
APPENDICES

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APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
007	PAT DAILY INCOME RATE MORE THAN HOME RATE	42 - Charges exceed our fee schedule or maximum allowable amount.		Patient's daily recurring income is greater than the nursing facility's daily rate. Verify that you have provided the correct information. Contact your program representative regarding any discrepancies.
050	DATE OF BIRTH/DATE OF SERV. INCONSISTENT	14 - The date of birth follows the date of service.	M52 - Incomplete/ invalid "from" date(s) of service.	<p>CMS-1500 CLAIM: Verify that the Medicaid ID# in field 2, date of birth in field 11, and date of service in field 15 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 11 is correct according to your records, contact the local county Medicaid office.</p> <p>UB-92 CLAIM: Verify that the Medicaid ID# in field 60, date of birth in field 14, and date of service in field 6 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 14 is correct according to your records, contact the local county Medicaid office.</p> <p>ADA CLAIM: Verify that the Medicaid ID# in field 4, date of birth in field 10, and date of service in field 14 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 10 is correct according to your records, contact the local county Medicaid office.</p>
051	DATE OF DEATH/DATE OF SERV. INCONSISTENT	13 - The date of death precedes the date of service.	M59 - Incomplete/ invalid "to" date(s) of service.	<p>CMS-1500 CLAIM: Verify that the correct Medicaid ID# in field 2 and date of service in field 15 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p> <p>UB-92 CLAIM: Verify that the correct Medicaid ID# in field 60 and date of service in field 6 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p> <p>ADA CLAIM: Verify that the Medicaid ID# in field 4 and date of service in field 14 were billed correctly. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p>
052	DMR WAIVER CLM FOR NON DMR WAIVER RECIP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	The claim was submitted with a MR/RD waiver-specific procedure code, but the recipient was not a participant in the MR/RD waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it. Check for correct recipient Medicaid number. If the recipient's Medicaid number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form with the MR/RD waiver referral form attached. If the recipient Medicaid number is correct, the procedure code is correct, and a MR/RD waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.

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053	NON DMR WAIVER CLM FOR DMR WAIVER RECIP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N34 - Incorrect claim for this service.	Please check to make sure you have billed the correct Medicaid number, procedure code, and that this client is in the MR/RD waiver. If you have not billed either the correct Medicaid number or procedure code, or the client is not in the MR/RD waiver, rebill the claim with the correct information. If the correct information has been billed and you continue to receive this edit please contact your program representative.
055	MEDICARE B ONLY SUFFIX WITH A COVERAGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA04 - Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	Submit a claim to Medicare Part A.
056	MEDICARE B ONLY SUFFIX/NO A COV/NO 620	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M56 - Incomplete/invalid provider payer identification.	Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 50 A through C line. Enter the Medicare Part B payment in field 54 A through C. Enter the Medicare ID number in field 60 A through C. The carrier code, payment, and ID number should be entered on the same lettered line, A, B, or C.
057	MEDICARE B ONLY SUFFIX/NO A COV/NO \$	107 - Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.		Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 54 A through C line which corresponds with the line on which you entered the Medicare carrier code field 50 A through C.
058	RECIP NOT ELIG FOR MED. FRAGILE CARE SVCS	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.
059	MED. FRAGILE CARE RECIP SVCS REQUIRE PA	62- Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	M62 - Incomplete/invalid treatment authorization code.	Contact recipient's PCP to obtain authorization for this service.

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060	MED. FRAGILE CARE, CLAIM TYPE NOT ALLOWED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N34 - Incorrect claim for this service.	Contact your program representative.
101	INTERIM BILL	135 - Claim denied. Interim bills cannot be processed.		Verify the bill type in field 4 and the discharge status in field 22. Medicaid does not process interim bills. Please do not file a claim until the recipient is discharged from acute care
102	INVALID DIAGNOSIS/ PROCEDURE CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M67 - Incomplete/invalid other procedure code(s) and/or date(s). M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).	Check the most current edition of the ICD for the correct code. This could be either a diagnosis or a surgical procedure code. If the code on your ECF is incorrect, mark through the code, write in the correct code, and resubmit.
103	SEX/DIAGNOSIS/ PROCEDURE INCONSISTENT	7 - The procedure/revenue code is inconsistent with the patient's gender. 10 - The diagnosis is inconsistent with the patient's gender.		Verify the recipient's Medicaid ID number. Make the appropriate correction if applicable. Compare the sex on your records with the sex listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct sex on file for this recipient. After the county Medicaid office has made the correction, send the ECF to your program representative. If the sex is the same on your file and the ECF, check the current ICD for codes which are sex-specific. Verify that this is the correct code. If all of the information is correct, contact your program representative.
104	AGE/DIAGNOSIS/ PROCEDURE INCONSISTENT	6 - The procedure/revenue code is inconsistent with patient's age. 9 - The diagnosis is inconsistent with the patient's age.		Verify the recipient's Medicaid ID number. Make the appropriate correction, if applicable. Compare the date of birth on your records with the date of birth listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct the date of birth on file for this recipient. After the county Medicaid office has made the correction, send the ECF to your program representative. If the date of birth is the same on your file and the ECF, check the current ICD for codes that are age-specific. Verify that this is the correct code. If so, attach documentation that confirms the code on the ECF and send to your program representative.

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105	PRINCIPAL DIAG NOT JUSTIFICATION FOR ADM	A8 - Claim denied; ungroupable DRG.		Check diagnosis codes in the most current edition of the ICD for codes marked with a Q (Questionable Admission). Verify that the diagnosis codes are listed in the correct order, and that all codes have been used. If the code listed is one marked with a Q, Medicaid does not allow this code as a principal diagnosis. Mark through the code and write the correct code
106	MANIFESTATION CODE UNACCEPT AS PRIN DIAG	A8 - Claim denied; ungroupable DRG.		Manifestation codes describe the manifestation of an underlying disease, not the disease itself, and should not be used as a principal diagnosis. If a manifestation code is listed as the principal diagnosis, mark through the code and write the correct code.
108	E-CODE NOT ACCEPTABLE AS PRINCIPAL DIAG	A8 - Claim denied; ungroupable DRG.		E-codes describe the circumstance that caused an injury, not the nature of the injury, and should not be used as a principal diagnosis. If an E-code is listed as the principal diagnosis, mark through the code and write the correct code. E-codes should be used in the designated E-code field (field 77)
109	DIAG/PROC HAS INVALID 4TH OR 5TH DIGIT	146 - Payment denied because the diagnosis was invalid for the date(s) of service reported.	MA66 - Incomplete/invalid principal procedure code and/or date. M64 - Incomplete/invalid other diagnosis code. M67 - Incomplete/invalid other procedure code(s) and/or date.	Medicaid requires a complete diagnosis or procedure code as specified in the current edition of Volume 1 and 3, ICD. Mark through the existing diagnosis or procedure code and write in the entire correct code. ICD updates are edited effective with the date of discharge.
112	MEDICAID NON-COVER PROC-37.5, 50.51, 50.59	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. 96 - Non-covered charge(s).		Provider is not authorized to bill for these procedures, as Medicaid does not cover them.
113	SELECTED V-CODE NOT ACCEPT AS PRIN DIAG	96 - Non-covered charge(s).	MA63 - Incomplete/invalid principal diagnosis code.	Not all V-Codes can be used as the principal diagnosis in field 67. Check the most current edition of the ICD for an acceptable code. Mark through the existing diagnosis code and write in the correct code.
114	INVALID AGE - NOT BETWEEN 0 AND 124	6 - The procedure/revenue code is inconsistent with the patient's age.		Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.

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115	INVALID SEX - MUST BE MALE OR FEMALE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA39 - Incomplete/invalid patient's sex.	Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
116	INVALID PAT STATUS-MUST BE 01-07, 20, 30	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA43 - Incomplete/invalid patient status.	Check the most current edition of the UB-92 manual for a list and descriptions of valid discharge status codes for field 22. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code.
117	DRG 469 - PRIN DIAG NOT EXACT ENOUGH	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M81 - Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code. If information on the claim is correct, consult with your medical records department, as this is a non-covered DRG.
118	DRG 470 - PRINCIPAL DIAGNOSIS INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	Resolution is the same as for edit code 117.

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119	INVALID PRINCIPAL DIAGNOSIS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	Verify the diagnosis in the current ICD-9 manual. Make corrections and resubmit.
120	CLM DATA INADEQUATE CRITERIA FOR ANY DRG	A8 - Claim Denied ungroupable DRG.		Verify data with the medical records department. Make corrections and resubmit.
121	INVALID AGE	6 - Procedure/revenue code inconsistent with age. 9 - Diagnosis inconsistent with age.		Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
122	INVALID SEX	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA39 - Incomplete/invalid patient's sex.	Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
123	INVALID DISCHARGE STATUS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N50 - Discharge information missing/incomplete/incorrect/invalid.	Check the most current edition of the UB-92 manual for a list and descriptions of valid discharge status codes for field 22. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code.

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125	PPS PROVIDER RECORD NOT ON FILE	38 - Services not provided or authorized by designated (network) providers. B7 - This provider was not certified/eligible for this procedure/service on this date.		Contact your program representative.
127	PPS STATEWIDE RECORD NOT ON FILE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Contact your program representative.
128	DRG PRICING RECORD NOT ON FILE	A8 - Claim Denied ungroupable DRG.		Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code. If information on claims is correct, consult with your medical records department, as this DRG is not currently priced by Medicaid. Contact your program representative.
150	TPL COVER VERIFIED/FILING NOT IND ON CLM	22 - Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Please see INSURANCE POLICY INFORMATION on the ECF (to the right of the Medicaid Claims Receipt Address) for the three-digit carrier code that identifies the insurance company, as well as the policy number and the policyholder's name. Identify the insurance company by referencing the numeric carrier code list in this manual. File the claim(s) with the primary insurance before refiling to Medicaid. If the insurance company that has been billed is the one that appears on the ECF, enter the carrier code in field 23 (must exactly match the carrier code(s) under INSURANCE POLICY INFORMATION). Enter the policy number in field 24 (must exactly match the policy number(s) under INSURANCE POLICY INFORMATION). If payment is made, enter the total amount(s) paid in fields 25 and 27. Adjust the balance due in field 28. If payment is denied (i.e., applied to the deductible, policy lapsed, etc.) by the other insurance company, put a "1" (denial indicator) in field 4. Attach a copy of the EOB from each insurance company to the ECF and resubmit to the address on the form. If the carrier that has been billed is not the insurance for which the claim received edit 150, the provider must file with the insurance carrier that is indicated in MMIS.

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151	MULTIPLE INS POL/NOT ALL FILED-CALL TPL	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA64 - Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	Eliminate any duplicate primary insurance policy entries on the CMS-1500, ensuring that blocks 9 and 11 contain unique information, one carrier per block. Medicaid coverage should not be entered in either primary block. If there is no duplicate information, refer to the INSURANCE POLICY INFORMATION section on the ECF, and file the claim(s) with each insurance company listed before refiling to Medicaid. Enter all insurance results on the ECF. Documentation must show that each policy has been billed, and that proper coordination of benefits has been followed, e.g., bill primary carrier first, then bill second carrier for the difference. If there are three or more separate third-party payers, the claim must be processed by the Third-Party Liability division of DHHS. Submit all EOBs (three or more) to Third-Party Liability.
155	POSS NOT POSITIVE INS MATCH/OTHER ERRORS	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Bill the primary insurer(s) according to the resolution instructions for edit code 150.
156	TPL VERIFIED/FILING NOT INDICATED ON CLM	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA08 - You should also submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information as the supplemental coverage is not with a Medigap plan or you do not participate in Medicare.	File a claim with the insurance company listed under INSURANCE POLICY INFORMATION on the ECF. (Refer to the carrier code list in the provider manual.) If the insurance company denies payment or makes a partial payment, attach a copy of the explanation of benefits and resubmit. If the insurance carrier pays the claim in full, discard the ECF.
170	LAB PROC BILLED/NO CLIA # ON FILE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Submit a copy of your CLIA certification to program representative.
171	NON-WAIVER PROC/PROV HAS CERT OF WAIVER	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Our records indicate that your CLIA certificate or waiver allows Medicaid reimbursement for waived procedures only. Lab services billed are not waived procedures. If your CLIA certification has changed, attach a copy of your updated CLIA letter from CMS to your ECF. If your certificate has not been updated, Medicaid will not reimburse for the service.

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172	D.O.S. NONCOVERED ON CLIA CERT DATE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Medicaid will not reimburse for services outside CLIA certification dates. If your CLIA certification has been renewed, attach a copy of your updated CLIA letter from CMS to your ECF. Contact your lab director or CMS for current CLIA certificate information.
174	NON-PPMP PROC/PROV HAS PPMP CERT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Submit a copy of your updated CLIA Certification to your program representative.
201	MISSING RECIPIENT ID NO	31 - Claim denied, as patient cannot be identified as our insured.		<p>CMS-1500 CLAIM: Enter the patient's 10-digit Medicaid ID# in field 2 on the ECF.</p> <p>UB-92 CLAIM: Enter the patient's 10-digit Medicaid ID# in field 60 on the ECF.</p> <p>ADA CLAIM: Enter the patient's 10-digit Medicaid ID# in field 4 on the ECF.</p>
205	MISSING NET CLAIM CHARGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	CMS-1500 CLAIM: Enter the balance due in field 28 of the ECF. Balance due (field 28) is equal to total charges (field 26) minus the amount received from insurance (field 27).
206	MISSING DATE OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) of service.	<p>CMS-1500 CLAIM: Enter missing date of service in field 15 on the ECF.</p> <p>ADA CLAIM: Enter missing date of service in field 14 on the ECF.</p>

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207	MISSING SERVICE CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	CMS-1500 CLAIM: Enter missing procedure code in field 17 on the ECF. ADA CLAIM: Enter missing procedure code in field 18 on the ECF.
208	NO LINES ON CLAIM	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Resubmit claim with billable services.
209	MISSING LINE ITEM SUBMITTED CHARGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M79 - Did not complete or enter the appropriate charge for each listed service.	CMS-1500 CLAIM: Enter missing charges in field 20 on the ECF. UB-92 CLAIM: Enter missing charges in field 47 on the ECF. ADA CLAIM: Enter missing charges in field 21 on the ECF.
213	LINE ITEM MILES OF SERVICE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M22 - Claim lacks the number of miles traveled.	Enter the number of miles in field 22 on the ECF and resubmit.

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227	MISSING LEVEL OF CARE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Contact your program representative.
233	PRIMARY DIAGNOSIS CODE IS MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	Enter the primary diagnosis code in field 8 on the ECF from the current edition of the ICD-9, Volume I.
234	PLACE OF SERVICE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N38 - Place of service missing.	CMS-1500 CLAIM: Enter the place of service in field 16 on the ECF. ADA CLAIM: Enter the place of service in field 17 on the ECF.
239	MISSING LINE NET CHARGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Contact your program representative.

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243	ADMISSION DATE/START OF CARE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA40 - Incomplete/invalid admission date.	Enter the admission/start of care date in field 17.
244	PRINCIPAL DIAGNOSIS CODE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	Enter the principal diagnosis code in field 67.
245	TYPE OF BILL MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA30 - Incomplete/invalid type of bill.	Refer to the most current edition of the UB-92 manual for valid type of bill. Enter a valid Medicaid bill type code in field 4.
246	FIRST DATE OF SERVICE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	Enter the first date of service in field 6.

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247	MISSING LAST DATE OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) of service.	Enter the last date of service in field.
248	TYPE OF ADMISSION MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA41 - Incomplete/invalid type of admission.	Refer to the most current edition of the UB-92 manual for valid types of admissions. Enter a valid Medicaid type of admission code in field 19.
249	TOTAL CLAIM CHARGE MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	Enter revenue code 001 on the total charges line in field 42. This revenue code must be listed as the last field.
252	PATIENT STATUS MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA43 - Incomplete/invalid patient status.	Refer to the most current edition of the UB-92 manual for patient status. Enter the valid Medicaid patient status code in field 22.

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253	SOURCE OF ADMISSION MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA42 - Incomplete/invalid source of admission.	Refer to the most current edition of the UB-92 Manual for source of admission. Enter a valid Medicaid source of admission code in field 20.
263	MISSING TOTAL DAYS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Contact your program representative.
281	PROCEDURE CODE MODIFIER MISSING	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Enter modifier in field 18 of the line that received the edit code.
300	UB82 FORM NO LONGER ACCEPTED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N34 - Incorrect claim for this service.	Resubmit claim on a UB-92 claim form.
304	TOTAL CLAIM CHARGE NOT NUMERIC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	CMS-1500 CLAIM: Enter the correct numeric amount in field 26. ADA CLAIM: Enter the correct numeric amount in field 25.

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Edit Code	Description	CARC	RARC	Resolution
308	INVALID PROCEDURE CODE MODIFIER	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M78 - Did not complete or enter accurately an appropriate HCPCS modifier(s).	Enter correct modifier in field 18 on the ECF and resubmit.
309	INVALID LINE ITEM MILES OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M22 - Claim lacks the number of miles traveled.	Enter the correct number of miles in field 22 on the ECF and resubmit.
310	INVALID PLACE OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M77 - Incomplete/invalid place of service(s).	CMS-1500 CLAIM: Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code in field 16. ADA CLAIM: Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code in field 17.
311	INVALID LINE ITEM SUBMITTED CHARGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M79 - Did not complete or enter the appropriate charge for each listed service.	CMS-1500 CLAIM: Enter the correct charge in field 20. UB-92 CLAIM: Enter the correct charge in field 47. ADA CLAIM: Enter the correct charge in field 21.
312	MODIFIER NON-COVERED BY MEDICAID	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		A modifier not accepted by Medicaid has been filed and entered in field 18 on the ECF. Enter the correct modifier in field 18.

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316	THIRD PARTY CODE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	CMS-1500 CLAIM: Incorrect third party code was used in field 4 on the ECF. Correct coding would be "1" for denial or "6" for crime victim. Enter the correct code in field 4. If a third party payer is not involved with this claim, mark through the character in field 4. ADA CLAIM: Incorrect third party code was used in field 5 on the ECF. Correct coding would be "1" for denial or "6" for crime victim. Enter the correct code in field 4. If a third party payer is not involved with this claim, mark through the character in field 5.
317	INVALID INJURY CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Incorrect injury code was used. Correct coding would be "2" for work related accident, "4" for automobile accident, or "6" for other accident. Please enter the correct injury code on ECF and resubmit.
321	NET CLAIM CHARGE NOT NUMERIC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	CMS-1500 CLAIM: Enter the numeric claim charge in field 26 of the ECF and resubmit. ADA CLAIM: Enter the numeric claim charge in field 25 of the ECF and resubmit.
322	INVALID AMT RECEIVED FROM OTHER RESOURCE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	Enter a valid number amount in "amount other sources".

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Edit Code	Description	CARC	RARC	Resolution
323	INVALID LINE ITEM UNITS OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M53 - Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.	CMS-1500 CLAIM: Enter the correct numeric units in field 22. UB-92 CLAIM: Enter the correct numeric units in field 48.
330	INVALID LINE ITEM DATE OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	CMS-1500 CLAIM: Enter the correct date of service in field 15. Make sure that the correct number of days is being billed for the billing month. ADA CLAIM: Enter the correct date of service in field 14.
354	TOOTH NUMBER NOT VALID LETTER OR NUMBER	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N39 - Procedure code is not compatible with tooth number/letter.	Enter the valid tooth number or letter in field 15 on the ECF. Verify tooth number or letter with procedure code.
355	TOOTH SURFACE CODE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N75 - Missing or invalid tooth surface information.	Enter the correct tooth surface code in field 16 on the ECF.

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Edit Code	Description	CARC	RARC	Resolution
367	ADMISSION DATE/START OF CARE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA40 - Incomplete/invalid admission date.	Draw a line through the admission/start of care date in field 17, and write the correct date. Date must be six digits and numeric.
368	TYPE OF ADMISSION NOT VALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA41 - Incomplete/invalid type of admission.	Refer to the most current edition of the UB-92 manual for valid type of admission. Enter a valid Medicaid type of admission code in field 19.
369	MONTHLY INCURRED EXPENSES MUST BE VALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Contact your program representative.
370	SOURCE OF ADMISSION INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA42 - Incomplete/invalid source of admission.	Refer to the most current edition of the UB-92 manual for valid source of admission. Enter a valid Medicaid source of admission code in field 20.

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Edit Code	Description	CARC	RARC	Resolution
373	PRINCIPAL SURG PROCEDURE DATE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA66 - Incomplete/invalid principal procedure code and/or date.	Draw a line through the invalid date in field 80 and enter correct date. Date must be six digits and numeric.
375	OTHER SURGICAL PROCEDURE DATE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M67 - Incomplete/invalid other procedure code(s) and/or date(s).	Draw a line through the invalid date in field 81, A - E, and enter correct date. Date must be six digits and numeric.
376	TYPE OF BILL NOT VALID FOR MEDICAID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA30 - Incomplete/invalid type of bill.	Refer to the most current edition of the UB-92 manual for valid type of bill. Enter a valid Medicaid type of bill in field 4.
377	FIRST DATE OF SERVICE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA52 - Did not enter full 8-digit date (mm/dd/ccyy for paper from or CCYY/MM/DD for electronic format).	UB-92 CLAIM: Enter the correct date of service in field 6. TAD: Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
378	LAST DATE OF SERVICE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) of service.	Draw a line through the invalid date in field 6, and enter the correct "to" date. Date must be six digits and numeric.
379	VALUE CODE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	Refer to the most current edition of the UB-92 manual for valid value codes. Draw a line through the invalid code in fields 39 - 41 A - D, and enter the correct code.
380	VALUE AMOUNT INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	Draw a line through the amount in fields 39 - 41 A - D, and enter the correct numeric amount.
381	OCCURRENCE DATE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M45 - Incomplete/invalid occurrence codes and dates.	Draw a line through the incorrect date in fields 32 - 35 A - B, and enter the correct date. Dates must be six digits and numeric.

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Edit Code	Description	CARC	RARC	Resolution
382	PATIENT STATUS NOT VALID FOR MEDICAID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA43 - Incomplete/invalid patient status.	Refer to the most current edition of the UB-92 manual for valid status codes. Enter a valid Medicaid patient status code in field 22.
383	OCCURR.CODE, INCL. SPAN CODES, INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M45 - Incomplete/invalid occurrence codes and dates. M46 - Incomplete/invalid occurrence span code and dates.	Refer to the most current edition of the UB-92 manual for valid occurrence codes. Enter a valid Medicaid occurrence code in fields 32 - 35, A - B.
384	CONDITION CODE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M44 - Incomplete/invalid condition code.	Refer to the most current edition of the UB-92 manual for valid condition codes. Enter a valid Medicaid condition code in fields 24 - 30.
385	TOTAL CHARGE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	Total charge must be numeric. Draw a line through the invalid total, and enter the correct numeric total charge.
386	QIO APPROVAL INDICATOR INVALID	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.		

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Edit Code	Description	CARC	RARC	Resolution
387	NON COVERED CHARGE INVALID	96 - Non-covered charge(s).		Charges must be numeric. Draw a line through the invalid charge in field 48, and enter the correct numeric charge.
390	TPL PAYMENT AMT NOT NUMERIC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	Enter numeric payment from all primary insurance companies in field 25 or enter 0.00 if no payment was received. If the claim was denied by the other insurance company, put a "1" (denial indicator) in field 4. If no third party insurance was involved, delete information entered in field 25 by drawing a red line through it.
391	PATIENT PRIOR PAYMENT AMT NOT NUMERIC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	The amount entered for prior payment amount from recipient is not numeric. Draw a line through the invalid amount in field 54P, and enter the correct numeric amount.
394	OCCURRENCE SPAN CODES"FROM"DATE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M46 - Incomplete/invalid occurrence span codes and dates.	Dates must be six digits and numeric. Draw a line through the invalid date in field 36 A - B, and enter the correct date.
395	OCCURRENCE SPAN CODES"THRU"DATE INVALID	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M46 - Incomplete/invalid occurrence span codes and dates.	Date must be six digits and numeric. Draw a line through the invalid date in field 36 A - B and enter the correct date.

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Edit Code	Description	CARC	RARC	Resolution
400	TPL CARR and POLICY # MUST BOTH BE PRESENT	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Make sure a valid carrier code is entered in field 23 and a valid policy number is entered in field 24. Follow the 150 resolution and indicate whether the primary insurance denied or paid the claim.
401	AMT IN OTHER SOURCES/NO TPL CARRIER CODE	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	<p>CMS-1500 CLAIM: Complete fields 23, 24, and 25 (carrier code, policy number, amount paid). If the insurance company denied payment, put the denial indicator "1" in field 4.</p> <p>ADA CLAIM: Complete fields 22, 23, and 24 (carrier code, policy number, amount paid). If the insurance company denied payment, put the denial indicator "1" in field 5.</p> <p>Notes: If there is no third party involved, be sure all third party fields (4, 23, 24, 25, 27) are deleted of information by marking through in red.</p> <p>If there are more than two other insurance companies that have paid, enter the total combined amounts paid by all insurance companies in field 27. The total combined amounts should be equal to field 25.</p>
402	DEDUCTIBLE EXCEEDS CALENDAR YEAR LIMIT			Refer to the EOMB for the deductible amount (including blood deductible). If the amount entered is incorrect, change the amount. If it agrees, attach the EOMB/Medicare electronic printout to the ECF and return to your program representative. Do not add professional fees in the deductible amount. Professional fees should be filed separately on a CMS-1500 form under the hospital-based physician provider number.
403	INCURRED EXPENSES NOT ALLOWED	42 - Charges exceed our fee schedule or maximum allowable amount.		Contact your program representative.
411	ANESTHESIA PROC REQUIRES ANES. MODIFIER	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Refer to the current list of anesthesia modifiers found in section 2 and enter the correct modifier in field 18 on the ECF.
412	SURG PROC NOT VALID W/ANES. MODIFIER	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Enter the appropriate anesthesia procedure when a anesthesiologist administers anesthesia during a surgical procedure.

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Edit Code	Description	CARC	RARC	Resolution
421	PEP RECIP/PROV NOT PCP-PROC REQ REFERRAL	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M68 - Incomplete/invalid attending or referring physician identification.	<p>CMS-1500 CLAIM: If the service was authorized by the PCP, enter the six-digit authorization number provided by the PCP in field 7 (Primary Care Coordinator) and resubmit the ECF. If not authorized by the PCP, the recipient is responsible for charges. However, when possible it is the provider's responsibility to contact the PCP for authorization prior to rendering the service. The provider's failure to comply with the authorization process is not a reason to bill the patient</p> <p>UB-92 CLAIM: If the service was authorized by the PCP, enter the six-digit authorization number provided by the PCP in field 63 and resubmit the ECF. If not authorized by the PCP, the recipient is responsible for charges. However, when possible it is the provider's responsibility to contact the PCP for authorization prior to rendering the service. The provider's failure to comply with the authorization process is not a reason to bill the patient.</p>
424	REVENUE 459 VALID FOR PEP RECIP ONLY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Revenue code 459 is to be used for an emergency room triage when a patient is covered under the PEP. If a Medicaid recipient was seen in the emergency room and is not a PEP member, use revenue code 450.
460	PROCEDURE CODE / INVOICE TYPE INCONSISTENT	125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA30 - Missing/incomplete/invalid type of bill.	Oral & Maxillofacial Surgeons must file CPT procedure codes on the CMS-1500 and CDT procedure codes on the ADA Claim Form.
463	INVALID TOTAL DAYS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) service.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
468	CARRIER CODE 619 (MEDICAID) LISTED TWICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M56 - Incomplete/invalid payer identification.	Draw a line through the carrier code 619 which appears on either the first or second "other payer" line in field 50 on your ECF. Do not draw a line through the 619 after "Medicaid Carrier ID."
469	INVALID LINE NET CHARGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	Contact your program representative.
501	INVALID DATE ON REVENUE LINE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA52 - Did not enter full 8-digit date (mm/dd/ccyy for paper from or CCYY/MM/DD for electronic format).	Enter the correct date in field 45 on the ECF.
502	DOS SUBSEQUENT TO THE ENTRY DATE	110 - Billing date predates service date.		<p>CMS-1500 CLAIM: Verify the date of service in field 15 on ECF. Correct if not accurate. If date of service is correct, a new claim will need to be submitted. Cannot submit a claim prior to the date of service.</p> <p>ADA CLAIM: Verify the date of service in field 14 on ECF. Correct if not accurate. If date of service is correct, a new claim will need to be submitted. Cannot submit a claim prior to the date of service.</p>

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Edit Code	Description	CARC	RARC	Resolution
503	INCORRECT DIAGNOSIS (REASON) CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).	Verify diagnosis code in the ICD coding manual and resubmit ECF.
504	PROVIDER TYPE AND INVOICE INCONSISTENT	52 - The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.		Provider has filed the wrong claim form. Please contact your program representative for information on claims filing.
505	MISSING DATE ON REVENUE LINE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA52 - Did not enter full 8 digit date (mm/dd/ccyy for paper form or CCYY/MM/DD for electronic format).	Enter the date in field 45 on the ECF.
506	PANEL CODE and REVENUE CODE BILLED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M15 - Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is now allowed.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
507	MANUAL PRICING REQUIRED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	Resubmit ECF with required documentation. Please refer to the appropriate section in your provider manual. Contact your program representative for additional information.
508	NO LINE ITEM RECORD	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	<p>CMS-1500 CLAIM: Complete fields 15 – 22 on the ECF and resubmit.</p> <p>UB-92 CLAIM: Resubmit the claim or enter something on the line indicated and resubmit the ECF.</p> <p>ADA CLAIM: Complete fields 14 - 21 on the ECF and resubmit.</p>
509	DOS OVER 2 YRS-XOVER/EXT CARE CLM ONLY	29 - The time limit for filing has expired.		Claim cannot be paid unless the patient was granted retroactive eligibility or you were not aware the patient had Medicaid until after a year from the date of service. Either attach a copy of the patient's letter from DHHS County Medicaid Office giving the retroactive dates to the ECF and mail it to your program representative or attach a note stating the date you were informed of the patient's Medicaid benefits. Refer to the timely filing guidelines in the appropriate section of your provider manual.
510	DOS IS MORE THAN 1 YEAR OLD	29 - The time limit for filing has expired.		Claim cannot be paid unless the patient was granted retroactive eligibility or you were not aware the patient had Medicaid until after a year from the date of service. Either attach a copy of the patient's letter from DHHS County Medicaid Office giving the retroactive dates to the ECF and mail it to your program representative or attach a note stating the date you were informed of the patient's Medicaid benefits. Refer to the timely filing guidelines in the appropriate section of your provider manual.

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Edit Code	Description	CARC	RARC	Resolution
513	INCONSISTENT MEDICARE CARRIER CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M56 - Incomplete/invalid payer identification.	Enter the correct Medicare Part A or Part B carrier code and resubmit. Contact your program representative if further assistance is needed.
514	PROC RATE/MILE X MILES NOT=SUBMIT CHRG	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M79 - Did not complete or enter the appropriate charge for each listed service.	Contact your program representative.
515	AMBUL/ITP TRANS. MILEAGE LIMITATION	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please submit the claim with the missing/correct information so that it may be processed.	Contact your program representative.
517	WAIVER SERVICE BILLED. RECIPIENT NOT IN A WAIVER.	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	The claim was submitted for a waiver-specific procedure code, but the recipient was not a participant in a Medicaid waiver. Check for error in using incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write in the correct code above. Check for correct recipient Medicaid number. If the recipient Medicaid number is incorrect, strike through the incorrect number and write in the correct Medicaid number above. If the recipient Medicaid number and procedure code are correct, contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
534	PROVIDER/CCN DO NOT MATCH FOR ADJUSTMENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M47 -Incomplete/invalid internal or document control number.	Review the original claim and verify the provider number from that claim. Make sure that the correct original provider number is entered on the adjustment claim and resubmit the adjustment claim.
536	PROCEDURE-MODIFIER NOT COVERED ON DOS	B18 - Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.		Verify that the correct procedure code and modifier combination was entered in field 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or the modifier in field 18.
537	PROC-MOD COMBINATION NON-COVERED/INVALID	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Verify that the correct procedure code and modifier combination was entered in fields 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or modifier in field 18.
538	PATIENT PAYMENT EXCEEDS MED NON-COVERED	23 - Payment adjusted because charges have been paid by another payer.		Check the patient prior payment amount in field 54P and the total non-covered amount in field 48 to see if they have been entered correctly. A Medicaid recipient is not liable for charges unless they are non-covered services. The amount paid by the recipient should never exceed the total non-covered charges.
539	MEDICAID NOT LISTED AS PAYER	31 - Claim denied as patient cannot be identified as our insured.		Enter Medicaid payer code 619 in field 50 A through C line which corresponds with the line on which you entered the Medicaid ID number field 60 A through C.
540	ACCOM REVENUE CODE/OP CLAIM INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M56 - Incomplete/invalid payer identification.	Room accommodation revenue codes cannot be used on an outpatient claim. If the room accommodation revenue codes are correct, check the bill type (field 4) and the provider number (field 51).

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Edit Code	Description	CARC	RARC	Resolution
541	MISSING LINE ITEM/REVENUE CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	The two digits before the edit code tell you on which line in field 42 the revenue code is missing. Enter the correct revenue code for that line.
542	BOTH OCCUR CODE and DATE NEC INC SPAN CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M46 - Incomplete/invalid occurrence span codes and dates.	If you have entered an occurrence code in fields 32 through 36 A and B, an occurrence date must be entered. If you have entered an occurrence date in any of these fields, an occurrence code must also be entered.
543	VALUE CODE/AMOUNT MUST BOTH BE PRESENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s).	If you have entered a value code in fields 39 through 41 A - D, a value amount must also be entered. If you have entered a value amount in these fields, a value code must also be entered.
544	NURSING HOME CLAIMS SUBMITTED VIA 837	125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate. <i>Note: Changed as of 2/02</i>		Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
545	NO PROCESSABLE LINES ON CLAIM	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	All lines on ECF have been rejected or deleted. Discard the ECF and resubmit the claim.
546	SURGICAL PROCEDURE MUST BE REPORTED AT THE REVENUE CODE LINE LEVEL	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M20 - Missing/incomplete/invalid HCPCS.	Enter surgical procedure code(s) on claim line(s) and resubmit claim.
547	PRINCIPAL SURG PROC AND DTE REQUIRED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA66 - Incomplete/invalid principal procedure code and/or date.	Enter the surgical procedure code and date in field 80 on ECF.
548	OTHER SURG PROC AND DATE MUST BE PRESENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M67 - Incomplete/invalid other procedure code(s) and/or date(s).	Enter the surgical procedure codes and dates in fields 81-A through 81-E.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
550	REPLACE/VOID BILL/ORIGINAL CCN MISSING	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M47 - Incomplete/invalid internal or document control number.	Check the remittance advice for the paid claim you are trying to replace or cancel to find the CCN. Enter the CCN in field 37.
551	TYPE ADMISSION/SOURCE CODE INCONSISTENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA41 - Incomplete/invalid type of admission.	Check the most current edition of the UB-92 manual for source of admission. Enter the valid Medicaid source of admission code in field 20.
552	MEDICARE INDICATED/NO MEDICAID LIABILITY	23 - Payment adjusted because charges have been paid by another payer.		<p>CMS-1500 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 23, 24, and 25 on ECF are correct and resubmit.</p> <p>UB-92 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 50, 54, and 60 on ECF are correct and resubmit.</p> <p>ADA CLAIM: Medicare coverage was indicated on claim form. Make sure fields 24, 25, and 26 on ECF are correct and resubmit.</p>
553	ALLOW AMT=ZERO/UNABLE TO DETERMINE PYMT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Information is incorrect or missing which is necessary to allow the Medicaid system to calculate the payment for the claim. If this edit code appears alone on an outpatient claim, check for valid revenue and CPT codes. If this edit code appears alone on an inpatient claim, check for valid Accommodation Revenue Codes. If this edit code appears with other edit codes, it may be resolved by correcting the other edit codes.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARCS	Resolution
554	VALUE CODE/3RD PARTY PAYMENT INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If you have entered value code 14 in fields 39 through 41 A - D, you must also enter a prior payment in field 54.
555	TPL PAYMENT > PAYMENT DUE FROM MEDICAID	23 - Payment adjusted because charges have been paid by another payer.		Verify that the payment amount you have entered in field 54 is correct. If it is not, enter the correct amount. If the amount is correct, no payment from Medicaid is due. Do not resubmit claim or ECF.
557	CARR PYMTS MUST = OTHER SOURCES PYMTS	22 - Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If any amount appears in field 27, you must indicate a third party payment. If there is no third party insurance involved, delete information entered in field 25 and/or field 27 by drawing a red line through it.
558	REVENUE CHGS NOT WITHIN +- \$1 OF TOTAL	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	Recalculate your revenue charges. Also check the resolution column on the ECF. If there is a "D" on any line, that line has been deleted by you on a previous cycle. Charges on these lines should no longer be added into the total charges.
559	MEDICAID PRIOR PAYMENT NOT ALLOWED	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Prior payment from Medicaid (field 54 A - C) should never be indicated on a claim or ECF.
560	REVENUE CODES INCONSISTENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M50 - Incomplete/invalid revenue codes.	Revenue code 100 is an all-inclusive revenue code and cannot be used with any other revenue code except 001, which is the total charges revenue code.

