

835 Error Codes List

as of 12/12/2011

Adj. Reason Code	Adjustment Reason Code Description	Remark Code	Remark Code Description	Internal Code Description
3	Co-payment Amount			CRITICAL FIELD CHANGE-REVERIFY SPENDDOWN SPDWN: TOTAL RECIPIENT 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.	INV PICKUP LOCATION MODIFIER INVALID DESTINATION MODIFIER MISSING DESTINATION MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	N431	Not covered with this procedure.	INVALID PROCEDURE TO MODIFIER
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.			EMERG TRANS MUST HAVE VAL MOD INVALID PROCEDURE CODE MODIFIER MODIFIER NOT AUTHORIZED FOR CLAIM TYPE PROCEDURE REQUIRES 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 BILL TYPE 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 ONLY COVERED THROUGH A FQHC POS/PROC CONFLICT
6	The procedure/revenue code is inconsistent with the patient's age.	N129	Not eligible due to the patient's age.	PROC NOT PAYABLE FOR AGE OR PROV TYPE
6	The procedure/revenue code is inconsistent with the patient's age.	N30	Patient ineligible for this service.	INV RECIPIENT AGE/PROC (REF FILE) INVALID AGE FOR DENTAL PROCEDURE
6	The procedure/revenue code is inconsistent with the patient's age.			CHECK RECIPIENT AGE IS GREATER THAN 20 INVALID RECIPIENT AGE FOR PROCEDURE CODE PROC AGE RELATED REPLACED W/ PROPER CODE SERVICE LIMITED BY AGE
7	The procedure/revenue code is inconsistent with the patient's gender.	N30	Patient ineligible for this service.	INV RECIPIENT SEX/PROC (REF FILE)
7	The procedure/revenue code is inconsistent with the patient's gender.			NDC NOT PAYABLE FOR GENDER PROCEDURE CODE IS GENDER SPECIFIC RECIPIENT GENDER INVALID FOR PROCEDURE
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).			PROC / PROV TYPE CONFLICT PROC CD NOT PAYABLE TO FQHC PROC CD NOT PAYABLE TO PROV TYP
9	The diagnosis is inconsistent with the patient's age.			AGE/DIAG CONFLICT RECIPIENT AGE/DIAG-CONFLICT
10	The diagnosis is inconsistent with the patient's gender.	N30	Patient ineligible for this service.	INV RECIPIENT SEX/DIAG (REF FILE)
10	The diagnosis is inconsistent with the patient's gender.			SEX/DIAG CONFLICT
11	The diagnosis is inconsistent with the procedure.			DIAGNOSIS INCONSISTENT W/PROC - NON-ESRD DIAGNOSIS INCONSISTENT W/PROCEDURE-ESRD DIAGNOSIS IS INCONSISTENT WITH PROCEDURE DX INDICATES NORM DEL NOT AN EMERGENCY PSYC DIAG MUST USE PSYC PROCS
13	The date of death precedes the date of service.			PATIENT EXPIRED WHILE ON MEDICARE PATIENT HAS EXPIRED
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 SECONDARY DX NOT COVERED 10A
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DX FOR LTC NOT ON FILE
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DX NOT COVERED 10A
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.	DRG ON CLM NOT DRG ON PA NAME/ID ON TAD NE NAME/ID ON 10A PROC ON CLAIM NE PROC ON MI706

15	The authorization number is missing, invalid, or does not apply to the billed services or provider.			ADJUSTMENT FOR PCN CLIENT CLAIM DOES NOT MATCH PRIOR AUTHORIZATION CLAIM/PA SURG CDES DON'T MATCH DATES ON CLAIM NE DATES ON PA HOSP INPT/OUPT SERV NOT APPROVED INVALID PREADMISSION MATCH LINE ADDED REQUIRES PA,DIFF CODE THAN PA MISSING MI-706# FOR LAB SERVICES W/CLIA# MISSING PREADMISSION DOC. NO. NO CLEAN PC-701 IN SYSTEM NO CLEAN PREADMISSION FORM NO MATCH ON LTC LEVEL OF CARE PA NOT MI-706 PA ON CLM NOT EQUAL PA IN SYSTEM PROC ON CLAIM NOT PROC ON PA PROV ON CLAIM NOT PROV ON PA PSYC SRVCS NOT APPROVED UMAP CLIENT NO MI-706
16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	INVALID DRUG CODE M/I COMPOUND PRODUCT ID MISSING DRUG CODE PHYS ADMIN DRUG CODES REQUIRE NDC
16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	M/I COMPOUND DOSAGE FORM DESCRIPTN CODE M/I UNIT OF MEASURE
16	Claim/service lacks information which is needed for adjudication.	M22	Missing/incomplete/invalid number of miles traveled.	INVALID NUMBER OF MILES
