

835 Error Codes List

as of 05/25/2010

<u>Adj. Reason Code</u>	<u>Adj. Reason Code Description</u>	<u>Remark Code</u>	<u>Remark Code Description</u>	<u>Exception Code Description</u>
3	Co-payment Amount			CRITICAL FIELD CHANGE-REVERIFY SPENDDOWN SPDWN: TOTAL RECIP LIAB
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	N157	Transportation to/from this destination is not covered.	INVALID DESTINATION MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			INV PICKUP LOCATION MODIFIER MODIFIER NOT AUTHORIZED FOR CLAIM TYPE INVALID PROCEDURE CODE MODIFIER EMERG TRANS MUST HAVE VAL MOD PROCEDURE REQUIRES MODIFIER MISSING DESTINATION MODIFIER
5	The procedure code/bill type is inconsistent with the place of service.	M77	Missing/incomplete/invalid place of service.	PLACE OF SERVICE MUST BE OFFICE
5	The procedure code/bill type is inconsistent with the place of service.	MA30	Missing/incomplete/invalid type of bill.	INVALID INPATIENT TYPE OF BILL
5	The procedure code/bill type is inconsistent with the place of service.	N472	Payment for this service has been issued to another provider.	PAID OUTPATIENT TRIAGE FEE
5	The procedure code/bill type is inconsistent with the place of service.			POS/PROC CONFLICT ONLY COVERED THROUGH A FQHC INVALID BILL TYPE
6	The procedure/revenue code is inconsistent with the patient's age.	N129	Not eligible due to the patient's age.	SERVICE LIMITED BY AGE
6	The procedure/revenue code is inconsistent with the patient's age.			INV RECIP AGE/PROC (REF FILE) PROC AGE RELATED REPLACED W/ PROPER CODE
7	The procedure/revenue code is inconsistent with the patient's gender.			0NV RECIP SEX/PROC (REF FILE) NDC NOT PAYABLE FOR GENDER PROCEDURE CODE IS GENDER SPECIFIC
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			PROC CD NT PAYABLE TO PROV TYP PROC / PROV TYPE CONFLICT PROC CD NOT PAYABLE TO FQHC
9	The diagnosis is inconsistent with the patient's age.			RECIP AGE/DIAG-CONFLICT AGE/DIAG CONFLICT
10	The diagnosis is inconsistent with the patient's gender.			INV RECIP SEX/DIAG (REF FILE) SEX/DIAG CONFLICT
11	The diagnosis is inconsistent with the procedure.			DIAGNOSIS IS INCONSISTENT WITH PROC DX INDICATES NORM DEL NOT AN EMERGENCY
13	The date of death precedes the date of service.			PATIENT HAS EXPIRED PATIENT EXPIRED WHILE ON MEDICARE
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	M53	Missing/incomplete/invalid days or units of service.	INVALID PA UNITS OF SERVICE
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	M64	Missing/incomplete/invalid other diagnosis.	DIAG ON PA NOT 290-319.99 DIAG/CLAIM NE DAIG/PA
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	N351	Service date outside of the approved treatment plan service dates.	TAD DATES NOT EQUAL TO DATES ON 10A
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	N54	Claim information is inconsistent with pre-certified/authorized services.	NAME/ID ON TAD NE NAME/ID ON 10A DRG ON CLM NOT DRG ON PA PROC ON CLAIM NE PROC ON MI706

15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			MISSING PREADMISSION DOC. NO. NO CLEAN PREADMISSION FORM CLAIM DOES NOT MATCH PRIOR AUTHORIZATION PROV ON CLAIM NOT PROV ON PA PROC ON CLAIM NOT PROC ON PA DATES ON CLAIM NE DATES ON PA INVALID PREADMISSION MATCH NO MATCH ON LTC LEVEL OF CARE PA ON CLM NOT EQUAL PA IN SYSTEM PA NOT MI-706 HOSP INPT/OUPT SERV NOT APPROVED CLAIM/PA SURG CDES DON'T MATCH PSYC SRVCS NOT APPROVED NO CLEAN PC-701 IN SYSTEM UMAP CLIENT NO MI-706 MISSING MI-706# FOR LAB SERVICES W/CLIA# LINE ADDED REQUIRES PA,DIFF CODE THAN PA
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	PHYS ADMIN DRUG CODES REQUIRE NDC MISSING DRUG CODE INVALID DRUG CODE M/I COMPOUND PRODUCT ID
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	M/I COMPOUND DOSAGE FORM DESCRIPTN CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M22	Missing/incomplete/invalid number of miles traveled.	INVALID NUMBER OF MILES
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	MISSING REVENUE CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M51	Missing/incomplete/invalid procedure code(s).	MISSING PROCEDURE CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M52	Missing/incomplete/invalid "from" date(s) of service.	MISSING INVALID DATE OF SERVICE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	MISSING UNITS OF SERVICE UNITS REQUIRED FOR REVENUE CDE M/I UNIT OF MEASURE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	MISSING TOTAL CLAIM CHARGE REIMB AMT > TOTAL CHARGE INVALID NET CHARGE AMOUNT BILLED CHG MUST = RATE X UNITS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M62	Missing/incomplete/invalid treatment authorization code.	INV PA STERILE CONSENT DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M64	Missing/incomplete/invalid other diagnosis.	MISSING A RELATED DIAGNOSIS

