



Remittance Advice (RA) Definitions

Washington State Department of Health

Early Intervention Program & PrEP DAP

This guide supersedes all previous message code descriptions and/or instructions published by the Early Intervention Program (EIP), Washington State Department of Health. The following descriptions and instructions must be followed to remain compliant with your Early Intervention program (EIP) contract. Please see Provider Billing and Resource Guide for more information.

CPT Code 99999- Represents multiple services and/or services non-covered by EIP that is being denied for the same reason (EOB code).

Code	Instruction/Description	
P00	Paid - Split Payment	Payment has been split between deductible, coinsurance and/or co-pay.
P01	Paid - Full Payment	Payment made up to full EIP allowed amount. Remaining balance may NOT be billed to the client.
P01	Paid - Full Payment	Payment made up to full PrEP DAP allowed amount. Remaining balance may NOT be billed to the client.
P02	Paid - Payment Applied to Deductible	Payment made up to full EIP allowed amount and was applied to the deductible. Remaining balance may NOT be billed to the client.
P02	Paid - Payment Applied to Deductible	Payment made up to full PrEP DAP allowed amount and was applied to the deductible. Remaining balance may NOT be billed to the client.
P12	Paid - Co-insurance	Payment made up to the full EIP allowed amount and payment was applied to coinsurance. Remaining balance may NOT be billed to the client.
P12	Paid - Co-insurance	Payment made up to the full PrEP DAP allowed amount and payment was applied to coinsurance. Remaining balance may NOT be billed to the client.
P39	Paid - Co-pay	Payment made up to the full EIP allowed amount and payment was applied to co-pay. Remaining balance may NOT be billed to the client.
P39	Paid - Co-pay	Payment made up to the full PrEP DAP allowed amount and payment was applied to co-pay. Remaining balance may NOT be billed to the client.
D00	Deny - Client is Not Eligible on Date of Service	EIP coverage not in effect at the time the service was provided. The client may be billed for the service.
D00	Deny - Client is Not Eligible on Date of Service	PrEP DAP coverage not in effect at the time the service was provided. The client may be billed for the service.
D02	Deny - Client Cannot be Balance Billed	The allowed amount shown by the client's primary insurance has been paid. EIP will not pay above that amount. The client may NOT be billed for any balance.
D02	Deny - Client Cannot be Balance Billed	The allowed amount shown by the client's primary insurance, has been paid. PrEP DAP will not pay above that amount. The client may NOT be billed for any balance.
D03	Client is Dual Covered by Medicare and Medicaid.	Please bill Medicare as primary and Medicaid as secondary. This client does not have EIP ambulatory coverage because they are dual covered. The client CANNOT be billed at this time.
D05	Deny - Benefit Exception Request Denied	The Benefit Exception Request was denied. The client may be billed for the service.
D06	Deny - No Patient Responsibility Indicated	The client's primary EOB did not show any responsibility for the client, therefore EIP cannot make a payment. The client may NOT be billed for the service.
D06	Deny - No Patient Responsibility Indicated	The client's primary EOB did not show any responsibility for the client, therefore PrEP DAP cannot make a payment. The client may NOT be billed for the service.