16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	MISSING REVENUE CODE
16	Claim/service lacks information which is needed for adjudication.	M51	Missing/incomplete/invalid procedure code(s).	MISSING PROCEDURE CODE
16	Claim/service lacks information which is needed for adjudication.	M52	Missing/incomplete/invalid "from" date(s) of service.	MISSING INVALID DATE OF SERVICE
16	Claim/service lacks information which is needed for adjudication.	M53	Missing/incomplete/invalid days or units of service.	MISSING UNITS OF SERVICE UNITS REQUIRED FOR REVENUE CDE
16	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	MISSING TOTAL CLAIM CHARGE REIMB AMT > TOTAL CHARGE
16	Claim/service lacks information which is needed for adjudication.	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.	M76	Missing/incomplete/invalid diagnosis or condition.	MISSING A RELATED DIAGNOSIS MISSING DIAGNOSIS CODE MISSING DIAGNOSIS INDICATOR
16	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	MISSING SUBMITTED CHARGE
16	Claim/service lacks information which is needed for adjudication.	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.	POS XOVER CLAIM M/I OTHER PAYER INFO
16	Claim/service lacks information which is needed for adjudication.	MA120	Missing/incomplete/invalid CLIA certification number.	CLIA CERT# NOT MATCHED 1ST OR 2ND CYCLES CLIA CERTIFICATE INVALID FOR PROC ON DOS CLIA CERTIFICATE# NOT MATCHED 3RD CYCLE. MISSING OR INVALID CLIA CERTIFICATE #
16	Claim/service lacks information which is needed for adjudication.	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.	MA32	Missing/incomplete/invalid number of covered days during the billing period.	MISSING COVERED DAYS
16	Claim/service lacks information which is needed for adjudication.	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.	MA36	Missing/incomplete/invalid patient name.	MISSING DATA ENTRY RECIP NAME
16	Claim/service lacks information which is needed for adjudication.	MA40	Missing/incomplete/invalid admission date.	MISSING ADMISSION DATE
16	Claim/service lacks information which is needed for adjudication.	MA58	Missing/incomplete/invalid release of information indicator.	RELEASE OF INFORMATION NOT SIGNED
16	Claim/service lacks information which is needed for adjudication.	MA63	Missing/incomplete/invalid principal diagnosis.	MISSING OR INVALID ICD-9 CODE (PHARMACY) MISSING PRIMARY DIAGNOSIS
16	Claim/service lacks information which is needed for adjudication.	N10	Payment based on findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	PROCEDURE REQUIRES MANUAL PRICING
16	Claim/service lacks information which is needed for adjudication.	N152	Missing/incomplete/invalid replacement claim information.	MISSING CREDIT TCN REPLACEMENT CLAIM (ORIG CLAIM NOT FOUND) REPLACEMENT/VOID RECEIVED FOR CLAIM
16	Claim/service lacks information which is needed for adjudication.	N208	Missing/incomplete/invalid DRG code.	MISSING DRG
16	Claim/service lacks information which is needed for adjudication.	N253	Missing/incomplete/invalid attending provider primary identifier.	INVALID ADMITTING LICENSE NO
16	Claim/service lacks information which is needed for adjudication.	N261	Missing/incomplete/invalid operating provider name.	MISSING SURGEON NAME OR LIC NO
16	Claim/service lacks information which is needed for adjudication.	N29	Missing documentation/orders/notes/summary/report/chart.	EMERGENCY CLIENT ONLY INSUF DATA TO MAKE DETERMIN. MODIFIER REQUIRES MANUAL REVIEW PROC REQUIRES MANUAL REVIEW

16	Claim/service lacks information which is needed for adjudication.	N291	Missing/incomplete/invalid rendering provider secondary identifier.	MISSING SERVICING LICENSE NUMBER
16	Claim/service lacks information which is needed for adjudication.	N297	Missing/incomplete/invalid supervising provider primary identifier.	INVALID SUPRV PROV CHK DIGIT
16	Claim/service lacks information which is needed for adjudication.	N304	Missing/incomplete/invalid dispensed date.	INVALID DISPENSING DATE