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).	MISSING ICD9 SURGICAL CODE MISSING ICD9CM SURGICAL CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS INDICATOR
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	MISSING SUBMITTED CHARGE INVALID EXTRA CHARGE AMOUNT INV ALLOWED CHRGR AMT -PHARMACY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA120	Missing/incomplete/invalid CLIA certification number.	MISSING OR INVALID CLIA CERTIFICATE # CLIA CERT# NOT MATCHED 1ST OR 2ND CYCLES CLIA CERTIFICATE# NOT MATCHED 3RD CYCLE. CLIA CERTIFICATE INVALID FOR PROC ON DOS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable	CANNOT CALCULATE PAYMENT - BAD DATA
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	MSSNG DOS OR SCREENING DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	MISSING COVERED DAYS COV DAYS, UNITS OF SVC ERROR
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	TAD CONF WITH UB-82 OR X-OVER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA36	Missing/incomplete/invalid patient name.	RECIPIENT NAME MISSING MISSING DATA ENTRY RECIPIENT NAME
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA39	Missing/incomplete/invalid gender.	INVALID NEWBORN SEX CODE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA40	Missing/incomplete/invalid admission date.	MISSING ADMISSION DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA58	Missing/incomplete/invalid release of information indicator.	RELEASE OF INFORMATION NOT SIGNED
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA63	Missing/incomplete/invalid principal diagnosis.	MISSING PRIMARY DIAGNOSIS MISSING OR INVALID ICD-9 CODE (PHARMACY)
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA81	Missing/incomplete/invalid provider/supplier signature.	NO ADMINISTRATOR SIGNATURE

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	PROC REQUIRES MANUAL PRICING
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N152	Missing/incomplete/invalid replacement claim information.	MISSING CREDIT TCN REPLACEMENT CLAIM (ORIG CLAIM NOT FOUND)
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N153	Missing/incomplete/invalid room and board rate.	REPLACEMENT/VOID RECEIVED FOR CLAIM
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N208	Missing/incomplete/invalid DRG code.	MISSING DRG
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N253	Missing/incomplete/invalid attending provider primary identifier.	INVALID ADMITTING LICENSE NO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N261	Missing/incomplete/invalid operating provider name.	MISSING SURGEON NAME OR LIC NO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N29	Missing documentation/orders/notes/summary/report/chart.	MODIFIER REQUIRES MANUAL REVIEW PROC REQUIRES MANUAL REVIEW INSUF DATA TO MAKE DETERMIN. EMERGENCY CLIENT ONLY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N291	Missing/incomplete/invalid rendering provider secondary identifier.	MISSING SERVICING LICENSE NUMBER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N297	Missing/incomplete/invalid supervising provider primary identifier.	INVALID SUPRV PROV CHK DIGIT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N305	Missing/incomplete/invalid accident date.	INV ACCIDENT IND - MED CLAIM
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	POS PRESCRIBER FIELD HAS DR NAME (ALPHA) SERVICING LICENSE NOT ON FILE MISSING OR INVALID PRESCRIBER LICENSE # INV REFER LIC NO.-CHEC RELATED MSSNG REFER PROV NAME OR LIC#
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N318	Missing/incomplete/invalid discharge or end of care date.	INVALID DISCHARGE DATE NO DISCH DATE-SERV ENDS MID MONTH
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N329	Missing/incomplete/invalid patient birth date.	MISSING BIRTHDATE- ID/B SUFFIX

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N330	Missing/incomplete/invalid patient death date.	INVALID DATE OF DEATH
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N341	Missing/incomplete/invalid surgery date.	MISSING DATE OF SURGERY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N349	The administration method and drug must be reported to adjudicate this service.	M/I COMPOUND ROUTE OF ADMINISTRATION M/I COMPOUND DISPENSING UNIT FORM INDCTR
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N351	Service date outside of the approved treatment plan service dates.	SURG DATE NOT WITHIN DOS
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N358	Alert: This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.	MODIFIER REQUIRES MANUAL REVIEW EMERGENCY ONLY CLIENT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N362	The number of days or Units of Service exceeds our acceptable maximum.	INV PA ESTIMATED DAYS OF STAY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N37	Missing/incomplete/invalid tooth number/letter.	MISSING TOOTH NUMBER BILATERALLY MISSING TEETH CLM LACKS INFO
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N378	Missing/incomplete/invalid prescription quantity.	MISSING DRUG QUANTITY M/I QUANTITY INTENDED TO BE DISPENSED M/I DAYS SUPPLY INTENDED TO BE DISPENSED M/I COMPOUND INGREDIENT QUANTITY
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N382	Missing/incomplete/invalid patient identifier.	ID WITH B SUFFIX-CHECK BIRTHDT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N388	Missing/incomplete/invalid prescription number.	MISSING PRESCRIPTION NUMBER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N43	Bed hold or leave days exceeded.	INV THERAP LEAVE DAYS-PREADMIT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	DISCH DTE CONFLICTS WITH DEST INVLD/MSSNG DSCHRG DESTINATION RECIPIENT HAS BEEN DISCHARGED RECIPIENT DISCHARGED WHILE ON MCARE RECIPIENT TRANSFERED TO A HOSP RECIPIENT TRANSFERED ELSEWHERE DISCHARGE BEFORE FIRST SVC DT
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N530	Our records indicate a mismatch in enrollment information for this patient.	ELIG FILE MISSING NAME OR RACE