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Edit Code	Description	CARC	RARC	Resolution
561	CLAIM ALREADY DEBITED (RETRO-MEDICARE), CANNOT ADJUST	63 – Correction to a prior claim.	N185 - Do not resubmit this claim/service.	Retroactive Medicare claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
562	CLAIM ALREADY DEBITED (HEALTH CLAIM), CANNOT ADJUST	63 – Correction to a prior claim.	N185 - Do not resubmit this claim/service.	Retroactive Healthcare claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
563	CLAIM ALREADY DEBITED (PAY & CHASE CLAIM), CANNOT ADJUST	63 – Correction to a prior claim.	N185 - Do not resubmit this claim/service.	Medicaid Pay & Chase claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
564	OP REV 450,459,510,511 COMB NOT ALLOWED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	These revenue codes should never appear in combination on the same claim. If a recipient was seen in the emergency room, clinic, and treatment room on the same date of service for the same or related condition, charges for both visits should be combined under either revenue code 450, 510, or 761. If the recipient was seen in the ER and clinic on the same date of service for unrelated conditions, both visits should be billed on separate claims using the correct revenue code. If the recipient is a PEP member, and was triaged in the ER, the submitted claim should be filed with only revenue code 459. No other revenue codes should be filed with revenue code 459.
565	THIRD PARTY PAYMENT/NO 3RD PARTY ID	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If a prior payment is entered in field 54, information in all other TPL-related fields (50 and 60) must also be entered.
566	EMERG OP SERV/PRIN DIAG DOES NOT JUSTIFY	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 Incomplete/invalid principal diagnosis code.	Check to make sure that the correct diagnosis code was billed. If not, enter the correct diagnosis code and resubmit the ECF.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARCS	Resolution
567	NONCOV CHARGES > OR = TOTAL CHARGES	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M54 - Did not complete or enter the correct total charges for services rendered.	Check the total of non-covered charges in field 48 and total charges in field 47 to see if they were entered correctly. If they are correct, no payment from Medicaid is due. If incorrect, make the appropriate correction.
568	CORRESPONDING ADJUSTMENT (VOID) IS SUSPENDED OR DENIED	107 - Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.	N142 - The original claim was denied. Resubmit a new claim, not a replacement claim.	Review the edit code assigned to the void adjustment claim to determine if it can be corrected. If the void adjustment claim can be corrected, make the necessary changes and resubmit the adjustment claim. Resubmit the replacement claim along with the corrected void adjustment claim.
569	ADJUSTMENT CLAIM CANNOT BE VOIDED OR REPLACED	125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N185 - Do not resubmit this claim/service.	An adjustment or replacement claim cannot be submitted for an adjustment (previously voided) claim. Do not resubmit adjustment claim.
570	OP REV 760 762, 769 COMB NOT ALLOWED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed. M50 - Incomplete/invalid revenue codes.	These revenue codes cannot be used in combination for the same day; bill either revenue code 762 or 769 on an outpatient claim. Verify the correct revenue code for the claim, and make the appropriate correction.
573	PRINCIPAL PROC/ADMIT/STMT DATES INCONSIS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA66 - Incomplete/invalid principal procedure code and/or date.	Compare the date listed with the principal surgical procedure code in field 80 with the admit date in field 17 and statement covers dates in field 6. Surgery date must fall within the admit through discharge dates. Correct dates if appropriate. If dates are correct and this is a 72-hour claim, forward to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
574	OTHER PROC/ADMIT/STMT DATES INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M67 - Incomplete/invalid other procedure code(s) and/or date(s).	Compare the dates listed with the other surgical procedure codes (the two-digit number before the edit code will identify which date in field 81 A - E is in question) with the admit date in field 17 and statement covers dates in field 6. All surgery dates must fall within the admit through discharge dates of service. Correct dates if appropriate. If dates are correct and this is a 72-hour claim, forward to your program representative.
575	REPLACE/VOID CLM/CCN INDICATED NOT FOUND	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M47 - Incomplete/invalid internal or document control number.	Review the original claim and verify the claim control number (CCN) and recipient ID number from that claim. Make sure that the correct original CCN and recipient ID number are entered on the adjustment claim and resubmit the adjustment claim. UB-92 CLAIM: Check the CCN you have entered in field 37 A - C with the CCN on the remittance advice of the paid claim you want to replace or cancel. Only paid claims can be replaced or cancelled. If the CCN is incorrect, write the correct CCN on the ECF. If this edit appears with other edits, it may be corrected by correcting the other edit codes. If edit code 575 and 863 are the only edits on the replacement claim, the replacement claim criteria have not been met (see Section 3 on replacement claims).
576	TYPE OF BILL AND PROVIDE TYPE INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA30 - Incomplete invalid type of bill.	If the bill type you have entered in field 4 is 131 or 141, you must use your six-digit outpatient number in field 51. If the bill type is 111, you must use your inpatient number.
587	1ST DATE OF SERV SUBSEQUENT TO LAST DOS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) of service.	Check the "from" and "through" dates in field 6. "From" date must be before "through" date. Be sure you check the year closely. Enter correct dates.

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Edit Code	Description	CARC	RARC	Resolution
588	1ST DOS SUBSEQUENT TO ENTRY DATE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	Check the "from" date of service in field 6. Be sure to check the year closely. Enter the correct date.
589	LAST DOS SUBSEQUENT TO DATE OF RECEIPT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M59 - Incomplete/invalid "to" date(s) of service.	Check the "through" date of service in field 6. Enter correct date.
593	ADMIT DATE NOT=TO 1ST DATE OF SERVICE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA40 - Incomplete/invalid admission date.	Check the admit date in field 17 and the "from" date in field 6. They must be the same date.
594	FINAL BILL/DISCHRG DTE BEFORE LAST DOS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N50 - Discharge information missing/incomplete/incorrect/invalid.	Check the occurrence code 42 and date in fields 32 through 35 A and B, and the "through" date in field 6. These dates must be the same.

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Edit Code	Description	CARC	RARC	Resolution
597	ACCOMODATION UNITS/STMT PERIOD INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	Check the dates entered in field 6; the covered days calculated in field 7 on the ECF; the discharge date in fields 32 through 35 A - B and the units entered for accommodation revenue codes in field 42 (the discharge date and "through" date must be the same). If the dates in field 6 are correct, the system calculated the correct number of days, so the units for accommodation revenue codes should be changed. If the dates are incorrect, correcting the dates will correct the edit.
598	QIO INDICATOR 3/APPROVAL DATES REQUIRED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	If condition code C3 is entered in fields 32 through 35 A or B, the approved dates must be entered in occurrence span, field 36 A or B.
599	QIO DATES/OCCUR SPAN DATES N/SEQUENCED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M52 - Incomplete/invalid "from" date(s) of service.	The dates which have been entered in field 36 A or B (occurrence span), do not coincide with any date in the statement covers dates in field 6. There must be at least one date in common in these two fields
603	REVENUE/CONDITION/VALUE CODES INCONSIST	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M49 - Incomplete/invalid value code(s) and/or amount(s). M50 - Incomplete/invalid revenue codes. M44 - Incomplete/invalid condition code.	Medicaid only sponsors a semi-private room. When a private room revenue code is used, condition code 39 or value codes 01 or 02 and value amounts must be on the claim. See current UB-92 manual for definition of codes.
636	COPAYMENT AMOUNT EXCEEDS ALLOWED AMOUNT	36 - Balance does not exceed co-payment amount.		The Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount, therefore no payment is due from Medicaid. Please collect the copayment from the Medicaid recipient.

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Edit Code	Description	CARC	RARC	Resolution
637	COINS AMT GREATER THAN PAY AMT			Verify that the coinsurance amount is correct. If not, correct and resubmit. If the coinsurance amount is correct, attach a copy of the Medicare remittance and return to your program representative.
642	MEDICARE COST SHARING REQ COINS/DEDUCTIB	1 - Deductible Amount 2 - Coinsurance Amount		For Medicaid to consider payment of the claim, the Medicare coinsurance and deductible must be present.
672	NET CHRG/TOTAL DAYS X DAILY RATE UNEQUAL	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/corrected information so that it may be processed.	Contact your program representative.
673	REJECT LOC 6 - EXCLUDES SWING BEDS	96 - Non-covered charge(s).		Contact your program representative.
674	NH RATE - PAT DAY INC NOT = PAT DAY RATE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/corrected information so that it may be processed.	Contact your program representative.
690	OTHER SOURCES AMT MORE THAN MEDICAID AMT	23 - Payment adjusted because charges have been paid by another payer.		CMS-1500 CLAIM: Verify the dollar amount in amount received insurance (field 27) and the amount paid (field 25). If not correct, enter correct amount. If the amounts are correct, no payment is due from Medicaid — discard the ECF. ADA CLAIM: Verify the dollar amount in amount received insurance (field 26) and the amount paid (field 24). If not correct, enter correct amount. If the amounts are correct, no payment is due from Medicaid — discard the ECF.

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Edit Code	Description	CARC	RARCS	Resolution
700	PRIMARY/PRINCIPAL DIAG CODE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of Volume I of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 8 with Volume I of the ICD-9 manual. Mark through the existing code and write in the correct code.</p> <p>UB-92 CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of Volume I of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 67 with Volume I of the ICD-9 manual. Mark through the existing code and write in the correct code.</p>
701	SECONDARY/OTHER DIAG CODE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Follow the resolution for edit code 700. The secondary diagnosis code appears in field 9.</p> <p>UB-92 CLAIM: Follow the resolution for edit code 700. The secondary diagnosis code appears in field 68.</p>
703	RECIPIENT/PRIMARY/PRINCIPAL DIAG INCONSIST	9 - The diagnosis is inconsistent with the patient's age.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p> <p>UB-92 CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67. Field 14 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p>

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Edit Code	Description	CARC	RARC	Resolution
704	RECIP AGE/SECONDARY/ OTHER DIAG INCONSIST	9 - The diagnosis is inconsistent with the patient's age.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p> <p>UB-92 CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 68-75 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 68-75. Field 14 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p>
705	RECIP SEX/PRIM/PRINCIPAL DIAG INCONSIST	10 - The diagnosis is inconsistent with the patient's gender.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8. Contact your county Medicaid office if your records indicate a different sex.</p> <p>UB-92 CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67. Contact your county Medicaid office if your records indicate a different sex.</p>

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Edit Code	Description	CARC	RARC	Resolution
706	RECIP SEX/SECONDARY/ OTHER DIAG INCONSIST	10 - The diagnosis is inconsistent with the patient's gender.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9. Contact your county Medicaid office if your records indicate a different sex.</p> <p>UB-92 CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 68-75 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 68-75. Contact your county Medicaid office if your records indicate a different sex.</p>
707	PRIN.DIAG. NOW REQUIRES 4TH OR 5TH DIGIT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9, Volume I, manual. The diagnosis code in field 8 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p> <p>UB-92 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9, Volume I, manual. The diagnosis code in field 67 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p>
708	SEC. DIAG. NOW REQUIRES 4TH OR 5TH DIGIT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9, Volume I, manual. The diagnosis code in field 9 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code</p> <p>UB-92 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9, Volume I, manual. The diagnosis code(s) in field 68-75 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p>
709	SERV/PROC CODE NOT ON REFERENCE FILE	96 - Non-covered charge(s).	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Check the most current manual. If the procedure code on your ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, contact your program representative for assistance.
710	SERV/PROC/DRUG REQUIRES PA-NO NUM ON CLM	62 - Payments denied/reduced for absence of, or exceeded pre-certification/authorization.		<p>CMS-1500 CLAIM: Please enter prior authorization number in field 3.</p> <p>UB-92 CLAIM: Please enter prior authorization number in field 63.</p> <p>ADA CLAIM: Please enter prior authorization number in field 2.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
711	RECIP SEX - SERV/PROC/DRUG INCONSISTENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA39 - Incomplete/invalid patient's sex.	Verify the patient's Medicaid number in field 2 and the procedure code in field 17. A common error is entering another family member's Medicaid number. Make sure the number matches the patient served. Make the appropriate correction if applicable. Field 12 shows the patient's sex indicated in our system. If there is a discrepancy, contact your county Medicaid office to correct the sex on the patient's file and resubmit the ECF with a note stating the Medicaid office is correcting the sex code on the patient file.
712	RECIP AGE-PROC INCONSIST/NOT DMR RECIP	6 - The procedure/revenue code is inconsistent with the patient's age.		CMS-1500 CLAIM: Follow the resolution for edit code 711. Field 11 shows the patient's date of birth indicated in our system. Notify the local Medicaid office of discrepancies. ADA CLAIM: Field 10 shows the patient's date of birth indicated in our system. Compare the date of birth to the procedure code billed. Contact your program representative with any discrepancies.
713	NUM OF BILLINGS FOR SERV EXCEEDS LIMIT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		CMS-1500 CLAIM: Check the number of units in field 22 on the specified line to be sure the correct number of units has been entered on the ECF. If the number of units is incorrect, mark through the existing number and enter the correct number. If the number of units is correct, check the procedure code to be sure it is correct. Change the procedure code if it is incorrect. If you feel the edit is invalid, attach justification to the ECF supporting the service(s) billed and resubmit to your program representative. ADA CLAIM: Check the number of units in field 20 on the specified line to be sure the correct number of units has been entered on the ECF. If the number of units is incorrect, mark through the existing number and enter the correct number. If the number of units is correct, check the procedure code to be sure it is correct. Change the procedure code if it is incorrect. If you feel the edit is invalid, attach justification to the ECF supporting the service(s) billed and resubmit to your program representative.
714	SERV/PROC/DRUG REQUIRES DOC- MAN REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	Attach pertinent documentation to the ECF and resubmit. If you are unsure what documentation is needed, call or write to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
715	PLACE OF SERVICE/PROC CODE INCONSISTENT	5 - The procedure code/bill type is inconsistent with the place of service.		<p>CMS-1500 CLAIM: Check the procedure code in field 17 and the place of service code in field 16 to be sure that they are correct. If incorrect, make the appropriate correction on the indicated line. If you feel they are correct and that the edit is invalid, attach documentation verifying the procedure was done in that place of service.</p> <p>ADA CLAIM: Check the procedure code in field 18 and the place of service code in field 17 to be sure that they are correct. If incorrect, make the appropriate correction on the indicated line. If you feel they are correct and that the edit is invalid, attach documentation verifying the procedure was done in that place of service.</p>
716	PROV TYPE INCONSISTENT WITH PROC CODE	8 - The procedure code is inconsistent with the provider type/ specialty (taxonomy).		<p>CMS-1500 CLAIM: Verify that the correct code in field 17 or 19 was billed. If incorrect, make the appropriate correction. If correct, return ECF with documentation.</p> <p>ADA CLAIM: Verify that the correct code in field 18 was billed. If incorrect, make the appropriate correction. If correct, return ECF with documentation.</p>
717	SERV/PROC/DRUG NOT COVERED ON DOS	B18 - Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.		<p>CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 on the indicated line to be sure both are correct. The procedure code may have been deleted from the program or changed to another procedure code.</p> <p>ADA CLAIM: Check the procedure code in field 18 and the date of service in field 14 on the indicated line to be sure both are correct. The procedure code may have been deleted from the program or changed to another procedure code.</p>
718	PROC REQUIRES TOOTH NUMBER/SURFACE INFO	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N37 - Tooth number/letter required. N75 - Missing or invalid tooth surface information.	The procedure requires either a tooth number and/or surface information in fields 15 and 16 on the ECF.
719	SERV/PROC/DRUG ON PREPAYMENT REVIEW	133 - The disposition of this claim/service is pending further review.		Check the prior approval. If the number is not correct, mark through the incorrect number and write the correct number in red. If information on the claim does not match the information on the prior approval, strike through the incorrect information and write the correct information in red. (i.e., Procedure Code/Modifier).

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Edit Code	Description	CARC	RARC	Resolution
720	MODIFIER 22 REQUIRES ADD'L DOCUMENT	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M69 - Paid at the regular rate, as you did not submit documentation to justify modifier 22.	Return ECF with documentation and statement of justification of unusual procedural services to your program representative.
721	CROSSOVER PRICING RECORD NOT FOUND			Medicaid does not accept this modifier. Please use the correct modifier that is listed with this procedure code in the Fee Schedule (Section 4).
722	PROC MODIFIER and SPEC PRICING NOT ON FILE	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Verify that the correct procedure code and modifier were submitted. If incorrect, make the appropriate change. If correct, return ECF to your program representative with support documentation. Note: The Medicaid pricing system is programmed specifically for procedure codes, modifiers, and provider specialties. If these are submitted in the wrong combination, the system searches but cannot "find" a price, and the line will automatically reject with edit code 722.
727	DELETED PROCEDURE CODE/CK CPT MANUAL	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.")	CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 to verify their accuracy. UB-92 CLAIM: Check the procedure code in field 44 and the date of service in field 45 to verify their accuracy. ADA CLAIM: Check the procedure code in field 18 and the date of service in field 14 to verify their accuracy.

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Edit Code	Description	CARC	RARC	Resolution
732	PAYER ID NUMBER NOT ON FILE	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	M56 - Incomplete/invalid provider payer identification.	<p>CMS-1500 CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS HIPAA website at http://www.scdhshipaa.org. Enter the correct carrier code in field 23 and resubmit.</p> <p>UB-92 CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS HIPAA website at http://www.scdhshipaa.org. Enter the correct carrier code in field 50 on the ECF and resubmit.</p> <p>ADA CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS HIPAA website at http://www.scdhshipaa.org. Enter the correct carrier code in field 22 on ECF and resubmit.</p>
733	INS INFO CODED, PYMT OR DENIAL MISSING	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	<p>CMS-1500 CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator in field 4. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a "1" (denial indicator) in field 4 and 0.00 in field 25. If payment is made, remove the "1" from field 4 and enter the amount(s) paid in fields 25 and 27. Adjust the net charge in field 28. If no third party insurance was involved, delete information entered in fields 23 and 24 by drawing a red line through it.</p> <p>UB-92 CLAIM: If any third-party insurer has not made a payment, there should be a TPL occurrence code and date in fields 32-35. If payment is denied show 0.00 in field 54. If payment is made enter the amount in field 54.</p> <p>ADA CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator in field 5. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a "1" (denial indicator) in field 5 and 0.00 in field 26. If payment is made, remove the "1" from field 5 and enter the amount(s) paid in fields 25 and 27. Adjust the net charge in field 27. If no third party insurance was involved, delete information entered in fields 25 and 26 by drawing a red line through it.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
734	REVENUE CODE REQUIRES UNITS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M53 - Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.	The revenue code listed in field 42 requires units of service in field 46.
735	REVENUE CODE REQ DEL DIAG OR SURG PROC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).	The revenue code used in field 42, (360 operating room, 370 anesthesia, 710 recovery room, etc.) requires a delivery diagnosis code in fields 67 through 75 or a surgical procedure code in fields 80 through 81 A - E. If the patient was observed you may file revenue code 762 (observation room).
736	PRINCIPAL SURGICAL PROCEDURE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA66 - Incomplete/invalid principal procedure code and/or date.	Verify the correct procedure code was submitted. If incorrect, make the appropriate change. If correct, contact your program representative, as this may be a non-covered service.
737	OTHER SURGICAL PROCEDURE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M67 - Incomplete/invalid other procedure code(s) and/or date(s).	Follow the resolution for edit code 736. The two digits in front of the edit code identify which surgical procedure code is not on file.

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Edit Code	Description	CARC	RARC	Resolution
738	PRINCIPAL SURG PROC REQUIRES PA/NO PA #	15 - Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider.		Attach documentation (operative note and discharge summary) to the ECF and return.
739	OTHER SURG PROC REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider.		Follow the resolution for edit 738. The two digits in front of the edit identify which other surgical procedure requires the prior authorization number.
740	RECIP SEX/PRINCIPAL SURG PROC INCONSIST	7 - The procedure/revenue code is inconsistent with the patient's gender.		Verify the recipient's Medicaid number and the procedure code in field 80. A common error is entering another family member's Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction if applicable. Check the recipient's sex listed on the ECF. If there is a discrepancy, contact your county Medicaid office to correct the sex on the recipient's file. After Medicaid has made the correction, send the ECF to your program representative.
741	RECIP SEX/OTHER SURG PROC INCONSIST	7 - The procedure/revenue code is inconsistent with the patient's gender.		Follow resolution for edit code 740. The two digits in front of the edit code identify which other surgical procedure code in field 81 A - E is inconsistent with the recipient's sex.
742	RECIP AGE/PRINCIPAL SURG PROC INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		Verify the recipient's Medicaid ID number and the procedure code in field 80. A common error is entering another family member's Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction if applicable. Check the recipient's date of birth listed on the ECF. If there is a discrepancy, contact your county Medicaid office to correct the date of birth on the recipient's file. After Medicaid has made the correction, send the ECF to your program representative.
743	RECIPIENT AGE/OTHER SURG PROC INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		Follow the resolution for edit code 742. The two digits in front of the edit code identify which other surgical procedure code in field 81 A - E is inconsistent with the recipient's age.
746	PRINCIPAL SURG PROC EXCEEDS FREQ LIMIT	96 - Non-covered charge(s).		The system has already paid for the procedure entered in field 80. Verify the procedure code is correct. If this is a replacement claim, send the ECF with a note to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
747	OTHER SURG PROC EXCEEDS FREQ LIMIT	96 - Non-covered charge(s).		Follow the resolution for edit code 746. The two digits in front of the edit code identify which other surgical procedure's (field 81 A - E) frequency limitation has been exceeded.
748	PRINCIPAL SURG PROC REQUIRES DOC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	Attach documentation (discharge summary and operative note only) for the principal surgical procedure in field 80 to the ECF and return to the following address: DHHS Department of Hospitals Attention: Medical Service Review PO Box 8206 Columbia, SC 29202-8206 Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Always refer to Sections 2 and 3 for specific Medicaid coverage guidelines and documentation requirements.
749	OTHER SURG PROC REQUIRES DOC/MAN REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	Follow the resolution for edit code 748 for the other surgical procedure in field 81 A-E. Two digits in front of the edit code identify which other surgical procedure requires documentation. Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Always refer to Sections 2 and 3 for specific Medicaid coverage guidelines and documentation requirements.
750	PRIN SURG PROC NOT COV OR NOT COV ON DOS	96 - Non-covered charge(s).		Check the procedure code in field 80 and the date of service to verify their accuracy. Check to see if the procedure code in field 80 is listed on the non-covered surgical procedures list in this manual. Check the most recent addition of the ICD to be sure the code you are using has not been deleted or changed to another code.
751	OTHER SURG PROC NOT COV/NOT COV ON DOS	96 - Non-covered charge(s).		Follow the resolution for edit code 750. The two digits in front of the edit code identify which other surgical procedure code in field 81 A - E is not covered on the date of service.
752	PRINCIPAL SURGICAL PROCEDURE ON REVIEW	133 - The disposition of this claim/service is pending further review.		Attach documentation which supports the principal surgical procedure in field 80 (discharge summary and operative notes) to the ECF and return to the address on the ECF.
753	OTHER SURGICAL PROCEDURE ON REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 752. The two digits in front of the edit code identify which other surgical procedure code in field 81 A - E is not medically necessary or on review.

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Edit Code	Description	CARC	RARC	Resolution
754	REVENUE CODE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M50 - Incomplete/invalid revenue code(s).	Revenue code is invalid. Verify revenue code.
755	REVENUE CODE REQUIRES PA/PEND FOR REVIEW	133 - The disposition of this claim/service is pending further review.		Please enter prior authorization number in field 63 on ECF and resubmit.
756	PRINCIPAL DIAG REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. Changed as of 2/01.		CMS-1500 CLAIM: Enter prior authorization number in field 3 on ECF. UB-92 CLAIM: Enter prior authorization number in field 63 on ECF.
757	OTHER DIAG REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. Changed as of 2/01.		CMS-1500 CLAIM: Enter prior authorization number in field 3 on ECF. UB-92 CLAIM: Enter prior authorization number in field 63 on ECF.
758	PRIM/PRINCIPAL DIAG REQUIRES DOC	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	If primary diagnosis is correct, attach pertinent documentation (<i>i.e.</i> operative report, chart notes, etc.) to ECF and resubmit.

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Edit Code	Description	CARC	RARC	Resolution
759	SEC/OTHER DIAG REQUIRES DOC/MAN REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	If primary diagnosis is correct, attach pertinent documentation (<i>i.e.</i> operative report, chart notes, etc.) to ECF and resubmit.
760	PRIMARY DIAG CODE NOT COVERED ON DOS	96 - Non-covered charge(s).		Check the current ICD-9, Volume I manual to verify that the primary diagnosis is correctly coded. If the diagnosis code is correct, then it is not covered.
761	SEC/OTHER DIAG CODE NOT COVERED ON DOS	96 - Non-covered charge(s).		Check the current ICD-9, Volume I manual to verify that the primary diagnosis is correctly coded. If the diagnosis code is correct, then it is not covered.
762	PRINCIPAL DIAG ON REVIEW/MANUAL REVIEW	133 - The disposition of this claim/service is pending further review.		Return ECF with required documentation (history, physical, and discharge summary) for review to the following address: DHHS Department of Hospitals Attention: Medical Service Review PO Box 8206 Columbia, SC 29202-8206
763	OTHER DIAG ON REVIEW/MANUAL REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 762. The two digits before the edit code identify which other diagnosis code in fields 68 through 75 requires manual review by DHHS.
764	REVENUE CODE REQUIRES DOC/MANUAL REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N66 - Claim lacks necessary documentation.	Please attach pertinent documentation to ECF and resubmit.

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Edit Code	Description	CARC	RARC	Resolution
765	RECIPIENT AGE/REVENUE CODE INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		Check the recipient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the recipient served. Check the revenue code in field 42 to be sure it is correct. Make the appropriate correction to the recipient number or to the revenue code in field 42. The date of birth on the ECF indicates the date of birth in our system as of the claim run date. Call your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
766	NEED TO PRICE OP SURG			Verify that the correct procedure code was entered in field 44. If the procedure code on the ECF is incorrect, mark through the code with red ink and write in the correct code. If the code is correct, resubmit the ECF with documentation (operative notes, discharge summary) to your program representative.
768	ADMIT DIAGNOSIS CODE NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA65 - Incomplete/invalid admitting diagnosis.	Verify that the correct procedure code was entered in field 44. If the procedure code on the ECF is incorrect, mark through the code with red ink and write in the correct code. If the code is correct, resubmit the ECF with documentation (operative notes, discharge summary) to your program representative.
769	ASST. SURGEON NOT ALLOWED FOR PROC CODE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Follow the resolution for edit code 700.
771	PROV NOT CERTIFIED TO PERFORM THIS SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Procedure does not allow reimbursement for assistant surgeon. If the edit appears unjustified or an assistant surgeon was medically necessary, attach documentation to the ECF to justify the assistant surgeon and resubmit for review.

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Edit Code	Description	CARC	RARC	Resolution
772	ANESTHESIA UNITS NOT IN MIN/MAX RANGE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M53 - Did not complete or enter the appropriate number (one or more) day(s) or unit(s) of service.	CMS-1500 CLAIM: Verify the procedure code in field 17. If correct, attach FDA certificate to the ECF and resubmit. If you are not a certified mammography provider, or a lab provider, this edit code is not correctable. ADA CLAIM: Verify the procedure code in field 18. If correct, attach FDA certificate to the ECF and resubmit. If you are not a certified mammography provider, or a lab provider, this edit code is not correctable.
773	INAPPROPRIATE PROCEDURE CODE USED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.") N56 - Procedure code billed is not correct for the service billed.	Verify the number of minutes in field 22 is correct. If not, make the appropriate correction. If correct, attach anesthesia records to the ECF and resubmit.
774	LINE ITEM SERV CROSSES STATE FISCAL YEAR	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Verify the procedure code in field 17. If incorrect, enter the correct code in field 17 on ECF and resubmit.
777	REVENUE CODE ON REVIEW/MANUALLY REVIEW	133 - The disposition of this claim/service is pending further review.		Change the units in field 22 to reflect days billed on or before 6/30. Add a line to the ECF to reflect days billed on or after 07/01.

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Edit Code	Description	CARC	RARC	Resolution
778	SEC CARRIER PRIOR PAYMENT NOT ALLOWED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA04 - Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	Prior payment (field 54) for a carrier secondary to Medicaid should not appear on claim.
779	PA REQUIRED ON INP UB-92 WITH DAODAS DRG	62 - Payments denied/reduced for absence of, or exceeded pre-certification/authorization.		A prior authorization must be obtained. Refer to the Alcohol and Drug Services section in the provider manual for instructions or call toll free at (800) 374-1390 or in the Columbia area at (803) 896-5988.
780	REVENUE CODE REQUIRES PROCEDURE CODE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.")	Some revenue codes (field 42) require a CPT code in field 44. Enter the appropriate CPT code in field 44. A list of revenue codes that require a CPT code is located under the outpatient hospital section in the provider manual.
786	ELECTIVE ADMIT,PROC REQ PRE-SURG JUSTIFY	62 - Payments denied/reduced for absence of, or exceeded, pre-certification/authorization.		When type of admission (field 19) is elective, and the procedure requires prior authorization, a prior authorization number from QIO must be entered in field 63.
791	PRIN SURG PROC NOT CLASSED-MANUAL REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M85 - Subjected to review of physician evaluation and management services.	Verify that the correct procedure code was entered in field 80. If the procedure code on the ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, resubmit the ECF with documentation (operative note and discharge summary) to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
792	OTHER SURG PROC NOT CLASSED - MANUAL REV	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M85 - Subjected to review of physician evaluation and management services.	Follow the resolution for edit code 791. The two digits in front of the edit identify which other procedure code has not been classed.
795	SURG RATE CLASS/NOT ON FILE-NOT COV DOS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Verify that the correct procedure code and date of service was entered. If the procedure code on the ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, resubmit the ECF with documentation (operative note and discharge summary) to your program representative.
796	PRINC DIAG NOT ASSIGNED LEVEL-MAN REVIEW	133 - The disposition of this claim/service is pending further review.		Verify that the correct diagnosis code (field 67) was submitted. If incorrect, make the appropriate change. If correct, return the ECF to your program representative with support documentation.
797	OTHER DIAG NOT ASSIGNED LEVEL-MAN REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 796. The two digits in front of the edit code identify which other diagnosis code has not been assigned a level.
798	SURGERY PROCEDURE REQUIRES PA# FROM CMR	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		CMS-1500 CLAIM: Contact CMR for authorization number. Enter authorization number in field 3 on the ECF. UB-92 CLAIM: Contact CMR for authorization number. Enter authorization number in field 63 on the ECF.
799	OP PRIN/OTHER PROC REQ QIO APPROVAL	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		Prior authorization is required from QIO. Enter PA number in field 63.
843	RTF SERVICES REQUIRE PA	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		Enter the prior authorization number from Form 254 in field 63 on the claim form and resubmit.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
844	IMD SERVICES REQUIRE PA	62 - Payment denied/reduced for absence of, or exceeded pre-certification/authorization. Changed as of 2/01.		Enter the prior authorization number from Form 254 in field 63 on the claim form and resubmit.
845	BH SERVICES REQUIRE PA	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		Examine field 3 on the ECF. If there is no PA number on the ECF, enter the PA number, in red, in field 3 on the ECF. The PA number may be found on the DHHS Form 252/254. If a PA number is on the ECF, check to be sure the PA number matches the number on the form 252/254. If the prefix is incorrect, cross through the incorrect number and enter the correct PA number in red. If any other problems occur, contact your program representative.
850	HOME HEALTH VISITS FREQUENCY EXCEEDED	B1 - NON-Covered visits.		Discard the ECF.
851	DUP SERVICE, PROVIDER SPEC and DIAGNOSIS	18 - Duplicate Claim/service.		Verify that the procedure code and the diagnosis code were billed correctly. If incorrect, make the appropriate corrections. If correct, the first provider will be paid. The second provider of the same practice specialty will not be reimbursed for services rendered for the same diagnosis.
852	DUPLICATE PROV/SERV FOR DATE OF SERVICE	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		<p>1. Check the patient's financial record to see whether payment was received. If so, discard the ECF.</p> <p>2. If two or more procedures for the same date of service should have been paid and you only received payment for the first, attach supporting documentation and resubmit.</p> <p>FOR PHYSICIANS:</p> <p>1. Review the ECF for payment date, which appears within a block named Claims/Line Payment Information, on the right side under other edit information.</p> <p>2. Check the patient's financial record to see if payment was received. If so, discard the ECF.</p> <p>3. If two procedures were performed on the same date of service and only one procedure was paid, make the appropriate change to the modifier (field 18) to indicate a repeat procedure (<i>i.e.</i>, 76, WJ or 51). Medicaid will reimburse up to two procedures per day without justification (except codes that multiply). If three or more procedures are done on the same date, attach support documentation and resubmit.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
853	DUPLICATE SERV/DOS FROM MULTIPLE PROV	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach documentation and resubmit.
854	VISIT WITHIN SURG PKG TIME LIMITATION	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M144 - Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	If the visit is related to the surgery and is the only line on the ECF, disregard the ECF. The visit will not be paid. If the visit is related to the surgery and is on the ECF with other payable lines, draw a red line through the line with the 854 edit and resubmit. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, in field 18 on the ECF and resubmit.
855	SURG PROC/PAID VISIT/TIME LIMIT CONFLICT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		Either request recoupment of the visit to pay the surgery, or, if the visit and surgery are non-related, send documentation with ECF to justify the circumstances.
856	2 PRIM SURGEON BILLING FOR SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Check to see if individual provider number (in field 19 on the ECF) is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to ECF and resubmit. If no modifier is applicable, and field is correct, resubmit ECF with documentation to your program manager.
857	DUP LINE – REV CODE, DOS, PROC CODE, MODIFIER	18 - Duplicate claim/service.		The two-digit number in front of the edit code identifies which line of field 42 or 44 contains the duplicate code. Duplicate revenue or CPT codes should be combined into one line by deleting the whole duplicate line and adding the units and charges to the other line.
858	TRANSFER TO ANOTHER INSTITUTION DETECTED	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
859	DUPLICATE PROVIDER FOR DATES OF SERVICE	18 - Duplicate Claim/service.		Check the claims/line payment info box on the right of your ECF for the dates of previous payments that conflict with this claim. If this is a duplicate claim or if the additional charges do not change the payment amount disregard the ECF. If additional services were performed on the same day and will result in a different payment amount, complete a replacement claim. If services were not done on the same date of service, a new claim should be filed with the correct date of service. Itemized statements for both the paid claim and new claim(s) with an inquiry form explaining the situation should be attached and sent to your program representative.
860	RECIP SERV FROM MULTI PROV FOR SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		This edit most frequently occurs with a transfer from one hospital to another. One or both of the hospitals entered the wrong "from" or "through" dates. Verify the date(s) of service. If incorrect, enter the correct dates of service and return the ECF. If dates are correct, forward the ECF with documentation (discharge summary, transfer document, or ambulance document) to your program representative. If the claim has a 618 carrier code in field 50, the claim may be duplicating against another provider's Medicare primary inpatient or outpatient claim, or against the provider's own Medicare primary inpatient or outpatient claim. The provider must send in the ECF with the Medicare EMB to the program representative.
863	DUPLICATE PROV/SERV FOR DATES OF SERVICE	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Check the claims/line payment information box on the right of the ECF for the dates of paid claims that conflict with this claim. If all charges are paid for the date(s) of service disregard ECF. Send a replacement claim if it will result in a different payment amount. Payment changes usually occur when there is a change in the inpatient DRG or reimbursement type, or a change in the outpatient reimbursement type.
865	DUP PROC/SAME DOS/DIFF ANES MOD	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		You have been paid for this procedure with a different modifier. Verify by the anesthesia record the correct modifier. If the paid claim is correct, discard the ECF. If the paid claim is incorrect, contact your program representative.
866	NURS HOME CLAIM DATES OF SERVICE OVERLAP	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.	M80 - Not covered when performed during the same session/date as a previously processed service for patient.	Contact your program representative.
867	DUPLICATE ADJ< ORIGINAL CLM ALRDY VOIDED			Provider has submitted an adjustment claim for an original claim that has already been voided. An adjustment cannot be made on a previously voided claim.