16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	INV REFER LIC NO.-CHEC RELATED MISSING OR INVALID PRESCRIBER LICENSE # MSSNG REFER PROV NAME OR LIC# POS PRESCRIBER FIELD HAS DR NAME (ALPHA) SERVICING LICENSE NOT ON FILE
16	Claim/service lacks information which is needed for adjudication.	N317	Missing/incomplete/invalid discharge hour.	INVALID DISCHARGE HOUR
16	Claim/service lacks information which is needed for adjudication.	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.	N329	Missing/incomplete/invalid patient birth date.	INVALID DATE OF BIRTH MISSING BIRTHDATE- ID/B SUFFIX
16	Claim/service lacks information which is needed for adjudication.	N330	Missing/incomplete/invalid patient death date.	INVALID DATE OF DEATH
16	Claim/service lacks information which is needed for adjudication.	N341	Missing/incomplete/invalid surgery date.	MISSING DATE OF SURGERY
16	Claim/service lacks information which is needed for adjudication.	N349	The administration method and drug must be reported to adjudicate this service.	M/I COMPOUND DISPENSING UNIT FORM INDCTR M/I COMPOUND ROUTE OF ADMINISTRATION
16	Claim/service lacks information which is needed for adjudication.	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.	N37	Missing/incomplete/invalid tooth number/letter.	MISSING TOOTH NUMBER
16	Claim/service lacks information which is needed for adjudication.	N378	Missing/incomplete/invalid prescription quantity.	M/I COMPOUND INGREDIENT QUANTITY M/I DAYS SUPPLY INTENDED TO BE DISPENSED M/I QUANTITY INTENDED TO BE DISPENSED MISSING DRUG QUANTITY
16	Claim/service lacks information which is needed for adjudication.	N388	Missing/incomplete/invalid prescription number.	MISSING PRESCRIPTION NUMBER
16	Claim/service lacks information which is needed for adjudication.	N43	Bed hold or leave days exceeded.	INV THERAP LEAVE DAYS-PREADMIT
16	Claim/service lacks information which is needed for adjudication.	N434	Missing/incomplete/invalid Present on Admission indicator.	XOVER DX NOT PRESENT ON ADMISSION
16	Claim/service lacks information which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.	DISCH DTE CONFLICTS WITH DEST INVLDMSSNG DSCHRG DESTINATION RECIPIENT DISCHARGED WHILE ON MCARE RECIPIENT HAS BEEN DISCHARGED RECIPIENT TRANSFERRED ELSEWHERE RECIPIENT TRANSFERRED TO A HOSP
16	Claim/service lacks information which is needed for adjudication.	N530	Not qualified for recovery based on enrollment information.	ELIG FILE MISSING NAME OR RACE
16	Claim/service lacks information which is needed for adjudication.	N58	Missing/incomplete/invalid patient liability amount.	RESERVED AMT GTR THAN SPENDDOWN
16	Claim/service lacks information which is needed for adjudication.	N75	Missing/incomplete/invalid tooth surface information.	MISSING TOOTH SURFACE
16	Claim/service lacks information which is needed for adjudication.	N95	This provider type/provider specialty may not bill this service.	CASE MNGMNT FEE - INV COS
18	Duplicate claim/service.	N384	Records indicate that the referenced body part/tooth has been removed in a previous procedure.	POSSIBLE DUP DENTAL EXTRACT
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.	N75	Missing/incomplete/invalid tooth surface information.	DUP/CONFLICTING SURFACE CCE EXACT DUP CLAIM THIS CYCLE CLAIM NOT PAID/CAPTURED DUPLICATE PAID/CAPTURED CLAIM DUPLICATE PYMT - CS MNGMNT FEE EXACT DUP CLAIM THIS CYCLE EXACT DUP OR MANUAL PRICE EXACT DUP WITH PAID CLAIM EXACT DUPLICATE OF A PAID CLAIM ICF EXACT DUPLICATE ICF POSSIBLE CLAIM CONFLICT LTC EXACT DUP CLAIM THIS CYCLE SAME/OVRLP DOS THIS CYCLE INPT SURGICAL SESSION - TWO CLAIMS
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.	CLAIM HAS ATTACHMENT DENTAL-CLAIM HAS ATTACHMENT MEDICARE COVERED DOS OVERLAP MEDICARE ELIG-NO ATTCHMT MEDICARE WITHIN DATE(S) OF SVC RECIP HAS MEDICAL INSURANCE RECIP HAS TPL-CLM W/ATTACHMENT RR TRAVELERS MEDICARE & DOS OVERLAP RR TRAVELERS MEDICARE WITHIN DOS TPL NOT REPORTED ON CROSSOVER CLAIM