16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N57	Missing/incomplete/invalid prescribing/dispensed date.	INVALID DISPENSING DATE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N58	Missing/incomplete/invalid patient liability amount.	RESERVED AMT GTR THAN SPDN SUSPENDED CROSSOVER
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N75	Missing/incomplete/invalid tooth surface information.	MISSING TOOTH SURFACE
16	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N95	This provider type/provider specialty may not bill this service.	CASE MNGMNT FEE - INV COS
18	Duplicate claim/service.	N347	Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service	EXACT DUP OR MANUAL PRICE
18	Duplicate claim/service.	N449	Payment based on a comparable drug/service/supply.	DRUG/CHEMICAL DUPLICATION NOT ALLOWED
18	Duplicate claim/service.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MEDICAID/MEDICARE EXACT DUP
18	Duplicate claim/service.			POSSIBLE DUP DENTAL EXTRACT EXACT DUP OF PAID CLAIM ICF EXACT DUPLICATE ICF POSSIBLE CLAIM CONFLICT SURGICAL SESSION - TWO CLAIMS LTC EXACT DUP CLAIM THIS CYCLE EXACT DUP WITH PAID CLAIM SAME/OVRLP DOS THIS CYCLE INPT EXACT DUP CLAIM THIS CYCLE DUPLICATE PYMT - CS MNGMNT FEE DUPLICATE PAID/CAPTURED CLAIM CLAIM NOT PAID/CAPTURED CCE EXACT DUPE CLAIM THIS CYCLE DUPLICATE PROCEDURE EXCEEDS UNIT LIMIT DUP/CONFLICTING SURFACE
22	This care may be covered by another payer per coordination of benefits.	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.	RECIP HAS MEDICAL INSURANCE MEDICARE ELIG-NO ATTCHMT MEDICARE WITHIN DATE(S) OF SVC RR TRAVELERS MEDICARE WITHIN DOS MEDICARE COVERED DOS OVERLAP RR TRAVELERS MEDICARE & DOS OVERLAP RECIP HAS TPL-CLM W/ATTACHMENT DENTAL-CLAIM HAS ATTACHMENT CLAIM HAS ATTACHMENT
22	This care may be covered by another payer per coordination of benefits.	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.	MEDICARE DOS OVERLAP TPL RR MDCRE/TPL OVERLAP
22	This care may be covered by another payer per coordination of benefits.	MA92	Missing plan information for other insurance.	RECIP HAS MEDICAL INSURANCE

22	This care may be covered by another payer per coordination of benefits.			MENTL HLTH XOVR CLM NON-QMB CLIENT QMB - SEND BILL TO MEDICARE CROSSOVER SERVICE ONLY PATIENT TRANSFERRED TO MEDICARE AMOUNT BILLED LESS THAN MINIM DENTAL BILL AMT LESS THAN MIN TPL BILLED LESS THAN MINIMUM TPL NOT REPORTED ON CROSSOVER CLAIM TPL AMOUNT NOT NUMERIC
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			SERV PD BY MEDICARE AT 100% THIRD PTY PD OUTSTANDING ALLOWED CLAIMS AUX FILE - TPL DATA INCOMPLETE
24	Charges are covered under a capitation agreement/managed care plan.	N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.	CAPITATED MENTAL HEALTH EMERG. MENTAL HEALTH SERVICE
24	Charges are covered under a capitation agreement/managed care plan.	N52	Patient not enrolled in the billing provider's managed care plan on the date of service.	IHC ACCESS CLIENT RECVD SVCS OUT OF PLAN
24	Charges are covered under a capitation agreement/managed care plan.			RECIPIENT ENROLLED IN AN HMO CLIENT ENROLLED WITH WEBER MACS CHIROPRACTIC CAPITATION FLEXCARE CLIENT RECD FEE FOR SERVICE UNI HOME CLIENT RECD FEE FOR SERVICE IHC ACCESS RECD FEE FOR SERVICE MOLINA INDEPENDENCE CARE RECEIVED FFS MOLINA PLUS CLIENT RECD FEE FOR SERVICE HEALTHY U CLIENT RECD FEE FOR SERVICE CLIENT IN HMO FOR DATE OF SERV. IHC ACCESS RECD FEE FOR SERVICE HMO CLIENT-CK FR DEC/JAN MED CARD MEDUTAH CLIENT RECD FEE SERVICE CLIENT ENROLLED IN HMO CLIENT ENROLLED IN MOLINA AFC PLUS CLIENT RECD FEE FOR SERVICE RECIPIENT ENROLLED IN WEBER MACS
27	Expenses incurred after coverage terminated.			RECIP NOT ELIG ON SERV DATE NOT MEDICAID ELIGIBLE RECIP NOT ELIG-SPNDWN NOT PAID INELIG DATES & SPENDDOWN DTS OVERLAP RECIP NT ELIG-ATMNT MAY BE CVD
29	The time limit for filing has expired.			FILING DEADLINE EXCEEDED FILING DEADLINE EXCEEDED FOR AGING SVC DTE OF SERVICE EXCEEDS 3 YEARS
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	MISSING RECIPIENT ID NUMBER RECIPIENT ID NUMBER INVALID RECIP ID NOT ON THE FILE
31	Patient cannot be identified as our insured.			BABY INELIG ON INDIGENT PRGM ID NOT ON FILE (695) UMAP CLIENT ID NOT ON FILE
35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.	DENTL LMT-1 INITIAL EXAM PR LIFE EXCEEDS 1 INITIAL ASSESSMENT FOR TCM NON-COVERED FOR MED NEEDY ADULT
35	Lifetime benefit maximum has been reached.			MISSING OR INVALID PCP NAME AND UPIN
38	Services not provided or authorized by designated (network/primary care) providers.	N286	Missing/incomplete/invalid referring provider primary identifier.	
38	Services not provided or authorized by designated (network/primary care) providers.	N95	This provider type/provider specialty may not bill this service.	PROVIDER NOT COVERED IN PLAN INPT AND OUTPT OBSERVATION NOT COVERED

