

RA Denial Code	Reveiw Remittance Denial Code	Description	Translation
0091	96	This Service Not Covered by Kansas Medical Assistance Program	(Healthwave 21, not reimbursable)
0003	238	Beneficiary Ineligible for all or a portion of the service date(s) billed. If necessary, please resubmit and break out services for which the Beneficiary is eligible from services for which the beneficiary is ineligible. Refer to sections 1210 and 2000 of your Kansas Medical Assistance Program Provider Manual.	(Student ineligible for Medicaid)
0028	140	Medical Assistance Program Provider Manual.	(GB corrects and resubmits)
0032	31	Beneficiary Id Number Incorrect or Missing. Ue ID Card to Correct Claim Form and Resubmit.	(GB corrects and resubmits)
1455	140	The Beneficiary Birth Date is Missing, Invalid or Disagree.	(GB corrects and resubmits)
0015	18	Duplicate of claim paid.	(Duplicate claim services already processed)
0342	8	Detail denied. Procedure code is noncovered for this provider type and specialty.	(GB notifies District or Infant Toddler Network to correct)
1708	206	Denied: Your Claim Cannot Be Processed Because the Referring or Ordering NPI is Missing and Required. Please Correct and Resubmit Your Claim.	(GB Corrects and resubmits)
1274	6	Denied. Procedure not consistent with beneficiary's age.	(Student over 21 services not reimbursable)