procedure has been rebundled to a global procedure that was submitted on the current claim
Rebundle REB-C-H	XAB	Deny	Patient should not be responsible for this medical procedure as billed. Procedure is a component of a CPT code from a previously processed claim. This code is not eligible as a separate procedure.	Current procedure has been rebundled to a global procedure code in history
Rebundle REB-C-N	XAC	Deny	Patient should not be responsible for this medical procedure as billed. Medical coding guidelines indicate a global procedure code should be submitted for this service	Current procedure has been rebundled with other current codes to an added global code.
Duplicate UBD-C-C	XAD	Deny	Patient should not be responsible for this medical procedure as billed. The unilateral or bilateral procedure code can only be provided once on a single date of service.	Current procedure has been denied as a duplicate unilateral or bilateral performance code due to another current procedure.
Duplicate UBD-C-H	XAE	Deny	Patient should not be responsible for medical procedure as billed. The unilateral/bilateral procedure code was processed in a previous claim and can only be provided once on a single date of service.	Current procedure has been denied as a duplicate unilateral or bilateral performance code due to a procedure in history.
Duplicate UBD-A-C	XAF	Deny	Patient should not be responsible for medical procedure as billed. The unilateral/bilateral procedure code was incorrect for patients age/gender and can be provided once on a single date of service	Added procedure has been denied as a duplicate unilateral or bilateral performance code due to another current procedure.
Duplicate UBD-A-H	XAG	Deny	Patient should not be responsible for this medical procedure as billed. The unilateral/bilateral procedure code was incorrect for age/gender and can only be provided once on a single date of service.	Added procedure has been denied as a duplicate bilateral code due to a procedure in history.
Lifetime/Daily MAL-C-C MDO-C-C	XAH	Deny	Patient should not be responsible for this medical procedure as billed. The maximum number of	Current procedure has been denied as a duplicate because the maximum allowed

			times this service can be rendered on a single date/lifetime has been provided.	lifetime/daily occurrences of this procedure was exceeded due to current codes
Lifetime/Daily MAL-C-H MDO-C-H	XAI	Deny	Patient should not be responsible for medical procedure as billed. The maximum number of times this service can be rendered on a single date/lifetime has been provided in a previously processed claim.	Current procedure has been denied as a duplicate because the maximum allowed lifetime/daily occurrences of this procedure was exceeded due to codes in history.
Incidental INC-C-C	XAK	Deny	Patient should not be responsible for this medical procedure as billed. This code is considered incidental and/or integral to another code.	Current procedure was found incidental to another current procedure.
Incidental INC-C-H	XAL	Deny	Patient should not be responsible for this medical procedure as billed. This code is considered incidental and/or integral to another code in a previously processed claim.	Current procedure was found incidental to a procedure in history.
Mutually Exclusive ME-C-C	XAN	Deny	Patient should not be responsible for this medical procedure as billed. The allowable benefits are limited to the most clinically intense service.	Current procedure is mutually exclusive to another current procedure.
Mutually Exclusive ME-C-H	XAO	Deny	Patient should not be responsible for this medical procedure as billed. The allowable benefits are limited to the most clinically intense service from a previously processed claim.	Current procedure is mutually exclusive to a procedure in history.
Assistant Surgeon AST-C-C	XAQ	Deny	Patient should not be responsible for this medical procedure as billed. Surgical assistance is not usually required for the procedure performed.	Current procedure denied because it never requires an assistant surgeon.
Age Conflict AGE-C-C	XAR	Deny	This service is not eligible since the procedure code is inappropriate for the patient's age. Please resubmit with appropriate code.	Current procedure is denied because the indicated procedure is inappropriate for patients age.
Gender Conflict SEX-C-C	XAS	Deny	This service is not eligible since the procedure code is inappropriate for the patient's gender. Please resubmit with the appropriate code.	Current procedure is denied because the indicated procedure is inappropriate for patients gender.
Cosmetic	XAT	Pend	This service is not eligible under	Current procedure has been

COS-F-C			the policy provisions since the procedure is considered cosmetic.	flagged to pend the claim for review because this code has been identified as cosmetic
Unlisted Procedure UNL-F-C	XAU	Pend	Medical procedure is not eligible as billed. Medical coding guidelines indicate a more specific code should be submitted for this service.	Current procedure has been flagged to pend this claim for review because this code has been identified as an unlisted procedure
Experimental Procedure EXP-F-C	XAV	Pend	Service, supplies or treatments that are experimental or investigative in nature are not eligible.	Current procedure has been flagged to pend this claim for review because this code has been identified as an experimental procedure.
Obsolete Procedure OBS-F-C	XAW	Deny	Patient should not be responsible for this medical procedure as billed. This procedure is no longer performed under prevailing medical standards.	Current procedure has been denied because this code has been identified as an obsolete procedure.
Pre-Operative PRE-C-C	XAX	Deny	Patient should not be responsible for this medical procedure as billed. The procedure should be included within a total surgical benefit.	Current preoperative procedure occurred within 1 day of an associated surgical procedure included on the current claim.
Pre-Operative PRE-C-H	XAY	Deny	Patient should not be responsible for this medical procedure as billed. The procedure should have been included in a total surgical benefit from a previously processed claim.	Current preoperative procedure occurred within 1 day of an associated surgical procedure in history
Post-Operative PST-C-C	XAX	Deny	Patient should not be responsible for this medical procedure as billed. The procedure should be included within a total surgical benefit.	Current preoperative procedure occurred within 1 day of an associated surgical procedure included on the current claim.
Post-Operative PST-C-H	XAY	Deny	Patient should not be responsible for this medical procedure as billed. The procedure should have been included in a total surgical benefit from a previously processed claim.	Current preoperative procedure occurred within 1 day of an associated surgical procedure in history
Medical Visit VIS-C-C	XAZ	Deny	Patient should not be responsible for this medical procedure as billed. This code is not usually reimbursed separately from another procedure when performed on the same date of service.	Current medical visit should not have been billed separately from an associated surgical procedure included on the current claim.

New Visit Frequency NVF-C-C	XBA	Deny	Patient should not be responsible for this medical procedure as billed. A new visit Evaluation & Management code was previously submitted within the last 3 years.	Current procedure replaced by a follow-up procedure because a current new visit procedure already exists within the allowable time frame.
Validation-Invalid Combination	XBE	Deny	Medical procedure is not eligible as billed. Modifier/procedure combination is invalid.	Invalid procedure/modifier combination
Units Expansion	NA	Pend	NA	Date range errors with units expansion
Secondary Surgical Procedure	XBG	Pay	Surgical code submitted is secondary to another surgical procedure billed. Multiple surgical allowance has been applied. The patient should not be responsible for this amount.	Identifies multiple procedures. Other than E/M services performed by the same provider on the same date of service. It will assign the more clinically intense procedure and pay at 100%. It will also assign other procedures as secondary and allow at 50% also it will assign tertiary procedures and allow at 25%.
	XBH	Pay	Surgical code submitted is tertiary to other surgical procedures billed. Multiple surgical allowance has been applied. The patient should not be responsible for this amount.	