38	Services not provided or authorized by designated (network/primary care) providers.			LOCK-IN INCORRECT OVERRIDE AUTHORIZATION PCP CLIENT WITH INTERIM ELIG (695) SERVICE UNAUTHORIZED BY MCARE
39	Services denied at the time authorization/pre-certification was requested.	N30	Patient ineligible for this service.	RECIPIENT REMAINS PRIVATE PAY RECIPIENT STATUS GOES TO PRIVATE PAY
39	Services denied at the time authorization/pre-certification was requested.			RECIPIENT TRANSFERED TO A H&CB
39	Services denied at the time authorization/pre-certification was requested.			FACILITY DIDN'T MEET PATIENT NEED
40	Charges do not meet qualifications for emergent/urgent care.	N20	Service not payable with other service rendered on the same date.	EMERG EXAM/OTHER SERV SAME DOS
40	Charges do not meet qualifications for emergent/urgent care.			ER VISIT FOR PCN CLIENT NOT EMERGENCY ADMIT NOT EMERGENCY SVCS DON'T QUALIFY FOR EMERGENCY CARE
45	Charges exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).			SUBMITTED CHARGE ON 340B CLAIM TOO HIGH
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.			RECIPIENT DENIED NO MEDICAL NEED
54	Multiple physicians/assistants are not covered in this case.			ASSISTANT SURGEON NOT COVERED
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.			RECIP DENIED INAPP PLCMNT
59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia).			TWO ANESTHESIA SERVICES
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	INPT/OUTPT CONFLCT PAID OUTPT CLAIM CONFLICT
60	Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.			OUTPT/DRG CONFLICT EMERGENCY ROOM NOT PAYABLE EMERG ROOM OTH/SVCS NOT PAYBLE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD- NO ALTERNATE DRUG DISCONTD-BILL REPLACEMENT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	COMPOUND NOT COVERED FOR PROGRAM TYPE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M2	Not paid separately when the patient is an inpatient.	INPT OT IS PART OF HOSP PYMT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	NON-COVERED MCAID REVENUE CODE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M54	Missing/incomplete/invalid total charges.	INVALID TOTAL NON/COV CHARGE
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M67	Missing/incomplete/invalid other procedure code(s).	OTHER SURG PROC NOT COVERED OTHER PROC NOT COVERED (81)
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M79	Missing/incomplete/invalid charge.	XOVR CLM - CHIROPRACTOR NOT CVRD

96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA66	Missing/incomplete/invalid principal procedure code.	PRINCIPAL SURG PROC NOT CVRD
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N129	Not eligible due to the patient's age.	CHEC RECIPIENT AGE IS GREATER THAN 20 INVAL RECIP AGE/DRUG(REF FILE) PROC NOT PAYABLE FOR AGE OR PROV TYPE TOOTH NOT COVERED FOR ROOT CANAL
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	INPT PSYC,REHAB/SURG CNFLCT X-OVER NOT COVERED FOR PCN
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.	NONCOVERED MEDICAID BENFIT
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CUSTODY MEDICAL CARE CLAIMS CLAIM/REF FILE AID TYPE CONF EMERGENCY ONLY CLIENT NON COVERED SVC NURSING HOME CLAIM PCN ELIGIBLE INVALID PREGNANCY INDICATOR FOR DRUG NDC'S IN COMPOUND NON-COVERED
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.	INJECTION/OFFICE CALL CONFLICT THERAPEUTIC INJECTION/OFFICE CALL CONFLICT
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	M86	Service denied because payment already made for same/similar procedure within set time frame.	GLOBAL/OTHER DELVRY CONFLICT GLOBAL ALREADY PAID TWO GLOBAL - SAME CYCLE GLOBAL CARE PAID SRVC INCLUDED IN GLOBAL
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N19	Procedure code incidental to primary procedure.	PAYMENT INCLUDED IN PRIMARY PROCEDURE CURRENT PROC INCIDNTL OTHER CURRENT PROC HIST PROC INCIDNTL OTHER CURRENT PROC
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N20	Service not payable with other service rendered on the same date.	UN-BUNDLED SERVICE VS BUNDLED SERVICE E&M SERVICE NOT REIMBURSED SEPARATELY
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	N390	This service/report cannot be billed separately.	INJECTION PART OF ASPIRATION
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			ASPIRATION/INJCTN CONFLICT SERVICE IS COVERED IN DHS DAILY RATE BUNDLED PROCEDURE/HISTORY OF PAID CLAIM EMER EXAM/OTHER SERV SAME DOS PD OUTPT CLAIM CONFLICT COG SERV IS IN PACKAGE PROC PROC COMBINATION NOT EXPECTED SAME DAY PROC COMBO NOT EXPTD SAME DAY,PD CLM HIS PAYMENT INC W/ DENTAL PACKAGE PROCEDURE PAYMENT INC W/DENTL PKG PROC,PD CLM HIST DENTL EXAM INC W PAYMENT OF ANOTHER CODE DENTL EXAM IN W PAYMENT OF PD CLM HIST DENTL PROC COMBO NOT EXPECTED SAME DAY D PROC COMBO NOT EXP SAME DAY,PD CLM HIS CURRNT PROC MUTUAL EXCLUSV TO HISTR PROC HIST PROC MUTUAL EXLUSV TO CURRENT PROC
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	PROLONGED SERVICES MUST HAVE ANESTHESIA SERV CHEC PROCEDURE CODE NOT FOUND