Code	Instruction/Description	
D08	Deny - Provider License is Expired	The provider license on file is expired. A letter has been sent to the address on file requiring corrective action on the license with The Health Systems Quality Assurance Division. Please notify the Client Services Early Intervention & Pre-Exposure Prophylaxis Assistance Program when this update has been made, and resubmit the claim. The client may NOT be billed for the service at this time.
D11	Deny - Missing EOB Info from Primary Insurance.	The provider must submit a copy of the primary EOB with the claim to be reprocessed. The client may NOT be billed for the service at this time.
D13	Deny - Primary Insurance Paid in Full	The submitted EOB indicates no client financial responsibility because the primary insurance paid their full contracted amount. Or there is no patient responsibility. The client may NOT be billed for the service.
D13	Deny - Primary Insurance Paid in Full	The submitted EOB indicates no client financial responsibility because the primary insurance paid their full contracted amount. Or there is no patient responsibility. The client may NOT be billed for the service.
D17	Deny - Dental Max Paid	EIP dental max has been exhausted. The client may ONLY be billed for the EIP allowed amount for the service.
D30	Deny - Procedure not covered on DOS	Procedure is not an PrEP DAP covered service. You may bill the client for the service.
D30	Deny - Procedure not covered on DOS.	Procedure is not an EIP covered service. The client may be billed for the service.
D31	Deny - Untimely Filing	Claim was not submitted within timely filing range (365 days from date of service). You may appeal this denial if you have documented proof that the client NEVER provided EIP coverage information. You may NOT bill the client.
D31	Deny - Untimely Filing	Claim was not submitted within timely filing range (365 days from date of service). You may appeal this denial if you have documented proof that the client NEVER provided PrEP DAP coverage information. You may NOT bill the client.
D32	Deny - Duplicate Claim	The claim was previously submitted and paid. Contact the Early Intervention Program if you cannot locate a payment for the service date. The client may NOT be billed.
D33	Deny - Provider Not Contracted on DOS	Providers must have an active contract with the Early Intervention Program (EIP) to be reimbursed for services rendered. The client may NOT be billed at this time. Please email EIP.ClaimsPayments@doh.wa.gov to renew your expired contract.
D35	Deny - Insufficient Information Received with Claim	You must provide a copy of a detailed Explanation of Benefits (EOB) from the primary insurance that shows the amount paid for Deductible, Co-payment and Co-insurance listed for each service. The client may NOT be billed at this time.
D37	Deny - Service Considered Included in Other Service	This service is considered complimentary to another service performed on the same day by primary. The client may NOT be billed for the service.
D40	Deny - Service Ineligible for Coordination of Benefits	The service must be processed by primary insurance. Please consult primary EOB and resubmit to primary before billing EIP as secondary, or payor of last resort. The client may NOT be billed at this time.
D40	Deny - Service Ineligible for Coordination of Benefits	The service must be processed by primary insurance. Please consult primary EOB and resubmit to primary before billing PrEP DAP as secondary, or payor of last resort. The client may NOT be billed at this time.
D41	Deny - Non-Network Provider	The servicing provider is out of network with the client's primary insurance. The client may be billed for the service.
D42	Deny - No Claim Received	Please resubmit this document with the corresponding claim for processing. The client may NOT be billed at this time.
D43	Deny – Emergency room stays are not covered	EIP does not cover inpatient services. The client may be billed for these services.

Code	Instruction/Description	
D43	Service must be re-billed to primary insurance. Insurance is required to cover HIV preventive services	Service must be re-billed to primary insurance. Per the CMS at https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-68 , effective January 1, 2025, non-exempted Insurance plans are required to cover HIV PrEP medication and care following CDC's guidance for doctor visits and PrEP tests without cost-sharing for members.
D44	Service must be re-billed to Medicare	Service must be re-billed to Medicare. Medicare Part B covers HIV PrEP medication and care following CMS guidance at https://www.cms.gov/medicare/coverage/prep - Per the CMS, effective September 30, 2024, for Medicare Part B. Members may not incur out of pocket costs for these medications or services.
D45	Deny - Incorrect Backup Sent With Claim	The supporting documentation/ EOB we received does not match the claim. Please resubmit the correct documentation/ EOB. The client may NOT be billed at this time.
D46	EOB not readable	An EOB was received with the claim but it is not readable. Please resubmit the claim and EOB ensuring that the document is not blurry, and that the font size is large enough to read.
D46	EOB not readable	We received an EOB with the claim but we need more detail. An EOB was received with the claim but it is not readable. Please resubmit the claim and EOB ensuring that the document is not blurry, and that the font size is large enough to read.
D47	No Indication Service is Related to PrEP Use - ICD10 code Z29.81 not listed	If this service is related to PrEP use, please re-bill PrEP DAP and state "CORRECTED" on the claim form. The client cannot be billed while this is being reprocessed.
D48	No Indication Service is Related to PrEP Use - ICD10 code Z29.81 not listed	If this service is related to PrEP use, please re-bill to primary insurance using ICD10 code Z29.81 which will let the insurance provider know that the services are related to PrEP and are preventive services which per the CMS at https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-68 , effective January 1, 2025, non-exempted insurance plans are required to cover HIV PrEP medication and care following CDC's guidance for doctor visits and PrEP tests without cost-sharing for members. The client cannot be billed while this is being reprocessed.
E01	Partial payment – dental max exceeded	\$3,000.00 EIP dental max has been paid. The provider may only bill the client the EIP allowed amount for the service.
E01	Please rebill primary insurance with preventive diagnosis code for PrEP DAP related services	Primary insurance is showing a cost-share for PrEP related services. Please try adjusting your billing to show diagnosis code Z29.81 as the primary diagnosis code when clients are being seen for PrEP services, and re-bill the primary coverage.
E02	EIP paid remainder of patient responsibility	The allowed amount shown by the client's primary insurance has been paid. EIP will not pay above that amount. The client may NOT be billed for any balance.
E04	Exception Authorized	The exception request has been approved and is paid at full EIP allowed amount. Provider can NOT bill client for balance.
E04	Exception Authorized	The exception request has been approved and is paid at full PrEP DAP allowed amount. Provider can NOT bill client for balance.
E06	Combined Services	Code 99999 has been used to bundle services with the same denial. Please see additional codes for instruction.

To request this document in another format, call 1-800-525-0127.