



Remittance Advice (RA) Definitions
 Washington State Department of Health
 Early Intervention Program

This guide supersedes all previous message code descriptions and/or instructions published by the Early Intervention Program (EIP), Washington State Department of Health. The following descriptions and instructions must be followed to remain compliant with your Early Intervention program (EIP) contract. Please see Provider Billing and Resource Guide for more information. **CPT Code 90000- Represents multiple services and/or services non-covered by EIP that is being denied for the same reason (EOB code).**

Code	Instruction/Description	
P00	Paid - Split Payment	Payment has been split between deductible, coinsurance and/or co-pay.
P01	Paid - Full Payment	Payment made up to full EIP allowed amount. Remaining balance may NOT be billed to the client.
P02	Paid - Payment Applied to Deductible	Payment made up to full EIP allowed amount and is applied to the deductible. Remaining balance may NOT be billed to the client.
P12	Paid - Co-insurance	Payment made up to the full EIP allowed amount and payment was applied to coinsurance. Remaining balance may NOT be billed to the client.
P39	Paid - Co-pay	Payment made up to the full EIP allowed amount and payment was applied to co-pay. Remaining balance may NOT be billed to the client.
D00	Deny - Client is not eligible on Date of Service	Coverage not in effect at the time the service was provided. You may bill the client for these services.
D02	Deny - Medicaid Coverage	The client may be eligible for Medicaid coverage on DOS. You may bill the client or Medicaid/HCA for these services.
D05	Deny - Exception Request	The Exception Request was denied. The provider may bill the client for these services.
D11	Deny - Missing EOB Info from Primary Insurance.	The provider must submit a copy of the primary EOB with the claim to be reprocessed. You may NOT bill the client during this time.
D13	Deny - Primary Insurance Paid in Full	The submitted EOB indicates no client financial responsibility since the primary insurance paid their full contracted amount. You may NOT bill the client for these services.
D14	Deny – Exceeds Benefit Allowance	For PrEP Clients, each benefit is only allowed every 75 days. See Provider Resource & Billing Guide for more information. You may bill the client for these services.
D15	Deny – Prior to PrEP DAP Coverage	Medical assistance for PrEP DAP is not effective until 11/1/2017. Services before 11/1/17 are non-covered. You may bill the client.
D30	Deny - Procedure not covered on DOS	Procedure is not an EIP covered service. You may bill the client for these services.
D31	Deny - Untimely Filing	Claim not submitted within 12 months. You may appeal this denial if you have documented proof that the client NEVER provided Early Intervention Program coverage information. You may NOT bill the Client.
D32	Deny - Duplicate Claim	The claim was previously submitted and paid. Contact the Early Intervention Program if you cannot locate a payment for the service date. You may NOT bill the client.
D33	Deny - Provider Not Contracted on DOS	Providers must have an active contract with the Early Intervention Program (EIP) to be reimbursed. You may bill the client for these services.
D34	Deny - No Authorization	The billed service is not an allowed service or was not preauthorized. You may bill the client for these services.

Code	Instruction/Description	
D35	Deny - Insufficient Information Received with Claim	You must provide a copy of a detailed explanation of benefits from the primary insurance that has amount paid for deductible, Co-payment and Co-insurance listed for each service. You may NOT bill the client during this time.
D40	Deny – Service ineligible for coordination of benefits	The service must be processed by primary insurance. Please consult primary EOB and resubmit to primary before billing EIP as secondary. Provider may NOT bill the client during this time.
D45	Deny – Incorrect back up sent with claim	We received a claim but the EOB submitted does not include either the patient name, date of service or corresponding procedures listed on the claim. You may NOT bill the client.
E04	Exception authorized	The exception request has been approved and is paid at full EIP allowed amount. Provider can NOT bill client for balance.
E05	Claim reprocessed to correct error	The provider may NOT bill the client for these services while correction is being processed.
E06	Combined services	Code 99999 has been used to bundle services with the same denial. Please see additional codes for instruction
E24	Service exceeds primary allowable	Maximum allowable has been met by primary. Client cannot be balance billed for services charged over primary allowable fees. Provider can NOT bill client for balance.