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.	N48	Claim information does not agree with information received from other insurance carrier.	AMOUNT BILLED LESS THAN MINIM
22	This care may be covered by another payer per coordination of benefits.			CROSSOVER SERVICE ONLY DENTAL BILL AMT LESS THAN MIN MENTL HLTH XOVR CLM NON-QMB CLIENT PATIENT TRANSFERED TO MEDICARE TPL BILLED LESS THAN MINIMUM
23	The impact of prior payer(s) adjudication including payments and/or adjustments.			CLAIMS AUX FILE - TPL DATA INCOMPLETE SERV PD BY MEDICARE AT 100% THIRD PTY PD OUTSTANDING ALLOWED
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.	N538	A facility is responsible for payment to outside providers who furnish these services/supplies/drugs to its patients/residents.	CAPITATED MENTAL HEALTH EMERG. MENTAL HEALTH SERVICE
24	Charges are covered under a capitation agreement/managed care plan.			AFC PLUS CLIENT RECD FEE FOR SERVICE CHIROPRATIC CAPITATION CLIENT ENROLLED IN HMO CLIENT ENROLLED IN MOLINA CLIENT ENROLLED WITH WEBER MACS CLIENT IN HMO FOR DATE OF SERV. FLEXCARE CLIENT RECD FEE FOR SERVICE HEALTHY U CLIENT RECD FEE FOR SERVICE HMO CLIENT-CK FR DEC/JAN MED CARD IHC ACCESS RECD FEE FOR SERVICE MEDUTAH CLIENT RECD FEE SERVICE MOLINA INDEPENDENCE CARE RECEIVED FFS MOLINA PLUS CLIENT RECD FEE FOR SERVICE RECIPIENT ENROLLED IN AN HMO RECIPIENT ENROLLED IN WEBER MACS UNI HOME CLIENT RECD FEE FOR SERVICE
29	The time limit for filing has expired.			DTE OF SERVICE EXCEEDS 3 YEARS FILING DEADLINE EXCEEDED FILING DEADLINE EXCEEDED FOR AGING SVC
31	Patient cannot be identified as our insured.	MA36	Missing/incomplete/invalid patient name.	RECIPIENT NAME MISSING
31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	ID NOT ON FILE (695) ID WITH B SUFFIX-CHECK BIRTHDT MISSING RECIPIENT ID NUMBER RECIPIENT ID NUMBER INVALID UMAP CLIENT ID NOT ON FILE
31	Patient cannot be identified as our insured.			BABY INELIG ON INDIGENT PRGM
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 DUPLICATE LIFETIME SAME OR DIFFERENT CLAIM EXCEEDS 1 INITIAL ASSESSMENT FOR TCM
38	Services not provided or authorized by designated (network/primary care) providers.	N286	Missing/incomplete/invalid referring provider primary identifier.	MISSING OR INVALID PCP NAME AND UPIN
38	Services not provided or authorized by designated (network/primary care) providers.	N95	This provider type/provider specialty may not bill this service.	INPT AND OUTPT OBSERVATION NOT COVERED SERVICE OR PROVIDER NOT COVERED IN PLAN LOCK-IN INCORRECT OVERRIDE AUTHORIZATION
38	Services not provided or authorized by designated (network/primary care) providers.			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.			FACILITY DIDN'T MEET PATIENT NEED RECIPIENT TRANSFERED TO A H&CB
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.	N30	Patient ineligible for this service.	ER VISIT FOR PCN CLIENT NOT EMERGENCY SVCS DON'T QUALIFY FOR EMERGENCY CARE
40	Charges do not meet qualifications for emergent/urgent care.			ADMIT NOT EMERGENCY EMERGENCY ONLY CLIENT
45	Charges exceeds fee schedule/maximum allowable or contracted/ legislated fee arrangement.			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.	N180	This item or service does not meet the criteria for the category under which it was billed.	INPATIENT SERVICE BILLED ON OUTPT CLAIM
58	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.	N428	Not covered when performed in this place of service.	INPATIENT ONLY - PROFESSIONAL CLAIM
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).	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	REBUNDLED PROCEDURE DUE TO HISTORY CLAIM REBUNDLED SERVICE NOT PAID SEPARATELY
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 CONFLICT 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.			EMERG ROOM OTH/SVCS NOT PAYBLE EMERGENCY ROOM NOT PAYABLE OUTPT/DRG CONFLICT
96	Non-covered charge(s).	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	DRUG DISCONTD- NO ALTERNATE DRUG DISCONTD-BILL REPLACEMENT