107	The related or qualifying claim/service was not identified on this claim.			MUST BILL IMMUNIZATION CODE - VFC MUST BILL WITH D9220
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	MA101	A SNF is responsible for payment of outside providers who furnish these services/supplies to residents.	SERVICES COVERED IN ICF/MR PER DIEM NH PAID A PORTION OF CLAIM AMOUNT
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	N103	Social Security records indicate that this patient was a prisoner when the service was rendered. This payer does not cover items and services furnished to an individual while they are in State or local custody under a penal authority, unless under State or local law, the individual is personally liable for the cost of his or her health care while incarcerated and the State or local government pursues such debt in the same way and with the same vigor as any other debt.	ADULT CRIMINAL COURT JURISDICTION JUVENILE CRIMINAL COURT JURIS.
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	N192	Patient is a Medicaid/Qualified Medicare Beneficiary.	MEDICARE ELIGIBLE CLIENT, BILL PT D PLAN
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			HCBS MUST BE ON TAPE NOT EXEMPTED SUB ADOPT BILL PMHP OR DHS MENTAL HEALTH SERVICES
110	Billing date predates service date.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	SVC DATE AFTER CLAIM RECEIVED
110	Billing date predates service date.			INVALID BILLING DATE LAST DATE OF SERV > BILLING DT
115	Procedure postponed, canceled, or delayed.			RECIPIENT DID NOT ENTER NH FAC.
119	Benefit maximum for this time period or occurrence has been reached.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	LONG ACTING NARCOTIC DRUG INTERACTION
119	Benefit maximum for this time period or occurrence has been reached.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOME HLTH INITIAL VISIT > 1 PER ADMIN HOME HEALTH SUPPLIES EXCEEDS ALLOWABLE SERVICE EXCEEDS 6 PER 12 MONTH LIMIT SERVICE EXCEEDS ONE PER MONTH LITHOTRIPSY 2 PR 90 DAY LIMIT LITHOTRIPSY 2 PER 90 DAYS/UB82 HOSPICE - 1 PER DAY LIMIT EXCEEDS 3 PR 3 CALENR MNTH LMT SCHOOL SRVCS - 1 PER DAY EXCEEDS HCBS 1 PR DY LMT EXCEEDS 1 CASE MGMT PER DAY EXCEEDS X-RAY LIMITS 1 PER DAY LIMIT D7110 1 PR DAY LMT EXCD
119	Benefit maximum for this time period or occurrence has been reached.	M90	Not covered more than once in a 12 month period.	PREVENTIVE HEALTH EXAM - ONE PER YEAR VISION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PROC CD HAS UNIT LMT PCN CLIENT PRESCRIPTION LIMIT EXCEEDED
119	Benefit maximum for this time period or occurrence has been reached.	N20	Service not payable with other service rendered on the same date.	EXCEEDS XRAY LIMITS
119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of days or Units of Service exceeds our acceptable maximum.	UNIT LIMIT EXCEEDED OBSERVATION SERVICES-1 PER 48 HR PERIOD EXCEEDS RESIDENCE LIMIT PROC CODE LIMITED TO 12 UNITS PER CAL YR LMT PR CALENDAR YR EXCEEDED HOSPICE UNITS EXCEED 5
119	Benefit maximum for this time period or occurrence has been reached.	N435	Exceeds number/frequency approved/allowed within time period without support documentation.	EXCEEDS 10 PER 12 MO. REQ. MANUAL REVIEW

119	Benefit maximum for this time period or occurrence has been reached.			RESPITE CARE LIMIT EXCEEDS 8 PER 24 MOS EXCEEDS DENTAL LIMIT-XRAY DENTAL LIMIT-2 EXAM PER YEAR EXCEEDS PROPHY LIMIT EXCEEDS SEALANT LIMIT EXCEEDS CROWN PREP LIMIT EXCEEDS CROWN LIMIT PERINATAL CRE CO-ORD EXCDS 1 PR 30 DYS RSK ASSMT EXCDS 2 PR 10 MOS GROUP PRE/POSTNATAL ED EXCDS 8 PR 12 MOS DIET COUNSL EXCEEDS 14 PER 12 MOS PSYCHOSOCIAL COUSL EXCEEDS 10 PER 12 MOS PRE/POSTNATAL HOME VSTS EXCDS 6 PR 12 MS PRENATAL ASSMENT VSTS EXCDS 1 PR 10 MOS PRENATAL VISIT EXCDS 3 PR 10 MONS GLOBAL MTRNTY CRE 1 PR PRGNCY HIGH RSK MATERNITY GLOBAL-1 PER PREGNCY HGH RSK PREG CNSULT EXCDS 1 PR 10 MOS HGH RSK PREG FLLW-UP EXCDS 2 PR 12 MOS EXCEEDS 2 FOLLOW-UP PHONE CONTACTS SMKG ORIG LINE DENIED, EXCEEDS UNIT LIMIT
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	QUANTITY TOO SMALL/LARGE INVALID METRIC QUANTITY
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M49	Missing/incomplete/invalid value code(s) or amount(s).	INVALID REFILL INDICATOR
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M53	Missing/incomplete/invalid days or units of service.	UNITS GREATER THAN DAYS OF SVC INVALID TOTAL DAYS SERVICE EXCEED ONE HUNDRED LINES FOR DOS MORE THAN ONE HUNDRED UNITS ON ONE LINE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M59	Missing/incomplete/invalid "to" date(s) of service.	INVALID LAST DATE OF SERVICE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA100	Missing/incomplete/invalid date of current illness or symptoms.	INVALID ONSET DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SVC AFTER LAST INVALID ACTION DATE -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	TOTAL DAYS LT COVERED DAYS INVALID TOTAL DAYS BILLED -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	INVALID HOSP LEAVE DAYS-LTC

125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N228	Incomplete/invalid consent form.	INV PA STERILE INTERP DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N293	Missing/incomplete/invalid service facility primary identifier.	VALID HOSPITAL PROVIDER NEEDED
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N300	Missing/incomplete/invalid occurrence span date(s).	DTS OF SVC OVERLAP CALENDAR YR INVLD/MSSNG ACTION REASON CODE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N379	Claim level information does not match line level information.	SUM OF ITEMS NOT EQUAL TOT CHG SUM OF ITEMS GT TOTAL CHARGE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	PROC INVALID FOR TOOTH# BILLED REPLACED
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	DISCH DATE MUST EQUAL LAST DATE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N58	Missing/incomplete/invalid patient liability amount.	INVALID OTHER INCOME AMT -LTC
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	INVALID LINE ITEM CODE
125	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N75	Missing/incomplete/invalid tooth surface information.	RESVD CCE-SURFACE VALIDATION REPLACEMENT
129	Prior processing information appears incorrect.			REVERSAL ON REBILL FAILED,CLAIM REJECTED
133	The disposition of this claim/service is pending further review.	M62	Missing/incomplete/invalid treatment authorization code.	PRIOR AUTH STATUS IS PENDING FOR REVIEW INV PA STERILE MI/MR IND
133	The disposition of this claim/service is pending further review.	MA37	Missing/incomplete/invalid patient's address.	INVALID RECIPIENT COUNTY
133	The disposition of this claim/service is pending further review.	N434	Missing/incomplete/invalid Present on Admission indicator.	XOVER DX NOT PRESENT ON ADMISSION
133	The disposition of this claim/service is pending further review.	N45	Payment based on authorized amount.	PA APPROVED ZERO UNITS & AMT
133	The disposition of this claim/service is pending further review.			TOO MANY CLAIMS UB-25/OTHERS-45 INVALID ADJUSTMENT REASON INVALID APPROVER OF FORCE/DENY PHARMACY XOVER - PROVIDER NOT FOUND POS XOVER CLAIM M/I OTHER PAYER INFO PEDIATRIC - BELOW MINIMUM PEDIATRIC - ABOVE MINIMUM IATROGENIC-SIDE EFFECTS

