

8015/8016 Revise Reasons

Revise #	Description of Revise Reason	8015	8016
1	Patient not a member of this health plan	x	x
2	Other revise reason: see revise comment	x	x
Issue with matching to Claim			
3	Confirmation # does not match to claim	x	x
4	Screen date does not match the claim	x	x
5	Birthdate does not match the claim	x	x
6	Medicaid/QUEST ID does not match the claim	x	x
7	Name does not match the claim	x	x
8	Billing Provider NPI does not match the claim	x	x
9	Rendering provider NPI does not match the claim	x	x
10	Claim denied. See claim remittance for details. No change needed to EPSDT record. Resubmit EPSDT record as is with revised claim.		
I. Patient Information			
11	Birth date does not match the Medicaid ID	x	x
12	Birth date does not match the Last Name	x	x
13	Birth date does not match the First Name	x	x
14	Medicaid ID does not match the Last Name	x	x
15	Medicaid ID does not match the First Name	x	x
16	Last name does not match the First Name	x	x
II. Periodic Screen Age			
17	Initial visit confirmation # does not match to an existing 8015		x
18	Initial visit date does not match with an existing 8015		x
VII. Request Health Coordination or Referral			
19	Does not indicate the specialty agency or individual to whom the referral was made in comments.	x	x
20	Duplicate EPSDT record. Please withdraw.	x	x