96	Non-covered charge(s).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	COMPOUND NOT COVERED FOR PROGRAM TYPE
96	Non-covered charge(s).	M2	Not paid separately when the patient is an inpatient.	INPT OT IS PART OF HOSP PYMT
96	Non-covered charge(s).	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR OUTPT NON-COVERED MCAID REVENUE CODE
96	Non-covered charge(s).	M51	Missing/incomplete/invalid procedure code(s).	ALL SURG CODES BILLED-INVALID
96	Non-covered charge(s).	M54	Missing/incomplete/invalid total charges.	INVALID TOTAL NON/COV CHARGE
96	Non-covered charge(s).	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).	OTHER PROC NOT COVERED (81) OTHER SURG PROC NOT COVERED
96	Non-covered charge(s).	M79	Missing/incomplete/invalid charge.	XOVR CLM - CHIROPRACTOR NOT CVRD
96	Non-covered charge(s).	MA66	Missing/incomplete/invalid principal procedure code.	PRINCIPAL SURG PROC NOT CVRD
96	Non-covered charge(s).	N129	Not eligible due to the patient's age.	PROC NOT PAYABLE FOR AGE OR PROV TYPE TOOTH NOT COVERED FOR ROOT CANAL
96	Non-covered charge(s).	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).	N192	Patient is a Medicaid/Qualified Medicare Beneficiary.	QMB - SEND BILL TO MEDICARE
96	Non-covered charge(s).	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).	N22	This procedure code was added/changed because it more accurately describes the services rendered.	ALTERNATE CODE REPLACEMENT
96	Non-covered charge(s).	N30	Patient ineligible for this service.	CLAIM/REF FILE AID TYPE CONF CUSTODY MEDICAL CARE CLAIMS DJJS MEDICAL CARE CLAIMS EMERGENCY ONLY CLIENT NON COVERED SVC INVALID PREGNANCY INDICATOR FOR DRUG NDC'S IN COMPOUND NON-COVERED NURSING HOME CLAIM PCN ELIGIBLE
96	Non-covered Charge(s).	N418	Misrouted claim. See the payer's claim submission instructions.	NOT COVERED THRU CROSSOVERS
96	Non-covered charge(s).	N431	Not covered with this procedure.	PROC CODE NOT COVERED ON DOS
96	Non-covered charge(s).	N79	Service billed is not compatible with patient location information.	CLIENT RESIDES IN STATE HOSPITAL
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 ALREADY PAID GLOBAL CARE PAID GLOBAL/OTHER DELVRY CONFLICT SRVC INCLUDED IN GLOBAL TWO GLOBAL - SAME CYCLE
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
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.	E&M SERVICE NOT REIMBURSED SEPARATELY UN-BUNDLED SERVICE VS BUNDLED SERVICE

97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.			BUNDLED PROCEDURE/HISTORY OF PAID CLAIM COG SERV IS IN PACKAGE PROC COG SERVICE INCLUDED IN PACKAGE PROCEDURE DENTL EXAM IN W PAYMENT OF PD CLM HIST DENTL EXAM INC W PAYMENT OF ANOTHER CODE PAYMENT INC W/ DENTAL PACKAGE PROCEDURE PAYMENT INC W/DENTL PKG PROC,PD CLM HIST PD OUTPT CLAIM CONFLICT SERVICE IS COVERED IN DHS DAILY RATE UN-BUNDLED SERVICE VS BUNDLED SERVICE
107	The related or qualifying claim/service was not identified on this claim.	N390	This service/report cannot be billed separately.	CHEC PROCEDURE CODE NOT FOUND MUST BILL WITH D9220 MUST HAVE ANESTHESIA SERV PROLONGED SERVICES
107	The related or qualifying claim/service was not identified on this claim.			MUST BILL IMMUNIZATION CODE - VFC ADULT CRIMINAL COURT JURISDICTION
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.	JUVENILE CRIMINAL COURT JURISDICTION
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.	N538	A facility is responsible for payment to outside providers who furnish these services/supplies/drugs to its patients/residents.	NH PAID A PORTION OF CLAIM AMOUNT SERVICES COVERED IN ICF/MR PER DIEM
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.			AFC PLUS CLIENT RECD FEE FOR SERVICE CLIENT ENROLLED IN HMO CLIENT ENROLLED IN MOLINA CLIENT ENROLLED WITH WEBER MACS CLIENT IN HMO FOR DATE OF SERV. FLEXCARE CLIENT RECD FEE FOR SERVICE HCBS MUST BE ON TAPE HEALTHY U CLIENT RECD FEE FOR SERVICE IHC ACCESS CLIENT RECVD SVCS OUT OF PLAN IHC ACCESS RECD FEE FOR SERVICE MEDUTAH CLIENT RECD FEE SERVICE MENTAL HEALTH SERVICES MOLINA INDEPENDENCE CARE RECEIVED FFS MOLINA PLUS CLIENT RECD FEE FOR SERVICE NOT EXEMPTED SUB ADOPT BILL PMHP OR DHS RECIPIENT ENROLLED IN AN HMO RECIPIENT ENROLLED IN WEBER MACS UNI HOME CLIENT RECD FEE FOR SERVICE
