Oxford Denial and Adjustment Codes — and Their Descriptions
Please remember to save the last page of your remittance advice, as that page contains the explanation of any denial or adjustment codes that apply to the claims listed on the remittance advice.

If you do not have the last page of a remittance advice, we have listed some of our adjustment and denial codes – with descriptions – below.

If you need a description of a code not listed here, you can get this information on our Web site by checking the status of a claim, and then clicking on the denial or adjustment code.

Denial Codes

D1    Not a covered benefit
D2    Not authorized by Oxford
D3    Review member information
D3A   Services Prior to Effective Date
D3B   Services after Termination Date
D4    Duplicate of Claim Already Processed
D7    Maximum Covered Benefits Exceeded
D8    Maternity Benefits Paid at Delivery
D9    Need EOB From Primary Carrier
D11   Included in Primary Procedure Fee
D13   Insufficient Info to Process Item
D14   Part of Global Payment to Hospital
D16B  Diagnosis Inconsistent with services
D18   Not a Covered Dependent
D19   Ineligible Provider
D20   Additional Info Requested/Not Received
D22  Services not Authorized by PCP
D25  COB Workers Comp Liable
D26  Auto Insurance Liable
D27  No Payment for In-Office Lab Tests
D29  An Itemized Bill is Required
D35E Notes Needed for OrthoNet Review
D38  Medical Necessity not Demonstrated
D41  No authorization- Medicare LOB
D42  COB Questionnaire Required
D46  Not Covered by Original Medicare
D91  Not payable when billed alone
D94  Max Number of Services Exceeded
D99  Filing Deadline Has Passed
D107 Requested Info Not Received
TBIL  Resubmit with Correct Quantity and/or Modifier
TCOD Included in Primary Procedure Fee
TCPS Included in Primary Procedure Fee
TECC Diagnosis Inconsistent with Services
TFD1  Filing Deadline has passed
TIDX Billed Invalid DX/CPT/Modifier/Place
TMAT Maternity Benefits Paid at Delivery
TMAX Maximum Number of Services Exceeded
TMF1 Maximum Number of Services Exceeded
**TMF3**  Need Medical Documentation

**TUNL**  Need Medical Documentation

**T100**  Duplicate of Claim Already Processed

**T120**  Duplicate of Claim Already Processed

**T939**  Invalid DX for Service

**Adjustment Codes**

**A5**  Correcting Maximum amount eligible

**A37**  Paid at Agreed or contracted rate

**A45D**  Non-par Covering Doctor Paid In-Plan

**A46**  Reimbursement as Medicare Part B

**A64**  MultiPlan Provider Network Rate

**A90**  United Contracted Rate Applied