

APPENDICES

TABLE OF CONTENTS

EDIT CODES, CARCs/RARCs, AND RESOLUTIONS

APPENDIX 1

CARRIER CODES

APPENDIX 2

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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|--|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 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. | <p>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.</p> <p>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>i.e.</i>, 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.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|-------------------------------------|--|--|--|
| 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. | | CMS-1500 CLAIM: Enter the patient's 10-digit Medicaid ID# in field 2 on the ECF. UB-92 CLAIM: Enter the patient's 10-digit Medicaid ID# in field 60 on the ECF. ADA CLAIM: Enter the patient's 10-digit Medicaid ID# in field 4 on the ECF. |
| 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. | CMS-1500 CLAIM: Enter missing date of service in field 15 on the ECF. ADA CLAIM: Enter missing date of service in field 14 on the ECF. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|------------------------------------|--|---|--|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|-----------------------------------|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--------------------------------------|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|------------------------------|--|--|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---------------------------------|--|---|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 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". |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. | | |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. | 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 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. |
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. | CMS-1500 CLAIM: Complete fields 15 – 22 on the ECF and resubmit. UB-92 CLAIM: Resubmit the claim or enter something on the line indicated and resubmit the ECF. ADA CLAIM: Complete fields 14 - 21 on the ECF and resubmit. |
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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). |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. | | CMS-1500 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 23, 24, and 25 on ECF are correct and resubmit. UB-92 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 50, 54, and 60 on ECF are correct and resubmit. ADA CLAIM: Medicare coverage was indicated on claim form. Make sure fields 24, 25, and 26 on ECF are correct and resubmit. |
| 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 | RARC | 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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 | RARC | 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | 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> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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). |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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 INCONSISTENT | 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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/MANUALL Y 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|------|--|
| 892 | DUP DATE OF SERVICE, PROC/MOD 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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/RECIP 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 PROV | 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 | RECIP UNDER 21/HOSP 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | 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> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 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. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| 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. | 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. 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. |
| 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. | 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. 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. |

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

This page was intentionally left blank.

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 2608 | 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 | BENESCRIP | 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 | 8037880500 |
| 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 PHARMACUTICAL | 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 CROASDALE 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 | HEALTHSOURE 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 | NEWMAN | 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 | MEDIMPACT | 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 | OCONEE 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 ALPHABETICALLY

| | | | | | | |
|-----|---|-----------------------------------|--------------|----|-------|------------|
| 633 | VETERANS ADMINISTRATION | - | - | - | - | - |
| 962 | VICARE PLUS | P.O. BOX 1710 | SUFFOLK | VA | 23439 | 8779344403 |
| 491 | VISION SERVICE PLAN | PO BOX 997100 | SACRAMENTO | CA | 95899 | 8006227444 |
| 606 | VOCA.REHAB GENERAL | | | | | |
| 608 | VOCATIONAL REHAB DISABILITY | | | | | |
| A56 | VULCAN MATERIALS COMPANY | P O BOX 530187 | BIRMINGHAM | AL | 35253 | 8642772371 |
| 412 | W H SHEPHERD COMPANIES | 2868 ACTON RD SUITE 206 | BIRMINGHAM | AL | 35243 | 2059691155 |
| 549 | WAL-MART STORES GROUP HEALTH PLAN | 922 W WALNUT STE A | ROGERS | AR | 72756 | 5016212929 |
| 282 | WASHINGTON NATIONAL INSURANCE COMPANY | P.O. BOX 1250 | ROCKFORD | IL | 61105 | 8009470319 |
| 139 | WAUSAU INSURANCE COMPANY | POST OFFICE BOX 8031 | WAUSAU, | WI | 54402 | 8008269781 |
| A24 | WELL POINT PRO SERVE | PO BOX 9081 | OXNARD | CA | 93031 | 8009627378 |
| 292 | WELLMARK ADMINISTRATORS | P.O. BOX 9901 | SIOUX CITY | IO | 51102 | 8005265710 |
| 913 | WELLNESS PLAN & ATLANTIC HEALTH PLAN | P.O. BOX 12980 | CHARLOTTE | NC | 28220 | 8007949355 |
| 879 | WELLPATH SELECT | 6330 QUADRANGLE DRIVE SUITE 500 | CHAPEL HILL | NC | 27514 | 9194931210 |
| 594 | WELLS FARGO FINANCIAL | 206 EIGHTH STREET | DES MOINES | IA | 50309 | 5152432131 |
| 151 | WEST PORT BENEFITS | 1600 S BRENTWOOD BLVD., SUITE 500 | ST. LOUIS | MO | 63144 | 8005482041 |
| 991 | WEST PORT BENEFITS | P.O. BOX 66743 | ST. LOUIS | MO | 63166 | 8883065299 |
| B90 | WESTERN FIDELITY INSURANCE | P O BOX 901010 | FORT WORTH | TX | 76101 | 8174517200 |
| 415 | WEYCO, INC. | P O BOX 30132 | LANSING | MI | 48909 | 5173497010 |
| 969 | WHP HEALTH INITIATIVE | 2275 HALF DAY RD | BANNOCKBURN | IL | 60015 | 8002072568 |
| 694 | WILLIAMSBURG COUNTY | - | - | - | - | - |
| 116 | WILLIS CORROON ADMINISTRATIVE SERVICES | POST OFFICE BOX 305154 | NASHVILLE | TN | 37230 | 8002558109 |
| 826 | WILLSE & ASSOCIATES, INC. | P O BOX 1196 | BALTIMORE | MD | 21203 | 4105470454 |
| 768 | WISCONSIN PHYSICIANS SERVICES | 1717 WEST BROADWAY STREET | MADISON | WI | 53708 | 8889154158 |
| 923 | WJ JONES ADMINISTRATIVE SERVICES INC | 1979 MARCUS AVE | LAKE SUCCESS | NY | 11042 | 8008317783 |
| 285 | WOODMAN OF THE WORLD LIFE INSURANCE SOC | 1700 FARNAM STREET | OMAHA | NE | 68102 | 8002253108 |
| A34 | WOODS & GROOM | 2549 17TH STREET | COLUMBUS | IN | 47202 | 8003683429 |
| 622 | WORKMEN'S COMP | | | | | |
| 580 | WORLD INSURANCE COMPANY | P.O. BOX 3160 | OMAHA | NE | 68103 | 4024968000 |
| 470 | YODER BROTHERS | 1001 LEBANON RD | PENDLETON | SC | 29670 | 8646468331 |
| 695 | YORK COUNTY | - | - | - | - | - |
| 901 | YORK PRESCRIPTION BENEFITS | 1 CHURCH ST. 5TH FLOOR | NEW HAVEN | CT | 06510 | 8887812707 |
| 977 | ZENITH ADMINISTRATION | P.O. BOX 91014 | SEATTLE | WA | 98111 | 8004265980 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 3/19/03 | | | | | |

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 | JERICHO | 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 WYNNTON ROAD | COLUMBUS | GA | 31999 | 8009923522 |
| 597 | MONARCH DIRECT | POST OFFICE BOX 9004 | SPRINGFIELD | MA | 01101 | 8006289000 |
| 599 | NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT | 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 BENFITS, 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 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| | | | | | | |
|-----|---|---------------------------------|----------------|----|-------|------------|
| 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 | 4152447000 |
| 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 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| | | | | | | |
|-----|---|--|--------------|----|-------|------------|
| 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-WATERTO | 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 | | | | | |