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Edit Code	Description	CARC	RARC	Resolution
877	SURGICAL PROCS ON SEPERATE CLMS/SAME DOS	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		This edit indicates payment has been made for a primary surgical procedure at 100%. The system has identified that another surgical procedure for the same date of service was paid after manual pricing and approval. This indicates a review is necessary to ensure correct payment of the submitted claim. Enter appropriate modifiers to indicate different operative sessions, assistant surgeon, surgical team, etc. Submit ECF with documentation to your program representative.
885	PROVIDER BILLED AS ASST and PRIMARY SURGEO	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Verify which surgeon was primary and which was the assistant. Check the individual provider number in field 19. The modifier may need correcting to indicate different operative sessions, surgical team, etc. If you have been paid as primary surgeon and should be paid as the assistant, submit a refund with a refund form (DHHS Form 205) found in Section 5. Resubmit the ECF with documentation. Call your program representative if you have questions.
887	PROV SUBMITTING MULT CLAIMS FOR SURGERY	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach op note and remittance advice from original claim to ECF and send to your program representative. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit.
888	DUP DATES OF SERVICE FOR EXTENDED NH CLM	B13 - Previously Paid. Payment for this claim/service may have been provided in a previous payment.	M80 - Not covered when performed during the same session/date as a previously processed service for patient.	Contact your program representative.
889	PROVIDER PREVIOUSLY PD AS AN ASST SURGEON	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment. B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Verify which surgeon was primary and which was the assistant. If the surgeon has been paid as the assistant, and was the primary surgeon, submit a refund with a refund form (DHHS Form 205) found in Section 5. Resubmit the ECF with documentation. Call your program representative if you have questions.

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Edit Code	Description	CARC	RARC	Resolution
892	DUP DATE OF SERVICE,PROC/MO D ON SAME CLM	18 - Duplicate claim/service.		<p>CMS-1500 CLAIM: If duplicate services were not provided, mark through the duplicate line on the ECF. If duplicate services were provided, verify whether the correct modifier was billed. If not, make the correction in field 18 on the ECF. If duplicate services were provided and the correct duplicate modifier was billed, attach support documentation and resubmit the ECF.</p> <p>ADA CLAIM: If duplicate services were not provided, mark through the duplicate line on the ECF and resubmit. If duplicate services were provided, contact your program representative.</p>
893	CONFLICTING AA/QK MOD SUBMITTED SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims are conflicting for the same date of service regardless of the procedure code, one with AA modifier and one with QK/QY modifier. Verify the correct modifier and/or procedure code for the date of service by the anesthesia record.
894	CONFLICTING QX/QZ MOD SUBMITTED SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims are conflicting for the same date of service regardless of the procedure code, one with QX modifier and one with QZ modifier. Verify by the anesthesia record if the procedure was rendered by a supervised or independent CRNA.
895	CONFL AA and QX/QZ MOD SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims have been submitted by an anesthesiologist as personally performed anesthesia services and a CRNA has also submitted a claim. Verify by the anesthesia record the correct modifier for the procedure code on the date of service.
897	MULT. SURGERIES ON CONFLICTING CLM/DOS	59 - Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.		First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach op note and remittance from original claim to ECF and send to your program representative. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit.
899	CONFLICTING QK/QZ MOD FOR SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Verify by the anesthesia record the correct modifier and procedure code for the date of service. If this procedure was rendered by an anesthesia team, the supervising physician should bill with QK modifier and the supervised CRNA should bill with the QX modifier. The QY modifier indicates the physician was supervising a single procedure.

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Edit Code	Description	CARC	RARCS	Resolution
901	INDIVIDUAL PROVIDER ID NUM NOT ON FILE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M57 - Incomplete/invalid provider number. (Substitute NPI for provider number when effective.)	CMS-1500 CLAIM: Check your records to make sure that the individual provider number in field 19 of the ECF is correct. Remember, each provider has his or her own Medicaid number, and each Medicaid number is six digits. Enter correct individual ID# in field 19. ADA CLAIM: Check your records to make sure that the individual provider number in field 19 of the ECF is correct. Remember, each provider has his or her own Medicaid number, and each Medicaid number is six digits. Enter correct individual ID# in field 13 on the ECF.
902	PROVIDER NOT ELIGIBLE ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Pay-to provider not eligible on date of service. Provider was not enrolled when service was rendered. Contact your program representative for assistance.
903	INDIV PROVIDER INELIGIBLE ON DTE OF SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Verify that date of service is correct. If not, correct and resubmit the ECF. If the date of service is correct, contact Medicaid Provider Enrollment at (803)788-7622 ext. 41650 regarding provider eligibility dates.
904	PROVIDER SUSPENDED ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated provided the suspension has been lifted. TAD: Contact your program representative.
905	INDIVIDUAL PROVIDER SUSPENDED ON DOS	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated provided the suspension has been lifted. TAD: Contact your program representative.
906	PROVIDER ON PREPAYMENT REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N35 - Program Integrity/utilization review decision.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
907	INDIVIDUAL PROVIDER ON PREPAYMENT REVIEW	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N35 - Program Integrity/utilization review decision.	Contact your program representative.
908	PROVIDER TERMINATED ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Verify whether the date of service on the ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated.
909	INDIVIDUAL PROVIDER TERMINATED ON DOS	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Verify whether the date of service on the ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated.
911	INDIV PROV NOT MEMBER OF BILLING GROUP	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Resubmit the ECF along with a written request to have the individual provider added to the group provider ID number.
912	PROV REQUIRES PA/NO PA NUMBER ON CLAIM	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/ authorization. Changed as of 2/01		Contact your program representative.
914	INDIV PROV REQUIRES PA/NO PA NUM ON CLM	62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
915	GROUP PROV ID/NO INDIV ID ON CLAIM/LINE	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M57 - Incomplete/invalid provider number.	CMS-1500 CLAIM: Verify the rendering individual physician and enter his or her six-digit individual Medicaid ID number in field 19 on ECF. ADA CLAIM: Verify the rendering individual physician and enter his or her six-digit individual Medicaid ID number in field 13 on ECF.
916	CRD PRIM DIAG CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
917	CRD SEC DIAG CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
918	CRD PROCEDURE CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
919	NO PA# ON CLM/PROV OUT OF 25 MILE RADIUS	40 - Charges do not meet qualifications for emergent/urgent care.		Contact your program representative.
922	URGENT SERVICE/OOS PROVIDER	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
923	PROV TYPE/CAT. INCONSIST W/LEVEL OF CARE	B6 - This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of the specialty. 52- The referring/ prescribing / rendering provider is not eligible to refer/prescribe/order/perform the service billed.		Contact your program representative.
924	RCF PROV/RECIPIENT PAY CAT NOT 85 OR 86	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.
925	AGE > OR = 22/IMD HOSPITAL NONCOVERED	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.
926	AGE 21-22/MENTAL INST SERV N/C - MAN REV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.
927	PROVIDER NOT AUTHORIZED AS HOSPICE PROVIDER	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Contact your program representative.
928	RECIPIENT UNDER 21/HOSPICE SERVICE REQUIRES PA	62 - Payment denied/reduced for absence of, or exceeded pre-certification/authorization. Changed as of 2/01.		Attach medical records to the ECF and forward to the Medical Service Reviewer.

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Edit Code	Description	CARC	RARC	Resolution
929	NON QMB RECIPIENT	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Provider is Medicare only provider attempting to bill for a non-QMB (Medicaid only) recipient. Medicaid does provide reimbursement to QMB providers for non-QMB recipients.
932	PAY TO PROV NOT GROUP/LINE PROV NOT SAME	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M57 - Incomplete/invalid provider number. (Substitute NPI for provider number when effective).	CMS-1500 CLAIM: Verify provider ID number in fields 1 and 19. If the provider ID number in field 19 is not the same provider ID number in field 1, strike through the incorrect provider ID number and write the correct provider ID number above it. ADA CLAIM: Verify provider ID number in fields 1 and 13. If the provider ID number in field 1 is not the same provider ID number in field 13, strike through the incorrect provider ID number and write the correct provider ID number above it.
933	REV CODE 172 OR 175/NO NICU RATE ON FILE	147 - Provider contracted/negotiated rate expired or not on file. New as of 6/02.		Contact your program representative.
936	NON EMERGENCY SERVICE/OOS PROVIDER	40 - Charges do not meet qualifications for emergent/urgent care.		If diagnosis and surgical procedure codes have been coded correctly, this outpatient service is not covered for out-of-state providers. No payment is due from South Carolina Medicaid.
938	PROV WILL NOT ACCEPT TITLE 19 ASSIGNMENT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		If provider is accepting Medicaid assignment, attach a note to the ECF to request to have the provider's file updated. If not, discard the ECF.
939	IND PROV WILL NOT ACCEPT T-19 ASSIGNMENT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		If provider is accepting Medicaid assignment, attach a note to the ECF to request to have the provider's file updated. If not, discard the ECF.
940	BILLING PROV NOT RECIP IPC PHYSICIAN	52 - The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.		Contact your program representative.

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Edit Code	Description	CARC	RARCS	Resolution
945	PROFESSIONAL COMPONENT REQUIRED FOR PROV	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M78 - Did not complete or enter accurately an appropriate HCPCS modifier(s).	The services were rendered on an inpatient or outpatient basis. Enter a "26" modifier in field 14. Services described in this manual do not require a modifier.
948	CONTRACT RATE NOT ON FILE/SERV NC ON DOS	147 - Provider contracted/negotiated rate expired or not on file. New as of 6/02.		Review your contract to verify if the correct procedure code was billed. If the contract allows billing of this procedure code, contact your program representative.
950	RECIPIENT ID NUMBER NOT ON FILE	31 - Claim denied, as patient cannot be identified as our insured.		<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2 of the ECF to make sure it was entered correctly. Remember, all patient's Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient's file, mark through the incorrect number and enter the correct number above field 2. If the number you have on file is correct, call the Medicaid office in the patient's county of residence for the correct number or call the patient.</p> <p>UB-92 CLAIM: Check the patient's Medicaid number in field 60 of the ECF to make sure it was entered correctly. Remember, all patient's Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient's file, mark through the incorrect number and enter the correct number above field 60. If the number you have on file is correct, call the Medicaid office in the patient's county of residence for the correct number or call the patient.</p> <p>ADA CLAIM: Check the patient's Medicaid number in field 4 of the ECF to make sure it was entered correctly. Remember, all patient's Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient's file, mark through the incorrect number and enter the correct number above field 4. If the number you have on file is correct, call the Medicaid office in the patient's county of residence for the correct number or call the patient.</p>

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Edit Code	Description	CARC	RARC	Resolution
951	RECIPIENT INELIGIBLE ON DATES OF SERVICE	26 - Expenses incurred prior to coverage. 27 - Expenses incurred after coverage terminated.		Always check the patient's Medicaid eligibility on each date of service. Medicaid eligibility may change. If the patient was eligible, contact your county Medicaid Eligibility office and have them update the patient's Medicaid eligibility on the system and send you a statement to that effect. Attach the statement to the ECF and resubmit. If the patient was not eligible for Medicaid on the date of service, the patient is responsible for your charges. If the patient was eligible for some but not all of your charges, mark through the lines when the patient was ineligible
952	RECIPIENT PREPAYMENT REVIEW REQUIRED	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. Changed as of 2/01. 62 - Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Changed as of 2/01.		Contact your program representative.
953	BUYIN INDICATED ON CIS-POSSIBLE MEDICARE	22 - Payment adjusted because this care may be covered by another payer per coordination of benefits. <i>Note: Changed as of 2/01</i>	MA04 - Secondary payment cannot be considered without the identify of or payment information from the primary payer. The information was either not reported or was illegible.	CMS-1500 CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 23, 24, 25, 27 on the claim form. If no payment was made, enter '1' in field 4 and resubmit. UB-92 CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 50, 54, 60 on the claim form. If no payment was made, enter '1' in field 32 and resubmit. Enter the occurrence 24 or 25 and the date Medicare denied. ADA CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 22, 23, 24, 26 on the claim form. If no payment was made, enter '1' in field 5 and resubmit.
954	RURAL BEHAVIORAL HLTH. SERVICES (RBHS)	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Person is enrolled in the Rural Behavior Health Services program and is not eligible for this service. Contact your program representative.

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955	RURAL BEHAVIORAL HLTH. (RBHS) RECIP/SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98.		Person is enrolled in the Rural Behavior Health Services program and is not eligible for this service. Contact your program representative.
956	PROVIDER NOT RURAL BEHAVIORAL HLTH. SERV	38 - Services not provided or authorized by designated (network) providers.		Person is enrolled in the Rural Behavior Health Services (RHBS) program and you are not the RBHS service provider. Contact your program representative.
957	DIALYSIS PROC CODE/PAT NOT CIS ENROLLED	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	M58 - Please resubmit the claim with the missing/correct information so that it may be processed.	Attach the ESRD enrollment form (Form 218) for the first date of service to ECF and resubmit to program representative.
958	IPC DAYS EXCEEDED OR NOT AUTH ON DOS	B5 -Payment adjusted because coverage/program guidelines were not met or were exceeded. Changed as of 2/01.		Contact your program representative.
959	SILVERXCARD RECIP/SERVICE NOT PHARMACY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact the local county Medicaid Eligibility Office.
960	EXCEEDS ESRD M'CARE 90 DAY ENROLL PERIOD	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Attach the statement from the Social Security Administration (SSA) denying benefits to the ECF and resubmit, or attach a copy of the patient's Medicare card showing the eligibility dates to the ECF and resubmit.

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Edit Code	Description	CARC	RARC	Resolution
961	RECIP NOT ELIG FOR NH TRANSITION	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.
962	PEP RECIP/PROC IN PEP MONTHLY FEE	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. Changed as of 6/00.		This is not a correctable edit. Payment for this procedure is included in the PEP monthly capitated fee paid to the PCP.
963	PROC FILED BY PCP AND IN PEP MONTHLY FEE	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. Changed as of 6/00.		This is not a correctable edit. Payment for this procedure is included in the PEP monthly capitated fee paid to the PCP.
964	FFS CLAIM FOR SLMB/QDWI RECIP NOT CVRD	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Medicaid pays Medicare premiums only for recipients in these Medicaid payment categories. Fee-for-service Medicaid claims are not reimbursed.
965	PCCM RECIP/PROV NOT PCP-PROC REQ REFERRAL	38 - Services not provided or authorized by designated (network) providers.	M68 - Incomplete/invalid attending or referring physician identification.	Contact the recipient's primary care physician and obtain authorization for the procedure. Make correction on ECF and resubmit.
966	RECIP NOT ELIP FOR VENT WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a Mechanical Ventilator Dependent Waiver (MVDW) specific procedure code, but the patient was not a participant in the MVDW. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct Medicaid number. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct and a MVDW form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
967	RECIP NOT ELIG. FOR HD and SPINAL SERVICES	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a Head and Spinal Cord Injured (HASCI) waiver-specific procedure code, but the patient was not a participant in the HASCI waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the Medicaid number is correct, the procedure code is correct, and a HASCI waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>
969	RECIP NOT ELIG. FOR COSY/ISCEDC SERVICE	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	<p>This edit will occur only when billing for procedure code H0043. Check the PA number in field 3 of the ECF to ensure it matches the PA number on the authorization form. You may not bill room and board charges through Medicaid. Mark through this line in red. Deduct the charge from the total charge. Mark through both the Total Charge, field 26, and Balance Due, field 28, and enter the corrected amount for both. Be sure to make this correction in red.</p> <p>If the PA number on the ECF is correct, contact the local MTS office to determine if appropriate notification has been made to the MTS state office. Ask for the date the child's eligibility went into effect to ensure it corresponds with the dates of service for which you are billing. If the dates correspond and no corrections are necessary, submit the ECF. If the dates do not correspond, ask the case manager to update the child's eligibility to correspond to the authorization dates on the DHHS Form 254 you were provided. Then return the ECF for processing. If any other problems occur, contact your program representative.</p>
970	HOSPICE SERV/RECIP NOT ENROLLED FOR DOS	17 - Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate. <i>Note: Changed as of 2/02</i>	N143 - The patient was not in a hospice program during all or part of the service dates billed.	Service is hospice, but the recipient is not enrolled in hospice for the date of service.
974	RECIP IN HMO/HMO COVERS FIRST 30 DAYS	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. Changed as of 6/00.		If you are a provider with the HMO plan, bill the HMO for the first 30 days.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
975	FEE FOR SVC RECIP/PALMETTO SENIOR CARE	109 - Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.		Contact Palmetto Senior Care at (803) 434-3770.
976	HOSPICE RECIPIENT/SERVIC E REQUIRES PA	B9 - Services not covered because the patient is enrolled in a Hospice.		<p>CMS-1500 CLAIM: Contact Medicaid IVRS to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 7 on the ECF resubmit.</p> <p>UB-92 CLAIM: Contact Medicaid IVRS to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 63 on the ECF resubmit.</p>
977	FREQUENCY FOR AMBULATORY VISITS EXCEEDED	B1 - Non-covered visits.		<p>Exceptions may be made to this edit under the following criteria:</p> <ol style="list-style-type: none"> 1. An ECF must be returned within six months of the rejection with a copy of verification of coverage attached indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 2. If the visit code was a line item rejection and other services paid on the claim, the provider must file a new claim within six months of the rejection with a copy of verification of coverage indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 3. All timely filing requirements must be met. <p>A provider has two options: Bill the patient for the non-covered office visit only. Medicaid will reimburse lab work, injections, x-rays, etc., done in addition to the office visit, or Change the office visit code in field 17 to the minimal established office E/M code, 99211, and accept the lower reimbursement. This code does not count toward the ambulatory visits.</p>
979	FREQ. FOR CHIROPRACTIC VISITS EXCEEDED	B1 - Non-covered visits.		Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
980	H HLTH NURS CARE N/C FOR DUAL ELIG RECIP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	File your claim with the Medicare intermediary.
984	RECIP LIVING ARR INDICATES MEDICAL FAC	5 - The procedure code/bill type is inconsistent with the place of service.	N30 - Recipient ineligible for this service.	Verify patient's place of residence on date of service. If patient was not in a medical facility on date of service, contact your program representative.
985	RECIP NOT ELIG FOR CHILDREN'S PCA SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Please check to make sure you have billed the correct Medicaid number, procedure code and that this client is in the CHPC program. If you have not billed the correct Medicaid number or procedure code, or the client is not in the CHPC program, rebill the claim with the correct information. If the correct information has been billed and you continue to receive this edit please contact your program representative.
986	RECIP NOT ELIG FOR E/D WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	<p>The claim was submitted with an Elderly/Disabled Waiver-specific procedure code, but the patient was not a participant in the Elderly/Disabled Waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct, and an Elderly/Disabled Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>
987	RECIP NOT ELIG FOR HIV/AIDS WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a HIV/AIDS Waiver-specific procedure code, but the patient was not a participant in the HIV/AIDS Waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct, and a HIV/AIDS Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
988	CRD PROCEDURE/DOS PRIOR TO COVERAGE	26 - Expenses incurred prior to coverage.		Call your program manager to see what the recipient's first date of treatment is. If dates of service on the ECF are prior to enrollment date, verify enrollment date. If enrollment date is correct, change dates on ECF. If enrollment date is wrong, submit a new enrollment form (DHHS Form 218) along with the ECF so the recipient's file can be updated.
989	RECIP IN HMO PLAN/SERV COVERED BY HMO	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. Changed as of 6/00.		If you are a provider with the HMO plan, bill the HMO for the equipment or supply. Discard the edit correction form.
990	FP WAIVER RECIP/SERVICE IS NOT FP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Make sure the Medicaid ID number matches the patient served. Check the diagnosis code(s), procedure code(s), and/or modifier to ensure the correct codes were billed. If incorrect, make the appropriate changes by adding a family planning diagnosis code, procedure code, and/or FP modifier. If this service was not directly related to family planning it is non-covered under the Family Planning Waiver and by Medicaid, therefore the patient is responsible for the charges.
991	RECIP ISCEDC/COSY- LIMITED SERVS. COVERED	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Limited services are covered for this recipient. This is not a covered service.
993	RECIP NOT ELIG FOR PSC SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage. <i>Note: Changed as of 6/00</i>	N30 - Recipient ineligible for this service.	Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num
710	21ST CENTURY HEALTH AND BENEFITS INC	1760 MARKET STREET 14TH FLOOR	PHILADELPHIA	PA	19103	8005339323
B14	A.C.S. CONSULTING SERVICES, INC.	P. O. BOX 2000	WINSTON SALEM	NC	27102	3367592013
650	ABBEVILLE COUNTY	-	-	-	-	-
143	ACADEMY LIFE INSURANCE COMPANY	PO BOX 3074	SOUTHEASTERN	PA	19398	8003456352
512	ACHIEVEMENT & GUIDANCE CENTER OF AMERICA	P.O. BOX 1099	MARYLAND HEIGHTS	MO	63043	8009647710
266	ACMG ADMINISTRATORS OF SOUTH CAROLINA	2570 TECHNICAL DRIVE	MIAMISBURG	OH	45342	8002326242
C32	ACORDIA NATIONAL	P O BOX 11064	CHARLESTON	WV	25332	8004354351
355	ACTIVA HEALTH GROUP	4350 E. CAMELBACK RD. # 200	PHOENIX	AZ	85018	6024689500
A21	ADMINISTRATIVE ENTERPRISES	3404 WEST CHERYL DR SUITE 281	PHOENIX	AZ	85051	8007622727
563	ADMINISTRATIVE SERVICE CONSULTANTS	3301 E ROYALTON ROAD BLDG D	BROADVIEW HEIGHTS	OH	44147	
346	ADMINISTRATIVE SERVICES, INC.	2187 NORTHLAKE PARKWAY SUITE 106 BLD #9	TUCKER	GA	30084	7709343953
829	ADMINISTRATIVE SOLUTIONS	P.O. BOX 2490	ALPHARETTA	GA	30023	6783390211
490	ADMINITRON	PO BOX 5095	BRENTWOOD	TN	37024	6153733537
471	ADVANCE PRESCRIPTION MANAGEMENT	P.O. BOX 853901	RICHARDSON	TX	75085	8008642352
310	ADVANCED DATA SOLUTIONS	P.O. BOX 723097	ATLANTA	GA	31139	8007425246
489	ADVANCED INSURANCE SERVICE/BENEFIX	POST OFFICE BOX 19	MEMPHIS	TN	38101	9015442344
899	AETNA HEALTH PLANS OF THE CAROLINAS INC	3 CENTERVIEW DRIVE	GREENSBORO	NC	27407	8004591466
100	AETNA US HEALTHCARE	PO BOX 26190	GREENSBORO	NC	27402	3368017000
595	AFLAC -AMERICAN FAMILY LIFE ASSO CO	1932 WYNNTON ROAD	COLUMBUS	GA	31999	8009923522
407	AGENCY SERVICE, INC.	P.O. BOX 17237	MEMPHIS	TN	38187	8007770988
651	AIKEN COUNTY	-	-	-	-	-
200	ALL AMERICAN LIFE INSURANCE CO.	8501 WEST HIGGINS ROAD	CHICAGO	IL	60631	7733996645
199	ALL OTHER CARRIERS	-	-	-	-	-
560	ALLEN MEDICAL CLAIMS ADMINISTRATORS	P.O. BOX 978	FT. VALLEY	GA	31030	8008255406
652	ALLENDALE COUNTY	-	-	-	-	-
272	ALLIANCE HEALTH BENEFIT PLAN	P O BOX 6443	ROCKVILLE	MD	20850	8003423289
A99	ALLIED ADMINISTRATORS	911 BROADWAY	KANSAS CITY	MO	64105	8164741200
413	ALLIED BENEFITS SYSTEM	P.O. BOX 909786	CHICAGO	IL	60690	8002882078
135	ALLIED NATIONAL, INC.	P.O. BOX 419233	KANSAS CITY	MO	64141	8008257531
273	ALLMERICA FINANCIAL	440 LINCOLN ST. MS 1018	WORCESTER	MA	01653	8004315197
581	ALTA RX	P.O. BOX 30081	SALT LAKE CITY	UT	84130	8009985033
251	ALTERNATIVE BENEFIT CONSULTANTS	P.O. BOX 26841	OKLAHOMA CITY	OK	73126	8006581413
932	ALTERNATIVE RISK MANAGEMENT	3275 NORTH ARLINGTON HGTS. SUITE 401	ARLINGTON	IL	60004	8003921770
B33	ALUMAX OF SOUTH CAROLINA, INC.	POST OFFICE BOX 100	GOOSE CREEK	SC	29445	8435725241
297	AMALGAMATED LIFE INSURANCE	P.O. BOX 1451	NEW YORK	NY	10116	2124735700
469	AMERICAN ASSOCIATION OF RETIRED PERSONS (P O BOX 13999	PHILADELPHIA	PA	19187	8005235880
968	AMERICAN BENEFIT ADMINISTRATIVE SERVICES	P.O. BOX 0928	BROOKFIELD	WI	53008	6304161111
271	AMERICAN BENEFIT PLAN ADMINISTRATOR	2200-B ROSSELLE STREET	JACKSONVILLE	FL	32204	8004685126
488	AMERICAN BENEFITS MANAGEMENT	P.O. BOX 667	CHARGIN	OH	44022	4043219200
833	AMERICAN CHAMBERS LIFE INSURANCE CO.	PO BOX 3048	NAPERVILLE	IL	60566	6035053100

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

738	AMERICAN EXECUTIVE LIFE	POST OFFICE BOX 2226	COLUMBIA	SC	29202	8037988698
114	AMERICAN FAMILY MUTUAL INSURANCE CO.	POST OFFICE BOX 7430	MADISON	WI	53783	6082492111
106	AMERICAN FIDELITY ASSURANCE BENEFITS	POST OFFICE BOX 25160	OKLAHOMA CITY	OK	73125	8006548489
150	AMERICAN GENERAL LIFE AND ACCIDENT INS CO	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	8008882452
118	AMERICAN HEALTH & LIFE INSURANCE	300 ST. PAUL PLACE	BALTIMORE	MD	21202	3013323000
919	AMERICAN HEALTH GROUP, INC.	P.O. BOX 1500	MAUMEE	OH	43537	8008615770
865	AMERICAN HEARTLAND HEALTH ADMINISTRATO	P.O. BOX 218967	HOUSTON	TX	77218	2813987770
119	AMERICAN HERITAGE LIFE INSURANCE	1776 AMERICAN HERITAGE LIFE DRIVE	JACKSONVILLE	FL	32224	8005358086
840	AMERICAN INCOME LIFE INSURANCE COMPANY	POST OFFICE BOX 2808	WACO	TX	76797	8177723050
A27	AMERICAN INTEGRITY INSURANCE COMPANY	TWO PENN CENTER PLAZA	PHILADELPHIA	PA	19102	2155611400
638	AMERICAN MEDICAL PLANS OF SC	246 STONRIDGE DRIVE SUITE 101	COLUMBIA	SC	29210	8037487395
532	AMERICAN MEDICAL SECURITY	P.O. BOX 19032	GREENBAY	WI	54307	8002325432
120	AMERICAN NATIONAL INSURANCE COMPANY	P O BOX 1790	GALVESTON	TX	77553	8008996803
A08	AMERICAN PHARMACY BENEFITS	P O BOX 27000	JACKSON HOLE	WY	83001	8003582722
B98	AMERICAN PIONEER LIFE INSURANCE COMPANY	P O BOX 3509	ORLANDO	FL	32802	8005381053
321	AMERICAN POSTAL WORKERS UNION HEALTH PL	POST OFFICE BOX 967	SILVER SPRINGS	MD	20910	8002222798
722	AMERICAN REPUBLIC INSURANCE COMPANY	POST OFFICE BOX 10	DES MOINES	IA	50301	8002472190
C82	AMERICAN STANDARD LIFE & ACCIDENT INS. CO	P O DRAWER 3248, 224 NORTH INDEPENDENT	ENID	OK	73701	4052334000
125	AMERICAN TRAVELERS LIFE INSURANCE COMPAN	3220 TILLMAN DRIVE	BEN SALEM	PA	19020	2152441600
275	AMERICAN TRUST ADMINISTRATORS	P O BOX 87	SHAWNEE MISSION	KS	66201	9134514900
496	AMERICAN VETERINARIAN MEDICINE ASSN.	P.O. BOX 909720	CHICAGO	IL	60604	8006216360
284	AMERIHEALTH ADMINISTRATORS	720 BLAIR ROAD	HORSHAM	PA	19044	8003454017
210	AMERITAS LIFE INSURANCE	P O BOX 82520	LINCOLN	NE	68501	8002559678
C61	AN MED BENEFITS ADMINISTRATORS	800 NORTH FANT STREET	ANDERSON	SC	29621	8642611686
653	ANDERSON COUNTY	-	-	-	-	-
330	ANNUITY BOARD OF SOUTHERN BAPTIST CONVEN	P.O. BOX 2190	NASHVILLE	TN	37234	2147200511
583	ANTHEM BENEFIT ADMINISTRATORS	P.O. BOX 528	COLUMBUS	OH	43216	8008246796
X0Y	ANTHEM BLUE CROSS AND BLUE SHIELD	P.O. BOX 37010	LOUISVILLE	KY	40233	8006224822
242	ANTHEM HEALTH	P O BOX 2568	JACKSONVILLE	FL	32202	8008885256
529	ANTHEM HEALTH	3575 KROGER BLVD., SUITE 400	DULUTH	GA	30316	8008881966
209	ANTHEM HEALTH AND LIFE INSURANCE CO	1 CENTENNIAL AVENUE, CN 1336	PISCATAWAY	NJ	08855	7329804000
171	AON	POST OFFICE BOX 66	WINSTON SALEM	NC	27102	8003683804
705	APS HEALTHCARE, INC.	P.O. BOX 1307	ROCKVILLE	MD	20849	8002218699
X11	ARKANSAS BLUE CROSS AND BLUE SHIELD, INC	P O BOX 2181	LITTLE ROCK	AR	72203	5013782010
754	ASO NORTH AMERICA INC	PO BOX 4582	HOUSTON	TX	77210	8007584427
972	ASR CORP (ADMINISTRATION SYSTEM RESEARCH	P.O. BOX 6392	GRAND RAPIDS	MI	49512	8009682449
505	ASSOCIATED ADMINISTRATORS	P.O. BOX 27806	BALTIMORE	MD	21285	8006382972
997	ASSOCIATED DOCTORS HEALTH AND LIFE INSUR	P O BOX 10487	BIRMINGHAM	AL	35289	2059409008
492	ASSOCIATED PRESCRIPTION SERVICE	104 CHURCHLANE SUITE 200	BALTIMORE	MD	21208	8009623784
451	ASSURE CARE	340 QUANRINGLE BLVD	BOILING BROOK	IL	60440	8007597244
971	ATLANTA ADMINISTRATIONS	135 BEAVER STREET	WALTHAM	MA	02452	8005481256

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

B34	ATLANTA LIFE INSURANCE COMPANY	100 AUBURN AVENUE, NE	ATLANTA	GA	30303	4046592100
122	ATLANTIC COAST LIFE INSURANCE COMPANY	PO BOX 20010	CHARLESTON	SC	29413	8437638680
526	AULTCARE	P.O. BOX 6910	CANTON	OH	44706	8003448858
341	AUTOMATED GROUP ADMINISTRATION, INC.	P.O. BOX 15568	FORT WAYNE	IN	46885	8008886472
494	AVESIS PHARMACY NETWORK	P.O. BOX 15999	PHOENIX	AZ	85060	8005271398
A29	B C MOORE'S & SONS INC	POST OFFICE DRAWER 72	WADESBORO	NC	28170	7046942171
503	BALL GLASS CONTAINER CORP	P.O. BOX 9	LAURENS	SC	29360	8649842551
654	BAMBERG COUNTY	-	-	-	-	-
987	BANKERS FIDELITY LIFE INS CO	POST OFFICE BOX 190240	ATLANTA	GA	31119	4042665500
123	BANKERS LIFE & CASUALTY	PO BOX 66927	CHICAGO	IL	60666	8006213724
655	BARNWELL COUNTY	-	-	-	-	-
656	BEAUFORT COUNTY	-	-	-	-	-
750	BENEFIT ADMINISTRATIVE SERVICES	P.O. BOX 4509	ROCKFORD	IL	61110	8159699663
C79	BENEFIT ADMINISTRATIVE SYSTEM, LTD	P.O. BOX 17475 JOVANNA DR. SUITE 1B	HOMEWOOD	IL	60430	7087997400
B37	BENEFIT ADMINISTRATORS	POST OFFICE BOX 21308	COLUMBIA	SC	29221	8778400936
300	BENEFIT ADMINISTRATORS INC	P O BOX 6279	ERIE	PA	16512	8007772524
288	BENEFIT ADMINISTRATORS OF AMERICA	P O BOX 9120	DES MOINES	IA	50306	5152433210
220	BENEFIT ADVANTAGE	P O BOX 212209	COLUMBIA	SC	29211	8035511048
585	BENEFIT ASSOCIATES	P.O. BOX 470	BROOKFIELD	WI	53008	8007982681
319	BENEFIT CONCEPTS	P.O. BOX 60608	KING OF PRUSSIA	PA	19406	8002202600
C11	BENEFIT MANAGEMENT SERVICES INC	P O BOX 1178	MATTHEWS	NC	28106	7048455608
301	BENEFIT PLAN ADMINISTRATORS	P O BOX 11746	ROANOKE	VA	24022	8002778973
311	BENEFIT PLANNERS, INC	P.O. BOX 682010	SAN ANTONIO	TX	78269	2106991872
444	BENEFIT SOUTH	PO BOX 5150	GREENVILLE	SC	29606	8642332932
980	BENEFIT SUPPORT, INC.	P.O. BOX 2977	GAINSVILLE	GA	30503	8007774752
772	BENEFIT SYSTEMS INC	P O BOX 6001	INDIANAPOLIS	IN	46206	8008243216
798	BENEFITS ASSISTANCE	1710 FIRMAN	RICHARDSON	TX	75081	8005591322
A25	BENESCRIPIT	PO BOX 921229	NORCROSS	GA	30092	8003453189
985	BENESIGHT	P.O. BOX 340	PUEBLO	CO	81002	8005621677
380	BENMARK, INC.	P.O. BOX 16767	JACKSON	MS	39236	6013660596
657	BERKELEY COUNTY	-	-	-	-	-
325	BERWANGER OVERMYER & ASSOCIATES (BOA)	P.O. BOX 20945	COLUMBUS	OH	43220	8004414557
504	BLAIR MILL ADMINISTRATOR/INTER COUNTY HO	720 BLAIR MILL ROAD	HORSHAM	PA	19044	2156578920
X2G	BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK	P O BOX 4809	SYRACUSE	NY	13221	3154483801
X2W	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	P O BOX 13466	PHOENIX	AZ	85002	6028644100
X1V	BLUE CROSS & BLUE SHIELD OF COLORADO	700 BROADWAY	DENVER	CO	80273	3038312131
X1H	BLUE CROSS & BLUE SHIELD OF CONNECTICUT IN	P O BOX 504	NEW HAVEN	CT	06473	2032394961
X0L	BLUE CROSS & BLUE SHIELD OF DELAWARE INC	P O BOX 1991	WILMINGTON	DE	19899	3024210260
X0B	BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLAN	P O BOX 4055	ATLANTA	GA	30302	4048428000
X2A	BLUE CROSS & BLUE SHIELD OF IOWA	P O BOX 1677	SIoux CITY	IA	51102	7122773081
X1M	BLUE CROSS & BLUE SHIELD OF KANSAS	1133 SOUTHWEST TOPEKA BLVD.	TOPEKA	KS	66629	7852914180