				ADDITIVE-TOXICITY SIDE EFFECTS MCO DENIAL MMCS REJECTED CLAIM REJECTED ADJUSTMENTS INVALID FAMILY PLANNING CODE IHS SRVCS ARE LIMITED TO ONE AIR PER DAY INV ACCIDENT IND -INST CLAIM INVALID CHILD ABUSE INDICATOR ENTRY DATE ON P.A. NOT NUMERIC SVS FOR MANUAL CHIP ENROLLMENT CLERK IDENTIFICATION = ZERO INVALID PA ANESTH IND INV PA PROC-IN-OFFICE CODE INVALID PA REVIEWER SIGN DATE INV ACTION APPL IND -PREADMIT INV ACTION APPL DATE -PREADMIT INV APPROVED LOC -PREADMIT INV PER DIEM RATE -PREADMIT INV LTC DENY IND -PREADMIT INV DATE FOR ACTION -PREADMIT INV/MISSING REVIEW ID INV DATE OF SURGERY -PREADMIT TOO MANY EXCEPTIONS RECIPIENT DATA FILE ERROR
136	Failure to follow prior payer's coverage rules. (Use Group Code OA).			SERVICE NOT COVERED THRU CROSSOVERS NOT COVERED THRU CROSSOVERS
140	Patient/Insured health identification number and name do not match.			CLAIM FOR NEWBORN MORE THAN 30 DAYS BILL SVC UNDER BABYS OWN ID NO BILL SVC UNDER MOTHERS ID NO DATA ENTRY NAME/RECIPIENT NAME MISMATCH
141	Claim spans eligible and ineligible periods of coverage.			RECIP NOT ELIG ALL SERV DATES RECIP INELIGIBLE DATES OVERLAP ELIG DTS AND SPENDDOWN DTS OVERLAP
142	Monthly Medicaid patient liability amount.			SPDN-WAS UMAP-NOW MEDICAID
146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING DIAGNOSIS CODE ALL DX FOR LTC NOT ON FILE
146	Diagnosis was invalid for the date(s) of service reported.			DOS BEFORE DIAG IS EFFECTIVE
150	Payer deems the information submitted does not support this level of service.	N22	This procedure code was added/changed because it more accurately describes the services rendered.	ALTERNATE CODE REPLACEMENT
150	Payer deems the information submitted does not support this level of service.	N75	Missing/incomplete/invalid tooth surface information.	RESVD FOR CCE - SURF VALIDATION UPCODING
150	Payer deems the information submitted does not support this level of service.			RECIPIENT DENIED INAPP PLCMT MEDICAL NEEDS SUPERSEDS NH PER DIEM/LOC CONFLICT CLM/SRV ADJ INFO DOESN'T SUP LEVEL/SRV
153	Payer deems the information submitted does not support this dosage.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	MISS/INVALID DRUG PACKAGE SIZE
155	Patient refused the service/procedure.			RECIPIENT DENIED-PATIENT LEFT AMA
165	Referral absent or exceeded.	N286	Missing/incomplete/invalid referring provider primary identifier.	NO CASE MNGT REFERRAL RECVD FOR DOS NO LOCK-IN REFERRAL RECVD FOR DOS
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	SECONDARY DIAGNOSIS NOT COVERED SECONDARY DX NOT COVERED 10A THIRD DIAGNOSIS NOT COVERED FOURTH DIAGNOSIS NOT COVERED FIFTH DX NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX INVALID INV LTC DIAGNOSIS CD -PREADMIT

