

Reject Reason Codes

Reject Code	Reject Reason
RC001	No match on key (cannot be altered by the group).
RC002	No match on Provider Number/Tax ID (cannot be altered by the group).
RC003	No match on Total Charge (cannot be altered by the group).
RC004	Unauthorized key change.
RC005	Service line not in balance.
RC006	R06 Adjustment – Claim not eligible for an R06 Adjustment.
RC007	Claim charge not in balance.
RC008	Payment direction switch.
RC009	RFI Letter Code invalid – HIPAA.
RC010	Member payment not allowed or Fund returned a claim with a Payee Code of “1” and an Eligible Amount greater than \$0.
RC011	Claim is in a refund request situation.
RC012	Previous match.
RC013	Disposition Record type unknown.
RC014	Service line numbers do not match.
RC015	Service charge amount does not match.
RC016	Claim total service count does not match.
RC017	Ineligible Reason Code invalid.
RC018	Dollar amount must be positive.
RC019	Version number unknown.
RC020	Reject Indicator invalid.
RC021	Fund number of rejects not numeric.
RC022	Last date corrected must be in YYYYDDD format.
RC023	Last reject date must be in YYYYDDD format.
RC024	Complete pend date must be in YYYYDDD format.
RC025	BCBSIL Transaction Date must be in YYYYDDD format.
RC026	Patient Birth Date must be in YYYYDDD format.
RC027	Member number not in BCBSIL standard format.
RC028	Member section number not numeric.
RC029	Patient sex must be “M” or “F” if present.
RC030	Patient relation code must be “1”, “2” or “3” if present.
RC031	Claim amount field(s) must be numeric.
RC032	Service amount field(s) must be numeric.
RC033	Not in use at this time
RC034	Version does not support discount amount.
RC035	Not in use at this time
RC036	Claim Provider and Sub Payment amounts do not equal Current Draft Amount.
RC037	Service line payable amounts do not equal current Claim Draft Amount.
RC038	Amounts cannot be in both Interim Discount and Savings.
RC039	There is an Interim Discount Percent and no Interim Discount Amount or no Interim Discount Percent and Interim Discount Amount. (Validation is done when eligible dollars are available).
RC040	The Interim Discount Amount is miscalculated. (Validation is done when eligible dollars are available).
RC041	Credit adjustment dollars cannot be applied to Deductible, Coinsurance or Interim Discount on hospital claims.
RC042	Total claim Deductible Amount exceeds contract deductible.
RC043	Total claim Coinsurance Amount exceeds percent amount.
RC044	Credit Adjustment – Current Claim Payable Amount must equal the Prior Claim Paid Amount minus the

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	credit.
RC045	Credit Adjustment – Service payable amounts must equal the Prior Claim Paid Amount minus the credit.
RC046	R03 Adjustment – must have a Draft equal to Current Payable minus Prior Paid.
RC047	R03 Adjustment – must have a Draft equal to Service Payable Amounts minus Claim Prior Paid.
RC048	R04 Adjustment – Prior Paid plus Draft exceeds Total Charge.
RC049	R03 Adjustment – Refund Request Amount exceeds \$50.00.
RC050	BlueCross BlueShield Internal code.
RC051	R03 Adjustment – Current Payable is not equal to Prior Paid minus the Refund Request Amount.
RC052	Payable dollars cannot be greater than zero for an R07 Adjustment/BlueCard Void Only Adjustments.
RC053	Eligible dollars cannot be greater than zero.
RC054	Reject/Handle Direct is not valid when an 835 is required.
RC055	Provider payment is >\$0 (835/ECRP+ Subscriber Pay claim).
RC056	BlueCard Funds cannot transmit “H” claims within their local Disposition Claims File.
RC057	DF Message Code 1089 must be used (Payment Disp=2, Medicare Assignment=Y, LOB=9).
RC058	Payable Dollars must be equal to zero when Credit Adjustment is 2026.
RC059	Adjustment can not be done until previous record is finalized
RC060	‘Handle direct with vendor’ Ineligible Reason Codes can only be used on dental or vision services.
RC061	Reason for adjustment was not due to OI savings. OI savings must equal zero.
RC062	BlueCard accounts cannot utilize HOST Pricing until July 2007. DF message code 1134 is required. (This code will no longer be in use after 7/1/07)
RC063	Alpha Prefix updated, DF Message Code 1083 required
RC064	Code no longer in use
RC065	Account reduced eligible amount and did not return multiple Ineligible Reasons. SMA and another Ineligible Reason Code are required. Applies to 835 Transactions only
RC066	Account reduced eligible amount without returning Ineligible Reason Code on a facility claim. Applies to 835 Transactions only
RC067	Account returned SMA or 503 Ineligible Reason Code on a facility claim. Only used on Professional claims. Applies to 835 Transactions only
RC068	Account must return Ineligible Amt on denied services. Applies to 835 Transactions only
RC069	Account returned Ineligible Amt equal to zero, if segment is present Ineligible Amt must be present. Applies to 835 Transactions only
RC070	All required elements were not returned to met ANSI requirements. Account must return Coverage Expiration Date, Ineligible Amt and Ineligible Reason code. Applies to 835 Transactions only