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

X2B	BLUE CROSS & BLUE SHIELD OF KANSAS CITY	P O BOX 419169	KANSAS CITY	MO	64141	8008926048
X0U	BLUE CROSS & BLUE SHIELD OF KENTUCKY INC	9901 LINN STATION ROAD	LOUISVILLE	KY	40223	5024232011
X1L	BLUE CROSS & BLUE SHIELD OF LOUISIANA	P O BOX 98029	BATON ROUGE	LA	70898	5042915370
X1Q	BLUE CROSS & BLUE SHIELD OF MAINE	2 GANNETT DRIVE	SOUTH PORTLAND	ME	04106	2077751550
X0I	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	P O BOX 9836	BALTIMORE	MD	21204	8005244555
X01	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	P O BOX 9836	BALTIMORE	MD	21204	8005244555
X1K	BLUE CROSS & BLUE SHIELD OF MEMPHIS	85 NORTH DANNY THOMAS BLVD	MEMPHIS	TN	38103	9015293111
X0Q	BLUE CROSS & BLUE SHIELD OF MICHIGAN	600 LAFAYETTE EAST	DETROIT	MI	48226	8004820898
X1P	BLUE CROSS & BLUE SHIELD OF MINNESOTA	P O BOX 64338	ST PAUL	MN	55164	8003822000
X0Z	BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC	P O BOX 1043	JACKSON	MS	39208	6019323800
X2U	BLUE CROSS & BLUE SHIELD OF MISSOURI	1831 CHESTNUT STREET	ST LOUIS	MO	63103	3149234444
X1U	BLUE CROSS & BLUE SHIELD OF NEBRASKA	P O BOX 3248, MAIN P.O. STATION	OMAHA	NE	68180	4023901820
X0S	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC	P O BOX 420	NEWARK	NJ	07102	2014912821
X0C	BLUE CROSS & BLUE SHIELD OF NORTH CAROLIN	P O BOX 35	DURHAM	NC	27702	9194897431
X2T	BLUE CROSS & BLUE SHIELD OF OKLAHOMA	P O BOX 3283	TULSA	OK	74102	9185603535
X1F	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	444 WESTMINSTER MALL	PROVIDENCE	RI	02901	4018317300
X0P	BLUE CROSS & BLUE SHIELD OF TENNESSEE	801 PINE STREET	CHATTANOOGA	TN	37402	4237555920
X1W	BLUE CROSS & BLUE SHIELD OF UTAH	P O BOX 30270	SALT LAKE CITY	UT	84130	8013332100
X2H	BLUE CROSS & BLUE SHIELD OF UTICA-WATERTO	12 RHOADS DRIVE, UTICA BUSINESS DISTRICT	UTICA	NY	13501	3157984238
X2S	BLUE CROSS & BLUE SHIELD OF VERMONT	P O BOX 186	MONTPELIER	VT	05602	8022472583
X0F	BLUE CROSS & BLUE SHIELD OF VIRGINIA	P O BOX 27401	RICHMOND	VA	23268	8043581551
X2O	BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA I	P O BOX 1353	CHARLESTON	WV	25325	3043477709
X1J	BLUE CROSS & BLUE SHIELD OF WESTERN NEW Y	P O BOX 80	BUFFALO	NY	14240	8008880757
X0H	BLUE CROSS & BLUE SHIELD UNITED OF WISCON	P O BOX 2025	MILWAUKEE	WI	53201	4142246100
X1D	BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITA	550 12TH STREET SW	WASHINGTON	DC	20024	2024798000
X0O	BLUE CROSS AND BLUE SHIELD OF ALABAMA	P O BOX 995	BIRMINGHAM	AL	35298	8006762583
X0D	BLUE CROSS AND BLUE SHIELD OF FLORIDA	P O BOX 1798	JACKSONVILLE	FL	32231	8007272227
401	BLUE CROSS AND BLUE SHIELD OF SC	I-20 AT ALPINE ROAD	COLUMBIA	SC	29219	8037883860
X0N	BLUE CROSS AND BLUE SHIELD OF TEXAS	P O BOX 655730	DALLAS	TX	75265	9726693900
X2F	BLUE CROSS AND BLUE SHIELD OF THE ROCHEST	165 COURT STREET	ROCHESTER	NY	14647	7163253630
X1A	BLUE CROSS BLUE SHIELD OF NEW MEXICO	P.O. BOX 27630	ALBUQUERQUE	NM	87125	8007113795
X0W	BLUE CROSS OF CALIFORNIA	P.O. BOX 4124	WOODLAND HILLS	CA	91365	8187032345
X0A	BLUE CROSS OF GEORGIA/COLUMBUS INC	P O BOX 9907	COLUMBUS	GA	31908	8004412273
X2V	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	P O BOX 7408	BOISE	ID	83707	2083447411
X0T	BLUE CROSS OF ILLINOIS	P O BOX 1364	CHICAGO	IL	60690	3129387500
X1O	BLUE CROSS OF IOWA	636 GRAND AVENUE	DES MOINES	IA	50309	5152454500
X0M	BLUE CROSS OF MASSACHUSETTS INC	P.O. BOX 9198	NORTH QUINCY	MA	02171	8002535210
X0V	BLUE CROSS OF NORTHEASTERN NEW YORK INC	P O BOX 15013	ALBANY	NY	12212	5184385500
X2L	BLUE CROSS OF NORTHEASTERN PENNSYLVANIA	70 NORTH MAIN STREET	WILKES-BARRE	PA	18711	8008298599
X1X	BLUE CROSS OF OHIO	P O BOX 956	TOLEDO	OH	43696	8003621279
X1E	BLUE CROSS OF PUERTO RICO	P.O. BOX 366068	SAN JUAN	PR	00936	8097599898

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

X2M	BLUE CROSS OF WASHINGTON AND ALASKA	P O BOX 327	SEATTLE	WA	98111	8003456784
X1Y	BLUE SHIELD OF CALIFORNIA	P O BOX 7168	SAN FRANCISCO	CA	94120	4154455000
X0V	BLUE SHIELD OF NORTHEASTERN NEW YORK	P.O. BOX 15013	ALBANY	NY	12212	5184534600
390	BOARD OF PENSIONS EVANGELICAL LUTHERAN C	P O BOX 59093	MINNEAPOLIS	MN	55459	6123337651
337	BOARD OF PENSIONS OF THE PRESBYTERIAN CHU	P.O. BOX 13896	PHILADELPHIA	PA	19101	8007737752
404	BOB JONES UNIVERSITY	1700 WADE HAMPTON BLVD.	GREENVILLE	SC	29614	8643701800
190	BOILERMAKERS NATIONAL HEALTH & WELFARE F	754 MINNESOTA AVENUE, SUITE 522	KANSAS CITY	KS	66101	9133426555
138	BORAL BRICK, INC./MERRY BRICK CO.	POST OFFICE BOX 1957	AUGUSTA	GA	30913	8009222918
A78	BORDEN INC	POST OFFICE BOX 189	COLUMBUS	OH	43216	8008486181
C22	BOSTON MUTUAL LIFE INSURANCE COMPANY	120 ROYALL STREET	CANTON	MA	02021	6178287000
854	BOYD CARE (BOYD BROTHERS TRANSPORTATION	P.O. BOX 70	CLAYTON	AL	36016	3347751284
294	BRIDGESTONE/FIRESTONE COMPANIES	P.O. BOX 26605	AKRON	OH	44319	8002378447
214	BUSINESS MEN'S ASSURANCE COMPANY OF AMER	POST OFFICE BOX 419269	KANSAS CITY	MO	64141	8167538000
324	C.N.A.	PO BOX 1134	CHICAGO	IL	60690	8006210839
658	CALHOUN COUNTY	-	-	-	-	-
973	CAMBRIDGE INTERGRATED SERVICES GROUP INC	P.O. BOX 1687	GRAND RAPIDS	MI	49501	8007669780
832	CAMERON AND ASSOCIATES	6100 LAKE FOREST DRIVE	ATLANTA	GA	30328	8003879919
998	CANADA LIFE ASSURANCE CO.	6201 POWERS FERRY RD. STE. 100	ATLANTA	GA	30348	8003332542
X2K	CAPITAL BLUE CROSS	2500 ELMERTON AVENUE	HARRISBURG	PA	17110	8009585588
966	CAPITOL ADMINISTRATORS OF THE SOUTHEAST	P.O. BOX 346	ALPHARETTA	GA	30009	8886506566
166	CAPITOL AMERICAN LIFE INSURANCE COMPANY	P.O. BOX 94953	CLEVELAND	OH	44101	2166966400
128	CAPITOL LIFE INSURANCE COMPANY	205 W JEFFERSON	SOUTH BEND	IN	46601	-
280	CAREMARK PRESCRIPTION SERVICES	P O BOX 686005	SAN ANTONIO	TX	78268	8008415550
945	CAROLINA ATLANTIC MEDICAL SERVICES ORGAN	P O BOX 22528	CHARLESTON	SC	29413	8008100906
498	CAROLINA BENEFIT ADMINISTRATORS	P.O. BOX 3257	SPARTANBURG	SC	29304	8645736937
445	CAROLINA CARE PLAN, INC.	P.O. BOX 100234	COLUMBIA	SC	29202	8037507400
723	CAROLINA CONTINENTAL INSURANCE	POST OFFICE BOX 427	COLUMBIA	SC	29202	8032566265
559	CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN	P.O. BOX 100569	FLORENCE	SC	29501	8436613875
CAS	CASUALTY CASE	-	-	-	-	-
C66	CATERPILLAR, INC.	P O BOX 62920	COLORADO SPRINGS	CO	80962	3094942363
907	CELTIC LIFE INSURANCE CO.	P O BOX 46337	MADISON	WI	53744	8007662525
575	CENTENNIAL LIFE	POST OFFICE BOX 470	SHAWNEE MISSION	KS	66201	8004233754
739	CENTRA BENEFIT SERVICES	P.O. BOX 869041 DEPT. 198	PLANO	TX	75086	8005274296
X0X	CENTRAL BENEFITS MUTUAL INSURANCE COMPA	P O BOX 16526	COLUMBUS	OH	43216	6144645870
C13	CENTRAL RESERVE LIFE OF NORTH AMERICA INS	17800 ROYALTON RD.	STRONGSVILLE	OH	44136	8003213997
507	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA	POST OFFICE BOX 34350	OMAHA	NE	68134	4023971111
478	CENTRAL STATES HEALTH & WELFARE	P.O. BOX 5103	DES PLAINES	IL	60017	8003232190
476	CENTRAL STATES, SOUTHEAST & SOUTHWEST	P.O. BOX 5116	DEPLAINES	IL	60017	8003235000
C84	CENTRAL UNITED & CHRISTIAN MUTUAL LIFE IN	2727 ALLEN PARKWAY	HOUSTON	TX	77019	7135290045
332	CHAMPION INTERNATIONAL BENEFITS ADMINIST	KNIGHTSBRIDGE DRIVE	HAMILTON	OH	45020	5138684509
614	CHAMPUS/CHAMPVA	P.O. BOX 7031	CAMDEN	SC	29020	8004033950

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

604	CHAMPVA	PO BOX 65024	DENVER	CO	80206	3033317599
623	CHARITY ORGANIZATION					
659	CHARLESTON COUNTY	-	-	-	-	
660	CHEROKEE COUNTY	-	-	-	-	
661	CHESTER COUNTY	-	-	-	-	
662	CHESTERFIELD COUNTY	-	-	-	-	
992	CHESTERFIELD RESOURCES, INC.	P.O. BOX 1884	AKRON	OH	44309	8003210935
511	CIGNA BEHAVIORAL HEALTH	P.O. BOX 46270	EDEN PRAIRIE	MN	55344	8003364091
134	CIGNA CONN GENERAL LIFE INSURANCE	P.O. BOX 188021	CHATTANOOGA	TN	37422	8002510670
999	CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC	P.O. BOX 190024	CHARLESTON	SC	29419	8007203150
646	CIGNA-MEDICARE	P.O. BOX 671	NASHVILLE	TN	37202	6152445600
839	CITIZENS SECURITY LIFE INS.	P.O. BOX 436149	LOUISVILLE	KY	40253	5022442420
A41	CLAIMS MANAGEMENT SERVICES	PO BOX 10888	GREENBAY	WI	54307	8004727130
219	CLAIMS PRO	P.O. BOX 577	SOUTHFIELD	MI	48075	8008379600
536	CLAIMSWARE MANAGEMED	P.O. BOX 6125	GREENVILLE	SC	29606	8642348200
663	CLARENDON COUNTY	-	-	-	-	
259	CNA HEALTHCARE PARTNERS	P. O. BOX 34197	LITTLE ROCK	AK	72203	8005083772
C14	COASTAL LUMBER CO	P O BOX 1576	WALTERBORO	SC	29488	8435382876
664	COLLETON COUNTY	-	-	-	-	
132	COLONIAL LIFE AND ACCIDENT INSURANCE COM	POST OFFICE BOX 1365	COLUMBIA	SC	29202	8037987000
A06	COLONIAL PENN FRANKLIN LIFE INSURANCE COM	1818 MARKET STREET	PHILADELPHIA	PA	19181	8005234000
744	COLUMBIA PHARMACY SOLUTIONS	PO BOX 30 COLUMBIA PLAZA	GREENSBURG	PA	15601	8007131983
175	COLUMBIA UNIVERSAL LIFE INSURANCE CO.	POST OFFICE BOX 200225	AUSTIN	TX	78720	5123453200
589	COMBINED ADMINISTRATIVE SERVICES	P.O. BOX 4539	DALTON	GA	30719	7062727391
133	COMBINED INSURANCE COMPANY OF AMERICA	5050 BROADWAY	CHICAGO	IL	60640	8002254500
717	COMCAR INDUSTRIES	P.O. DRAWER 67	AUBURNDALE	FL	33823	8005241101
609	COMM FOR BLIND					
974	COMMERCE BENEFIT GROUP	P.O. BOX 900	ELYRIA	OH	44036	8002239941
986	COMMON WEALTH BENEFIT ADMINISTRATORS	115 HANOVER STREET	ASHLAND	VA	23005	8005261677
287	COMMUNITY HEALTH PLAN	P.O. BOX 14467	CINCINNATI	OH	45250	8888008717
X1S	COMMUNITY MUTUAL INSURANCE COMPANY	1351 WILLIAM HOWARD TAFT ROAD	CINCINNATI	OH	45206	5132821016
416	COMPANION BENEFIT ALTERNATIVES	P.O. BOX 100185	COLUMBIA	SC	29202	8008681032
922	COMPANION HEALTHCARE CORPORATION	POST OFFICE BOX 6170	COLUMBIA	SC	29260	8037868466
433	COMPANION LIFE	P.O. BOX 100133	COLUMBIA	SC	29202	8037860500
C56	COMPENT	1930 BISHOP LANE SUIT 132	LOUISVILLE	KY	40218	8006333442
853	COMPSYCH CORP.	P.O. BOX 8379	CHICAGO	IL	60680	8775955282
250	CONCORDIA HEALTH PLAN OF THE LUTHERAN CH	1333 S. KIRKWOOD ROAD	ST. LOUIS	MO	63122	
979	CONFED ADMINISTRATION	P.O. BOX 29419-03	N. CHARLESTON	SC	29419	8004411172
189	CONNECTICUT NATIONAL LIFE INSURANCE	P.O. BOX 1250	ROCKFORD	IL	61105	8159697200
525	CONSECO MEDICAL INSURANCE CO.	P.O. BOX 1205	ROCKFORD	IL	61105	8009470319
309	CONSOLIDATED BENEFIT SERVICES, INC.	P.O. BOX 1391	DAYTON	OH	45401	8004766789

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

C16	CONSOLIDATED BENEFITS, INC	P O BOX 23686	COLUMBIA	SC	29224	8037365088
286	CONSOLIDATED GROUP	PO BOX 248	BATTLEBORO	VT	05302	8002411121
A04	CONSULTEC PRESCRIPTION BENEFITS MANAGEM	9040 ROSWELL ROAD SUITE 700	ATLANTA	GA	30350	8003654944
C39	CONTINENTAL GENERAL INSURANCE COMPANY	P.O. BOX 247007	OMAHA	NE	68124	4023973200
895	CONTINENTAL LIFE INS. OF TENNESSEE	P.O. BOX 1188	BRENTWOOD	TN	37024	6153771300
A07	CONTINENTAL LIFE INSURANCE CO. OF SOUTH C	POST OFFICE BOX 6138	COLUMBIA	SC	29260	8037824947
830	CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA)	9003 WATERFORD CENTER BLVD	AUSTIN	TX	78758	8002477724
483	COOPERATIVE BENEFITS ADMINISTRATORS	POST OFFICE BOX 6249	LINCOLN	NE	68506	4024839250
843	CORE MANAGEMENT RESOURCES GROUP	P.O. BOX 840	MACON	GA	31202	8887412673
552	CORESOURCE INC	6100 FAIRVIEW ROAD	CHARLOTTE	NC	28210	8003275462
364	CORESTAR	P.O. BOX 1195	MINNEAPOLIS	MN	55440	8004446965
857	CORPORATE BENEFIT SERVICES INC	P.O. BOX 12954	CHARLOTTE	NC	28220	7043730447
A98	CORPORATE BENEFIT SERVICES OF AMERICA INC	P.O. BOX 738	HOPKINS	MN	55343	8007654224
831	CORPORATE BENEFIT SOLUTIONS, INC.	P.O. BOX 8215	LITTLE ROCK	AR	72221	8886049397
521	CORPORATE HEALTH ADMINISTRATORS	P.O. BOX 2156	BISMARCK	ND	58502	8002350123
780	CORPORATE SYSTEMS ADMINISTRATION INC	P O BOX 4985	JOHNSON CITY	TN	37602	8002752847
213	COVENANT ADMINISTRATORS	P.O. BOX 105738	ATLANTA	GA	30348	7702396230
480	COVENTRY HEALTH CARE OF THE CAROLINAS	P.O. BOX 7715	LONDON	KY	40742	8008891947
482	COVENTRY HEALTHCARE OF GEORGIA	P.O. BOX 7128	LONDON	KY	40742	8667321017
632	CRIME VICTIMS	-	-	-	-----	
169	CROWN CORK & SEAL COMPANY, INC.	930 BEAUMONT AVENUE	SPARTANBURG	SC	29303	8645856456
B41	CULP WOVEN VELVET	POST OFFICE BOX 4088	ANDERSON	SC	29621	8642262857
420	CUNA MUTUAL INSURANCE GROUP	POST OFFICE BOX 391	MADISON	WI	53701	6082385851
665	DARLINGTON COUNTY	-	-	-	-	
436	DAVIS-GARVIN AGENCY	#1 FERNANDINA COURT	COLUMBIA	SC	29212	8037320060
834	DEFINITY HEALTH	P.O. BOX 69305	HARRISBURG	PA	17106	8663334648
500	DELTA DENTAL	P.O. BOX 1809	ALPHARETTA	GA	30023	8005212651
C68	DENTAL BENEFIT PROVIDERS	P.O. BOX 389	ROCKVILLE	MD	20848	8004459090
621	DEPT CORRECTIONS					
179	DESERET MUTUAL BENEFIT ADMINISTRATOR	P O BOX 45530	SALT LAKE CITY	UT	84145	8007773622
611	DHEC C. CHILDREN					
610	DHEC CANCER					
629	DHEC FAMILY PLANNING	-	-	-	-----	
627	DHEC HEART	-	-	-	-----	
628	DHEC HEMOPHILIA	-	-	-	-----	
613	DHEC HIGH RISK MATERNITY					
612	DHEC LOW RISK MATERNITY					
625	DHEC MIGRANT HEALTH					
626	DHEC SICKLE CELL					
615	DHEC STERILIZATION					
630	DHEC TB	-	-	-	-----	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

569	DIAGNOSTEK PERFORM COST MANAGEMENT SVC	PO BOX 421150	PLYMOUTH	MN	55442	8009554879
725	DIALYSIS CLINIC, INC.	203 FREEMONT AVENUE	SPARTANBURG	SC	29303	8645852046
554	DIAMOND G EMPLOYEE BENEFIT TRUST	P O BOX 1298	GREENVILLE	TN	37744	4236396145
666	DILLON COUNTY	-	-	-	-	-
707	DILLON YARN MEDICAL BENEFITS	1019 TITAN RD	DILLON	SC	29536	8437747353
516	DIRECT REIMBURSEMENT BENEFIT PLANS	1111 ALDERMAN DR SUITE 420	ALPHARETTA	GA	30202	7706645594
774	DISNEY WORLDWIDE SERVICES	P O BOX 10130	LAKE BUENA VISTA	FL	33830	8003922978
586	DIVERSIFIED GROUP ADMINISTRATORS, INC.	P.O. BOX 330	CANONSBURG	PA	15317	8002218490
474	DIVERSIFIED PHARMACUETICAL	P.O. BOX 169052	DELUTH	MN	55816	8002338065
B43	DIXIE NATIONAL LIFE INSURANCE CO	POST OFFICE BOX 22587	JACKSON	MS	39225	8006478580
797	DOAN PET CARE GROUP	451 PROSPERITY DRIVE	ORANGEBURG	SC	29115	8003720004
896	DOCTORS HEALTHPLAN COASTAL MANAGED HEA	2828 CROASDAILE DRIVE	DURHAM	NC	27705	8004762303
667	DORCHESTER COUNTY	-	-	-	-	-
222	DURHAM LIFE INSURANCE COMPANY	POST OFFICE BOX 27807	RALEIGH	NC	27611	9198811100
849	E.O.S. HEALTH	P.O. BOX 27088	TEMPE	AZ	85285	8884568417
535	EAGLE MANAGED CARE	P.O. BOX 546	CAMPBILL	PA	17001	8008377279
735	EATON BENEFIT PAYMENT OFFICE	P O BOX 16691	COLUMBUS	OH	43214	8002216036
461	ECKERD HEALTH SERVICES	620 EPSILON DRIVE	PITTSBURGH	PA	15230	8005815300
668	EDGEFIELD COUNTY	-	-	-	-	-
137	EDUCATORS MUTUAL LIFE INSURANCE COMPANY	POST OFFICE BOX 3149	LANCASTER	PA	17601	7173972751
916	ELMCO, INC.	215 EAST CHURCH ST. STE. 200	ELMIRA	NY	14901	6077345773
X0E	EMPIRE BLUE CROSS AND BLUE SHIELD	P.O. BOX 1407 CHURCH ST. STATION	NEW YORK	NY	10008	8003429816
C43	EMPLOYEE BENEFIT ADMINISTRATORS	P O BOX 5150	GREENVILLE	SC	29606	8642356474
473	EMPLOYEE BENEFIT ADMINISTRATORS	424 NORTH FIRST AVE	ARCADIA	CA	49516	6262942800
A90	EMPLOYEE BENEFIT CLAIMS INC	9501 WEST DEVON	ROSEMONT	IL	60018	3126963660
869	EMPLOYEE BENEFIT MANAGEMENT SERVICES	P.O. BOX 21367	BILLINGS	MT	59102	8007773575
506	EMPLOYEE BENEFIT PLAN ADMINISTRATORS	PO BOX 2000	HAMPTON	NH	03842	8002587298
446	EMPLOYEE BENEFIT SERVICES	POST OFFICE BOX 9888	SAVANNAH	GA	31412	8035778051
345	EMPLOYEE BENEFIT SERVICES INC	P.O. BOX 1929	FORT MILL	SC	29716	8002421510
761	EMPLOYEE BENEFIT STRATEGIES	229 EAST MICHIGAN AVE. STE. 235	KALAMAZOO	MI	49007	8003257477
317	EMPLOYEE BENEFITS MANAGEMENT CORPORATI	4789 RINGS ROAD	DUBLIN	OH	43017	8005520455
CO9	EMPLOYEE BENEFITS TRUST	P.O. BOX 1431	WICHITA FALLS	TX	76307	8177617611
450	EMPLOYEE BENEFITS TRUST	P.O. BOX 8788	WILMINGTON	DE	19899	8007522677
405	EMPLOYEE HEALTH GROUP PLAN	101 LYNHAVEN ROAD	VIRGINIA BEACH	VA	23451	
743	EMPLOYEE PLANS, INC.	P.O. BOX 2362	FT WAYNE	IN	46801	8002497198
B04	EMPLOYEES HEALTH INSURANCE CO.	P O BOX 5620	MADISON	WI	53705	8005584444
247	EMPLOYERS DIRECT HEALTH	5050 SPRING VALLEY ROAD	DALLAS	TX	75244	8008729934
130	EMPLOYERS LIFE INSURANCE COMPANY	P.O. BOX 6305	SPARTANBURG	SC	29304	8889628437
852	EMPLOYERS MUTUAL	1000 RIVERSIDE AVE, SUITE 400	JACKSONVILLE	FL	32257	8006972235
A55	EQUIFAX	P.O. BOX 4081	ATLANTA	GA	30302	8009642443
A84	EQUINOX PLANT	P.O. BOX 1658	ANDERSON	SC	29622	8642241671

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

509	EQUITABLE LIFE AND CASUALTY	PO BOX 2460	SALT LAKE CITY	UT	84110	8003525150
989	EQUITY NATIONAL LIFE INSURANCE COMPANY	POST OFFICE BOX 2900	LITTLE ROCK	AR	72203	5013765550
788	ERISA DESIGN SYSTEMS ADM.(EDSA)	P.O. BOX 1557	BALTIMORE	MD	21203	8008203372
362	ESSILOR BENEFITS OF AMERICA	P.O. BOX 22600	ST. PETERSBURG	FL	33742	8003621116
333	EXPRESS SCRIPTS	P.O. BOX 390873	BLOOMINGTON	MN	55439	8009554879
A35	FABRI-KAL CORPORATION	POST OFFICE DRAWER C	PIEDMONT	SC	29773	8642991720
669	FAIRFIELD COUNTY	-	-	-	-	-
402	FEDERAL EMPLOYEE PLAN BLUE CROSS	I-20 AT ALPINE ROAD	COLUMBIA	SC	29260	8037883860
441	FEDERAL MOGUL HEALTHCARE	P O BOX 1999	DETROIT	MI	48235	8005220041
290	FEDERATED MUTUAL INSURANCE COMPANY (REG	P.O. BOS 31716	TAMPA	FL	33631	8134968100
769	FEDEX FREIGHTWAYS	P O BOX 840	HARRISON	AR	72602	8008744723
270	FIDELITY GROUP BENEFITS	P.O, BOX 222112	GREAT NECK	NY	11022	8007835525
A36	FIELDCREST CANNON (CANNON MILLS)	P O BOX 5000	EDEN	NC	27289	8002223693
336	FIRST BENEFIT SERVICES	P O BOX 4138	AKRON	OH	44321	2166660337
775	FIRST CHOICE BENEFITS MANAGEMENT	P O BOX 658	BELOIT	WI	53512	8003035770
803	FIRST CONTINENTAL LIFE INSURANCE	POST OFFICE BOX 1911	CARMEL	IN	46032	8005381235
245	FIRST HEALTH	P.O. BOX 23070	TUCSON	AZ	85734	8005544954
246	FIRST HEALTH RX	P.O.BOX 11010	TUCSON	AZ	85734	8008449636
670	FLORENCE COUNTY	-	-	-	-	-
719	FLORIDA HEALTH ALLIANCE	P.O. BOX 10269	JACKSONVILLE	FL	32247	9043548335
386	FORTIS INSURANCE COMPANY	1950 SPECTRUM CIRCLE,SUITE B100	MARIETTA	GA	30067	8004446254
870	FOUNDATION HEALTH	P.O. BOX 453219	SUNRISE	FL	33345	8004415501
393	FOUNTAINHEAD ADMINISTRATORS, INC.	P O BOX 13188	BIRMINGHAM	AL	35202	8009919155
C83	FREEDOM LIFE INSURANCE CO. OF AMERICA	P O BOX 24294	LOUISVILLE	KY	40224	8005281057
910	GALLAGER AND BASSETT SERVICES, INC.	2 PIERCE PLACE	ITASCA	IL	60143	8006595005
842	GARDNER AND WHITE INC	POST OFFICE BOX 40619	INDIANAPOLIS	IN	46240	3172579131
443	GATES HEALTH CARE PLAN	P O BOX 5887	DENVER	CO	80217	8007770595
799	GE FINANCIAL ASSURANCE	P.O. BOX 8021	SAN RAFAEL	CA	94912	8008764582
864	GE GROUP ADMINISTRATORS	P.O. BOX 3005	AGAWAM	MA	01001	8882558961
442	GE LIFE & ANNUITY ASSURANCE CO.	P.O. BOX 6700	LYNCHBURG	VA	24505	8002530856
142	GENERAL AMERICAN LIFE INSURANCE	719 TEACO ROAD	KENNETH	MO	63857	8004452158
452	GENERAL MILLS HEALTH CLAIMS SERVICES	P O BOX 59054	MINNEAPOLIS	MN	55459	8004468182
728	GENERAL PRESCRIPTION PROGRAMS INC	305 MEDICINE BLVD.	NEW YORK	NY	10165	8003412234
671	GEORGETOWN COUNTY	-	-	-	-	-
730	GEORGIA HEALTHCARE PARTNERSHIP	P.O. BOX 16388	SAVANNAH	GA	31416	8005666710
706	GEORGIA PHARMACEUTICAL SERVICES	P.O. BOX 95527	ATLANTA	GA	30347	4042315074
419	GEORGIA STATE HEALTH BENEFIT PLAN	POST OFFICE BOX 38151	ATLANTA	GA	30334	8006266402
365	GERBER CHILDRENS WEAR, INC.	P.O. BOX 2126	GREENVILLE	SC	29602	8649875200
183	GILSBAR INSURANCE COMPANY	P O BOX 2947	COVINGTON	LA	70434	8002342643
459	GLASS MOTORS & PLASTIC (GMPA)	5245 BIG PINE WAY, SE 33907	FORT MYERS	FL	33907	8139366242
144	GLOBE LIFE & ACCIDENT INSURANCE	204 N. ROBINSON	OKLAHOMA CITY	OK	73102	4052701400

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

145	GMP EMPLOYERS RETIREE TRUST	5245 BIG PINE WAY SE	FORT MYERS	FL	33907	9419366242
584	GOLDEN RULE INSURANCE COMPANY	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	46278	6189438000
931	GOOD SAMARITAN PROGRAM	5151 WEST HWY 40	BEACHGROVE	IN	46140	3178942000
379	GOODYEAR TIRE & RUBBER COMPANY	P.O. BOX 677 DEPT. 609	AKRON	OH	44309	2167966531
302	GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA)	POST OFFICE BOX 4665	INDEPENDENCE	MO	64051	8162575500
308	GREAT WEST LIFE	P.O.BOX 11111	FORT SCOTT	KS	66701	8776314227
121	GREATER HEALTHCARE	P.O. BOX 3400	MONROE	NC	28110	7042258887
672	GREENVILLE COUNTY	-	-	-	-	-
673	GREENWOOD COUNTY	-	-	-	-	-
181	GROUP ADMINISTRATORS,LTD.	1880 N. ROSELLE RD. SUITE 214	SCHAUMBURG	IL	60195	8475191880
745	GROUP BENEFIT SERVICES	1312 BELLONE AVENUE	LUTHERVILLE	MD	21093	8006386085
343	GROUP BENEFITS ADMINISTRATORS	70 GRAND AVENUE	RIVEREDGE	NJ	07661	2013433003
906	GROUP HEALTH ADMINISTRATOR INC	P O BOX 6244	CHARLOTTE	NC	28207	8002225790
508	GROUP HEALTH INC.	PO BOX 15030	ALBANY	NY	12212	5184468003
889	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD NE SUITE 1040	ATLANTA	GA	30326	8006210683
729	GROUP INSURANCE SERVICES (GIS)	P.O. BOX 2291	DURHAM	NC	27702	9194904391
326	GROUP LINK	P.O. BOX 20593	INDIANAPOLIS	IN	46220	8003597408
389	GROUP LINK	P.O. BOX 20593	INDIANAPOLIS	IN	46220	8003597408
A83	GROUP RESOURCES INC	P.O. BOX 100043	DULUTH	GA	30096	7706238383
539	GROUP UNDERWRITERS INC	P O BOX 6079	ELBERTON	GA	30635	8002417248
727	GUARANTEE MUTUAL LIFE CO.	8801 INDIAN HILLS DRIVE	OMAHA	NE	68114	8004624660
236	GUARANTEE TRUST LIFE INSURANCE	1275 MILWAUKEE AVENUE	GLENVIEW	IL		8476990600
237	GUARDIAN LIFE INSURANCE COMPANY OF AMERI	P O BOX 8019	APPLETON	WI	54913	8008734542
176	GUIDESTAR HEALTH SYSTEMS	P.O. BOX 35238	BIRMINGHAM	AL	35238	8005956949
776	GULF SOUTH ADMINISTRATORS	P O BOX 8570	METAIRIE	LA	70011	8003662475
674	HAMPTON COUNTY	-	-	-	-	-
A96	HAMRICKS INC	742 PEACHOID ROAD	GAFFNEY	SC	29340	8644877505
467	HARRINGTON BENEFIT SERVICES	P O BOX 182173	COLUMBUS	OH	43218	8008482664
912	HARRINGTON BENEFIT SERVICES	POST OFFICE BOX 1391	DAYTON	OH	45401	8005239398
146	HARTFORD INSURANCE GROUP	P O BOX 25600	CHARLOTTE	NC	28212	7045366230
201	HCH ADMINISTRATORS	P.O. BOX 1986	PEORIA	IL	61656	8003221516
B95	HDR EMPLOYEE BENEFITS ADMINISTRATORS	P O BOX 5150	GREENVILLE	SC	29606	8004765150
A33	HEALTH & WELFARE BENEFIT SYSTEMS	P.O. BOX 13647	ROANOKE	VA	24011	8002834927
837	HEALTH ADMINISTRATION SERVICES	P.O. BOX 6724208	HOUSTON	TX	77267	8008655440
B25	HEALTH AND WELFARE FUND LOCAL 218	POST OFFICE BOX 115027	ATLANTA	GA	30310	4047555665
B84	HEALTH CARE CORPORATION	203 JANDERS ROAD	CARY	IL	60013	
198	HEALTH CARE PLAN	BOX 35090	LOUISVILLE	KY	40232	
562	HEALTH CLAIMS SERVICES,INC.	P.O. BOX 9615	DEERFIELD BEACH	FL	33442	8002223560
194	HEALTH ECONOMICS CORPORATION	P O BOX 6000	DUNCAN	OK	73534	8008520914
B27	HEALTH FIRST (PPO)	P O BOX 17709	GREENVILLE	SC	29606	8642893000
357	HEALTH PLAN SERVICES	POST OFFICE BOX 30298	TAMPA	FL	33630	8002377767

