



Helping ensure timely payments and avoid claim denials

We understand that getting your payments as quickly as possible is critical to running your business successfully. Currently, UnitedHealthcare® Community Vision Network /March® Vision Network pays claims 3 times per week, every Monday, Wednesday and Friday, for in-network providers. Here are helpful tips to ensure you receive timely payments and avoid delays:



Submit your claims through providers.eyesynergy.com – Using **[Providers.eyesynergy.com](https://providers.eyesynergy.com)** is the preferred method to submit claims. Electronic submission helps reduce claim errors, resulting in faster processing times.



Sign up for electronic funds transfer (EFT) and electronic remittance advices (ERAs) via PaySpan Health – This free service delivers EFTs and ERAs/vouchers and helps improve cash flow by offering electronic payments directly to your bank account. This method is faster than a traditional paper check. Visit **payspanhealth.com** to register.



Verify member eligibility for the date of service, prior to rendering services – Sign in to **providers.eyesynergy.com** to verify eligibility and benefits.



Submit clean claims – Ensure claim submissions can be processed without obtaining additional information from the provider or a third party. See your state-specific **[Provider Reference Guide](#)** for more details on clean claims.

We modified our claim denial reasons to help you better understand why your claim was denied. If an unclean claim is submitted to us, we will send the claim back to you with 1 or more of the following claim denial reasons:

Claim denial code	Updated description
REJ10	Wrong examination code billed. Resubmit with the correct examination procedure code (92002, 92004, 92012 or 92014).
REJ14	Lab provided materials – materials billed not eligible for payment. Do not bill member.
REJ16	Frame order not submitted. Resubmit after frame order is complete or disregard if billed in error. Do not bill member.
REJ17	Contact lens order not submitted. Resubmit after contact lens order is complete or disregard if billed in error. Do not bill member.
REJ28	Member benefits exhausted.
REJ29	Claim filed outside timely filing limit. You have the option to appeal. Do not bill member.
REJ2MAX	Entire benefit period maximum cannot be utilized on 1 service date. Materials must be dispensed on different DOS.
REJ3	Service not covered under member’s benefit plan.
REJ30	Wrong dispensing fee CPT® code. Resubmit with the correct dispensing fee CPT code (92340, 92341, 92342, 92352 or 92353).
REJ31	Wrong examination code billed. Resubmit with the correct examination procedure code (S0620-S0621).
REJ33	Claims submission keying error. Review claim notes. Do not bill member.
REJ34	CPT codes 92340-92342 are bilateral codes and should be billed with 1 unit. Resubmit with one unit. Do not bill member.
REJ36	Date of service is prior to March Vision Care’s effective date with health plan. Bill to correct payer at the time of service.
REJ37	Date of service is after March Vision Care’s termination date with health plan. Bill to correct payer at the time of service.
REJ38	Resubmit with primary insurance EOP. Do not bill member.
REJ3KS	Not a covered benefit. No Medicaid rate in Kansas.
REJ4	Duplicate claim already processed for services on same DOS. Do not bill member.
REJ42	Billed amount was not included. Resubmit with a billed amount. Do not bill member.
REJ43	TIN does not match our records. Resubmit with corrected TIN. Do not bill member.
REJ44	Service code is not payable under state Medicaid guidelines. Do not bill member prior to receiving valid waiver acknowledging their responsibility.
REJ45	Invalid place of service billed. Resubmit with corrected place of service. Do not bill member.

Claim denial code	Updated description
REJ48	Claim received prior to DOS. Verify DOS and resubmit. Do not bill member.
REJ5	Invalid diagnosis code billed. Resubmit with corrected diagnosis code. Do not bill member.
REJ7	Invalid modifier. Resubmit with corrected modifier. Do not bill member.
REJ75	No modifier billed. Resubmit with modifier 75 to utilize member's allowance benefit.
REJ8	Invalid service code. Resubmit with corrected CPT code. Do not bill member.
REJ9	Cost of service billed is included in another service that has been billed.
REJAIR	Additional information received and processed on submitted corrected claim. Do not bill member.
REJAO	Services administered by Airway Optical. Claim forwarded for processing.
REJCAL	Services administered by PIA lab.
REJCCO	To complete the requested adjustment, please rebill all rendered services that were billed on original claim and/or indicate reason for correction. Do not bill member.
REJCOB	Attachment provided does not contain information needed to coordinate benefits. Verify documentation submitted for services billed. Do not bill member.
REJDSAN	Disclosure form on file is incomplete or expired. Complete disclosure form required for payment. Do not bill member.
REJEXPR	Service(s) already billed and processed under different treating provider with the same TIN. Do not bill member.
REJFFS	Services administered by FFS.
REJHXEX	Member history or medical records show exam/office visit on same DOS has already been processed. Services can only be administered once a day. Do not bill member.
REJMCERT	State Medicaid ID number on file is missing, incomplete or expired. Do not bill member.
REJMDVS	Service is not payable under primary eye care benefits. Submit claim to plan for processing.
REJMED	Service is not payable under primary eye care benefits. Claim has been forwarded to plan for processing.
REJMID	Provider is required to be enrolled in the member's Medicaid state program prior to any claim benefits being processed. Verify your information registered with the state. Do not bill member.
REJMIDBAD	Billing address does not match the address associated to the billing provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDBI	Invalid billing provider NPI. The billing provider is required to be enrolled in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.