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.	M86	Service denied because payment already made for same/similar procedure within set time frame.	D7110 1 PR DAY LMT EXCD EXCEEDS 1 CASE MGMT PER DAY EXCEEDS 3 PR 3 CALENDR MNTH LMT EXCEEDS 8 PER 24 MOS EXCEEDS TWO PER YEAR EXCEEDS X-RAY LIMITS GLOBAL MTRNTY CRE 1 PR PRGNCY HOME HEALTH SUPPLIES EXCEEDS ALLOWABLE HOME HLTH INITIAL VISIT > 1 PER ADMIN HOSPICE - 1 PER DAY LIMIT LITHOTRIPSY 2 PER 90 DAYS/UB82 LITHOTRIPSY 2 PR 90 DAY LIMIT ONLY ONE ALLOWED PER MONTH PREVENTIVE HEALTH EXAM - ONE PER YEAR SERVICE EXCEEDS 6 PER 12 MONTH LIMIT SERVICE EXCEEDS ONE PER MONTH

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.	HOME HEALTH SUPPLIES EXCEEDS ALLOWABLE HOME HLTH INITIAL VISIT > 1 PER ADMIN LITHOTRIPSY 2 PER 90 DAYS/UB82 LITHOTRIPSY 2 PR 90 DAY LIMIT OBSERVATION SERVICES-1 PER 48 HR PERIOD PCN CLIENT PRESCRIPTION LIMIT EXCEEDED PROC CD HAS UNIT LMT SERVICE EXCEEDS 6 PER 12 MONTH LIMIT SERVICE EXCEEDS ONE PER MONTH
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.	N345	Date range not valid with units submitted.	EXCEEDS HCBS 1 PR DY LMT EXCEEDS RESIDENCE LIMIT HOSPICE - 1 PER DAY LIMIT RESPIRE CARE LIMIT SCHOOL SRVCS - 1 PER DAY
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.	EXCEEDS 156/MONTH SUPPLY LIMIT HOSPICE UNITS EXCEED 5 LMT PR CALENDAR YR EXCEEDED OBSERVATION SERVICES-1 PER 48 HR PERIOD ORIG LINE DENIED, EXCEEDS UNIT LIMIT PROC CODE LIMITED TO 12 UNITS PER CAL YR UNIT LIMIT EXCEEDED
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.			DENTAL LIMIT-2 EXAM PER YEAR DIET COUNSL EXCEEDS 14 PER 12 MOS EXCEEDS 2 FOLLOW-UP PHONE CONTACTS SMKG EXCEEDS CROWN LIMIT EXCEEDS CROWN PREP LIMIT EXCEEDS PROPHY LIMIT EXCEEDS SEALANT LIMIT GROUP PRE/POSTNATAL ED EXCDS 8 PR 12 MOS HGH RSK PREG CNSULT EXCDS 1 PR 10 MOS HGH RSK PREG FLLW-UP EXCDS 2 PR 12 MOS HIGH RSK MATERNITY GLOBAL-1 PER PREGNCY PERSNL CRE ASSMT LMT 1 PR 6 MONS PRE/POSTNATAL HOME VSTS EXCDS 6 PR 12 MS PRENATAL ASSMENT VSTS EXCDS 1 PR 10 MOS PRENATAL VISIT EXCDS 3 PR 10 MONS PSYCHOSOCIAL COUSSL EXCEEDS 10 PER 12 MOS RSK ASSMT EXCDS 2 PR 10 MOS
125	Submission/billing error(s).	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	INVALID METRIC QUANTITY QUANTITY TOO SMALL/LARGE
125	Submission/billing error(s).	M49	Missing/incomplete/invalid value code(s) or amount(s).	INVALID REFILL INDICATOR
125	Submission/billing error(s).	M53	Missing/incomplete/invalid days or units of service.	MORE THAN ONE HUNDRED UNITS ON ONE LINE SERVICE EXCEED ONE HUNDRED LINES FOR DOS UNITS GREATER THAN DAYS OF SVC
125	Submission/billing error(s).	M54	Missing/incomplete/invalid total charges.	INVALID NET CHARGE AMOUNT
125	Submission/billing error(s).	M59	Missing/incomplete/invalid "to" date(s) of service.	INVALID LAST DATE OF SERVICE
125	Submission/billing error(s).	M79	Missing/incomplete/invalid charge.	INV ALLOWED CHRGR AMT -PHARMACY INVALID EXTRA CHARGE AMOUNT
125	Submission/billing error(s).	MA100	Missing/incomplete/invalid date of current illness or symptoms.	INVALID ONSET DATE
125	Submission/billing error(s).	MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	TOO MANY EXCEPTIONS
125	Submission/billing error(s).	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	FIRST DATE OF SVC AFTER LAST FROM - TO DATES MUST BE SAME INVALID ACTION DATE -LTC
125	Submission/billing error(s).	MA32	Missing/incomplete/invalid number of covered days during the billing period.	COV DAYS, UNITS OF SVC ERROR INVALID TOTAL DAYS INVALID TOTAL DAYS BILLED -LTC TOTAL DAYS LT COVERED DAYS

125	Submission/billing error(s).	MA33	Missing/incomplete/invalid noncovered days during the billing period.	INVALID HOSP LEAVE DAYS-LTC
125	Submission/billing error(s).	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