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

741	HEALTH PLANS & FREEDOM CARE	P.O. BOX 15100	WORCHESTER	MA	01615	8003437674
568	HEALTH RISK MANAGEMENT INC	P.O. BOX 1479	MINNEAPOLIS	MN	55440	8004220055
225	HEALTH SERVICES FOUNDATION	P O BOX 2109	LIVERMORE	CA	94551	5104497070
564	HEALTH STRATEGIES	104 INVERNESS CENTER PLACE SUITE 130	BIRMINGHAM	AL	35242	2059681300
982	HEALTHCARE HORIZONS	P.O. BOX 1986	PEORIA	IL	61656	8003221516
876	HEALTHSOURCE OF NC INC	PO BOX 28087	RALEIGH	NC	27611	8008499000
110	HEALTHSOURCE PROVIDENT	PO BOX 8915	BRISTOL	TN	37621	4239687541
A39	HEALTHSOURCE RX	PO BOX 180141	CHATTANOOGA	TN	37401	8005944734
519	HEALTHSOURC ADMINISTRATORS	P.O. BOX 382617	BIRMINGHAM	AL	35238	8778939294
848	HERITAGE	P.O. BOX 1730	AUBURNDALE	FL	33823	8002822460
732	HERTZ CLAIM MANAGEMENT	P.O BOX 726	PARK RIDGE	NJ	07656	2013072177
117	HEWITT COLEMAN AND ASSOCIATES	P O BOX 6528	GREENVILLE	SC	29606	8642405840
X1R	HIGHMARK BLUE CROSS BLUE SHIELD	P O BOX 535053	PITTSBURGH	PA	15253	4125447000
403	HMO BLUE/PREFERRED HEALTH SYSTEMS	PO BOX 100300	COLUMBIA	SC	29202	8008999193
A13	HOLDEN & COMPANY	PO BOX 10411	SAVANNAH	GA	31412	8004043344
A68	HOLLINGSWORTH SACO LOWELL CORP.	P O DRAWER 2327	GREENVILLE	SC	29602	8648593211
239	HORACE MANN LIFE INSURANCE COMPANY	1 HORACE MANN PLAZA	SPRINGFIELD	IL	62715	2177892500
675	HORRY COUNTY	-	-	-	-	-
782	HOUSING BENEFIT PLAN	P O BOX 542077	DALLAS	TX	75354	8009372036
836	HUMANA EMPLOYERS HEALTH	1100 EMPLOYERS BLVD	GREEN BAY	WI	54344	8005584444
216	HUMANA HEALTH CARE PLAN, INC.	101 E. MAIN ST.P.O. BOX 740039	LOUISVILLE,	KY	40201	8009920678
X1G	INDEPENDENCE BLUE CROSS	1901 MARKET STREET	PHILADELPHIA	PA	19103	2152412400
104	INDEPENDENT LIFE AND ACCIDENT INSURANCE C	AMERICAN GENERAL CENTER	NASHVILLE	TN	32276	8008882452
486	INGLES MARKETS	P O BOX 15174	ASHEVILLE	NC	28813	7046692941
731	INSURANCE & RISK MANAGEMENT INSURANCE	POST OFFICE BOX 41-4043	MIAMI BEACH	FL	33141	3058667771
863	INSURANCE ADMINISTRATION CORP.	P.O. BOX 39119	PHOENIX	AZ	85069	8008433106
724	INSURANCE CLAIMS SERVICE	P.O. BOX 43350	BIRMINGHAM	AL	35243	8007418688
149	INSURANCE COMPANY OF NORTH AMERICA (INA)	195 BROADWAY 11TH FLOOR	NEW YORK	NY	10007	2126184000
726	INSURANCE SERVICE AND BENEFITS	3218 HIGHWAY 67 SUITE 218	MESQUITE	TX	75150	8008783157
C41	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	38174	9017256435
484	INTEGRITY BENEFITS NETWORK	PO BOX 4537	MARIETTA	GA	30061	7704281604
A45	INTEQ GROUP	5445 LASIERRA DR SUITE 400	DALLAS	TX	75231	8009593953
465	INTER CARE BENEFIT SYSTEMS	P.O. BOX 3559	ENGLEWOOD	CO	80155	3037705710
C26	INTERACTIVE MEDICAL SYSTEMS, INC.	P O BOX 19108	RALEIGH	NC	27619	9198468400
983	INTERNATIONAL BROTHERHOOD OF ELECTRICAL	3901 E. WINSLOW AVE	PHOENIX	AZ	85040	6022340497
464	INTERNATIONAL MEDICAL GROUP	407 N. FULTON STREET	INDIANAPOLIS	IN	46202	8006284664
454	INTERNATIONAL UNION OF OPERATING ENGINEE	166 WEST KELLY STREET	METUCHEN	NJ	08840	9085486662
958	ITPE-NMU HEALTH AND WELFARE FUND	POST OFFICE BOX 13817	SAVANNAH	GA	31416	9123527169
757	J C PENNEY LIFE INSURANCE COMPANY	POST OFFICE BOX 869090	PLANO	TX	75086	9728816000
827	J. SMITH LANIER	P.O. BOX 72749	NEWNAN	GA	30271	8882954864
996	J.F. MOLLOY & ASSO.	P.O. BOX 68947	INDIANAPOLIS	IN	46268	8003313287

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

676	JASPER COUNTY	-	-	-	-	-
109	JEFFERSON PILOT INSURANCE COMPANY	POST OFFICE BOX 26011	GREENSBORO	NC	27420	3366913000
885	JOHN ALDEN INSURANCE COMPANY	POST OFFICE BOX 020270	MIAMI	FL	33102	8003284316
388	JOHN D HOLLINGSWORTH ON WHEELS, INC.	P O BOX 516	GREENVILLE	SC	29602	
340	JOHN DEERE INSURANCE COMPANY	3800 23RD AVENUE SUITE 200	MOLINE	IL	61265	8003463566
152	JOHN HANCOCK MUTUAL LIFE INSURANCE COMP	200 HANOVER PARK ROAD	DUNWOODY	GA	30338	6175726000
C78	KAISER PERMANENTE	909 AVIATION PARKWAY	MORRISVILLE	NC	27560	4042612590
C47	KANAWHA BENEFIT SERVICES	P O BOX 50098	KNOXVILLE	TN	37950	8008221274
153	KANAWHA LIFE INSURANCE COMPANY	POST OFFICE BOX 6000	LANCASTER	SC	29721	8032862440
868	KANSAS CITY LIFE	P.O. BOX 219325	KANSAS CITY	MO	64121	8008745254
677	KERSHAW COUNTY	-	-	-	-	-
760	KEY BENEFIT ADMINISTRATORS	P .O. BOX 55230	INDIANAPOLIS	IN	46205	8003314757
B66	KIRKE-VAN ORSDEL, INC.	P.O. BOX 9126	DES MOINES	IA	50306	8002472192
318	KLAIS & COMPANY	1867 WEST MARKET STREET	AKRON	OH	44313	3308678443
900	KOHLER COMPANY	444 HIGHLAND DRIVE	KOHLER	WI	53044	9204574441
711	LABORERS DISTRICT COUNCIL OF GA AND SC	P O BOX 607	JONESBORO	GA	30237	4044771888
791	LADD FURNITURE HEALTH PLAN	POST OFFICE BOX 7405	GREENSBORO	NC	27417	8002886312
320	LAMAR LIFE INSURANCE COMPANY	POST OFFICE BOX 880	JACKSON	MS	39201	6019493100
678	LANCASTER COUNTY	-	-	-	-	-
679	LAURENS COUNTY	-	-	-	-	-
680	LEE COUNTY	-	-	-	-	-
978	LEGGETT & PLATT	P.O. BOX 7687	HIGH POINT	NC	27264	4173588131
681	LEXINGTON COUNTY	-	-	-	-	-
105	LIBERTY LIFE INSURANCE COMPANY	POST OFFICE BOX 789, 2000 WADE HAMPTON BLV	GREENVILLE	SC	29602	8646098111
540	LIBERTY NATIONAL LIFE INSURANCE COMPANY	POST OFFICE BOX 2612	BIRMINGHAM	AL	35202	2053252722
243	LIFE & CASUALTY INSURANCE COMPANY OF TEN	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	6157491000
A12	LIFE INSURANCE COMPANY OF ALABAMA	POST OFFICE BOX 349	GADSDEN	AL	35902	2055432022
156	LIFE INSURANCE COMPANY OF GEORGIA	POST OFFICE BOX 105006	ATLANTA	GA	30348	7709805100
157	LIFE INSURANCE COMPANY OF VIRGINIA, THE	P O BOX 27601	RICHMOND	VA	23230	8042816000
408	LIFE INVESTORS INSURANCE COMPANY OF AMER	POST OFFICE BOX 8043	LITTLE ROCK	AR	72203	5013760426
514	LIFE OF THE SOUTH TPA	P.O. BOX 12288	COLUMBUS	GA	31907	8002779218
241	LIFE REINSURANCE CO.	P.O. BOX 792070	SAN ANTONIO	TX	78279	8002291024
158	LINCOLN NATIONAL LIFE INSURANCE COMPANY	P O BOX 1110	FORT WAYNE	IN	46801	2194552000
367	LOOMIS INSURANCE COMPANY	P O BOX 7011	WYOMISSING	PA	19610	8007820392
555	LORIS INDUSTRIES	P.O. BOX AE	PATTERSON	NJ	07509	9736841600
C85	LOYAL AMERICAN LIFE INSURANCE COMPANY	P O BOX 6408	MOBILE	AL	36660	8006336752
A32	MAGELLEN BEHAVIORAL HEALTH	PO BOX 1659	MARYLAND HEIGHTS	MO	63043	8003592422
847	MAHONEY BENEFIT ADMINISTRATORS	P.O. BOX 7260	FORT LAUDERDALE	FL	33338	8002807093
327	MAIL HANDLERS BENEFIT PLAN	P O BOX 44242	JACKSONVILLE	FL	32231	8004107778
438	MAMSI LIFE AND HEALTH INSURANCE CO	P.O. BOX 993	FREDRICKS	MD	21705	8002576458
860	MANAGED HEALTH NETWORK	5100 GOLDFLEAF CIRCLE SUITE 300	LOS ANGELES	CA	90056	8007779355

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

915	MANAGED HEALTH RESOURCES	P.O. BOX 30742	CHARLOTTE	NC	28208	7043555200
835	MANAGED PHARMACY BENEFITS	1100 NORTH LINDBERGH	ST. LOUIS	MO	63132	8006729540
A15	MANAGED PRESCRIPTIONS SERVICES (MPS)	ONE CITY CENTRE SUITE 1100	ST LOUIS	MO	63101	8007596959
398	MANPOWER BENEFIT ACCOUNT	5301 N. IRONWOOD ROAD	MILWAUKEE	WI	53217	4149611000
756	MANUS INSURANCE COMPANY	6350 W ANDREW JACKSON HWY	TALBOTT	TN	37877	8009933401
682	MARION COUNTY	-	-	-	-	-
683	MARLBORO COUNTY	-	-	-	-	-
709	MARSH ADVANTAGE AMERICA	145 NORTH CHURCH ST SUIT 300	SPARTANBURG	SC	29301	8008687526
531	MARY BLACK HEALTHNETWORK	1690 SKYLYN DRIVE, SUITE,130	SPARTANBURG	SC	29307	8645733535
226	MASTER HEALTH PLAN	P O BOX 16367	AUGUSTA	GA	30391	7068635955
448	MAXICARE NORTH CAROLINA HMO	5550 77 CENTER DRIVE, SUITE 380	CHARLOTTE	NC	28217	7045250880
684	MCCORMICK COUNTY	-	-	-	-	-
262	MCDOWELL AGENCY INC	DRAWER 3088	GREENVILLE	SC	29602	8642426012
368	MED BENEFITS SYSTEM	P O BOX 177	SOUTH BEND	IN	46601	2192370560
206	MED COST BENEFITS SERVICES	P.O. BOX 25987	WINSTON SALEM	NC	27114	8007951023
746	MED-TAC CLAIMS	P.O. BOX 9110	NEWTON	MA	02160	8003479355
C46	MEDCO HEALTH/PAID PRESCRIPTIONS	P O BOX 247	LEE'S SUMMIT	MO	64063	8002727243
781	MEDICAL CLAIMS MANAGEMENT CORP	P O BOX 12995	CHARLOTTE	NC	28220	8003340609
X0R	MEDICAL MUTUAL OF OHIO	2060 EAST 9TH STREET	CLEVELAND	OH	44115	2166877000
X1N	MEDICAL SERVICE CORPORATION OF EASTERN W	P O BOX 3048	SPOKANE	WA	99220	5095364900
618	MEDICARE PART A					
620	MEDICARE PART B ONLY					
995	MEDIIMPACT	10680 TREENA ST.	SAN DIEGO	CA	92131	8007882949
372	MEDIPLAN	502 VALLEY ROAD	WAYNE	NJ	07410	9736963111
759	MEDIPLUS	P.O. BOX 9126	DES MOINES	IA	50309	8002472192
477	MEGA LIFE / UNITED INSURANCE COMPANY	P.O. BOX 809025	DALLAS	TX	75380	8005272845
108	METROPOLITAN LIFE INSURANCE COMPANY	P.O. BOX 14093	LEXINGTON	KY	40512	8006386626
299	MHA DIVERSIFIED SERVICES	P.O. BOX 16707	JACKSON	MS	39236	6019827304
708	MID ATLANTIC ADMINISTRATORS	P.O. BOX 212209	COLUMBIA	SC	29221	8008499270
988	MID WEST NATIONAL LIFE INS. CO.	P.O. BOX 982017	NORTH RICHLAND HIL	TX	76182	8007331110
361	MID-SOUTH INSURANCE COMPANY	POST OFFICE BOX 40007	ROANOKE	VA	24022	8882083526
742	MIDA DENTAL PLAN	2000 TOWN CENTER, SUITE 2200	SOUTHFIELD	MI	48075	8009376432
376	MISSISSIPPI ADMINISTRATIVE SERVICES	P O DRAWER 1434	OXFORD	MS	38655	6012362117
597	MONARCH DIRECT	POST OFFICE BOX 9004	SPRINGFIELD	MA	01101	8006289000
227	MONUMENTAL GENERAL INSURANCE COMPANY	1111 N CHARLES STREET	BALTIMORE	MD	20201	8007529797
148	MONUMENTAL LIFE INSURANCE COMPANY	POST OFFICE BOX 61	DURHAM	NC	27702	8004445431
460	MORRIS ASSOCIATES	P.O. BOX 50440	INDIANAPOLIS	IN	46250	3175549000
X2P	MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, I	P O BOX 1948	PARKERSBERG	WV	26102	3044247700
993	MPI INTERNATIONAL, INC.	P.O. BOX 81913	ROCHESTER	MI	48308	2488539010
421	MUTUAL GROUP U. S. EMPLOYEE BENEFITS,THE	P.O. BOX 2976	MILWAUKEE	WI	53201	4147975000
107	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	8002289090

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

635	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	4023427600
636	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	
C35	MUTUAL PROTECTIVE MEDICO LIFE INSURANCE C	1515 S 75TH STREET	OMAHA	NE	68124	8002286080
291	NALC HEALTH BENEFIT PLAN	20547 WAVERLY COURT	ASHBURN	VA	20149	7037294677
518	NATL ASBESTOS WORKERS MED FUND	4600 POWDER MILL RD.	BELTSVILLE	MD	20705	8003863632
522	NATIONAL AUTOMATIC SPRINKLER INDUSTRY	800 CORPORATE DRIVE	LANDOVER	MD	20785	3015771700
312	NATIONAL BENEFIT ADMINISTRATORS	P.O. BOX 690903	CHARLOTTE	NC	28227	8004826736
C17	NATIONAL BENEFITS	110 GIBRALTAR ROAD	HORSHAM	PA	19044	2154430404
789	NATIONAL CASUALTY COMPANY	PO BOX 1250	ROCKFORD	IL	61105	8002751896
C74	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	P O BOX 220887	CHARLOTTE	NC	28222	7043643865
599	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFI	PO BOX 477	NEWTOWN SQUARE	PA	19073	8005234702
263	NATIONAL FINANCIAL COMPANY	110 WEST 7TH ST. SUITE 300	FT WORTH	TX	76102	8007251407
B53	NATIONAL FOUNDATION LIFE INSURANCE COMP	110 WEST 7TH ST. SUITE 300	FORT WORTH	TX	76102	8002219039
571	NATIONAL GROUP LIFE INSURANCE CO	P.O. BOX 1250	ROCKFORD	IL	61105	8009500084
472	NATIONAL HEALTH CARE HEALTH BENEFITS PLAN	POST OFFICE BOX 1398	MURFREESBORO	TN	37133	6158902020
929	NATIONAL HEALTH INSURANCE COMPANY	P O BOX 619999	DALLAS/FORT WORTH	TX	75261	8002371900
975	NATIONAL MEDICAL HEALTH CARD	P.O. BOX 1170	FORT WASHINGTON	NY	11050	8006453332
828	NATIONAL PHARMACEUTICAL SERVICES	P.O. BOX 407	BOYSTOWN	NE	68017	8005465677
495	NATIONAL PRESCRIPTION ADMINISTRATORS	P.O. BOX 1981	EAST HANOVER	NJ	07936	8005226727
943	NATIONAL RURAL ELECTRIC COOP.	POST OFFICE BOX 6249	LINCOLN	NE	68506	4024839200
334	NATIONAL RURAL LETTER CARRIERS ASSOCIATIO	1750 PENNSYLVANIA AVE., NW	WASHINGTON	DC	20006	-
C86	NATIONAL STATES INSURANCE COMPANY	P O BOX 27321, 1830 CRAIG PARK COURT	ST LOUIS	MO	63141	3148780101
414	NATIONAL TELEPHONE COOP. ASSN.	1 WEST PACK SQUARE, SUITE 600	ASHEVILLE	NC	28801	8282529776
558	NATIONAL TRAVELERS LIFE INS. CO.	P.O. BOX 9197	DES MOINES	IA	50306	8002325818
790	NATIONAL TWIST DRILL COMPANY	3950 LAKE DRIVE	LORIS	SC	29569	
163	NATIONWIDE LIFE INSURANCE COMPANY	POST OFFICE BOX 182202	COLUMBUS	OH	43218	6142497111
141	NEOA HEALTH BENEFITS FUND	428 E SCOTT AVENUE - P O BOX 3070	KNOXVILLE	TN	37927	-
360	NEW ENGLAND FINANCIAL	P.O. BOX 190019	N. CHARLESTON	SC	29419	8004087681
859	NEW ENGLAND GROUP TRUST	P.O. BOX 30466	TAMPA	FL	33630	8006541731
248	NEW ENGLAND LIFE INSURANCE	25145 COUNTRY CLUB BLVD	NORTH OLMSTED	OH	44070	8002558063
437	NEW ERA LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	77210	2813687200
B08	NEW WORLD SERVICES	POST OFFICE BOX 1030	NILES	MI	49120	8006240698
165	NEW YORK LIFE INSURANCE COMPANY	POST OFFICE BOX 105095	ATLANTA	GA	30348	8003884580
685	NEWBERRY COUNTY	-	-	-	-	
B54	NGS AMERICAN INC	POST OFFICE BOX 7676	ST. CLAIR SHORES	MI	48080	8107797676
174	NMU PENSION & WELFARE FUND	360 WEST 31ST STREET, 3RD FL	NEW YORK	NY	10001	2123374900
350	NORTH AMERICA ADMINISTRATORS	P O BOX 1984	NASHVILLE	TN	37203	6152563561
377	NORTH AMERICAN ADMINISTRATORS INC	P O BOX 9501	AMHERST	NY	14226	8008286922
384	NORTH AMERICAN BENEFIT NETWORK	P O BOX 94928	CLEVELAND	OH	44101	8003214085
C36	NORTH AMERICAN INSURANCE COMPANY	P O BOX 44160	MADISON	WI	53744	6086621232
359	NORTH CAROLINA MUTUAL LIFE INSURANCE	411 W. CHAPEL HILL STREET	DURHAM	NC	27701	9196829201

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

A17	NOVA HEALTHCARE ADMINISTRATORS	2680 GRAND ISLAND BLVD	GRAND ISLAND	NY	14072	8003333195
458	OBA MIDWEST	8160 SOUTH CASS AVE	DARIEN	IL	60561	6309602035
170	OCCIDENTAL LIFE INSURANCE COMPANY OF NC	PO BOX 10324	RALEIGH	NC	27605	9198318189
686	OCCONEE COUNTY	-	-	-	-	
591	OLD AMERICAN INSURANCE COMPANY	POST OFFICE BOX 418573	KANSAS CITY	MO	64141	8167534900
C37	OLD SURETY LIFE INSURANCE CO	P O BOX 54407	OKLAHOMA CITY	OK	73154	8002725466
866	OLYMPIC HEALTH MANAGEMENT	P.O.BOX 5348	BELLINGHAM	WA	98227	3607349888
891	OPTIMUM CHOICE OF THE CAROLINAS INC	4 TAFT COURT	ROCKVILLE	MD	20850	8003438205
880	OPTIMUM HEALTH PARTNERS	PO BOX 2243	GREENVILLE	SC	29602	8642134992
687	ORANGEBURG COUNTY	-	-	-	-	
624	OTHER SPONSOR					
696	OUT-OF-STATE GA	-	-	-	-	
697	OUT-OF-STATE NC	-	-	-	-	
698	OUT-OF-STATE OTHER	-	-	-	-	
215	OXFORD LIFE INSURANCE COMPANY	P.O. BOX 46518	MADISON	WI	53744	8774693073
370	P5 ELECTRONIC HEALTH SERVICES	P.O. BOX 445	ROY	UT	84067	8774740605
771	PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.)	P O BOX 982009	N RICHLAND HILLS	TX	76182	8176566040
399	PACIFIC LIFE AND ANNUITY	P.O. BOX 34799	PHOENIX	AZ	85067	8007332285
254	PACIFIC MUTUAL LIFE INSURANCE COMPANY	700 NEWPORT CENTER DRIVE	NEWPORT BEACH	CA	92660	8007332285
766	PALMER & CAY/CARSWELL, INC.	POST OFFICE BOX 1286	SAVANNAH	GA	31402	9122346621
255	PAN-AMERICAN LIFE INSURANCE COMPANY	POST OFFICE BOX 60219	NEW ORLEANS	LA	70160	5045661300
C10	PARADIGM CARE PLAN	P O BOX 1268	TIFTON	GA	31793	8008417735
976	PARAGON BENEFITS, INC.	P.O. BOX 12288	COLUMBUS	GA	31917	7062776710
890	PARTNERS NATIONAL HEALTH PLANS OF NORTH	P O BOX 24907	WINSTON SALEM	NC	27114	8009425695
172	PAUL REVERE LIFE INSURANCE COMPANY	P.O. BOX 15118	WORCESTER	MA	01615	5087994441
C15	PCS INC	P O BOX 52116	PHOENIX	AZ	85072	4803914600
C49	PENN WESTERN BENEFITS, INC	P O BOX 7834	GREENSBORO	NC	27417	3366659400
X0J	PENNSYLVANIA BLUE SHIELD	P.O. BOX 890089	CAMP HILL	PA	17089	8006373493
173	PENNSYLVANIA LIFE INSURANCE COMPANY	3130 WILSHIRE BOULEVARD	SANTA MONICA	CA	90406	2138286411
878	PENSION AND GROUP SERVICE/HRM CLAIM MANA	POST OFFICE BOX 4022	KALAMAZOO	MI	49003	8002530966
548	PENSION ASSOCIATES INC. (PAI)	10795 WATSON RD	ST. LOUIS	MO	63127	8003659036
770	PEOPLES BENEFIT LIFE INSURANCE	P O BOX 484	VALLEY FORGE	PA	19493	8005237900
862	PERFORMAX	300 CORPORATE PARKWAY	AMHERST	NY	11226	8777776076
740	PHARMACARE	P.O. BOX 519	LINCOLN	RI	02865	8002376184
964	PHARMACEUTICAL CARE NETWORK	9343 TECH CENTER DR.	SACRAMENTO	CA	95826	8007770074
314	PHARMACY ADVANTAGE NETWORK	50 LENNOX POINTE	ATLANTA	GA	30324	8887275560
257	PHARMACY NETWORK NATIONAL OF N.C.	4000 OLD WAKEFOREST RD SUITE 101	RALEIGH	NC	27609	8003317108
948	PHILADELPHIA AMERICAN LIFE INS. CO.	P.O. BOX 2465	HOUSTON	TX	77252	8005527879
468	PHOENIX HEALTHCARE	P.O. BOX 150809	ARLINGTON	TX	76015	8003976241
561	PHOENIX MUTUAL LIFE INSURANCE COMPANY	ONE AMERICAN ROW	HARTFORD	CT	06115	8004512513
533	PHYSICIANS CARE NETWORK	P.O. BOX 101111	COLUMBIA	SC	29211	8883239271

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

590	PHYSICIANS HEALTH SERVICES	P.O. BOX 981	BRIDGEPORT	CT	06601	8008484747
773	PHYSICIANS MUTUAL INSURANCE COMPANY	P.O. 2018	OMAHA	NE	68103	8002289100
462	PICCADILLY INSURANCE EMPLOYEE BENEFITS DE	P O BOX 2467	BATON ROUGE	LA	70821	5042968382
688	PICKENS COUNTY	-	-	-	-	-
A22	PIEDMONT ADMINISTRATORS	PO BOX 78030	GREENSBORO	NC	27427	8008527040
307	PIEDMONT HEALTH ALLIANCE	616 BONHAM COURT	ANDERSON	SC	29621	8643759661
434	PIEDMONT HEALTH ALLIANCE	116 BONHAM CT.	ANDERSON	SC	29621	8643759661
487	PIEDMONT INS COMPANY	P.O. BOX 979	MARION	SC	29571	8434235541
260	PIEDMONT INSURANCE COMPANY	POST OFFICE BOX 7325	ATLANTA	GA	30309	
B10	PILGRIM HEALTH & LIFE INSURANCE	POST OFFICE BOX 897	ATLANTA	GA	30303	4046592100
303	PILGRIM LIFE INSURANCE COMPANY	P O BOX 207	FOLCROFT	PA	19032	2155348800
792	PIONEER LIFE INSURANCE COMPANY OF ILLINOIS	P O BOX 1250	ROCKFORD	IL	61105	8159875000
338	PITTMAN & ASSOCIATES, INC.	P.O. BOX 111047	MEMPHIS	TN	38111	8002381344
C55	PLAN ADMINISTRATORS (MATURE AMERICAN)	734 15TH STREET NW SUITE 500	WASHINGTON	DC	20005	2023936600
886	PLANNED ADMINISTRATORS INC	POST OFFICE BOX 6927	COLUMBIA	SC	29260	8037540041
565	POE & BROWN BENEFITS	P.O. BOX 2480	DAYTONA BEACH	FL	32115	8004344890
751	POLARIS BENEFIT ADMINISTRATORS	P O BOX 1008	DELAWARE	OH	43015	8002340225
391	POMCO	P O BOX 6329	SYRACUSE	NY	13217	8002344393
385	POSTMASTERS BENEFIT PLAN	1019 N. ROYAL STREET	ALEXANDRIA	VA	22314	7036835585
168	PRECISE BENEFIT ADMINISTRATORS	P.O. BOX 9064	JERICO	NY	11753	5163906000
909	PREFERRED HEALTH ALLIANCE CORP.	300 CORPORATE PKWY. SUITE 3	BIRMINGHAM	AL	35242	2059691155
268	PREFERRED HEALTH CARE	15 RIVER RD SUITE 300	WILTON	CT	06897	8004338565
387	PRIMARY PHYSICIANS CARE	P.O. BOX 11088	CHARLOTTE	NC	28220	7045232758
475	PRIME COMPANION	PO BOX 100301	COLUMBIA	SC	29202	8006188497
A42	PRIMERICA LIFE INSURANCE COMPANY	3120 BRECKINRIDGE BOULEVARD	DULUTH	GA	30199	4043811000
479	PRIMEXTRA	P.O. BOX 1088	TWINSBURG	OH	44087	8004334893
942	PRINCIPAL FINANCIAL GROUP	P.O. BOX 39710	COLORADO SPRINGS	CO	80949	8003234646
887	PRINCIPAL HEALTH CARE PLAN OF THE CAROLIN	2300 YORKMONT ROAD SUITE 710	CHARLOTTE	NC	28217	7043571759
965	PROFESSIONAL BENEFIT ADMINISTRATORS, INC.	P.O. BOX 4687	OAKBROOK	IL	60522	6306553755
A20	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	44315	8003258424
316	PROFESSIONAL INSURANCE CORPORATION	2610 WYCLIFF RD	RALEIGH	NC	27607	8002891122
234	PRONET (PPO)	P.O. BOX 101387	FORT WORTH	TX	76185	8177358293
534	PROVANTAGE PRESCRIPTION BENEFIT MANAGEM	P.O. BOX 1662	WAUKEHA	WI	53187	2627844600
884	PROVIDENT HEALTH CARE PLAN OF SOUTH CARO	201 BROOKFIELD PKWY SUITE 100	GREENVILLE	SC	29607	8006544209
381	PROVIDENT INDEMNITY LIFE INSURANCE COMPA	PO BOX 511	NORRISTOWN	PA	19404	8005199175
110RX	PROVIDENT/CAREMARK	P.O. BOX 686005	SAN ANTONIO	TX	78268	8008415550
111	PRUDENTIAL INSURANCE COMPANY OF AMERICA	841 PRUDENTIAL DRIVE	JACKSONVILLE	FL	32207	8003463778
177	PUBLIC SAVINGS LIFE INSURANCE CO	P.O. BOX 61	DURHAM	NC	27702	
230	PYRAMID LIFE INSURANCE COMPANY	P O BOX 772	SHAWNEE MISSION	KS	66201	8004440321
A48	QUALMED OF OREGON	PO BOX 286	CLACKMAS	OR	97015	8005685628
211	RALSTON PURINA BENEFIT ASSOCIATION	P O BOX 1606	ST. LOUIS	MO	63188	3149821000

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

X0K	REGENCE BLUE CROSS BLUE SHIELD OF OREGON	P O BOX 1271	PORTLAND	OR	97207	5032255221
795	REGIONAL MEDICAL ADMINISTRATORS INC.	P.O. BOX 4128	GLEN RAVEN	NC	27215	3362267950
187	RELiance STANDARD LIFE INS. CO.	P.O. BOX 82520	LINCOLN	NE	68501	8004977044
126	RESOURCE PARTNER	P.O. BOX 189	COLUMBUS	OH	43126	8008486181
375	RESTAT	P.O. BOX 758	WEST BEND	WI	53095	8002481062
689	RICHLAND COUNTY	-	-	-	-	-
546	RISK MANGEMENT SERVICES	P.O. BOX 6309	SYRACUSE	NY	13217	3154489228
592	ROBEY BARBER INSURANCE SERVICES	P.O. BOX 10100	TAMPA	FL	33679	8007497409
278	ROSE'S STORES,INC.	P.O. DRAWER 440	HENDERSON	NC	27536	8006788328
A09	RX AMERICA	369 BILLY MITCHELL ROAD	SALT LAKE CITY	UT	84116	8007708014
718	RX PRIME/CIGNA PHARMACY SERVICES	P.O. BOX 3598	SCRANTON	PA	18505	8006225579
C44	S C MEDICAL ASSOCIATION-MEMBERS INSURANC	P O BOX 11188	COLUMBIA	SC	29211	8037986207
185	S&S HEALTHCARE STRATEGIES	P.O. BOX 46511	CINCINNATI	OH	45216	8007172872
410	SAFECO INSURANCE COMPANY	P.O. BOX 34699	REDMOND,	WA	98124	2068678000
690	SALUDA COUNTY	-	-	-	-	-
231	SAVERS LIFE INSURANCE COMPANY	8064 NORTH POINT BLVD SUITE 201	WINSTON SALEM	NC	27106	8006420483
520	SCRIPT CARD	PO BOX 846	BROOKFIELD	IL	53008	8012683135
846	SCRIPT CARE, INC.	87 INTERSTATE 10 N. STE. 100	BEAUMONT	TX	77707	8008809988
435	SEABURY AND SMITH COMPANY, INC.	P.O. BOX 2545	NASHVILLE	TN	37219	8005822498
184	SECURITY LIFE INSURANCE CO. OF AMERICA	POST OFFICE BOX 3199	WINSTON-SALEM	NC	27102	8003009566
883	SELECT HEALTH OF SOUTH CAROLINA INC	7410 NORTHSIDE DRIVE SUITE 208	CHARLESTON	SC	29420	8435691759
637	SELECT HEALTH/MEDICAID HMO			SC	-	
392	SELF FUNDED GROUP INSURANCE ADMINISTRAT	P O BOX 1719	KALAMAZOO	MI	49005	8003421895
970	SELF FUNDED PLAN, INC.	1432 HAMILTON AVE	CLEVELAND	OH	44114	8007227374
204	SELF INSURED BENEFIT ADMINISTRATORS	18167 US HWY 19N	CLEARWATER	FL	33764	7275320400
378	SELF INSURERS SERVICE INC.	2218 SOUTH PRIEST DRIVE	TEMPE	AZ	85282	
265	SENTRY LIFE INSURANCE COMPANY	PO BOX 8888 PARK E	STEVENS POINT	WI	54481	8004267234
A23	SERV U PRESCRIPTION	PO BOX 23237	MILWAUKEE	WI	53223	8007593203
235	SHAW INDUSTRIES	P.O. BOX 10	DALTON	GA	30722	8003211855
A28	SHENANDOAH LIFE INSURANCE CO	PO BOX 12847	ROANOKE	VA	24029	8008485433
838	SHESFIELD, OLSON & MCQUEEN	P.O. BOX 16608	ST PAUL	MN	55116	8883308408
631	SHRINERS	-	-	-	----	
298	SMITH PREMIERE PHARMACY PLAN	P.O. BOX 5824	SPARTANBURG	SC	29304	8002474526
329	SMITHFIELD FOODS HEALTHCARE	P.O. BOX 158	SMITHFIELD	VA	23431	8008095916
888	SOUTHEASTERN BENEFIT PLANS INC.	335 ARCHDALE DRIVE	CHARLOTTE	NC	28217	7045295400
C48	SOUTHERN ADMINISTRATIVE SERVICES	P O BOX 8069	COLUMBUS	GA	31908	8004268803
897	SOUTHERN BENEFIT ADM.	5305 VIRGINIA BEACH BLVD	NORFOLK	VA	23502	7574618091
224	SOUTHERN ELEC. HEALTH FUND	3928 VOLUNTEER DRIVE	CHATTANOOGA	TN	37416	4238992593
990	SOUTHERN GROUP ADMINISTRATORS, INC.	200 SOUTH MARSHALL ST.	WINSTON SALEM	NC	27101	8003348159
186	SOUTHLAND LIFE INSURANCE COMPANY	POST OFFICE BOX 105006	ATLANTA	GA	30348	7709805100
691	SPARTANBURG COUNTY	-	-	-	-	-