167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DIAGNOSIS NEVER COVERED PRIMARY DX NOT COVERED 10A
171	Payment is denied when performed/billed by this type of provider in this type of facility.	N95	This provider type/provider specialty may not bill this service.	LAB CODES PAY TO PATHOLOGISTS
175	Prescription is incomplete.	N378	Missing/incomplete/invalid prescription quantity.	PARTIAL FILL, SUBMIT WHEN COMPLETED
175	Prescription is incomplete.			M/I PRESCRIPTION/SVC REF NUMBR QUALIFIER M/I COMPOUND SEGMENT
177	Patient has not met the required eligibility requirements.	N43	Bed hold or leave days exceeded.	PATIENT ON LOA/EXTENDED LEAVE
177	Patient has not met the required eligibility requirements.			RECIPIENT INELIGIBLE FOR MEDICAID
178	Patient has not met the required spend down requirements.			SPENDDOWN-POSSIBLE MATCH
181	Procedure code was invalid on the date of service.	M50	Missing/incomplete/invalid revenue code(s).	DOS BEFORE REV CODE EFFECTIVE
181	Procedure code was invalid on the date of service.	M51	Missing/incomplete/invalid procedure code(s).	PROV. OR REF. FILE DATA INCOMPLETE PROCEDURE CODE NOT FOUND INVALID PROCEDURE CODE
181	Procedure code was invalid on the date of service.			PROC CODE NOT COVERED ON DOS DOS BEFORE SURG IS EFFECTIVE
182	Procedure modifier was invalid on the date of service.			DISCONTINUED MODIFIER MODIFIER NON-COVERED BY MEDICAID
183	The referring provider is not eligible to refer the service billed.			PROV TYPE INVLD TO REFER
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.			LOCK-IN CLIENT PRESCRIBER NOT AUTHORIZED LOCK-IN EMERGENCY SUPPLY EXCEEDS 3 DAYS
186	Level of care change adjustment.	N188	The approved level of care does not match the procedure code submitted.	INVALID LOC CHANGE DAYS
186	Level of care change adjustment.			OVERLAPPING DOS-TAD MORE INTENSIVE CARE REQUIRED
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	MISSING PRIOR AUTH NUMBER PSYC SVC REQ PA (IP) SURGICAL PROCEDURE REQUIRES PA PROC CD HAS DOLLAR LIMIT-REQ PA NON-EMER -TRANS NOT AUTHORIZED NO MEDICAID PRIOR AUTHORIZATION DRG REQUIRES PA NEEDS MI-706 PROC NEEDS PA WHEN DONE INPAT ABORTION RELATED SVS REQUIRE PA CLAIM NEEDS PA NUMBER PHARMACY INV PA PROC-IN-OFFICE CODE LINE ADDED REQUIRE A PA,ORIG CODE DIDN'T
197	Precertification/authorization/notification absent.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCEEDS 156/MONTH SUPPLY LIMIT PROC REQS PA OR UNIT LIMIT
197	Precertification/authorization/notification absent.			DRUG REQUIRES PRIOR AUTH MISSING MI706-FOR UMAP PSYC DIAG MUST USE PSYC PROCS CLAIM CAPTURED WAITING FOR P.A. APPROVAL
198	Precertification/authorization exceeded.	N362	The number of days or Units of Service exceeds our acceptable maximum.	ALL PRIOR AUTH UNITS/AMT USED CLM UNITS EXCEED UNITS AUTHED
198	Precertification/authorization exceeded.	N43	Bed hold or leave days exceeded.	HOSPITAL LEAVE DAYS EXCEED 3
198	Precertification/authorization exceeded.			ADJUSTMENT FOR UMAP CLIENT HOSP INPT/OUPT UNITS USED PA UNITS FOR PSYC SRVCS USED USED PA UNITS
199	Revenue code and Procedure code do not match.	M51	Missing/incomplete/invalid procedure code(s).	REQUIRES CPT FOR REV CODE ESRD REQUIRES CPT-4 CODE OUTPATIENT REQUIRES CPT-4 CODE

203	Discontinued or reduced service.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	DISCONTINUED PROCEDURE CODE
204	This service/equipment/drug is not covered under the patient's current benefit plan.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG CODE NOT ON INDEX
204	This service/equipment/drug is not covered under the patient's current benefit plan.	N129	Not eligible due to the patient's age.	INVALID AGE FOR DENTAL PROCEDURE
204	This service/equipment/drug is not covered under the patient's current benefit plan.			NON-COVERED DRUG P.E. DOESN'T COVER NH OR HOSP
206	National Provider Identifier - missing.	N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	NATIONAL PROVIDER IDENTIFIER IS MISSING
207	National Provider Identifier - Invalid format.	N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	INVALID BILLING PROVIDER NPI
208	National Provider Identifier - Not matched.	N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	UNKNOWN BILLING NPI, SRVC. NPI MATCHED
211	National Drug Codes (NDC) not eligible for rebate, are not covered.	M115	This item is denied when provided to this patient by a non-contract or non-demonstration supplier.	NON-CONTRACTING DRUG MFG
215	Based on subrogation of a third party settlement.			RECIPIENT RECIEVED CASH SETTLEMENT
216	Based on the findings of a review organization.			RECIPIENT STATUS CHG-NO INSTUT.
226	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N301	Missing/incomplete/invalid procedure date(s).	SERVICE-PREADMIT DATE CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE-INPATIENT INVALID REVENUE CODE FOR ESRD INVALID REVENUE CODE FOR OUTPT REVENUE CODE NOT ON FILE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M51	Missing/incomplete/invalid procedure code(s).	ALL SURG CODES BILLED-INVALID
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M77	Missing/incomplete/invalid place of service.	INVALID PLACE OF SERVICE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	COVERED BY DRG PAYMENT TO HOSP SRVC NOT COVERED WHILE IN HOSP
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA101	A SNF is responsible for payment of outside providers who furnish these services/supplies to residents.	MED SUP/PHAR CONFLICT W/NH PAY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	DOS OVRLP HOSP CLAIM XOVER CLM INPT/OUTPT OVRLP INPT/OUTPT CLMS OVERLAP DOS IN HOSP FIRST DATE OF SERV IN HOSP LAST DATE OF SERV
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SERVICE GT LAST
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA40	Missing/incomplete/invalid admission date.	ADMIT DATE AFTER FIRST DATE SV

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA41	Missing/incomplete/invalid admission type.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA42	Missing/incomplete/invalid admission source.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N10	Payment based on findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	RVV CLMS/PROV REVIEW ALL CLAIMS WITH THIS PROCEDURE MULT MODIFIERS-MANUAL REVIEW
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N109	This claim/service was chosen for complex review and was denied after reviewing the medical records.	REVIEW ALL CLAIMS FOR RECIPIENT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N198	Rendering provider must be affiliated with the pay-to provider.	SERV PROV UNAFFIL W/GRP PRACT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N20	Service not payable with other service rendered on the same date.	PRSNL CR HM-HLTH CONFLICT SKILLED NURSING/HH AID CONFLICT HH/NURSE VISIT CONFLICT NURSING/HH AIDE CONFLICT ATTENDANCE/RESUSCITATION BILLED SAME DAY HCBS CONFL WTH TCM OR ICF/MR DY TRMT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N28	Consent form requirements not fulfilled.	REQ PA W/STERL CONSENT DT REQ PA W/ABORT CONSENT DT REQ PA & HOSP CONSENT DT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N30	Patient ineligible for this service.	CLIENT / DRUG COMBINATION NOT COVERED
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N305	Missing/incomplete/invalid accident date.	ACCIDENT DATE GT LAST SVC DATE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	INVALID REFERRING LIC NO
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N329	Missing/incomplete/invalid patient birth date.	INVALID DATE OF BIRTH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N34	Incorrect claim form/format for this service.	SERVICE BILLED USING WRONG CLAIM FORM HCFA INVALID FOR OUTPATIENT INVALID MCAID CLAIM TYPE
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N39	Procedure code is not compatible with tooth number/letter.	INVALID TOOTH NUMBER PROC CODE/TOOTH # CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N47	Claim conflicts with another inpatient stay.	OT DOS CONF INPT/NH SVS SA DOS CONF W-INPT/NH TCM OVERLAPS HOSP/NH MEDICAL CLAIM/INST CONFLICT INPT CLM PD FOR DOS HCBS/INPT/NH CONFLICT PRSNL CRE OR TCM CONF MEDCRE NH/INPT PMT

