

**Health Care Claim Status Code: 104**

**Code description:** Processed according to plan provisions (Plan refers to provisions that exist between the Health Plan and the Consumer or Patient).

**What this code means:** The payer is citing the specific rules of the plan in the processing of this claim or claims for this patient.

**Actions you should take:** You may appeal when you disagree with the adjudication.

**Health Care Claim Status Code: 105**

**Code description:** Claim line is capitated.

**What this code means:** Payment for this line of the claim is based on a capitated payment system.

**Actions you should take:** Review your policy to make sure these claims should not be coded differently in the future. You may appeal when you disagree.

**Health Care Claim Status Code: 106**

**Code description:** This amount is not entity's responsibility. **Note:** This code requires use of an Entity Code.

**What this code means:** The amount coming back on the remittance or filed as part of the claim cannot be billed to the entity in question based on the query.

**Actions you should take:** The Claim Status Category Codes or other remittance should guide your actions. But this code is applying a parameter to who is eligible to pay a balance.

**Health Care Claim Status Code: 107**

**Code description:** Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

**What this code means:** The payer is citing the specific rules of the plan in the processing of this claim or claims for this patient.

**Actions you should take:** You may appeal when you disagree with the adjudication.

**Health Care Claim Status Code: 109**

**Code description:** Entity not eligible. **Note:** This code requires use of an Entity Code.

**What this code means:** The person who received the services was not eligible, according to the payer.

**Actions you should take:** Bill the patient when necessary, or appeal.

**Health Care Claim Status Code: 110**

**Code description:** Claim requires pricing information.

**What this code means:** You must include pricing for the services provided for the claim to be processed.

**Actions you should take:** Include the pricing information and resubmit the claim.

**Health Care Claim Status Code: 111**

**Code description:** At the policyholder's request these claims may not be submitted electronically.

**What this code means:** The insured has requested no electronic claims.

**Actions you should take:** Claims for services for this policyholder must be submitted on paper and you should make a note in the patient's record.

**Health Care Claim Status Code: 114**

**Code description:** Claim/service should be processed by entity. **Note:** This code requires use of an Entity Code.

**What this code means:** The payer does not believe it is the claim's proper destination.

**Actions you should take:** Verify the claim has been sent to the right place and fix if necessary, or furnish information to this payer to address its belief it should not process.

**Health Care Claim Status Code: 116**

**Code description:** Claim submitted to incorrect payer.

**What this code means:** The payer does not believe it is the claim's proper destination.

**Actions you should take:** Verify the claim has been sent to the right place and fix if necessary, or furnish information to this payer to address its belief it should not process.

**Health Care Claim Status Code: 117**

**Code description:** Claim requires signature-on-file indicator.

**What this code means:** You have not verified that there is a signature on file for the insured/patient.

**Actions you should take:** Resubmit the claim with the indicator, typically a field in the electronic claim filing process.

**Health Care Claim Status Code: 121**

**Code description:** Service line number greater than maximum allowable by payer.

**What this code means:** You've billed more services on one line than allowed by the payer.

**Actions you should take:** The payer may reduce payment to the maximum, or you may have to resubmit a corrected claim or appeal. You may be able to bill the patient for the excess units.

**Health Care Claim Status Code: 123**

**Code description:** Additional information requested