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

736	SPECTERA	2811 LORD BALTIMORE DR.	BALTIMORE	MD	21244	8006383120
A46	STANDARD INSURANCE COMPANY	PO BOX 209	PORTLAND	OR	97207	5033217000
C42	STANDARD CORPORATION	1400 MAIN STREET STE 1300	COLUMBIA	SC	29201	8037716785
C38	STANDARD LIFE & ACCIDENT INSURANCE COMPA	P O BOX 1800	GALVESTON	TX	77553	8883501488
188	STANDARD LIFE & CASUALTY INSURANCE COMPA	POST OFFICE DRAWER 1514	FORT MILL	SC	29716	8035483657
240	STAR ADMINISTRATORS	P.O. BOX 55270	PHOENIX	AZ	85078	8003085948
A03	STARMARK	PO BOX 77	LAKE FOREST	IL	60045	8007827907
400	STATE EMPLOYEES HEALTH PLAN BLUE CROSS	P O BOX 100605	COLUMBIA	SC	29260	8008682520
373	STATE FARM INSURANCE COMPANIES	7401 CYPRESS GARDENS BLVD	WINTERHAVEN,	FL	33888	8633183000
147	STATE MUTUAL INSURANCE	P.O. BOX 10811	CLEARWATER	FL	33757	8887806388
B60	STATE MUTUAL LIFE ASSURANCE COMPANY OF A	1100 31ST STREET	DOWNERS GROVE	IL	60515	8003233359
867	STATE OF NC COMP. HEALTH BENEFIT	P O BOX 30025	DURHAM	NC	27702	9194897431
617	STATE ORTHOPEDIC					
753	STATELINE TPA	INDIAN WOOD CIRCLE SUITE	MAUMEE	OH	43537	8004288194
A47	STATESMAN NATIONAL LIFE INSURANCE COMPA	3815 MONTROSE BOULEVARD	HOUSTON	TX	77006	7135266000
645	STERLING MEDICARE + CHOICE	P.O. BOX 70	LINTHIEUM	MD	21900	6152445600
551	STOUFFER HEALTH BENEFITS	P O BOX 1419	GAFFNEY	SC	29342	8644877111
B61	STOWE-PHARR MILLS	100 MAIN STREET	MCADENVILLE	NC	28101	7048243551
A40	STRATEGIC RESOURCE COMPANY	PO BOX 23759	COLUMBIA	SC	29224	8037366463
692	SUMTER COUNTY	-	-	-	-	
342	SUN LIFE INSURANCE COMPANY OF CANADA	ONE SUN LIFE EXECUTIVE PARK	WELLESLEY	MA	02181	8002253950
861	SUPERIOR ESSEX	P.O. BOX 724907	ATLANTA	GA	31139	8772917920
C31	SUSQUEHANNA ADMINISTRATOR INC	P O BOX 83301	LANCASTER	PA	17608	8002233943
283	SYSTEMED	399 JEFFERSON RD	PARSIPPANY	NJ	07054	8007293784
712	TDI MANAGED CARE SERVICES	620 EPSILON DRIVE	PITTSBURG	PA	15238	8005815300
574	TEAMSTERS UNION 509	DIXIANA HIGHWAY 321	CAYCE	SC	29033	
269	THE EPOCH GROUP	POST OFFICE BOX 12170	OVERLAND PARK	KS	66212	8002556065
256	THE PANTRY INCORPORATED	P.O. BOX 1410	SANFORD	NC	27330	9197746700
763	THE PROVIDENT	P.O. BOX 31499	TAMPA	FL	33631	8005257268
542	THIRD PARTY ADMINISTRATORS/AMERICAN BEN	1733 PARK ST.	NAPERVILLE	IL	60563	8006315917
A85	THIRD PARTY CLAIMS MANAGEMENT	POST OFFICE BOX 171822	MEMPHIS	TN	38187	8002885366
315	THOMAS COOPER AND COMPANY	P.O. BOX 22557	CHARLESTON	SC	29413	8437222115
463	TIM BAR CORP	P.O. BOX 449	HANOVER	PA	17331	7176324727
322	TIME INSURANCE COMPANY	P.O. BOX 624	MILWAUKEE	WI	53201	8005537654
755	TOTAL BENEFIT SERVICES INC	PO BOX 30180	NEW ORLEANS	LA	70190	800596 315
C52	TPA OF GEORGIA	2900 CHAMBLEE-TUCKER RD #3	ATLANTA	GA	30341	7704517550
856	TRANSAMERICA OCCIDENTAL LIFE	POST OFFICE BOX 2101 TERMINAL ANNEX	LOS ANGELES	CA	90051	2137422111
274	TRANSPORT LIFE INSURANCE COMPANY	P.O. BOX 901066	FORT WORTH	TX	76102	8003380327
112	TRAVELERS INSURANCE COMPANY	P O BOX 473500	CHARLOTTE	NC	28247	7045443665
406	TRAVELERS PLAN ADMINISTRATORS OF ARIZONA	P O BOX 52100	PHOENIX	AZ	85072	6028661066
485	TRI-GON ADMINISTRATORS	P.O. BOX 85639	RICHMOND	VA	23285	8006283912

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

642	TRICARE FOR LIFE	P.O. BOX 7053	CAMDEN	SC	29020	8004033950
212	TRUST MARK INS CO	400 FIELD DRIVE	LAKE FORREST	IL	60045	8476151500
703	TUCKER COMPANY & ADMINISTRATORS	9140 ARROW POINT BLVD. #200	CHARLOTTE	NC	28273	7045259666
B19	TUPPERWARE, INC	POST OFFICE DRAWER 668	HEMINGWAY	SC	29554	8435582594
261	UICI ADMINISTRATORS	P.O. BOX 30087	RENO	NV	89520	8003153440
967	UNDERWRITERS SAFETY AND CLAIMS	P.O. BOX 23507	LOUISVILLE	KY	40223	8006781536
701	UNI-CARE CHOICE HEALTH BENEFITS	P.O. BOX 51130	SPRINGFIELD	MA	01151	8002888630
160	UNI-CARE HEALTH AND LIFE INSURANCE CO	P.O. BOX 4059	SCHAUMBURG	IL	60168	8772179677
556	UNIFIED GROUP SERVICES	P.O. BOX 10	PENDLETON	IN	46064	7657781535
195	UNION BANKERS INSURANCE COMPANY	POST OFFICE BOX 655433	DALLAS	TX	75265	2149547840
693	UNION COUNTY	-	-	-	-	
501	UNION FIDELITY INSURANCE COMPANY	4850 STREET ROAD	TREVOSE	PA	19049	8005236599
306	UNION LABOR LIFE INSURANCE	111 MASSACHUSETTS AVENUE, NW	WASHINGTON	DC	20001	8004438087
779	UNISYS	P O BOX 13500	TALLAHASSEE	FL	32317	8007677829
277	UNITED AMERICAN INSURANCE COMPANY	POST OFFICE BOX 8080	MCKINNEY	TX	75070	9725295085
A37	UNITED BEHAVIORAL/DENTAL SYSTEMS	PO BOX 182286, ROUTE 210052	COLUMBUS	OH	32520	8005575745
196	UNITED BENEFIT LIFE INSURANCE	3909 HULEN ST	FT. WORTH	TX	76107	8007320657
167	UNITED CHAMBERS	P.O. BOX 3058	NAPIERVILLE	IL	60566	8008221805
124	UNITED COMMERCIAL TRAVELERS OF AMERICA	P.O. BOX 159019	COLUMBUS	OH	43215	8008480123
737	UNITED CONCORDIA	P.O. BOX 69421	HARRISBURG	PA	17106	8008668499
794	UNITED FAMILY LIFE INSURANCE COMPANY	POST OFFICE BOX 2204	ATLANTA	GA	30371	4046593300
577	UNITED FIDELITY LIFE INSURANCE COMPANY	P O BOX 13487	KANSAN CITY	MO	64199	8163912134
704	UNITED FOOD & COMMERCIAL WORKERS (UFCW)	1800 PHOENIX BLVD. SUITE 310	ATLANTA	GA	30349	8002417701
715	UNITED HEALTH & LIFE INSURANCE COMPANY	P.O. BOX 169050	DULUTH	MN	55816	8005262414
113	UNITED HEALTHCARE	P.O. BOX 30555	SALT LAKE CITY	UT	84130	8005215505
A38	UNITED HEALTHCARE OF NC	PO BOX 2604	GREENSBORO	NC	27438	8009991147
B77	UNITED HEALTHCARE PLAN ADMINISTRATORS	P O BOX 121212	MARIETTA	GA	30067	8005627079
279	UNITED INSURANCE COMPANY OF AMERICA	1 E WACKER DRIVE	CHICAGO	IL	60601	8007778467
B64	UNITED MEDICAL RESOURCES INC.	P.O. BOX 145804	CINCINNATI	OH	45214	5136193000
720	UNITED MINE WORKERS HEALTH & RETIREMENT	ROUTE 2 BOX 218A	BIG STONE GAP	VA	24219	8006549763
981	UNITED PACIFIC LIFE INSURANCE CO.	PO. BOX 2996	PARKERSBURG	WV	26102	8008221805
C81	UNITED PAYORS & UNITED PROVIDERS	2273 RESEARCH BLVD	ROCKVILLE	MD	20850	8002474144
994	UNITED PROVIDER SERVICES	P.O. BOX 820277	FORT WORTH	TX	76182	8005198374
497	UNITED TEACHER ASSOCIATES INSURANCE CO	P.O. BOX 26580	AUSTIN	TX	78746	5124512224
855	UNIVERSITY HEALTH PLANS	P.O. BOX 830926 DEPT 003	BIRMINGHAM	AL	35283	8778780914
409	UPSTATE ADMINISTRATIVE SERVICES	P.O. BOX 6589	SYRACUSE	NY	13217	3154221533
733	US HEALTHCARE INC HMO	P.O. BOX 1125	BLUEBELL	PA	19422	8006240756
582	USAA GENERAL INDEMNITY CO.	P.O. BOX 15506	SACRAMENTO	CA	95852	8005318222
131	USI	POST OFFICE BOX 9888	SAVANNAH	GA	31412	9126911551
513	VALUE OPTIONS	P.O. BOX 1079	TROY	NY	12181	8002880882
466	VALUE RX	PO BOX 421150	PLYMOUTH	MN	55442	8009554879

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num
100	AETNA US HEALTHCARE	PO BOX 26190	GREENSBORO	NC	27402	3368017000
104	INDEPENDENT LIFE AND ACCIDENT INSURANCE C	AMERICAN GENERAL CENTER	NASHVILLE	TN	32276	8008882452
105	LIBERTY LIFE INSURANCE COMPANY	POST OFFICE BOX 789, 2000 WADE HAMPTON BLV	GREENVILLE	SC	29602	8646098111
106	AMERICAN FIDELITY ASSURANCE BENEFITS	POST OFFICE BOX 25160	OKLAHOMA CITY	OK	73125	8006548489
107	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	8002289090
108	METROPOLITAN LIFE INSURANCE COMPANY	P.O. BOX 14093	LEXINGTON	KY	40512	8006386626
109	JEFFERSON PILOT INSURANCE COMPANY	POST OFFICE BOX 26011	GREENSBORO	NC	27420	3366913000
110	HEALTHSOURCE PROVIDENT	PO BOX 8915	BRISTOL	TN	37621	4239687541
110RX	PROVIDENT/CAREMARK	P.O. BOX 686005	SAN ANTONIO	TX	78268	8008415550
111	PRUDENTIAL INSURANCE COMPANY OF AMERICA	841 PRUDENTIAL DRIVE	JACKSONVILLE	FL	32207	8003463778
112	TRAVELERS INSURANCE COMPANY	P O BOX 473500	CHARLOTTE	NC	28247	7045443665
113	UNITED HEALTHCARE	P.O. BOX 30555	SALT LAKE CITY	UT	84130	8005215505
114	AMERICAN FAMILY MUTUAL INSURANCE CO.	POST OFFICE BOX 7430	MADISON	WI	53783	6082492111
116	WILLIS CORROON ADMINISTRATIVE SERVICES	POST OFFICE BOX 305154	NASHVILLE	TN	37230	8002558109
117	HEWITT COLEMAN AND ASSOCIATES	P O BOX 6528	GREENVILLE	SC	29606	8642405840
118	AMERICAN HEALTH & LIFE INSURANCE	300 ST. PAUL PLACE	BALTIMORE	MD	21202	3013323000
119	AMERICAN HERITAGE LIFE INSURANCE	1776 AMERICAN HERITAGE LIFE DRIVE	JACKSONVILLE	FL	32224	8005358086
120	AMERICAN NATIONAL INSURANCE COMPANY	P O BOX 1790	GALVESTON	TX	77553	8008996803
121	GREATER HEALTHCARE	P.O. BOX 3400	MONROE	NC	28110	7042258887
122	ATLANTIC COAST LIFE INSURANCE COMPANY	PO BOX 20010	CHARLESTON	SC	29413	8437638680
123	BANKERS LIFE & CASUALTY	PO BOX 66927	CHICAGO	IL	60666	8006213724
124	UNITED COMMERCIAL TRAVELERS OF AMERICA	P.O. BOX 159019	COLUMBUS	OH	43215	8008480123
125	AMERICAN TRAVELERS LIFE INSURANCE COMPAN	3220 TILLMAN DRIVE	BEN SALEM	PA	19020	2152441600
126	RESOURCE PARTNER	P.O. BOX 189	COLUMBUS	OH	43126	8008486181
128	CAPITOL LIFE INSURANCE COMPANY	205 W JEFFERSON	SOUTH BEND	IN	46601	
130	EMPLOYERS LIFE INSURANCE COMPANY	P.O. BOX 6305	SPARTANBURG	SC	29304	8889628437
131	USI	POST OFFICE BOX 9888	SAVANNAH	GA	31412	9126911551
132	COLONIAL LIFE AND ACCIDENT INSURANCE COM	POST OFFICE BOX 1365	COLUMBIA	SC	29202	8037987000
133	COMBINED INSURANCE COMPANY OF AMERICA	5050 BROADWAY	CHICAGO	IL	60640	8002254500
134	CIGNA CONN GENERAL LIFE INSURANCE	P.O. BOX 188021	CHATTANOOGA	TN	37422	8002510670
135	ALLIED NATIONAL, INC.	P.O. BOX 419233	KANSAS CITY	MO	64141	8008257531
137	EDUCATORS MUTUAL LIFE INSURANCE COMPANY	POST OFFICE BOX 3149	LANCASTER	PA	17601	7173972751
138	BORAL BRICK, INC./MERRY BRICK CO.	POST OFFICE BOX 1957	AUGUSTA	GA	30913	8009222918
139	WAUSAU INSURANCE COMPANY	POST OFFICE BOX 8031	WAUSAU,	WI	54402	8008269781
141	NEOA HEALTH BENEFITS FUND	428 E SCOTT AVENUE - P O BOX 3070	KNOXVILLE	TN	37927	-
142	GENERAL AMERICAN LIFE INSURANCE	719 TEACO ROAD	KENNETH	MO	63857	8004452158
143	ACADEMY LIFE INSURANCE COMPANY	PO BOX 3074	SOUTHEASTERN	PA	19398	8003456352
144	GLOBE LIFE & ACCIDENT INSURANCE	204 N. ROBINSON	OKLAHOMA CITY	OK	73102	4052701400
145	GMP EMPLOYERS RETIREE TRUST	5245 BIG PINE WAY SE	FORT MYERS	FL	33907	9419366242
146	HARTFORD INSURANCE GROUP	P O BOX 25600	CHARLOTTE	NC	28212	7045366230
147	STATE MUTUAL INSURANCE	P.O. BOX 10811	CLEARWATER	FL	33757	8887806388

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

148	MONUMENTAL LIFE INSURANCE COMPANY	POST OFFICE BOX 61	DURHAM	NC	27702	8004445431
149	INSURANCE COMPANY OF NORTH AMERICA (INA)	195 BROADWAY 11TH FLOOR	NEW YORK	NY	10007	2126184000
150	AMERICAN GENERAL LIFE AND ACCIDENT INS CO	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	8008882452
151	WEST PORT BENEFITS	1600 S BRENTWOOD BLVD., SUITE 500	ST. LOUIS	MO	63144	8005482041
152	JOHN HANCOCK MUTUAL LIFE INSURANCE COMP	200 HANOVER PARK ROAD	DUNWOODY	GA	30338	6175726000
153	KANAWHA LIFE INSURANCE COMPANY	POST OFFICE BOX 6000	LANCASTER	SC	29721	8032862440
156	LIFE INSURANCE COMPANY OF GEORGIA	POST OFFICE BOX 105006	ATLANTA	GA	30348	7709805100
157	LIFE INSURANCE COMPANY OF VIRGINIA, THE	P O BOX 27601	RICHMOND	VA	23230	8042816000
158	LINCOLN NATIONAL LIFE INSURANCE COMPANY	P O BOX 1110	FORT WAYNE	IN	46801	2194552000
160	UNI-CARE HEALTH AND LIFE INSURANCE CO	P.O. BOX 4059	SCHAUMBURG	IL	60168	8772179677
163	NATIONWIDE LIFE INSURANCE COMPANY	POST OFFICE BOX 182202	COLUMBUS	OH	43218	6142497111
165	NEW YORK LIFE INSURANCE COMPANY	POST OFFICE BOX 105095	ATLANTA	GA	30348	8003884580
166	CAPITOL AMERICAN LIFE INSURANCE COMPANY	P.O. BOX 94953	CLEVELAND	OH	44101	2166966400
167	UNITED CHAMBERS	P.O. BOX 3058	NAPIERVILLE	IL	60566	8008221805
168	PRECISE BENEFIT ADMINISTRATORS	P.O. BOX 9064	JERICO	NY	11753	5163906000
169	CROWN CORK & SEAL COMPANY, INC.	930 BEAUMONT AVENUE	SPARTANBURG	SC	29303	8645856456
170	OCCIDENTAL LIFE INSURANCE COMPANY OF NC	PO BOX 10324	RALEIGH	NC	27605	9198318189
171	AON	POST OFFICE BOX 66	WINSTON SALEM	NC	27102	8003683804
172	PAUL REVERE LIFE INSURANCE COMPANY	P.O. BOX 15118	WORCESTER	MA	01615	5087994441
173	PENNSYLVANIA LIFE INSURANCE COMPANY	3130 WILSHIRE BOULEVARD	SANTA MONICA	CA	90406	2138286411
174	NMU PENSION & WELFARE FUND	360 WEST 31ST STREET, 3RD FL	NEW YORK	NY	10001	2123374900
175	COLUMBIA UNIVERSAL LIFE INSURANCE CO.	POST OFFICE BOX 200225	AUSTIN	TX	78720	5123453200
176	GUIDESTAR HEALTH SYSTEMS	P.O. BOX 35238	BIRMINGHAM	AL	35238	8005956949
177	PUBLIC SAVINGS LIFE INSURANCE CO	P.O. BOX 61	DURHAM	NC	27702	
179	DESERET MUTUAL BENEFIT ADMINISTRATOR	P O BOX 45530	SALT LAKE CITY	UT	84145	8007773622
181	GROUP ADMINISTRATORS,LTD.	1880 N. ROSELLE RD. SUITE 214	SCHAUMBURG	IL	60195	8475191880
183	GILSBAR INSURANCE COMPANY	P O BOX 2947	COVINGTON	LA	70434	8002342643
184	SECURITY LIFE INSURANCE CO. OF AMERICA	POST OFFICE BOX 3199	WINSTON-SALEM	NC	27102	8003009566
185	S&S HEALTHCARE STRATEGIES	P.O. BOX 46511	CINCINNATI	OH	45216	8007172872
186	SOUTHLAND LIFE INSURANCE COMPANY	POST OFFICE BOX 105006	ATLANTA	GA	30348	7709805100
187	RELIANCE STANDARD LIFE INS. CO.	P.O. BOX 82520	LINCOLN	NE	68501	8004977044
188	STANDARD LIFE & CASUALTY INSURANCE COMPA	POST OFFICE DRAWER 1514	FORT MILL	SC	29716	8035483657
189	CONNECTICUT NATIONAL LIFE INSURANCE	P.O. BOX 1250	ROCKFORD	IL	61105	8159697200
190	BOILERMAKERS NATIONAL HEALTH & WELFARE F	754 MINNESOTA AVENUE, SUITE 522	KANSAS CITY	KS	66101	9133426555
194	HEALTH ECONOMICS CORPORATION	P O BOX 6000	DUNCAN	OK	73534	8008520914
195	UNION BANKERS INSURANCE COMPANY	POST OFFICE BOX 655433	DALLAS	TX	75265	2149547840
196	UNITED BENEFIT LIFE INSURANCE	3909 HULEN ST	FT. WORTH	TX	76107	8007320657
198	HEALTH CARE PLAN	BOX 35090	LOUISVILLE	KY	40232	
199	ALL OTHER CARRIERS	-	-	-	-	
200	ALL AMERICAN LIFE INSURANCE CO.	8501 WEST HIGGINS ROAD	CHICAGO	IL	60631	7733996645
201	HCH ADMINISTRATORS	P.O. BOX 1986	PEORIA	IL	61656	8003221516
204	SELF INSURED BENEFIT ADMINISTRATORS	18167 US HWY 19N	CLEARWATER	FL	33764	7275320400

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

206	MED COST BENEFITS SERVICES	P.O. BOX 25987	WINSTON SALEM	NC	27114	8007951023
209	ANTHEM HEALTH AND LIFE INSURANCE CO	1 CENTENNIAL AVENUE, CN 1336	PISCATAWAY	NJ	08855	7329804000
210	AMERITAS LIFE INSURANCE	P O BOX 82520	LINCOLN	NE	68501	8002559678
211	RALSTON PURINA BENEFIT ASSOCIATION	P O BOX 1606	ST. LOUIS	MO	63188	3149821000
212	TRUST MARK INS CO	400 FIELD DRIVE	LAKE FORREST	IL	60045	8476151500
213	COVENANT ADMINISTRATORS	P.O. BOX 105738	ATLANTA	GA	30348	7702396230
214	BUSINESS MEN'S ASSURANCE COMPANY OF AMER	POST OFFICE BOX 419269	KANSAS CITY	MO	64141	8167538000
215	OXFORD LIFE INSURANCE COMPANY	P.O. BOX 46518	MADISON	WI	53744	8774693073
216	HUMANA HEALTH CARE PLAN, INC.	101 E. MAIN ST.P.O. BOX 740039	LOUISVILLE,	KY	40201	8009920678
219	CLAIMS PRO	P.O. BOX 577	SOUTHFIELD	MI	48075	8008379600
220	BENEFIT ADVANTAGE	P O BOX 212209	COLUMBIA	SC	29211	8035511048
222	DURHAM LIFE INSURANCE COMPANY	POST OFFICE BOX 27807	RALEIGH	NC	27611	9198811100
224	SOUTHERN ELEC. HEALTH FUND	3928 VOLUNTEER DRIVE	CHATTANOOGA	TN	37416	4238992593
225	HEALTH SERVICES FOUNDATION	P O BOX 2109	LIVERMORE	CA	94551	5104497070
226	MASTER HEALTH PLAN	P O BOX 16367	AUGUSTA	GA	30391	7068635955
227	MONUMENTAL GENERAL INSURANCE COMPANY	1111 N CHARLES STREET	BALTIMORE	MD	20201	8007529797
230	PYRAMID LIFE INSURANCE COMPANY	P O BOX 772	SHAWNEE MISSION	KS	66201	8004440321
231	SAVERS LIFE INSURANCE COMPANY	8064 NORTH POINT BLVD SUITE 201	WINSTON SALEM	NC	27106	8006420483
234	PRONET (PPO)	P.O. BOX 101387	FORT WORTH	TX	76185	8177358293
235	SHAW INDUSTRIES	P.O. BOX 10	DALTON	GA	30722	8003211855
236	GUARANTEE TRUST LIFE INSURANCE	1275 MILWAUKEE AVENUE	GLENVIEW	IL		8476990600
237	GUARDIAN LIFE INSURANCE COMPANY OF AMERI	P O BOX 8019	APPLETON	WI	54913	8008734542
239	HORACE MANN LIFE INSURANCE COMPANY	1 HORACE MANN PLAZA	SPRINGFIELD	IL	62715	2177892500
240	STAR ADMINISTRATORS	P.O. BOX 55270	PHOENIX	AZ	85078	8003085948
241	LIFE REINSURANCE CO.	P.O. BOX 792070	SAN ANTONIO	TX	78279	8002291024
242	ANTHEM HEALTH	P O BOX 2568	JACKSONVILLE	FL	32202	8008885256
243	LIFE & CASUALTY INSURANCE COMPANY OF TEN	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	6157491000
245	FIRST HEALTH	P.O. BOX 23070	TUCSON	AZ	85734	8005544954
246	FIRST HEALTH RX	P.O.BOX 11010	TUCSON	AZ	85734	8008449636
247	EMPLOYERS DIRECT HEALTH	5050 SPRING VALLEY ROAD	DALLAS	TX	75244	8008729934
248	NEW ENGLAND LIFE INSURANCE	25145 COUNTRY CLUB BLVD	NORTH OLMSTED	OH	44070	8002558063
250	CONCORDIA HEALTH PLAN OF THE LUTHERAN CH	1333 S. KIRKWOOD ROAD	ST. LOUIS	MO	63122	
251	ALTERNATIVE BENEFIT CONSULTANTS	P.O. BOX 26841	OKLAHOMA CITY	OK	73126	8006581413
254	PACIFIC MUTUAL LIFE INSURANCE COMPANY	700 NEWPORT CENTER DRIVE	NEWPORT BEACH	CA	92660	8007332285
255	PAN-AMERICAN LIFE INSURANCE COMPANY	POST OFFICE BOX 60219	NEW ORLEANS	LA	70160	5045661300
256	THE PANTRY INCORPORATED	P.O. BOX 1410	SANFORD	NC	27330	9197746700
257	PHARMACY NETWORK NATIONAL OF N.C.	4000 OLD WAKEFOREST RD SUITE 101	RALEIGH	NC	27609	8003317108
259	CNA HEALTHCARE PARTNERS	P. O. BOX 34197	LITTLE ROCK	AK	72203	8005083772
260	PIEDMONT INSURANCE COMPANY	POST OFFICE BOX 7325	ATLANTA	GA	30309	
261	UICI ADMINISTRATORS	P.O. BOX 30087	RENO	NV	89520	8003153440
262	MCDOWELL AGENCY INC	DRAWER 3088	GREENVILLE	SC	29602	8642426012
263	NATIONAL FINANCIAL COMPANY	110 WEST 7TH ST. SUITE 300	FT WORTH	TX	76102	8007251407

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

265	SENTRY LIFE INSURANCE COMPANY	PO BOX 8888 PARK E	STEVENS POINT	WI	54481	8004267234
266	ACMG ADMINISTRATORS OF SOUTH CAROLINA	2570 TECHNICAL DRIVE	MIAMISBURG	OH	45342	8002326242
268	PREFERRED HEALTH CARE	15 RIVER RD SUITE 300	WILTON	CT	06897	8004338565
269	THE EPOCH GROUP	POST OFFICE BOX 12170	OVERLAND PARK	KS	66212	8002556065
270	FIDELITY GROUP BENEFITS	P.O. BOX 222112	GREAT NECK	NY	11022	8007835525
271	AMERICAN BENEFIT PLAN ADMINISTRATOR	2200-B ROSSELLE STREET	JACKSONVILLE	FL	32204	8004685126
272	ALLIANCE HEALTH BENEFIT PLAN	P O BOX 6443	ROCKVILLE	MD	20850	8003423289
273	ALLMERICA FINANCIAL	440 LINCOLN ST. MS 1018	WORCESTER	MA	01653	8004315197
274	TRANSPORT LIFE INSURANCE COMPANY	P.O. BOX 901066	FORT WORTH	TX	76102	8003380327
275	AMERICAN TRUST ADMINISTRATORS	P O BOX 87	SHAWNEE MISSION	KS	66201	9134514900
277	UNITED AMERICAN INSURANCE COMPANY	POST OFFICE BOX 8080	MCKINNEY	TX	75070	9725295085
278	ROSE'S STORES, INC.	P.O. DRAWER 440	HENDERSON	NC	27536	8006788328
279	UNITED INSURANCE COMPANY OF AMERICA	1 E WACKER DRIVE	CHICAGO	IL	60601	8007778467
280	CAREMARK PRESCRIPTION SERVICES	P O BOX 686005	SAN ANTONIO	TX	78268	8008415550
282	WASHINGTON NATIONAL INSURANCE COMPANY	P.O. BOX 1250	ROCKFORD	IL	61105	8009470319
283	SYSTEMED	399 JEFFERSON RD	PARSIPPANY	NJ	07054	8007293784
284	AMERIHEALTH ADMINISTRATORS	720 BLAIR ROAD	HORSHAM	PA	19044	8003454017
285	WOODMAN OF THE WORLD LIFE INSURANCE SOC	1700 FARNAM STREET	OMAHA	NE	68102	8002253108
286	CONSOLIDATED GROUP	PO BOX 248	BATTLEBORO	VT	05302	8002411121
287	COMMUNITY HEALTH PLAN	P.O. BOX 14467	CINCINNATI	OH	45250	8888008717
288	BENEFIT ADMINISTRATORS OF AMERICA	P O BOX 9120	DES MOINES	IA	50306	5152433210
290	FEDERATED MUTUAL INSURANCE COMPANY (REG	P.O. BOS 31716	TAMPA	FL	33631	8134968100
291	NALC HEALTH BENEFIT PLAN	20547 WAVERLY COURT	ASHBURN	VA	20149	7037294677
292	WELLMARK ADMINISTRATORS	P.O. BOX 9901	SIOUX CITY	IO	51102	8005265710
294	BRIDGESTONE/FIRESTONE COMPANIES	P.O. BOX 26605	AKRON	OH	44319	8002378447
297	AMALGAMATED LIFE INSURANCE	P.O. BOX 1451	NEW YORK	NY	10116	2124735700
298	SMITH PREMIERE PHARMACY PLAN	P.O. BOX 5824	SPARTANBURG	SC	29304	8002474526
299	MHA DIVERSIFIED SERVICES	P.O. BOX 16707	JACKSON	MS	39236	6019827304
300	BENEFIT ADMINISTRATORS INC	P O BOX 6279	ERIE	PA	16512	8007772524
301	BENEFIT PLAN ADMINISTRATORS	P O BOX 11746	ROANOKE	VA	24022	8002778973
302	GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA)	POST OFFICE BOX 4665	INDEPENDENCE	MO	64051	8162575500
303	PILGRIM LIFE INSURANCE COMPANY	P O BOX 207	FOLCROFT	PA	19032	2155348800
306	UNION LABOR LIFE INSURANCE	111 MASSACHUSETTS AVENUE, NW	WASHINGTON	DC	20001	8004438087
307	PIEDMONT HEALTH ALLIANCE	616 BONHAM COURT	ANDERSON	SC	29621	8643759661
308	GREAT WEST LIFE	P.O.BOX 11111	FORT SCOTT	KS	66701	8776314227
309	CONSOLIDATED BENEFIT SERVICES, INC.	P.O. BOX 1391	DAYTON	OH	45401	8004766789
310	ADVANCED DATA SOLUTIONS	P.O. BOX 723097	ATLANTA	GA	31139	8007425246
311	BENEFIT PLANNERS, INC	P.O. BOX 682010	SAN ANTONIO	TX	78269	2106991872
312	NATIONAL BENEFIT ADMINISTRATORS	P.O. BOX 690903	CHARLOTTE	NC	28227	8004826736
314	PHARMACY ADVANTAGE NETWORK	50 LENNOX POINTE	ATLANTA	GA	30324	8887275560
315	THOMAS COOPER AND COMPANY	P.O. BOX 22557	CHARLESTON	SC	29413	8437222115
316	PROFESSIONAL INSURANCE CORPORATION	2610 WYCLIFF RD	RALEIGH	NC	27607	8002891122

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

317	EMPLOYEE BENEFITS MANAGEMENT CORPORATI	4789 RINGS ROAD	DUBLIN	OH	43017	8005520455
318	KLAIS & COMPANY	1867 WEST MARKET STREET	AKRON	OH	44313	3308678443
319	BENEFIT CONCEPTS	P.O. BOX 60608	KING OF PRUSSIA	PA	19406	8002202600
320	LAMAR LIFE INSURANCE COMPANY	POST OFFICE BOX 880	JACKSON	MS	39201	6019493100
321	AMERICAN POSTAL WORKERS UNION HEALTH PL	POST OFFICE BOX 967	SILVER SPRINGS	MD	20910	8002222798
322	TIME INSURANCE COMPANY	P.O. BOX 624	MILWAUKEE	WI	53201	8005537654
324	C.N.A.	PO BOX 1134	CHICAGO	IL	60690	8006210839
325	BERWANGER OVERMYER & ASSOCIATES (BOA)	P.O. BOX 20945	COLUMBUS	OH	43220	8004414557
326	GROUP LINK	P.O. BOX 20593	INDIANAPOLIS	IN	46220	8003597408
327	MAIL HANDLERS BENEFIT PLAN	P O BOX 44242	JACKSONVILLE	FL	32231	8004107778
329	SMITHFIELD FOODS HEALTHCARE	P.O. BOX 158	SMITHFIELD	VA	23431	8008095916
330	ANNUITY BOARD OF SOUTHERN BAPTIST CONVEN	P.O. BOX 2190	NASHVILLE	TN	37234	2147200511
332	CHAMPION INTERNATIONAL BENEFITS ADMINIST	KNIGHTSBRIDGE DRIVE	HAMILTON	OH	45020	5138684509
333	EXPRESS SCRIPTS	P.O. BOX 390873	BLOOMINGTON	MN	55439	8009554879
334	NATIONAL RURAL LETTER CARRIERS ASSOCIATIO	1750 PENNSYLVANIA AVE., NW	WASHINGTON	DC	20006	-
336	FIRST BENEFIT SERVICES	P O BOX 4138	AKRON	OH	44321	2166660337
337	BOARD OF PENSIONS OF THE PRESBYTERIAN CHU	P.O. BOX 13896	PHILADELPHIA	PA	19101	8007737752
338	PITTMAN & ASSOCIATES, INC.	P.O. BOX 111047	MEMPHIS	TN	38111	8002381344
340	JOHN DEERE INSURANCE COMPANY	3800 23RD AVENUE SUITE 200	MOLINE	IL	61265	8003463566
341	AUTOMATED GROUP ADMINISTRATION, INC.	P.O. BOX 15568	FORT WAYNE	IN	46885	8008886472
342	SUN LIFE INSURANCE COMPANY OF CANADA	ONE SUN LIFE EXECUTIVE PARK	WELLESLEY	MA	02181	8002253950
343	GROUP BENEFITS ADMINISTRATORS	70 GRAND AVENUE	RIVEREDGE	NJ	07661	2013433003
345	EMPLOYEE BENEFIT SERVICES INC	P.O. BOX 1929	FORT MILL	SC	29716	8002421510
346	ADMINISTRATIVE SERVICES, INC.	2187 NORTHLAKE PARKWAY SUITE 106 BLD #9	TUCKER	GA	30084	7709343953
350	NORTH AMERICA ADMINISTRATORS	P O BOX 1984	NASHVILLE	TN	37203	6152563561
355	ACTIVA HEALTH GROUP	4350 E. CAMELBACK RD. # 200	PHOENIX	AZ	85018	6024689500
357	HEALTH PLAN SERVICES	POST OFFICE BOX 30298	TAMPA	FL	33630	8002377767
359	NORTH CAROLINA MUTUAL LIFE INSURANCE	411 W. CHAPEL HILL STREET	DURHAM	NC	27701	9196829201
360	NEW ENGLAND FINANCIAL	P.O. BOX 190019	N. CHARLESTON	SC	29419	8004087681
361	MID-SOUTH INSURANCE COMPANY	POST OFFICE BOX 40007	ROANOKE	VA	24022	8882083526
362	ESSILOR BENEFITS OF AMERICA	P.O. BOX 22600	ST. PETERSBURG	FL	33742	8003621116
364	CORESTAR	P.O. BOX 1195	MINNEAPOLIS	MN	55440	8004446965
365	GERBER CHILDRENS WEAR, INC.	P.O. BOX 2126	GREENVILLE	SC	29602	8649875200
367	LOOMIS INSURANCE COMPANY	P O BOX 7011	WYOMISSING	PA	19610	8007820392
368	MED BENEFITS SYSTEM	P O BOX 177	SOUTH BEND	IN	46601	2192370560
370	P5 ELECTRONIC HEALTH SERVICES	P.O. BOX 445	ROY	UT	84067	8774740605
372	MEDIPLAN	502 VALLEY ROAD	WAYNE	NJ	07410	9736963111
373	STATE FARM INSURANCE COMPANIES	7401 CYPRESS GARDENS BLVD	WINTERHAVEN,	FL	33888	8633183000
375	RESTAT	P.O. BOX 758	WEST BEND	WI	53095	8002481062
376	MISSISSIPPI ADMINISTRATIVE SERVICES	P O DRAWER 1434	OXFORD	MS	38655	6012362117
377	NORTH AMERICAN ADMINISTRATORS INC	P O BOX 9501	AMHERST	NY	14226	8008286922
378	SELF INSURERS SERVICE INC.	2218 SOUTH PRIEST DRIVE	TEMPE	AZ	85282	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