A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N50	Missing/incomplete/invalid discharge information.	INVALID DISCHARGE HOUR
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N61	Rebill services on separate claims.	COMPOUND DRUG BILLED INCORRECTLY DIFFERENT PROV TYPES ON CLAIM COS CONFLICT
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N63	Rebill services on separate claim lines.	OVERLAPPING DATE OF SERVICE FROM - TO DATES MUST BE SAME DOS OVERLAP MONTH
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N79	Service billed is not compatible with patient location information.	DELIVERY FEE FOR DRUG-RURAL CLIENT ONLY
A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).	N81	Procedure billed is not compatible with tooth surface code.	INVALID TOOTH SURFACE
A8	Ungroupable DRG	M76	Missing/incomplete/invalid diagnosis or condition.	COMBINED DX CODES NE DRG
A8	Ungroupable DRG	MA39	Missing/incomplete/invalid gender.	INVALID SEX FOR DRG
A8	Ungroupable DRG	MA63	Missing/incomplete/invalid principal diagnosis.	INVALID DRG PRINCIPAL DIAG CDE
A8	Ungroupable DRG	N129	Not eligible due to the patient's age.	INVALID AGE FOR DRG
A8	Ungroupable DRG	N15	Services for a newborn must be billed separately.	INVALID ACCOMODATION FOR DRG
A8	Ungroupable DRG	N50	Missing/incomplete/invalid discharge information.	INV DISCHARGE STATUS FOR DRG
A8	Ungroupable DRG			UNABLE TO CALCULATE DRG DRG NOT ON FILE END DOS GT EXP DT FOR GROUPER
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	M86	Service denied because payment already made for same/similar procedure within set time frame.	CONFLICT - ANTEPARTUM 2 POSTPARTUM CLAIMS
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	SAME/OVRLP DOS PAID CLAIM INPT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	POSSIBLE DUPLICATE CLAIM POS DUP/CONF - MAN PROC
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	MEDICARE/MEDICAID POSSIBLE DUP MDCARE/MDCAID POSSIBLE CONFLCT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			ICF POSSIBLE DUPLICATE POSSIBLE CLAIM CONFLICT LONG ACTING NARCOTIC PAID WITHIN 30 DAYS
B14	Only one visit or consultation per physician per day is covered.	M86	Service denied because payment already made for same/similar procedure within set time frame.	1 PED. CRITICAL CARE PHYS E&M PER DAY
B14	Only one visit or consultation per physician per day is covered.			1 NEONATAL PHYSICIAN VISIT PER DAY LIMIT 1 PHYSICIAN VISIT PER DAY LIMIT
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/proc has not been received/adjudicated.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLED SERVICE NOT PAID SEPARATELY REBUNDLED PROCEDURE DUE TO HISTORY CLAIM REBUNDLED DENTAL SERVICE NOT PD SEPARATE REBUNDLE DNLT SRV NOT PD SEPARATE HX CLM
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	NOT NEW PT FR NH CUSTODIAL CRE SERVS NT NEW PT FR LONG TERM CARE COG SERV-3 YRS-NOT NEW PT NOT NEW PATIENT/SAME SPECIALTY IN GROUP NOT A NEW PATIENT
B20	Procedure/service was partially or fully furnished by another provider.	M86	Service denied because payment already made for same/similar procedure within set time frame.	WEBER DENTAL CONFLICT
B20	Procedure/service was partially or fully furnished by another provider.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously bill	POSSIBLE DUPLICATE SVR BY MULTI PROV'S
B22	This payment is adjusted based on the diagnosis.			E&M HIGHER INTENSITY THAN EXPCTD PER DX

B5	Coverage/program guidelines were not met or were exceeded.	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	REFILL TOO SOON EARLY REFILL DIFFERENT PHARMACY CUMULATIVE-EXCESSIVE USE
B5	Coverage/program guidelines were not met or were exceeded.	N358	Alert: This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.	NH DIDN'T FOLLOW PREADMIS. REQ
B5	Coverage/program guidelines were not met or were exceeded.	N43	Bed hold or leave days exceeded.	NH DOESN'T HAVE AVAILABLE BED
B5	Coverage/program guidelines were not met or were exceeded.			CANNOT BILL INTERIM SAME DAY SRV BILL OUTPT ONE DAY STAY-BILL AS OUTPTTENT
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PROVIDER NOT ENROLLED ON DOS PROV NUMBER/SERVICE CONFLICT NOT ENROLLED FOR COS ON SVC DT PROVIDER ENRLMNT DISCONTINUED PROVIDER INELIGIBLE ON DOS PROV SUSPENDED FROM T-19 ELIG ENROLLMENT RECORD DELETED LAB NOT ELIG TO PROVIDE SVC NH CAN'T ADMIT-UNDER SANCTION PROV UNAUTH TO PROV LOC ON DOS REVIEW OUT OF STATE PROVIDER PROV ENROLLMENT RESTRICTION CLIA CERT# SANCTIONED FOR THIS PROCEDURE
B8	Alternative services were available, and should have been utilized.	N188	The approved level of care does not match the procedure code submitted.	USE LOWER COST ALTERNATIVE
B9	Patient is enrolled in a Hospice.			HOSPICE TO INPATIENT HOSP/NH CONFLICT TO HOSPICE