

# R&S Report: Appendix Page

Texas Medicaid & Healthcare Partnership  
Remittance and Status Report  
Date: 02/01/2016

Mail original claim to:  
Texas Medicaid & Healthcare Partnership  
P.O. Box 200555  
Austin, Texas 78720-0855

TEXAS PROVIDER  
PO BOX 848484  
DALLAS, TX 75888-1234  
(214) 555-4141

Mail all other correspondence to:  
Texas Medicaid & Healthcare Partnership  
12357-B Riata Trace Parkway  
Austin, Texas 78727-6422

TPI: 1234567-01  
NPI/API: 1234567890  
Taxonomy: 193400000X  
Benefit Code:  
Report Seq. Number: 35  
R&S Number: 2460000

(800) 925-9126

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## EXPLANATION OF BENEFITS CODES MESSAGES

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THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOB CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00100 A CHARGE WAS NOT NOTED FOR THIS SERVICE.  
00149 PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND A MAXIMUM PAYMENT AMOUNT SET BY CMS OR HHSC.  
00429 THIS SURGERY/SERVICE/SITUATION DESCRIBED IS NOT ON THE AUTHORIZATION LETTER AND IS NOT PAYABLE.  
00475 PAID ACCORDING TO THE TEXAS MEDICAID REIMBURSEMENT METHODOLOGY-TMRM (RELATIVE VALUE UNIT TIMES STATEWIDE CONVERSION FACTOR)  
00572 IT IS MANDATORY THAT AUTHORIZATION BE OBTAINED. DUE TO THE LACK OF APPROVAL, THE SERVICE IS NON-PAYABLE.  
00757 PROCEDURE PAYMENT BASED ON PROGRAM/BENEFIT PLAN, DATE OF SERVICE AND IS CALCULATED AT THE DETAIL BILLED AMOUNT.  
01004 THIS PAYMENT WAS REDUCED 2.5% IN ACCORDANCE WITH THE 78TH TEXAS LEGISLATURE, ARTICLE II OF HOUSE BILL 1, AND SECTION 2.03 OF HOUSE BILL 2292.  
01147 PLEASE REFER TO OTHER EOB MESSAGES ASSIGNED TO THIS CLAIM FOR PAYMENT/DENIAL INFORMATION.

THE FOLLOWING ARE THE DESCRIPTIONS OF THE EOP CODES THAT APPEAR ON THIS REMITTANCE AND STATUS REPORT

00I03 OUR FILES INDICATE AN AUTHORIZATION INFORMATION MISMATCH.