Claim denial code	Updated description
REJMIDBNA	No active enrollment for billing provider. The billing provider is required to be actively enrolled in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDBPT	Invalid billing provider type practice (PTP) based on the PTP associated to the billing provider's active enrollment in the member's Medicaid state program. Do not bill member.
REJMIDBT	Billing taxonomy does not match the taxonomy associated to the billing provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDBTZ	Billing taxonomy and zipcode does not match the taxonomy and zipcode associated to the billing provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDBZ	Billing taxonomy does not match, or matched multiple records, and zip code does not match billing provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDMISS	Resubmit with a valid rendering provider information. Do not bill member.
REJMIDPRAD	Prescribing address does not match the address associated to the prescribing provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDPRX	Missing or invalid prescribing provider. The services are not payable. Resubmit with valid prescribing provider that is actively enrolled in the member's Medicaid state program to be eligible for claims payment. Do not bill member.
REJMIDPRXI	Individual prescribing provider NPI is required to be actively enrolled in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRAD	Rendering address does not match the address associated to the rendering provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRI	Invalid rendering provider NPI. The rendering provider is required to be enrolled in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRNA	No active enrollment for rendering provider. The rendering provider is required to be actively enrolled in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRNG	Billing provider's Medicaid enrollment requires a rendering provider to be on the claim and the provider must not be enrolled as a group in the member's Medicaid state program. Do not bill member.

Claim denial code	Updated description
REJMIDRPT	Invalid rendering provider type practice (PTP) based on the PTP associated to the rendering provider's active enrollment in the member's Medicaid state program. Do not bill member.
REJMIDRT	Rendering taxonomy does not match the taxonomy associated to the rendering provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRTZ	Rendering taxonomy and zipcode does not match the taxonomy and zipcode associated to the rendering provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMIDRZ	Rendering taxonomy does not match, or matched multiple records, and zip code does not match rendering provider's active enrollment in the member's Medicaid state program to be eligible for claims payment. Verify your information registered with the state. Do not bill member.
REJMPRO	Line item processed under the Medicaid benefits. Do not bill member.
REJNCERT	Provider not certified pursuant to chapter department of health services 105 of the Wisconsin administrative code.
REJNCMATS	Materials are provided by the state optical laboratory contractor.
REJNE	Member not eligible for benefits on DOS. Services billed before or after member was eligible.
REJNEWEX	New member exam billed for existing patient. Resubmit using existing patient exam coding.
REJNPAR	Provider was not contracted on DOS.
REJNPI	NPI not on file. Resubmit with valid NPI on file. Do not bill member.
REJNVIS	Services rendered by a non-vision provider. Do not bill member.
REJOCL	Services rendered by an optician or optical and are not eligible for reimbursement. Do not bill member.
REJPA	Service billed not included as part of the provider contract. Do not bill member.
REJPDX	Services billed with incorrect diagnosis, modifier or exam code. Resubmit with correct diagnosis code, modifier or exam code. Do not bill member.
REJPRX	Prescribing provider information missing or invalid. Services not eligible for reimbursement. Resubmit claim with valid prescribing provider.
REJRDXXMS	Invalid diagnosis code for procedure billed. Resubmit with correct diagnosis code. Do not bill member.
REJREFSD	92015 refraction billed on same day as S0620 or S0621. Not eligible for reimbursement.
REJSAN	Provider was not certified/eligible to be paid for this service. Do not bill member.
REJSPRO	Line item processed under the Medicare benefits. Do not bill member.

Claim denial code	Updated description
REJSVC	Claim billed with unspecific CPT/HCPCS code. Resubmit with most specific CPT code for services rendered. Do not bill member.
REJUC	Additional information not received. Unable to process claim. Resubmit with all necessary information. Do not bill member.
REJUNI	Unilateral CPT code billed on more than 1 unit or with bilateral modifier 50. Resubmit with 1 unit or single CPT code. Do not bill member.
REJUNITS	Claim billed with invalid units for services rendered. Resubmit with valid units. Do not bill member.