125	Submission/billing error(s).	N228	Incomplete/invalid consent form.	INV PA STERILE INTERP DATE
125	Submission/billing error(s).	N300	Missing/incomplete/invalid occurrence span date(s).	DTS OF SVC OVERLAP CALENDAR YR
125	Submission/billing error(s).	N379	Claim level information does not match line level information.	SUM OF ITEMS GT TOTAL CHARGE SUM OF ITEMS NOT EQUAL TOT CHG
125	Submission/billing error(s).	N39	Procedure code is not compatible with tooth number/letter.	PROC INVALID FOR TOOTH# BILLED REPLACED
125	Submission/billing error(s).	N480	Incomplete/invalid Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).	TPL AMOUNT NOT NUMERIC
125	Submission/billing error(s).	N50	Missing/incomplete/invalid discharge information.	DISCH DATE MUST EQUAL LAST DATE DISCHARGE BEFORE FIRST SVC DT
125	Submission/billing error(s).	N58	Missing/incomplete/invalid patient liability amount.	INVALID OTHER INCOME AMT -LTC
125	Submission/billing error(s).	N61	Rebill services on separate claims.	INVALID LINE ITEM CODE
125	Submission/billing error(s).	N63	Rebill services on separate claim lines.	FROM - TO DATES MUST BE SAME
129	Prior processing information appears incorrect.	N152	Missing/incomplete/invalid replacement claim information.	REVERSAL ON REBILL FAILED,CLAIM REJECTED
135	Interim bills cannot be processed.			CANNOT BILL INTERIM
136	Failure to follow prior payer's coverage rules. (Use Group Code OA).			SERVICE NOT COVERED THRU CROSSOVERS
140	Patient/Insured health identification number and name do not match.	MA39	Missing/incomplete/invalid gender.	INVALID NEWBORN SEX CODE
140	Patient/Insured health identification number and name do not match.			BILL SVC UNDER BABYS OWN ID NO BILL SVC UNDER MOTHERS ID NO CLAIM FOR NEWBORN MORE THAN 30 DAYS DATA ENTRY NAME/RECIPIENT NAME MISMATCH
141	Claim spans eligible and ineligible periods of coverage.	N30	Patient ineligible for this service.	RECIP INELIGIBLE DATES OVERLAP RECIP NOT ELIG ALL SERV DATES RECIP NOT ELIG ON ALL SERV DTES
142	Monthly Medicaid patient liability amount.			SPDN-WAS UMAP-NOW MEDICAID
146	Diagnosis was invalid for the date(s) of service reported.			ALL DX INVALID DOS BEFORE DIAG IS EFFECTIVE
150	Payer deems the information submitted does not support this level of service.			CLM/SRV ADJ INFO DOESN'T SUP LEVEL/SRV E&M HIGHER INTENSITY THAN EXPCTD PER DX MEDICAL NEEDS SUPERSEDES NH PER DIEM/LOC CONFLICT RECIPIENT DENIED INAPP PLCMT
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 REC'D FOR DOS NO LOCK-IN REFERRAL REC'D FOR DOS
167	This (these) diagnosis(es) is (are) not covered.	M64	Missing/incomplete/invalid other diagnosis.	FIFTH DX NOT COVERED SECONDARY DIAGNOSIS NOT COVERED THIRD DIAGNOSIS NOT COVERED
167	This (these) diagnosis(es) is (are) not covered.	M76	Missing/incomplete/invalid diagnosis or condition.	ALL DIAGNOSIS INVALID
167	This (these) diagnosis(es) is (are) not covered.	MA63	Missing/incomplete/invalid principal diagnosis.	PRIMARY DIAGNOSIS NEVER COVERED
167	This (these) diagnosis(es) is (are) not covered.			FOURTH DIAGNOSIS NOT COVERED
170	Payment is denied when performed/billed by this type of provider.	N428	Not covered when performed in this place of service.	ASC TABLE DOES NOT HAVE PRICE FOR CODE
171	Payment is denied when performed/billed by this type of provider in this type of facility.	N129	Not eligible due to the patient's age.	PROC NOT PAYABLE FOR AGE OR PROV TYPE
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 COMPOUND SEGMENT M/I PRESCRIPTION/SVC REF NUMBR QUALIFIER
177	Patient has not met the required eligibility requirements.	N30	Patient ineligible for this service.	NOT MEDICAID ELIGIBLE RECIP NT ELIG-ATMNT MAY BE CVD RECIPIENT INELIGIBLE FOR MEDICAID
177	Patient has not met the required eligibility requirements.	N43	Bed hold or leave days exceeded.	PATIENT ON LOA/EXTENDED LEAVE
178	Patient has not met the required spend down requirements.	N30	Patient ineligible for this service.	ELIG DTS AND SPENDDOWN DTS OVERLAP INELIG DATES & SPENDDOWN DTS OVERLAP RECIP NOT ELIG-SPDNWN NOT PAID
