



ADJUSTMENT CODES -- REVISED JUNE 2025

CODE	DESCRIPTION
#C	SYSTEM-CAPITATED SERVICE
UDA	NOT AUTHORIZED FOR DATE OF SERVICE
UDAC	REBILL WITH VALID CPT CODE
UDADJ	ADJUSTED CLAIM
UDAF	ADMIN FEE FOR VFC PAID
UDAP	ADMINISTRATIVE PAYMENT
UDB	REMAINING CHARGES PROCESSED SEPARATELY
UDD	DUPLICATE CLAIM
UDDG	DIAGNOSIS CODE MISSING OR INVALID
UDDX	SERVICE NOT CONSISTENT WITH DIAGNOSIS
UDE	ONE E&M CODE ALLOWABLE PER DAY
UDEOB	PLEASE REBILL WITH PRIMARY EXPLANATION OF BENEFITS
UDF	PLEASE APPEAL CLAIM WITH PROOF OF TIMELY FILING
UDG	INCLUDED IN GLOBAL FEE
UDH	CLAIM HAS BEEN FORWARDED TO HEALTH PLAN
UDHC	REBILL WITH VALID HCPCS CODE
UDL	INAPPROPRIATE BILLING OF CPT
UDM	DENIED PER CHIEF MEDICAL OFFICER REVIEW
UDN	NONCOVERED SERVICE UNDER MEDI-CAL
UDNDC	UD MODIFIER: REBILL WITH NDC CODE
UDO	CALL CFMG: (510) 428-3154 FOR EXPLANATION OF BENEFIT / DENIAL
UDOC	MEMBER HAS OTHER COVERAGE AS PRIMARY
UDP	PRIMARY INSURANCE PAYMENT EXCEEDS CFMG CONTRACTED RATE
UDPP	PAYMENT ADJUSTED PER PRIMARY INSURANCE EOB
UDR	NOT AUTHORIZED BY PCP OF RECORD
UDRAC	REBILL WITH IMMUNIZATION ADMIN CODE
UDREF	REFUND RECEIVED FROM PROVIDER
UDREV	CHARGE REVERSAL
UDRF	PLEASE REBILL WITH FEE
UDRR	PLEASE APPEAL WITH REPORT OR INVOICE
UDS	CCS RESPONSIBILITY-ALAMEDA: 510-208-5970 OR CONTRA COSTA: 925-313-6400
UDTF	RATE REDUCED PER TIMELY FILING P&P
UDTFA	PROOF OF TIMELY FILING ATTACHED
UDTH	PLEASE REBILL 96372 WITH DRUG CODE
UDTR	TRACER CLAIM
UDUN	PROVIDER NOT CONTRACTED ON DATE OF SERVICE
UDVF	PLEASE REBILL 90460-90461 WITH VFC CODES
UDX	MEMBER NOT ELIGIBLE WITH CFMG ON DOS