379	GOODYEAR TIRE & RUBBER COMPANY	P.O. BOX 677 DEPT. 609	AKRON	OH	44309	2167966531
380	BENCHMARK, INC.	P.O. BOX 16767	JACKSON	MS	39236	6013660596
381	PROVIDENT INDEMNITY LIFE INSURANCE COMPA	PO BOX 511	NORRISTOWN	PA	19404	8005199175
384	NORTH AMERICAN BENEFIT NETWORK	P O BOX 94928	CLEVELAND	OH	44101	8003214085
385	POSTMASTERS BENEFIT PLAN	1019 N. ROYAL STREET	ALEXANDRIA	VA	22314	7036835585
386	FORTIS INSURANCE COMPANY	1950 SPECTRUM CIRCLE,SUITE B100	MARIETTA	GA	30067	8004446254
387	PRIMARY PHYSICIANS CARE	P.O. BOX 11088	CHARLOTTE	NC	28220	7045232758
388	JOHN D HOLLINGSWORTH ON WHEELS, INC.	P O BOX 516	GREENVILLE	SC	29602	
389	GROUP LINK	P.O. BOX 20593	INDIANAPOLIS	IN	46220	8003597408
390	BOARD OF PENSIONS EVANGELICAL LUTHERAN C	P O BOX 59093	MINNEAPOLIS	MN	55459	6123337651
391	POMCO	P O BOX 6329	SYRACUSE	NY	13217	8002344393
392	SELF FUNDED GROUP INSURANCE ADMINISTRAT	P O BOX 1719	KALAMAZOO	MI	49005	8003421895
393	FOUNTAINHEAD ADMINISTRATORS, INC.	P O BOX 13188	BIRMINGHAM	AL	35202	8009919155
398	MANPOWER BENEFIT ACCOUNT	5301 N. IRONWOOD ROAD	MILWAUKEE	WI	53217	4149611000
399	PACIFIC LIFE AND ANNUITY	P.O. BOX 34799	PHOENIX	AZ	85067	8007332285
400	STATE EMPLOYEES HEALTH PLAN BLUE CROSS	P O BOX 100605	COLUMBIA	SC	29260	8008682520
401	BLUE CROSS AND BLUE SHIELD OF SC	I-20 AT ALPINE ROAD	COLUMBIA	SC	29219	8037883860
402	FEDERAL EMPLOYEE PLAN BLUE CROSS	I-20 AT ALPINE ROAD	COLUMBIA	SC	29260	8037883860
403	HMO BLUE/PREFERRED HEALTH SYSTEMS	PO BOX 100300	COLUMBIA	SC	29202	8008999193
404	BOB JONES UNIVERSITY	1700 WADE HAMPTON BLVD.	GREENVILLE	SC	29614	8643701800
405	EMPLOYEE HEALTH GROUP PLAN	101 LYNHAVEN ROAD	VIRGINIA BEACH	VA	23451	
406	TRAVELERS PLAN ADMINISTRATORS OF ARIZONA	P O BOX 52100	PHOENIX	AZ	85072	6028661066
407	AGENCY SERVICE, INC.	P.O. BOX 17237	MEMPHIS	TN	38187	8007770988
408	LIFE INVESTORS INSURANCE COMPANY OF AMER	POST OFFICE BOX 8043	LITTLE ROCK	AR	72203	5013760426
409	UPSTATE ADMINISTRATIVE SERVICES	P.O. BOX 6589	SYRACUSE	NY	13217	3154221533
410	SAFECO INSURANCE COMPANY	P.O. BOX 34699	REDMOND,	WA	98124	2068678000
412	W H SHEPHERD COMPANIES	2868 ACTON RD SUITE 206	BIRMINGHAM	AL	35243	2059691155
413	ALLIED BENEFITS SYSTEM	P.O. BOX 909786	CHICAGO	IL	60690	8002882078
414	NATIONAL TELEPHONE COOP. ASSN.	1 WEST PACK SQUARE, SUITE 600	ASHEVILLE	NC	28801	8282529776
415	WEYCO, INC.	P O BOX 30132	LANSING	MI	48909	5173497010
416	COMPANION BENEFIT ALTERNATIVES	P.O. BOX 100185	COLUMBIA	SC	29202	8008681032
419	GEORGIA STATE HEALTH BENEFIT PLAN	POST OFFICE BOX 38151	ATLANTA	GA	30334	8006266402
420	CUNA MUTUAL INSURANCE GROUP	POST OFFICE BOX 391	MADISON	WI	53701	6082385851
421	MUTUAL GROUP U. S. EMPLOYEE BENEFITS,THE	P.O. BOX 2976	MILWAUKEE	WI	53201	4147975000
433	COMPANION LIFE	P.O. BOX 100133	COLUMBIA	SC	29202	8037880500
434	PIEDMONT HEALTH ALLIANCE	116 BONHAM CT.	ANDERSON	SC	29621	8643759661
435	SEABURY AND SMITH COMPANY, INC.	P.O. BOX 2545	NASHVILLE	TN	37219	8005822498
436	DAVIS-GARVIN AGENCY	#1 FERNANDINA COURT	COLUMBIA	SC	29212	8037320060
437	NEW ERA LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	77210	2813687200
438	MAMSI LIFE AND HEALTH INSURANCE CO	P.O. BOX 993	FREDRICKS	MD	21705	8002576458
441	FEDERAL MOGUL HEALTHCARE	P O BOX 1999	DETROIT	MI	48235	8005220041
442	GE LIFE & ANNUITY ASSURANCE CO.	P.O. BOX 6700	LYNCHBURG	VA	24505	8002530856

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

443	GATES HEALTH CARE PLAN	P O BOX 5887	DENVER	CO	80217	8007770595
444	BENEFIT SOUTH	PO BOX 5150	GREENVILLE	SC	29606	8642332932
445	CAROLINA CARE PLAN, INC.	P.O. BOX 100234	COLUMBIA	SC	29202	8037507400
446	EMPLOYEE BENEFIT SERVICES	POST OFFICE BOX 9888	SAVANNAH	GA	31412	8035778051
448	MAXICARE NORTH CAROLINA HMO	5550 77 CENTER DRIVE, SUITE 380	CHARLOTTE	NC	28217	7045250880
450	EMPLOYEE BENEFITS TRUST	P.O. BOX 8788	WILMINGTON	DE	19899	8007522677
451	ASSURE CARE	340 QUANRINGLE BLVD	BOILING BROOK	IL	60440	8007597244
452	GENERAL MILLS HEALTH CLAIMS SERVICES	P O BOX 59054	MINNEAPOLIS	MN	55459	8004468182
454	INTERNATIONAL UNION OF OPERATING ENGINEE	166 WEST KELLY STREET	METUCHEN	NJ	08840	9085486662
458	OBA MIDWEST	8160 SOUTH CASS AVE	DARIEN	IL	60561	6309602035
459	GLASS MOTORS & PLASTIC (GMPA)	5245 BIG PINE WAY, SE 33907	FORT MYERS	FL	33907	8139366242
460	MORRIS ASSOCIATES	P.O. BOX 50440	INDIANAPOLIS	IN	46250	3175549000
461	ECKERD HEALTH SERVICES	620 EPSILON DRIVE	PITTSBURGH	PA	15230	8005815300
462	PICCADILLY INSURANCE EMPLOYEE BENEFITS DE	P O BOX 2467	BATON ROUGE	LA	70821	5042968382
463	TIM BAR CORP	P.O. BOX 449	HANOVER	PA	17331	7176324727
464	INTERNATIONAL MEDICAL GROUP	407 N. FULTON STREET	INDIANAPOLIS	IN	46202	8006284664
465	INTER CARE BENEFIT SYSTEMS	P.O. BOX 3559	ENGLEWOOD	CO	80155	3037705710
466	VALUE RX	PO BOX 421150	PLYMOUTH	MN	55442	8009554879
467	HARRINGTON BENEFIT SERVICES	P O BOX 182173	COLUMBUS	OH	43218	8008482664
468	PHOENIX HEALTHCARE	P.O. BOX 150809	ARLINGTON	TX	76015	8003976241
469	AMERICAN ASSOCIATION OF RETIRED PERSONS (P O BOX 13999	PHILADELPHIA	PA	19187	8005235880
470	YODER BROTHERS	1001 LEBANON RD	PENDLETON	SC	29670	8646468331
471	ADVANCE PRESCRIPTION MANAGEMENT	P.O. BOX 853901	RICHARDSON	TX	75085	8008642352
472	NATIONAL HEALTH CARE HEALTH BENEFITS PLAN	POST OFFICE BOX 1398	MURFREESBORO	TN	37133	6158902020
473	EMPLOYEE BENEFIT ADMINISTRATORS	424 NORTH FIRST AVE	ARCADIA	CA	49516	6262942800
474	DIVERSIFIED PHARMACUETICAL	P.O. BOX 169052	DELUTH	MN	55816	8002338065
475	PRIME COMPANION	PO BOX 100301	COLUMBIA	SC	29202	8006188497
476	CENTRAL STATES, SOUTHEAST & SOUTHWEST	P.O. BOX 5116	DEPLAINES	IL	60017	8003235000
477	MEGA LIFE / UNITED INSUANCE COMPANY	P.O. BOX 809025	DALLAS	TX	75380	8005272845
478	CENTRAL STATES HEALTH & WELFARE	P.O. BOX 5103	DES PLAINES	IL	60017	8003232190
479	PRIMEXTRA	P.O. BOX 1088	TWINSBURG	OH	44087	8004334893
480	COVENTRY HEALTH CARE OF THE CAROLINAS	P.O. BOX 7715	LONDON	KY	40742	8008891947
482	COVENTRY HEALTHCARE OF GEORGIA	P.O. BOX 7128	LONDON	KY	40742	8667321017
483	COOPERATIVE BENEFITS ADMINISTRATORS	POST OFFICE BOX 6249	LINCOLN	NE	68506	4024839250
484	INTEGRITY BENEFITS NETWORK	PO BOX 4537	MARIETTA	GA	30061	7704281604
485	TRI-GON ADMINISTRATORS	P.O. BOX 85639	RICHMOND	VA	23285	8006283912
486	INGLES MARKETS	P O BOX 15174	ASHEVILLE	NC	28813	7046692941
487	PIEDMONT INS COMPANY	P.O. BOX 979	MARION	SC	29571	8434235541
488	AMERICAN BENEFITS MANAGEMENT	P.O. BOX 667	CHARGIN	OH	44022	4043219200
489	ADVANCED INSURANCE SERVICE/BENEFIX	POST OFFICE BOX 19	MEMPHIS	TN	38101	9015442344
490	ADMINITRON	PO BOX 5095	BRENTWOOD	TN	37024	6153733537
491	VISION SERVICE PLAN	PO BOX 997100	SACRAMENTO	CA	95899	8006227444

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

492	ASSOCIATED PRESCRIPTION SERVICE	104 CHURCHLANE SUITE 200	BALTIMORE	MD	21208	8009623784
494	AVESIS PHARMACY NETWORK	P.O. BOX 15999	PHOENIX	AZ	85060	8005271398
495	NATIONAL PRESCRIPTION ADMINISTRATORS	P.O. BOX 1981	EAST HANOVER	NJ	07936	8005226727
496	AMERICAN VETERINARIAN MEDICINE ASSN.	P.O. BOX 909720	CHICAGO	IL	60604	8006216360
497	UNITED TEACHER ASSOCIATES INSURANCE CO	P.O. BOX 26580	AUSTIN	TX	78746	5124512224
498	CAROLINA BENEFIT ADMINISTRATORS	P.O. BOX 3257	SPARTANBURG	SC	29304	8645736937
500	DELTA DENTAL	P.O. BOX 1809	ALPHARETTA	GA	30023	8005212651
501	UNION FIDELITY INSURANCE COMPANY	4850 STREET ROAD	TREVOSE	PA	19049	8005236599
503	BALL GLASS CONTAINER CORP	P.O. BOX 9	LAURENS	SC	29360	8649842551
504	BLAIR MILL ADMINISTRATOR/INTER COUNTY HO	720 BLAIR MILL ROAD	HORSHAM	PA	19044	2156578920
505	ASSOCIATED ADMINISTRATORS	P.O. BOX 27806	BALTIMORE	MD	21285	8006382972
506	EMPLOYEE BENEFIT PLAN ADMINISTRATORS	PO BOX 2000	HAMPTON	NH	03842	8002587298
507	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA	POST OFFICE BOX 34350	OMAHA	NE	68134	4023971111
508	GROUP HEALTH INC.	PO BOX 15030	ALBANY	NY	12212	5184468003
509	EQUITABLE LIFE AND CASUALTY	PO BOX 2460	SALT LAKE CITY	UT	84110	8003525150
511	CIGNA BEHAVIORAL HEALTH	P.O. BOX 46270	EDEN PRAIRIE	MN	55344	8003364091
512	ACHIEVEMENT & GUIDANCE CENTER OF AMERICA	P.O. BOX 1099	MARYLAND HEIGHTS	MO	63043	8009647710
513	VALUE OPTIONS	P.O. BOX 1079	TROY	NY	12181	8002880882
514	LIFE OF THE SOUTH TPA	P.O. BOX 12288	COLUMBUS	GA	31907	8002779218
516	DIRECT REIMBURSEMENT BENEFIT PLANS	1111 ALDERMAN DR SUITE 420	ALPHARETTA	GA	30202	7706645594
518	NAT'L ASBESTOS WORKERS MED FUND	4600 POWDER MILL RD.	BELTSVILLE	MD	20705	8003863632
519	HEALTHSORE ADMINISTRATORS	P.O. BOX 382617	BIRMINGHAM	AL	35238	8778939294
520	SCRIPT CARD	PO BOX 846	BROOKFIELD	IL	53008	8012683135
521	CORPORATE HEALTH ADMINISTRATORS	P.O. BOX 2156	BISMARCK	ND	58502	8002350123
522	NATIONAL AUTOMATIC SPRINKLER INDUSTRY	800 CORPORATE DRIVE	LANDOVER	MD	20785	3015771700
525	CONSECO MEDICAL INSURANCE CO.	P.O. BOX 1205	ROCKFORD	IL	61105	8009470319
526	AULTCARE	P.O. BOX 6910	CANTON	OH	44706	8003448858
529	ANTHEM HEALTH	3575 KROGER BLVD., SUITE 400	DULUTH	GA	30316	8008881966
531	MARY BLACK HEALTHNETWORK	1690 SKYLYN DRIVE, SUITE,130	SPARTANBURG	SC	29307	8645733535
532	AMERICAN MEDICAL SECURITY	P.O. BOX 19032	GREENBAY	WI	54307	8002325432
533	PHYSICIANS CARE NETWORK	P.O. BOX 101111	COLUMBIA	SC	29211	8883239271
534	PROVANTAGE PRESCRIPTION BENEFIT MANAGEM	P.O. BOX 1662	WAUKEHA	WI	53187	2627844600
535	EAGLE MANAGED CARE	P.O. BOX 546	CAMPBILL	PA	17001	8008377279
536	CLAIMSWARE MANAGEMED	P.O. BOX 6125	GREENVILLE	SC	29606	8642348200
539	GROUP UNDERWRITERS INC	P O BOX 6079	ELBERTON	GA	30635	8002417248
540	LIBERTY NATIONAL LIFE INSURANCE COMPANY	POST OFFICE BOX 2612	BIRMINGHAM	AL	35202	2053252722
542	THIRD PARTY ADMINISTRATORS/AMERICAN BEN	1733 PARK ST.	NAPERVILLE	IL	60563	8006315917
546	RISK MANGEMENT SERVICES	P.O. BOX 6309	SYRACUSE	NY	13217	3154489228
548	PENSION ASSOCIATES INC. (PAI)	10795 WATSON RD	ST. LOUIS	MO	63127	8003659036
549	WAL-MART STORES GROUP HEALTH PLAN	922 W WALNUT STE A	ROGERS	AR	72756	5016212929
551	STOUFFER HEALTH BENEFITS	P O BOX 1419	GAFFNEY	SC	29342	8644877111
552	CORESOURCE INC	6100 FAIRVIEW ROAD	CHARLOTTE	NC	28210	8003275462

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

554	DIAMOND G EMPLOYEE BENEFIT TRUST	P O BOX 1298	GREENVILLE	TN	37744	4236396145
555	LORIS INDUSTRIES	P.O. BOX AE	PATTERSON	NJ	07509	9736841600
556	UNIFIED GROUP SERVICES	P.O. BOX 10	PENDLETON	IN	46064	7657781535
558	NATIONAL TRAVELERS LIFE INS. CO.	P.O. BOX 9197	DES MOINES	IA	50306	8002325818
559	CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN	P.O. BOX 100569	FLORENCE	SC	29501	8436613875
560	ALLEN MEDICAL CLAIMS ADMINISTRATORS	P.O. BOX 978	FT. VALLEY	GA	31030	8008255406
561	PHOENIX MUTUAL LIFE INSURANCE COMPANY	ONE AMERICAN ROW	HARTFORD	CT	06115	8004512513
562	HEALTH CLAIMS SERVICES, INC.	P.O. BOX 9615	DEERFIELD BEACH	FL	33442	8002223560
563	ADMINISTRATIVE SERVICE CONSULTANTS	3301 E ROYALTON ROAD BLDG D	BROADVIEW HEIGHTS	OH	44147	
564	HEALTH STRATEGIES	104 INVERNESS CENTER PLACE SUITE 130	BIRMINGHAM	AL	35242	2059681300
565	POE & BROWN BENEFITS	P.O. BOX 2480	DAYTONA BEACH	FL	32115	8004344890
568	HEALTH RISK MANAGEMENT INC	P.O. BOX 1479	MINNEAPOLIS	MN	55440	8004220055
569	DIAGNOSTEK PERFORM COST MANAGEMENT SVC	PO BOX 421150	PLYMOUTH	MN	55442	8009554879
571	NATIONAL GROUP LIFE INSURANCE CO	P.O. BOX 1250	ROCKFORD	IL	61105	8009500084
574	TEAMSTERS UNION 509	DIXIANA HIGHWAY 321	CAYCE	SC	29033	
575	CENTENNIAL LIFE	POST OFFICE BOX 470	SHAWNEE MISSION	KS	66201	8004233754
577	UNITED FIDELITY LIFE INSURANCE COMPANY	P O BOX 13487	KANSAN CITY	MO	64199	8163912134
580	WORLD INSURANCE COMPANY	P.O. BOX 3160	OMAHA	NE	68103	4024968000
581	ALTA RX	P.O. BOX 30081	SALT LAKE CITY	UT	84130	8009985033
582	USAA GENERAL INDEMNITY CO.	P.O. BOX 15506	SACRAMENTO	CA	95852	8005318222
583	ANTHEM BENEFIT ADMINISTRATORS	P.O. BOX 528	COLUMBUS	OH	43216	8008246796
584	GOLDEN RULE INSURANCE COMPANY	7440 WOODLAND DRIVE	INDIANAPOLIS	IN	46278	6189438000
585	BENEFIT ASSOCIATES	P.O. BOX 470	BROOKFIELD	WI	53008	8007982681
586	DIVERSIFIED GROUP ADMINISTRATORS, INC.	P.O. BOX 330	CANONSBURG	PA	15317	8002218490
589	COMBINED ADMINISTRATIVE SERVICES	P.O. BOX 4539	DALTON	GA	30719	7062727391
590	PHYSICIANS HEALTH SERVICES	P.O. BOX 981	BRIDGEPORT	CT	06601	8008484747
591	OLD AMERICAN INSURANCE COMPANY	POST OFFICE BOX 418573	KANSAS CITY	MO	64141	8167534900
592	ROBEY BARBER INSURANCE SERVICES	P.O. BOX 10100	TAMPA	FL	33679	8007497409
594	WELLS FARGO FINANCIAL	206 EIGHTH STREET	DES MOINES	IA	50309	5152432131
595	AFLAC -AMERICAN FAMILY LIFE ASSO CO	1932 WYNNNTON ROAD	COLUMBUS	GA	31999	8009923522
597	MONARCH DIRECT	POST OFFICE BOX 9004	SPRINGFIELD	MA	01101	8006289000
599	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFI	PO BOX 477	NEWTOWN SQUARE	PA	19073	8005234702
604	CHAMPVA	PO BOX 65024	DENVER	CO	80206	3033317599
606	VOCA.REHAB GENERAL					
608	VOCATIONAL REHAB DISABILITY					
609	COMM FOR BLIND					
610	DHEC CANCER					
611	DHEC C. CHILDREN					
612	DHEC LOW RISK MATERNITY					
613	DHEC HIGH RISK MATERNITY					
614	CHAMPUS/CHAMPVA	P.O. BOX 7031	CAMDEN	SC	29020	8004033950
615	DHEC STERILIZATION					

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

617	STATE ORTHOPEDIC					
618	MEDICARE PART A					
620	MEDICARE PART B ONLY					
621	DEPT CORRECTIONS					
622	WORKMEN'S COMP					
623	CHARITY ORGANIZATION					
624	OTHER SPONSOR					
625	DHEC MIGRANT HEALTH					
626	DHEC SICKLE CELL					
627	DHEC HEART	-	-	-	----	
628	DHEC HEMOPHILIA	-	-	-	----	
629	DHEC FAMILY PLANNING	-	-	-	----	
630	DHEC TB	-	-	-	----	
631	SHRINERS	-	-	-	----	
632	CRIME VICTIMS	-	-	-	----	
633	VETERANS ADMINISTRATION	-	-	-	-	
635	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	4023427600
636	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	
637	SELECT HEALTH/MEDICAID HMO			SC	-	
638	AMERICAN MEDICAL PLANS OF SC	246 STONRIDGE DRIVE SUITE 101	COLUMBIA	SC	29210	8037487395
642	TRICARE FOR LIFE	P.O. BOX 7053	CAMDEN	SC	29020	8004033950
645	STERLING MEDICARE + CHOICE	P.O. BOX 70	LINTHIEUM	MD	21900	6152445600
646	CIGNA-MEDICARE	P.O. BOX 671	NASHVILLE	TN	37202	6152445600
650	ABBEVILLE COUNTY	-	-	-	-	
651	AIKEN COUNTY	-	-	-	-	
652	ALLENDALE COUNTY	-	-	-	-	
653	ANDERSON COUNTY	-	-	-	-	
654	BAMBERG COUNTY	-	-	-	-	
655	BARNWELL COUNTY	-	-	-	-	
656	BEAUFORT COUNTY	-	-	-	-	
657	BERKELEY COUNTY	-	-	-	-	
658	CALHOUN COUNTY	-	-	-	-	
659	CHARLESTON COUNTY	-	-	-	-	
660	CHEROKEE COUNTY	-	-	-	-	
661	CHESTER COUNTY	-	-	-	-	
662	CHESTERFIELD COUNTY	-	-	-	-	
663	CLARENDON COUNTY	-	-	-	-	
664	COLLETON COUNTY	-	-	-	-	
665	DARLINGTON COUNTY	-	-	-	-	
666	DILLON COUNTY	-	-	-	-	
667	DORCHESTER COUNTY	-	-	-	-	
668	EDGEFIELD COUNTY	-	-	-	-	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

669	FAIRFIELD COUNTY	-	-	-	-	
670	FLORENCE COUNTY	-	-	-	-	
671	GEORGETOWN COUNTY	-	-	-	-	
672	GREENVILLE COUNTY	-	-	-	-	
673	GREENWOOD COUNTY	-	-	-	-	
674	HAMPTON COUNTY	-	-	-	-	
675	HORRY COUNTY	-	-	-	-	
676	JASPER COUNTY	-	-	-	-	
677	KERSHAW COUNTY	-	-	-	-	
678	LANCASTER COUNTY	-	-	-	-	
679	LAURENS COUNTY	-	-	-	-	
680	LEE COUNTY	-	-	-	-	
681	LEXINGTON COUNTY	-	-	-	-	
682	MARION COUNTY	-	-	-	-	
683	MARLBORO COUNTY	-	-	-	-	
684	MCCORMICK COUNTY	-	-	-	-	
685	NEWBERRY COUNTY	-	-	-	-	
686	OCONEE COUNTY	-	-	-	-	
687	ORANGEBURG COUNTY	-	-	-	-	
688	PICKENS COUNTY	-	-	-	-	
689	RICHLAND COUNTY	-	-	-	-	
690	SALUDA COUNTY	-	-	-	-	
691	SPARTANBURG COUNTY	-	-	-	-	
692	SUMTER COUNTY	-	-	-	-	
693	UNION COUNTY	-	-	-	-	
694	WILLIAMSBURG COUNTY	-	-	-	-	
695	YORK COUNTY	-	-	-	-	
696	OUT-OF-STATE GA	-	-	-	-	
697	OUT-OF-STATE NC	-	-	-	-	
698	OUT-OF-STATE OTHER	-	-	-	-	
701	UNI-CARE CHOICE HEALTH BENEFITS	P.O. BOX 51130	SPRINGFIELD	MA	01151	8002888630
703	TUCKER COMPANY & ADMINISTRATORS	9140 ARROW POINT BLVD. #200	CHARLOTTE	NC	28273	7045259666
704	UNITED FOOD & COMMERCIAL WORKERS (UFCW)	1800 PHOENIX BLVD. SUITE 310	ATLANTA	GA	30349	8002417701
705	APS HEALTHCARE, INC.	P.O. BOX 1307	ROCKVILLE	MD	20849	8002218699
706	GEORGIA PHARMACEUTICAL SERVICES	P.O. BOX 95527	ATLANTA	GA	30347	4042315074
707	DILLON YARN MEDICAL BENEFITS	1019 TITAN RD	DILLON	SC	29536	8437747353
708	MID ATLANTIC ADMINISTRATORS	P.O. BOX 212209	COLUMBIA	SC	29221	8008499270
709	MARSH ADVANTAGE AMERICA	145 NORTH CHURCH ST SUIT 300	SPARTANBURG	SC	29301	8008687526
710	21ST CENTURY HEALTH AND BENEFITS INC	1760 MARKET STREET 14TH FLOOR	PHILADELPHIA	PA	19103	8005339323
711	LABORERS DISTRICT COUNCIL OF GA AND SC	P O BOX 607	JONESBORO	GA	30237	4044771888
712	TDI MANAGED CARE SERVICES	620 EPSILON DRIVE	PITTSBURG	PA	15238	8005815300
715	UNITED HEALTH & LIFE INSURANCE COMPANY	P.O. BOX 169050	DULUTH	MN	55816	8005262414

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

717	COMCAR INDUSTRIES	P.O. DRAWER 67	AUBURNDALE	FL	33823	8005241101
718	RX PRIME/CIGNA PHARMACY SERVICES	P.O. BOX 3598	SCRANTON	PA	18505	8006225579
719	FLORIDA HEALTH ALLIANCE	P.O. BOX 10269	JACKSONVILLE	FL	32247	9043548335
720	UNITED MINE WORKERS HEALTH & RETIREMENT	ROUTE 2 BOX 218A	BIG STONE GAP	VA	24219	8006549763
722	AMERICAN REPUBLIC INSURANCE COMPANY	POST OFFICE BOX 10	DES MOINES	IA	50301	8002472190
723	CAROLINA CONTINENTAL INSURANCE	POST OFFICE BOX 427	COLUMBIA	SC	29202	8032566265
724	INSURANCE CLAIMS SERVICE	P.O. BOX 43350	BIRMINGHAM	AL	35243	8007418688
725	DIALYSIS CLINIC, INC.	203 FREEMONT AVENUE	SPARTANBURG	SC	29303	8645852046
726	INSURANCE SERVICE AND BENEFITS	3218 HIGHWAY 67 SUITE 218	MESQUITE	TX	75150	8008783157
727	GUARANTEE MUTUAL LIFE CO.	8801 INDIAN HILLS DRIVE	OMAHA	NE	68114	8004624660
728	GENERAL PRESCRIPTION PROGRAMS INC	305 MEDICINE BLVD.	NEW YORK	NY	10165	8003412234
729	GROUP INSURANCE SERVICES (GIS)	P.O. BOX 2291	DURHAM	NC	27702	9194904391
730	GEORGIA HEALTHCARE PARTNERSHIP	P.O. BOX 16388	SAVANNAH	GA	31416	8005666710
731	INSURANCE & RISK MANAGEMENT INSURANCE	POST OFFICE BOX 41-4043	MIAMI BEACH	FL	33141	3058667771
732	HERTZ CLAIM MANAGEMENT	P.O. BOX 726	PARK RIDGE	NJ	07656	2013072177
733	US HEALTHCARE INC HMO	P.O. BOX 1125	BLUEBELL	PA	19422	8006240756
735	EATON BENEFIT PAYMENT OFFICE	P O BOX 16691	COLUMBUS	OH	43214	8002216036
736	SPECTERA	2811 LORD BALTIMORE DR.	BALTIMORE	MD	21244	8006383120
737	UNITED CONCORDIA	P.O. BOX 69421	HARRISBURG	PA	17106	8008668499
738	AMERICAN EXECUTIVE LIFE	POST OFFICE BOX 2226	COLUMBIA	SC	29202	8037988698
739	CENTRA BENEFIT SERVICES	P.O. BOX 869041 DEPT. 198	PLANO	TX	75086	8005274296
740	PHARMACARE	P.O. BOX 519	LINCOLN	RI	02865	8002376184
741	HEALTH PLANS & FREEDOM CARE	P.O. BOX 15100	WORCHESTER	MA	01615	8003437674
742	MIDA DENTAL PLAN	2000 TOWN CENTER, SUITE 2200	SOUTHFIELD	MI	48075	8009376432
743	EMPLOYEE PLANS, INC.	P.O. BOX 2362	FT WAYNE	IN	46801	8002497198
744	COLUMBIA PHARMACY SOLUTIONS	PO BOX 30 COLUMBIA PLAZA	GREENSBURG	PA	15601	8007131983
745	GROUP BENEFIT SERVICES	1312 BELLONE AVENUE	LUTHERVILLE	MD	21093	8006386085
746	MED-TAC CLAIMS	P.O. BOX 9110	NEWTON	MA	02160	8003479355
750	BENEFIT ADMINISTRATIVE SERVICES	P.O. BOX 4509	ROCKFORD	IL	61110	8159699663
751	POLARIS BENEFIT ADMINISTRATORS	P O BOX 1008	DELAWARE	OH	43015	8002340225
753	STATELINE TPA	INDIAN WOOD CIRCLE SUITE	MAUMEE	OH	43537	8004288194
754	ASO NORTH AMERICA INC	PO BOX 4582	HOUSTON	TX	77210	8007584427
755	TOTAL BENEFIT SERVICES INC	PO BOX 30180	NEW ORLEANS	LA	70190	800596 315
756	MANUS INSURANCE COMPANY	6350 W ANDREW JACKSON HWY	TALBOTT	TN	37877	8009933401
757	J C PENNEY LIFE INSURANCE COMPANY	POST OFFICE BOX 869090	PLANO	TX	75086	9728816000
759	MEDIPLUS	P.O. BOX 9126	DES MOINES	IA	50309	8002472192
760	KEY BENEFIT ADMINISTRATORS	P.O. BOX 55230	INDIANAPOLIS	IN	46205	8003314757
761	EMPLOYEE BENEFIT STRATEGIES	229 EAST MICHIGAN AVE. STE. 235	KALAMAZOO	MI	49007	8003257477
763	THE PROVIDENT	P.O. BOX 31499	TAMPA	FL	33631	8005257268
766	PALMER & CAY/CARSWELL, INC.	POST OFFICE BOX 1286	SAVANNAH	GA	31402	9122346621
768	WISCONSIN PHYSICIANS SERVICES	1717 WEST BROADWAY STREET	MADISON	WI	53708	8889154158
769	FEDEX FREIGHTWAYS	P O BOX 840	HARRISON	AR	72602	8008744723

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

770	PEOPLES BENEFIT LIFE INSURANCE	P O BOX 484	VALLEY FORGE	PA	19493	8005237900
771	PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.)	P O BOX 982009	N RICHLAND HILLS	TX	76182	8176566040
772	BENEFIT SYSTEMS INC	P O BOX 6001	INDIANAPOLIS	IN	46206	8008243216
773	PHYSICIANS MUTUAL INSURANCE COMPANY	P.O. 2018	OMAHA	NE	68103	8002289100
774	DISNEY WORLDWIDE SERVICES	P O BOX 10130	LAKE BUENA VISTA	FL	33830	8003922978
775	FIRST CHOICE BENEFITS MANAGEMENT	P O BOX 658	BELOIT	WI	53512	8003035770
776	GULF SOUTH ADMINISTRATORS	P O BOX 8570	METAIRIE	LA	70011	8003662475
779	UNISYS	P O BOX 13500	TALLAHASSEE	FL	32317	8007677829
780	CORPORATE SYSTEMS ADMINISTRATION INC	P O BOX 4985	JOHNSON CITY	TN	37602	8002752847
781	MEDICAL CLAIMS MANAGEMENT CORP	P O BOX 12995	CHARLOTTE	NC	28220	8003340609
782	HOUSING BENEFIT PLAN	P O BOX 542077	DALLAS	TX	75354	8009372036
788	ERISA DESIGN SYSTEMS ADM.(EDSA)	P.O. BOX 1557	BALTIMORE	MD	21203	8008203372
789	NATIONAL CASUALTY COMPANY	PO BOX 1250	ROCKFORD	IL	61105	8002751896
790	NATIONAL TWIST DRILL COMPANY	3950 LAKE DRIVE	LORIS	SC	29569	
791	LADD FURNITURE HEALTH PLAN	POST OFFICE BOX 7405	GREENSBORO	NC	27417	8002886312
792	PIONEER LIFE INSURANCE COMPANY OF ILLINOIS	P O BOX 1250	ROCKFORD	IL	61105	8159875000
794	UNITED FAMILY LIFE INSURANCE COMPANY	POST OFFICE BOX 2204	ATLANTA	GA	30371	4046593300
795	REGIONAL MEDICAL ADMINISTRATORS INC.	P.O. BOX 4128	GLEN RAVEN	NC	27215	3362267950
797	DOAN PET CARE GROUP	451 PROSPERITY DRIVE	ORANGEBURG	SC	29115	8003720004
798	BENEFITS ASSISTANCE	1710 FIRMAN	RICHARDSON	TX	75081	8005591322
799	GE FINANCIAL ASSURANCE	P.O. BOX 8021	SAN RAFAEL	CA	94912	8008764582
803	FIRST CONTINENTAL LIFE INSURANCE	POST OFFICE BOX 1911	CARMEL	IN	46032	8005381235
826	WILLSE & ASSOCIATES, INC.	P O BOX 1196	BALTIMORE	MD	21203	4105470454
827	J. SMITH LANIER	P.O. BOX 72749	NEWMAN	GA	30271	8882954864
828	NATIONAL PHARMACEUTICAL SERVICES	P.O. BOX 407	BOYSTOWN	NE	68017	8005465677
829	ADMINISTRATIVE SOLUTIONS	P.O. BOX 2490	ALPHARETTA	GA	30023	6783390211
830	CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA)	9003 WATERFORD CENTER BLVD	AUSTIN	TX	78758	8002477724
831	CORPORATE BENEFIT SOLUTIONS, INC.	P.O. BOX 8215	LITTLE ROCK	AR	72221	8886049397
832	CAMERON AND ASSOCIATES	6100 LAKE FOREST DRIVE	ATLANTA	GA	30328	8003879919
833	AMERICAN CHAMBERS LIFE INSURANCE CO.	PO BOX 3048	NAPERVILLE	IL	60566	6035053100
834	DEFINITY HEALTH	P.O. BOX 69305	HARRISBURG	PA	17106	8663334648
835	MANAGED PHARMACY BENEFITS	1100 NORTH LINDBERGH	ST. LOUIS	MO	63132	8006729540
836	HUMANA EMPLOYERS HEALTH	1100 EMPLOYERS BLVD	GREEN BAY	WI	54344	8005584444
837	HEALTH ADMINISTRATION SERVICES	P.O. BOX 6724208	HOUSTON	TX	77267	8008655440
838	SHESFIELD, OLSON & MCQUEEN	P.O. BOX 16608	ST PAUL	MN	55116	8883308408
839	CITIZENS SECURITY LIFE INS.	P.O. BOX 436149	LOUISVILLE	KY	40253	5022442420
840	AMERICAN INCOME LIFE INSURANCE COMPANY	POST OFFICE BOX 2608	WACO	TX	76797	8177723050
842	GARDNER AND WHITE INC	POST OFFICE BOX 40619	INDIANAPOLIS	IN	46240	3172579131
843	CORE MANAGEMENT RESOURCES GROUP	P.O. BOX 840	MACON	GA	31202	8887412673
846	SCRIPT CARE, INC.	87 INTERSTATE 10 N. STE. 100	BEAUMONT	TX	77707	8008809988
847	MAHONEY BENEFIT ADMINISTRATORS	P.O. BOX 7260	FORT LAUDERDALE	FL	33338	8002807093
848	HERITAGE	P.O. BOX 1730	AUBURNDALE	FL	33823	8002822460

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

849	E.O.S. HEALTH	P.O. BOX 27088	TEMPE	AZ	85285	8884568417
852	EMPLOYERS MUTUAL	1000 RIVERSIDE AVE, SUITE 400	JACKSONVILLE	FL	32257	8006972235
853	COMPSYCH CORP.	P.O. BOX 8379	CHICAGO	IL	60680	8775955282
854	BOYD CARE (BOYD BROTHERS TRANSPORTATION	P.O. BOX 70	CLAYTON	AL	36016	3347751284
855	UNIVERSITY HEALTH PLANS	P.O. BOX 830926 DEPT 003	BIRMINGHAM	AL	35283	8778780914
856	TRANSAMERICA OCCIDENTAL LIFE	POST OFFICE BOX 2101 TERMINAL ANNEX	LOS ANGELES	CA	90051	2137422111
857	CORPORATE BENEFIT SERVICES INC	P.O. BOX 12954	CHARLOTTE	NC	28220	7043730447
859	NEW ENGLAND GROUP TRUST	P.O. BOX 30466	TAMPA	FL	33630	8006541731
860	MANAGED HEALTH NETWORK	5100 GOLDLEAF CIRCLE SUITE 300	LOS ANGELES	CA	90056	8007779355
861	SUPERIOR ESSEX	P.O. BOX 724907	ATLANTA	GA	31139	8772917920
862	PERFORMAX	300 CORPORATE PARKWAY	AMHERST	NY	11226	8777776076
863	INSURANCE ADMINISTRATION CORP.	P.O. BOX 39119	PHOENIX	AZ	85069	8008433106
864	GE GROUP ADMINISTRATORS	P.O. BOX 3005	AGAWAM	MA	01001	8882558961
865	AMERICAN HEARTLAND HEALTH ADMINISTRATO	P.O. BOX 218967	HOUSTON	TX	77218	2813987770
866	OLYMPIC HEALTH MANAGEMENT	P.O. BOX 5348	BELLINGHAM	WA	98227	3607349888
867	STATE OF NC COMP. HEALTH BENEFIT	P O BOX 30025	DURHAM	NC	27702	9194897431
868	KANSAS CITY LIFE	P.O. BOX 219325	KANSAS CITY	MO	64121	8008745254
869	EMPLOYEE BENEFIT MANAGEMENT SERVICES	P.O. BOX 21367	BILLINGS	MT	59102	8007773575
870	FOUNDATION HEALTH	P.O. BOX 453219	SUNRISE	FL	33345	8004415501
876	HEALTHSOURCE OF NC INC	PO BOX 28087	RALEIGH	NC	27611	8008499000
878	PENSION AND GROUP SERVICE/HRM CLAIM MANA	POST OFFICE BOX 4022	KALAMAZOO	MI	49003	8002530966
879	WELLPATH SELECT	6330 QUADRANGLE DRIVE SUITE 500	CHAPEL HILL	NC	27514	9194931210
880	OPTIMUM HEALTH PARTNERS	PO BOX 2243	GREENVILLE	SC	29602	8642134992
883	SELECT HEALTH OF SOUTH CAROLINA INC	7410 NORTHSIDE DRIVE SUITE 208	CHARLESTON	SC	29420	8435691759
884	PROVIDENT HEALTH CARE PLAN OF SOUTH CARO	201 BROOKFIELD PKWY SUITE 100	GREENVILLE	SC	29607	8006544209
885	JOHN ALDEN INSURANCE COMPANY	POST OFFICE BOX 020270	MIAMI	FL	33102	8003284316
886	PLANNED ADMINISTRATORS INC	POST OFFICE BOX 6927	COLUMBIA	SC	29260	8037540041
887	PRINCIPAL HEALTH CARE PLAN OF THE CAROLIN	2300 YORKMONT ROAD SUITE 710	CHARLOTTE	NC	28217	7043571759
888	SOUTHEASTERN BENEFIT PLANS INC.	335 ARCHDALE DRIVE	CHARLOTTE	NC	28217	7045295400
889	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD NE SUITE 1040	ATLANTA	GA	30326	8006210683
890	PARTNERS NATIONAL HEALTH PLANS OF NORTH	P O BOX 24907	WINSTON SALEM	NC	27114	8009425695
891	OPTIMUM CHOICE OF THE CAROLINAS INC	4 TAFT COURT	ROCKVILLE	MD	20850	8003438205
895	CONTINENTAL LIFE INS. OF TENNESSEE	P.O. BOX 1188	BRENTWOOD	TN	37024	6153771300
896	DOCTORS HEALTHPLAN COASTAL MANAGED HEA	2828 CROASDAILE DRIVE	DURHAM	NC	27705	8004762303
897	SOUTHERN BENEFIT ADM.	5305 VIRGINIA BEACH BLVD	NORFOLK	VA	23502	7574618091
899	AETNA HEALTH PLANS OF THE CAROLINAS INC	3 CENTERVIEW DRIVE	GREENSBORO	NC	27407	8004591466
900	KOHLER COMPANY	444 HIGHLAND DRIVE	KOHLER	WI	53044	9204574441
901	YORK PRESCRIPTION BENEFITS	1 CHURCH ST. 5TH FLOOR	NEW HAVEN	CT	06510	8887812707
906	GROUP HEALTH ADMINISTRATOR INC	P O BOX 6244	CHARLOTTE	NC	28207	8002225790
907	CELTIC LIFE INSURANCE CO.	P O BOX 46337	MADISON	WI	53744	8007662525
909	PREFERRED HEALTH ALLIANCE CORP.	300 CORPORATE PKWY. SUITE 3	BIRMINGHAM	AL	35242	2059691155
910	GALLAGER AND BASSETT SERVICES, INC.	2 PIERCE PLACE	ITASCA	IL	60143	8006595005

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

912	HARRINGTON BENEFIT SERVICES	POST OFFICE BOX 1391	DAYTON	OH	45401	8005239398
913	WELLNESS PLAN & ATLANTIC HEALTH PLAN	P.O. BOX 12980	CHARLOTTE	NC	28220	8007949355
915	MANAGED HEALTH RESOURCES	P.O. BOX 30742	CHARLOTTE	NC	28208	7043555200
916	ELMCO, INC.	215 EAST CHURCH ST. STE. 200	ELMIRA	NY	14901	6077345773
919	AMERICAN HEALTH GROUP, INC.	P.O. BOX 1500	MAUMEE	OH	43537	8008615770
922	COMPANION HEALTHCARE CORPORATION	POST OFFICE BOX 6170	COLUMBIA	SC	29260	8037868466
923	WJ JONES ADMINISTRATIVE SERVICES INC	1979 MARCUS AVE	LAKE SUCCESS	NY	11042	8008317783
929	NATIONAL HEALTH INSURANCE COMPANY	P O BOX 619999	DALLAS/FORT WORTH	TX	75261	8002371900
931	GOOD SAMARITAN PROGRAM	5151 WEST HWY 40	BEACHGROVE	IN	46140	3178942000
932	ALTERNATIVE RISK MANAGEMENT	3275 NORTH ARLINGTON HGTS. SUITE 401	ARLINGTON	IL	60004	8003921770
942	PRINCIPAL FINANCIAL GROUP	P.O. BOX 39710	COLORADO SPRINGS	CO	80949	8003234646
943	NATIONAL RURAL ELECTRIC COOP.	POST OFFICE BOX 6249	LINCOLN	NE	68506	4024839200
945	CAROLINA ATLANTIC MEDICAL SERVICES ORGAN	P O BOX 22528	CHARLESTON	SC	29413	8008100906
948	PHILADELPHIA AMERICAN LIFE INS. CO.	P.O. BOX 2465	HOUSTON	TX	77252	8005527879
958	ITPE-NMU HEALTH AND WELFARE FUND	POST OFFICE BOX 13817	SAVANNAH	GA	31416	9123527169
962	VICARE PLUS	P.O. BOX 1710	SUFFOLK	VA	23439	8779344403
964	PHARMACEUTICAL CARE NETWORK	9343 TECH CENTER DR.	SACRAMENTO	CA	95826	8007770074
965	PROFESSIONAL BENEFIT ADMINISTRATORS, INC.	P.O. BOX 4687	OAKBROOK	IL	60522	6306553755
966	CAPITOL ADMINISTRATORS OF THE SOUTHEAST	P.O. BOX 346	ALPHARETTA	GA	30009	8886506566
967	UNDERWRITERS SAFETY AND CLAIMS	P.O. BOX 23507	LOUISVILLE	KY	40223	8006781536
968	AMERICAN BENEFIT ADMINISTRATIVE SERVICES	P.O. BOX 0928	BROOKFIELD	WI	53008	6304161111
969	WHP HEALTH INITIATIVE	2275 HALF DAY RD	BANNOCKBURN	IL	60015	8002072568
970	SELF FUNDED PLAN, INC.	1432 HAMILTON AVE	CLEVELAND	OH	44114	8007227374
971	ATLANTA ADMINISTRATIONS	135 BEAVER STREET	WALTHAM	MA	02452	8005481256
972	ASR CORP (ADMINISTRATION SYSTEM RESEARCH	P.O. BOX 6392	GRAND RAPIDS	MI	49512	8009682449
973	CAMBRIDGE INTERGRATED SERVICES GROUP INC	P.O. BOX 1687	GRAND RAPIDS	MI	49501	8007669780
974	COMMERCE BENEFIT GROUP	P.O. BOX 900	ELYRIA	OH	44036	8002239941
975	NATIONAL MEDICAL HEALTH CARD	P.O. BOX 1170	FORT WASHINGTON	NY	11050	8006453332
976	PARAGON BENEFITS, INC.	P.O. BOX 12288	COLUMBUS	GA	31917	7062776710
977	ZENITH ADMINISTRATION	P.O. BOX 91014	SEATTLE	WA	98111	8004265980
978	LEGGETT & PLATT	P.O. BOX 7687	HIGH POINT	NC	27264	4173588131
979	CONFED ADMINISTRATION	P.O. BOX 29419-03	N. CHARLESTON	SC	29419	8004411172
980	BENEFIT SUPPORT, INC.	P.O. BOX 2977	GAINSVILLE	GA	30503	8007774752
981	UNITED PACIFIC LIFE INSURANCE CO.	PO. BOX 2996	PARKERSBURG	WV	26102	8008221805
982	HEALTHCARE HORIZONS	P.O. BOX 1986	PEORIA	IL	61656	8003221516
983	INTERNATIONAL BROTHERHOOD OF ELECTRICAL	3901 E. WINSLOW AVE	PHOENIX	AZ	85040	6022340497
985	BENESIGHT	P.O. BOX 340	PUEBLO	CO	81002	8005621677
986	COMMON WEALTH BENEFIT ADMINISTRATORS	115 HANOVER STREET	ASHLAND	VA	23005	8005261677
987	BANKERS FIDELITY LIFE INS CO	POST OFFICE BOX 190240	ATLANTA	GA	31119	4042665500
988	MID WEST NATIONAL LIFE INS. CO.	P.O. BOX 982017	NORTH RICHLAND HIL	TX	76182	8007331110
989	EQUITY NATIONAL LIFE INSURANCE COMPANY	POST OFFICE BOX 2900	LITTLE ROCK	AR	72203	5013765550
990	SOUTHERN GROUP ADMINISTRATORS, INC.	200 SOUTH MARSHALL ST.	WINSTON SALEM	NC	27101	8003348159

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

991	WEST PORT BENEFITS	P.O. BOX 66743	ST. LOUIS	MO	63166	8883065299
992	CHESTERFIELD RESOURCES, INC.	P.O. BOX 1884	AKRON	OH	44309	8003210935
993	MPI INTERNATIONAL, INC.	P.O. BOX 81913	ROCHESTER	MI	48308	2488539010
994	UNITED PROVIDER SERVICES	P.O. BOX 820277	FORT WORTH	TX	76182	8005198374
995	MEDIMPACT	10680 TREENA ST.	SAN DIEGO	CA	92131	8007882949
996	J.F. MOLLOY & ASSO.	P.O. BOX 68947	INDIANAPOLIS	IN	46268	8003313287
997	ASSOCIATED DOCTORS HEALTH AND LIFE INSUR	P O BOX 10487	BIRMINGHAM	AL	35289	2059409008
998	CANADA LIFE ASSURANCE CO.	6201 POWERS FERRY RD. STE. 100	ATLANTA	GA	30348	8003332542
999	CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC	P.O. BOX 190024	CHARLESTON	SC	29419	8007203150
A03	STARMARK	PO BOX 77	LAKE FOREST	IL	60045	8007827907
A04	CONSULTEC PRESCRIPTION BENEFITS MANAGEM	9040 ROSWELL ROAD SUITE 700	ATLANTA	GA	30350	8003654944
A06	COLONIAL PENN FRANKLIN LIFE INSURANCE COM	1818 MARKET STREET	PHILADELPHIA	PA	19181	8005234000
A07	CONTINENTAL LIFE INSURANCE CO. OF SOUTH C	POST OFFICE BOX 6138	COLUMBIA	SC	29260	8037824947
A08	AMERICAN PHARMACY BENEFITS	P O BOX 27000	JACKSON HOLE	WY	83001	8003582722
A09	RX AMERICA	369 BILLY MITCHELL ROAD	SALT LAKE CITY	UT	84116	8007708014
A12	LIFE INSURANCE COMPANY OF ALABAMA	POST OFFICE BOX 349	GADSDEN	AL	35902	2055432022
A13	HOLDEN & COMPANY	PO BOX 10411	SAVANNAH	GA	31412	8004043344
A15	MANAGED PRESCRIPTIONS SERVICES (MPS)	ONE CITY CENTRE SUITE 1100	ST LOUIS	MO	63101	8007596959
A17	NOVA HEALTHCARE ADMINISTRATORS	2680 GRAND ISLAND BLVD	GRAND ISLAND	NY	14072	8003333195
A20	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	44315	8003258424
A21	ADMINISTRATIVE ENTERPRISES	3404 WEST CHERYL DR SUITE 281	PHOENIX	AZ	85051	8007622727
A22	PIEDMONT ADMINISTRATORS	PO BOX 78030	GREENSBORO	NC	27427	8008527040
A23	SERV U PRESCRIPTION	PO BOX 23237	MILWAUKEE	WI	53223	8007593203
A24	WELL POINT PRO SERVE	PO BOX 9081	OXNARD	CA	93031	8009627378
A25	BENESCRIPIT	PO BOX 921229	NORCROSS	GA	30092	8003453189
A27	AMERICAN INTEGRITY INSURANCE COMPANY	TWO PENN CENTER PLAZA	PHILADELPHIA	PA	19102	2155611400
A28	SHENANDOAH LIFE INSURANCE CO	PO BOX 12847	ROANOKE	VA	24029	8008485433
A29	B C MOORE'S & SONS INC	POST OFFICE DRAWER 72	WADESBORO	NC	28170	7046942171
A32	MAGELLEN BEHAVIORAL HEALTH	PO BOX 1659	MARYLAND HEIGHTS	MO	63043	8003592422
A33	HEALTH & WELFARE BENEFIT SYSTEMS	P.O. BOX 13647	ROANOKE	VA	24011	8002834927
A34	WOODS & GROOM	2549 17TH STREET	COLUMBUS	IN	47202	8003683429
A35	FABRI-KAL CORPORATION	POST OFFICE DRAWER C	PIEDMONT	SC	29773	8642991720
A36	FIELDCREST CANNON (CANNON MILLS)	P O BOX 5000	EDEN	NC	27289	8002223693
A37	UNITED BEHAVIORAL/DENTAL SYSTEMS	PO BOX 182286, ROUTE 210052	COLUMBUS	OH	32520	8005575745
A38	UNITED HEALTHCARE OF NC	PO BOX 2604	GREENSBORO	NC	27438	8009991147
A39	HEALTHSOURCE RX	PO BOX 180141	CHATTANOOGA	TN	37401	8005944734
A40	STRATEGIC RESOURCE COMPANY	PO BOX 23759	COLUMBIA	SC	29224	8037366463
A41	CLAIMS MANAGEMENT SERVICES	PO BOX 10888	GREENBAY	WI	54307	8004727130
A42	PRIMERICA LIFE INSURANCE COMPANY	3120 BRECKINRIDGE BOULEVARD	DULUTH	GA	30199	4043811000
A45	INTEQ GROUP	5445 LASIERRA DR SUITE 400	DALLAS	TX	75231	8009593953
A46	STANDARD INSURANCE COMPANY	PO BOX 209	PORTLAND	OR	97207	5033217000
A47	STATESMAN NATIONAL LIFE INSURANCE COMPA	3815 MONTROSE BOULEVARD	HOUSTON	TX	77006	7135266000

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

A48	QUALMED OF OREGON	PO BOX 286	CLACKMAS	OR	97015	8005685628
A55	EQUIFAX	P.O. BOX 4081	ATLANTA	GA	30302	8009642443
A56	VULCAN MATERIALS COMPANY	P O BOX 530187	BIRMINGHAM	AL	35253	8642772371
A68	HOLLINGSWORTH SACO LOWELL CORP.	P O DRAWER 2327	GREENVILLE	SC	29602	8648593211
A78	BORDEN INC	POST OFFICE BOX 189	COLUMBUS	OH	43216	8008486181
A83	GROUP RESOURCES INC	P.O. BOX 100043	DULUTH	GA	30096	7706238383
A84	EQUINOX PLANT	P.O.BOX 1658	ANDERSON	SC	29622	8642241671
A85	THIRD PARTY CLAIMS MANAGEMENT	POST OFFICE BOX 171822	MEMPHIS	TN	38187	8002885366
A90	EMPLOYEE BENEFIT CLAIMS INC	9501 WEST DEVON	ROSEMONT	IL	60018	3126963660
A96	HAMRICKS INC	742 PEACHOID ROAD	GAFFNEY	SC	29340	8644877505
A98	CORPORATE BENEFIT SERVICES OF AMERICA INC	P.O. BOX 738	HOPKINS	MN	55343	8007654224
A99	ALLIED ADMINISTRATORS	911 BROADWAY	KANSAS CITY	MO	64105	8164741200
B04	EMPLOYEES HEALTH INSURANCE CO.	P O BOX 5620	MADISON	WI	53705	8005584444
B08	NEW WORLD SERVICES	POST OFFICE BOX 1030	NILES	MI	49120	8006240698
B10	PILGRIM HEALTH & LIFE INSURANCE	POST OFFICE BOX 897	ATLANTA	GA	30303	4046592100
B14	A.C.S. CONSULTING SERVICES, INC.	P. O. BOX 2000	WINSTON SALEM	NC	27102	3367592013
B19	TUPPERWARE, INC	POST OFFICE DRAWER 668	HEMINGWAY	SC	29554	8435582594
B25	HEALTH AND WELFARE FUND LOCAL 218	POST OFFICE BOX 115027	ATLANTA	GA	30310	4047555665
B27	HEALTH FIRST (PPO)	P O BOX 17709	GREENVILLE	SC	29606	8642893000
B33	ALUMAX OF SOUTH CAROLINA, INC.	POST OFFICE BOX 100	GOOSE CREEK	SC	29445	8435725241
B34	ATLANTA LIFE INSURANCE COMPANY	100 AUBURN AVENUE, NE	ATLANTA	GA	30303	4046592100
B37	BENEFIT ADMINISTRATORS	POST OFFICE BOX 21308	COLUMBIA	SC	29221	8778400936
B41	CULP WOVEN VELVET	POST OFFICE BOX 4088	ANDERSON	SC	29621	8642262857
B43	DIXIE NATIONAL LIFE INSURANCE CO	POST OFFICE BOX 22587	JACKSON	MS	39225	8006478580
B53	NATIONAL FOUNDATION LIFE INSURANCE COMP	110 WEST 7TH ST. SUITE 300	FORT WORTH	TX	76102	8002219039
B54	NGS AMERICAN INC	POST OFFICE BOX 7676	ST. CLAIR SHORES	MI	48080	8107797676
B60	STATE MUTUAL LIFE ASSURANCE COMPANY OF A	1100 31ST STREET	DOWNERS GROVE	IL	60515	8003233359
B61	STOWE-PHARR MILLS	100 MAIN STREET	MCADENVILLE	NC	28101	7048243551
B64	UNITED MEDICAL RESOURCES INC.	P.O. BOX 145804	CINCINNATI	OH	45214	5136193000
B66	KIRKE-VAN ORSDEL, INC.	P.O. BOX 9126	DES MOINES	IA	50306	8002472192
B77	UNITED HEALTHCARE PLAN ADMINISTRATORS	P O BOX 121212	MARIETTA	GA	30067	8005627079
B84	HEALTH CARE CORPORATION	203 JANDERS ROAD	CARY	IL	60013	
B90	WESTERN FIDELITY INSURANCE	P O BOX 901010	FORT WORTH	TX	76101	8174517200
B95	HDR EMPLOYEE BENEFITS ADMINISTRATORS	P O BOX 5150	GREENVILLE	SC	29606	8004765150
B98	AMERICAN PIONEER LIFE INSURANCE COMPANY	P O BOX 3509	ORLANDO	FL	32802	8005381053
C10	PARADIGM CARE PLAN	P O BOX 1268	TIFTON	GA	31793	8008417735
C11	BENEFIT MANAGEMENT SERVICES INC	P O BOX 1178	MATTHEWS	NC	28106	7048455608
C13	CENTRAL RESERVE LIFE OF NORTH AMERICA INS	17800 ROYALTON RD.	STRONGSVILLE	OH	44136	8003213997
C14	COASTAL LUMBER CO	P O BOX 1576	WALTERBORO	SC	29488	8435382876
C15	PCS INC	P O BOX 52116	PHOENIX	AZ	85072	4803914600
C16	CONSOLIDATED BENEFITS, INC	P O BOX 23686	COLUMBIA	SC	29224	8037365088
C17	NATIONAL BENEFITS	110 GIBRALTAR ROAD	HORSHAM	PA	19044	2154430404

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

C22	BOSTON MUTUAL LIFE INSURANCE COMPANY	120 ROYALL STREET	CANTON	MA	02021	6178287000
C26	INTERACTIVE MEDICAL SYSTEMS, INC.	P O BOX 19108	RALEIGH	NC	27619	9198468400
C31	SUSQUEHANNA ADMINISTRATOR INC	P O BOX 83301	LANCASTER	PA	17608	8002233943
C32	ACORDIA NATIONAL	P O BOX 11064	CHARLESTON	WV	25332	8004354351
C35	MUTUAL PROTECTIVE MEDICO LIFE INSURANCE C	1515 S 75TH STREET	OMAHA	NE	68124	8002286080
C36	NORTH AMERICAN INSURANCE COMPANY	P O BOX 44160	MADISON	WI	53744	6086621232
C37	OLD SURETY LIFE INSURANCE CO	P O BOX 54407	OKLAHOMA CITY	OK	73154	8002725466
C38	STANDARD LIFE & ACCIDENT INSURANCE COMPA	P O BOX 1800	GALVESTON	TX	77553	8883501488
C39	CONTINENTAL GENERAL INSURANCE COMPANY	P.O. BOX 247007	OMAHA	NE	68124	4023973200
C41	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	38174	9017256435
C42	STANDARD CORPORATION	1400 MAIN STREET STE 1300	COLUMBIA	SC	29201	8037716785
C43	EMPLOYEE BENEFIT ADMINISTRATORS	P O BOX 5150	GREENVILLE	SC	29606	8642356474
C44	S C MEDICAL ASSOCIATION-MEMBERS INSURANC	P O BOX 11188	COLUMBIA	SC	29211	8037986207
C46	MEDCO HEALTH/PAID PRESCRIPTIONS	P O BOX 247	LEE'S SUMMIT	MO	64063	8002727243
C47	KANAWHA BENEFIT SERVICES	P O BOX 50098	KNOXVILLE	TN	37950	8008221274
C48	SOUTHERN ADMINISTRATIVE SERVICES	P O BOX 8069	COLUMBUS	GA	31908	8004268803
C49	PENN WESTERN BENEFITS, INC	P O BOX 7834	GREENSBORO	NC	27417	3366659400
C52	TPA OF GEORGIA	2900 CHAMBLEE-TUCKER RD #3	ATLANTA	GA	30341	7704517550
C55	PLAN ADMINISTRATORS (MATURE AMERICAN)	734 15TH STREET NW SUITE 500	WASHINGTON	DC	20005	2023936600
C56	COMPDET	1930 BISHOP LANE SUIT 132	LOUISVILLE	KY	40218	8006333442
C61	AN MED BENEFITS ADMINISTRATORS	800 NORTH FANT STREET	ANDERSON	SC	29621	8642611686
C66	CATERPILLAR, INC.	P O BOX 62920	COLORADO SPRINGS	CO	80962	3094942363
C68	DENTAL BENEFIT PROVIDERS	P.O. BOX 389	ROCKVILLE	MD	20848	8004459090
C74	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	P O BOX 220887	CHARLOTTE	NC	28222	7043643865
C78	KAISER PERMANENTE	909 AVIATION PARKWAY	MORRISVILLE	NC	27560	4042612590
C79	BENEFIT ADMINISTRATIVE SYSTEM, LTD	P.O. BOX 17475 JOVANNA DR. SUITE 1B	HOMEWOOD	IL	60430	7087997400
C81	UNITED PAYORS & UNITED PROVIDERS	2273 RESEARCH BLVD	ROCKVILLE	MD	20850	8002474144
C82	AMERICAN STANDARD LIFE & ACCIDENT INS. CO	P O DRAWER 3248, 224 NORTH INDEPENDENT	ENID	OK	73701	4052334000
C83	FREEDOM LIFE INSURANCE CO. OF AMERICA	P O BOX 24294	LOUISVILLE	KY	40224	8005281057
C84	CENTRAL UNITED & CHRISTIAN MUTUAL LIFE IN	2727 ALLEN PARKWAY	HOUSTON	TX	77019	7135290045
C85	LOYAL AMERICAN LIFE INSURANCE COMPANY	P O BOX 6408	MOBILE	AL	36660	8006336752
C86	NATIONAL STATES INSURANCE COMPANY	P O BOX 27321, 1830 CRAIG PARK COURT	ST LOUIS	MO	63141	3148780101
CAS	CASUALTY CASE	-	-	-	-	-
CO9	EMPLOYEE BENEFITS TRUST	P.O. BOX 1431	WICHITA FALLS	TX	76307	8177617611
X01	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	P O BOX 9836	BALTIMORE	MD	21204	8005244555
X0A	BLUE CROSS OF GEORGIA/COLUMBUS INC	P O BOX 9907	COLUMBUS	GA	31908	8004412273
X0B	BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLAN	P O BOX 4055	ATLANTA	GA	30302	4048428000
X0C	BLUE CROSS & BLUE SHIELD OF NORTH CAROLIN	P O BOX 35	DURHAM	NC	27702	9194897431
X0D	BLUE CROSS AND BLUE SHIELD OF FLORIDA	P O BOX 1798	JACKSONVILLE	FL	32231	8007272227
X0E	EMPIRE BLUE CROSS AND BLUE SHIELD	P.O. BOX 1407 CHURCH ST. STATION	NEW YORK	NY	10008	8003429816
X0F	BLUE CROSS & BLUE SHIELD OF VIRGINIA	P O BOX 27401	RICHMOND	VA	23268	8043581551
X0H	BLUE CROSS & BLUE SHIELD UNITED OF WISCON	P O BOX 2025	MILWAUKEE	WI	53201	4142246100

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X0I	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	P O BOX 9836	BALTIMORE	MD	21204	8005244555
X0J	PENNSYLVANIA BLUE SHIELD	P.O. BOX 890089	CAMP HILL	PA	17089	8006373493
X0K	REGENCE BLUE CROSS BLUE SHIELD OF OREGON	P O BOX 1271	PORTLAND	OR	97207	5032255221
X0L	BLUE CROSS & BLUE SHIELD OF DELAWARE INC	P O BOX 1991	WILMINGTON	DE	19899	3024210260
X0M	BLUE CROSS OF MASSACHUSETTS INC	P.O. BOX 9198	NORTH QUINCY	MA	02171	8002535210
X0N	BLUE CROSS AND BLUE SHIELD OF TEXAS	P O BOX 655730	DALLAS	TX	75265	9726693900
X0O	BLUE CROSS AND BLUE SHIELD OF ALABAMA	P O BOX 995	BIRMINGHAM	AL	35298	8006762583
X0P	BLUE CROSS & BLUE SHIELD OF TENNESSEE	801 PINE STREET	CHATTANOOGA	TN	37402	4237555920
X0Q	BLUE CROSS & BLUE SHIELD OF MICHIGAN	600 LAFAYETTE EAST	DETROIT	MI	48226	8004820898
X0R	MEDICAL MUTUAL OF OHIO	2060 EAST 9TH STREET	CLEVELAND	OH	44115	2166877000
X0S	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC	P O BOX 420	NEWARK	NJ	07102	2014912821
X0T	BLUE CROSS OF ILLINOIS	P O BOX 1364	CHICAGO	IL	60690	3129387500
X0U	BLUE CROSS & BLUE SHIELD OF KENTUCKY INC	9901 LINN STATION ROAD	LOUISVILLE	KY	40223	5024232011
X0V	BLUE SHIELD OF NORTHEASTERN NEW YORK	P.O. BOX 15013	ALBANY	NY	12212	5184534600
X0W	BLUE CROSS OF CALIFORNIA	P.O. BOX 4124	WOODLAND HILLS	CA	91365	8187032345
X0X	CENTRAL BENEFITS MUTUAL INSURANCE COMPA	P O BOX 16526	COLUMBUS	OH	43216	6144645870
X0Y	ANTHEM BLUE CROSS AND BLUE SHIELD	P.O. BOX 37010	LOUISVILLE	KY	40233	8006224822
X0Z	BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC	P O BOX 1043	JACKSON	MS	39208	6019323800
X1A	BLUE CROSS BLUE SHIELD OF NEW MEXICO	P.O. BOX 27630	ALBUQUERQUE	NM	87125	8007113795
X1D	BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITA	550 12TH STREET SW	WASHINGTON	DC	20024	2024798000
X1E	BLUE CROSS OF PUERTO RICO	P.O. BOX 366068	SAN JUAN	PR	00936	8097599898
X1F	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	444 WESTMINSTER MALL	PROVIDENCE	RI	02901	4018317300
X1G	INDEPENDENCE BLUE CROSS	1901 MARKET STREET	PHILADELPHIA	PA	19103	2152412400
X1H	BLUE CROSS & BLUE SHIELD OF CONNECTICUT IN	P O BOX 504	NEW HAVEN	CT	06473	2032394961
X1I	ARKANSAS BLUE CROSS AND BLUE SHIELD, INC	P O BOX 2181	LITTLE ROCK	AR	72203	5013782010
X1J	BLUE CROSS & BLUE SHIELD OF WESTERN NEW Y	P O BOX 80	BUFFALO	NY	14240	8008880757
X1K	BLUE CROSS & BLUE SHIELD OF MEMPHIS	85 NORTH DANNY THOMAS BLVD	MEMPHIS	TN	38103	9015293111
X1L	BLUE CROSS & BLUE SHIELD OF LOUISIANA	P O BOX 98029	BATON ROUGE	LA	70898	5042915370
X1M	BLUE CROSS & BLUE SHIELD OF KANSAS	1133 SOUTHWEST TOPEKA BLVD.	TOPEKA	KS	66629	7852914180
X1N	MEDICAL SERVICE CORPORATION OF EASTERN W	P O BOX 3048	SPOKANE	WA	99220	5095364900
X1O	BLUE CROSS OF IOWA	636 GRAND AVENUE	DES MOINES	IA	50309	5152454500
X1P	BLUE CROSS & BLUE SHIELD OF MINNESOTA	P O BOX 64338	ST PAUL	MN	55164	8003822000
X1Q	BLUE CROSS & BLUE SHIELD OF MAINE	2 GANNETT DRIVE	SOUTH PORTLAND	ME	04106	2077751550
X1R	HIGHMARK BLUE CROSS BLUE SHIELD	P O BOX 535053	PITTSBURGH	PA	15253	4125447000
X1S	COMMUNITY MUTUAL INSURANCE COMPANY	1351 WILLIAM HOWARD TAFT ROAD	CINCINNATI	OH	45206	5132821016
X1U	BLUE CROSS & BLUE SHIELD OF NEBRASKA	P O BOX 3248, MAIN P.O. STATION	OMAHA	NE	68180	4023901820
X1V	BLUE CROSS & BLUE SHIELD OF COLORADO	700 BROADWAY	DENVER	CO	80273	3038312131
X1W	BLUE CROSS & BLUE SHIELD OF UTAH	P O BOX 30270	SALT LAKE CITY	UT	84130	8013332100
X1X	BLUE CROSS OF OHIO	P O BOX 956	TOLEDO	OH	43696	8003621279
X1Y	BLUE SHIELD OF CALIFORNIA	P O BOX 7168	SAN FRANCISCO	CA	94120	4154455000
X2A	BLUE CROSS & BLUE SHIELD OF IOWA	P O BOX 1677	SIoux CITY	IA	51102	7122773081
X2B	BLUE CROSS & BLUE SHIELD OF KANSAS CITY	P O BOX 419169	KANSAS CITY	MO	64141	8008926048

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X2F	BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER	165 COURT STREET	ROCHESTER	NY	14647	7163253630
X2G	BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK	P O BOX 4809	SYRACUSE	NY	13221	3154483801
X2H	BLUE CROSS & BLUE SHIELD OF UTICA-WATERTOWN	12 RHOADS DRIVE, UTICA BUSINESS DISTRICT	UTICA	NY	13501	3157984238
X2K	CAPITAL BLUE CROSS	2500 ELMERTON AVENUE	HARRISBURG	PA	17110	8009585588
X2L	BLUE CROSS OF NORTHEASTERN PENNSYLVANIA	70 NORTH MAIN STREET	WILKES-BARRE	PA	18711	8008298599
X2M	BLUE CROSS OF WASHINGTON AND ALASKA	P O BOX 327	SEATTLE	WA	98111	8003456784
X2O	BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA I	P O BOX 1353	CHARLESTON	WV	25325	3043477709
X2P	MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, I	P O BOX 1948	PARKERSBERG	WV	26102	3044247700
X2S	BLUE CROSS & BLUE SHIELD OF VERMONT	P O BOX 186	MONTPELIER	VT	05602	8022472583
X2T	BLUE CROSS & BLUE SHIELD OF OKLAHOMA	P O BOX 3283	TULSA	OK	74102	9185603535
X2U	BLUE CROSS & BLUE SHIELD OF MISSOURI	1831 CHESTNUT STREET	ST LOUIS	MO	63103	3149234444
X2V	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	P O BOX 7408	BOISE	ID	83707	2083447411
X2W	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	P O BOX 13466	PHOENIX	AZ	85002	6028644100
XOV	BLUE CROSS OF NORTHEASTERN NEW YORK INC	P O BOX 15013	ALBANY	NY	12212	5184385500
	3/19/03					