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).	INVALID PROCEDURE CODE PROCEDURE CODE NOT FOUND PROV. OR REF. FILE DATA INCOMPLETE
181	Procedure code was invalid on the date of service.			DOS BEFORE SURG IS EFFECTIVE

182	Procedure modifier was invalid on the date of service.			DISCONTINUED MODIFIER MODIFIER NON-COVERED BY MEDICAID MULTIPLE SURGEON MANUAL REVIEW MULTIPLE SURGEONS ASSISTANT NOT ALLOWED
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
185	The rendering provider is not eligible to perform the service billed.			CANNOT CALCULATE PAYMENT - BAD DATA
186	Level of care change adjustment.	N188	The approved level of care does not match the procedure code submitted.	INVALID LOC CHANGE DAYS INVLD/MSSNG ACTION REASON CODE
186	Level of care change adjustment.			OVERLAPPING DOS-TAD
197	Precertification/authorization/notification absent.	M62	Missing/incomplete/invalid treatment authorization code.	CLAIM NEEDS PA NUMBER PHARMACY DRG REQUIRES PA LINE ADDED REQUIRE A PA,ORIG CODE DIDN'T MISSING PRIOR AUTH NUMBER NEEDS MI-706 NO MEDICAID PRIOR AUTHORIZATION NON-EMER -TRANS NOT AUTHORIZED PROC CD HAS DOLLAR LIMIT-REQ PA PROC NEEDS PA WHEN DONE INPAT PSYC SVC REQ PA (IP) SURGICAL PROCEDURE REQUIRES PA
197	Precertification/authorization/notification absent.	M86	Service denied because payment already made for same/similar procedure within set time frame.	HOSPICE - 1 PER DAY LIMIT
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.			ABORTION RELATED SVS REQUIRE PA CLAIM CAPTURED WAITING FOR P.A. APPROVAL DRUG REQUIRES PRIOR AUTH MISSING MI706-FOR UMAP
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 HOSP INPT/OUPT UNITS USED
198	Precertification/authorization exceeded.			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).	ESRD REQUIRES CPT-4 CODE OUTPATIENT REQUIRES CPT-4 CODE REQUIRES CPT FOR REV CODE
199	Revenue code and Procedure code do not match.			INCORRECT BILLING OF REV CODE WITH HCPCS
200	Expenses incurred during lapse in coverage.	N30	Patient ineligible for this service.	RECIP NOT ELIG ON SERV DATE
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.			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
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.	N37	Missing/incomplete/invalid tooth number/letter.	BILATERALLY MISSING TEETH CLM LACKS INFO EMERGENCY ONLY CLIENT
216	Based on the findings of a review organization.			RECIPIENT STATUS CHG-NO INSTUT. SERVICE-PREADMIT DATE CONFLICT
226	Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete.	N301	Missing/incomplete/invalid procedure date(s).	
231	Mutually exclusive procedures cannot be done in the same day/setting.	N20	Service not payable with other service rendered on the same date.	ASPIRATION/INJCTN CONFLICT INJECTION PART OF ASPIRATION
231	Mutually exclusive procedures cannot be done in the same day/setting.	N390	This service/report cannot be billed separately.	ASPIRATION/INJCTN CONFLICT INJECTION PART OF ASPIRATION
231	Mutually exclusive procedures cannot be done in the same day/setting.			CURRNT PROC MUTUAL EXCLUSV TO HISTR PROC D PROC COMBO NOT EXP SAME DAY,PD CLM HIS DENTL PROC COMBO NOT EXPECTED SAME DAY HIST PROC MUTUAL EXCLUSV TO CURRENT PROC PROC COMBINATION NOT EXPECTED SAME DAY PROC COMBO NOT EXPSTD SAME DAY,PD CLM HIS
234	This procedure is not paid separately.	N122	Add-on code cannot be billed by itself.	ADD ON CODE NOT BILLED WITH PARENT CODE

234	This procedure is not paid separately.	N19	Procedure code incidental to primary procedure.	ONLY INCIDENTAL SERVICES REPORTED OCE 27
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative.	N19	Procedure code incidental to primary procedure.	CURRENT PROC INCIDENTAL TO OTHER CURRENT PROC HISTORY PROC INCIDENTAL TO OTHER CURRENT PROC PROCEDURE IS INCIDENTAL TO ANOTHER PROCEDURE
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative.			EMER EXAM/OTHER SERV SAME DOS OB GLOBAL UNBUNDLED CURRENT TO CURRENT OB GLOBAL UNBUNDLED TO HISTORY
A1	Claim/Service denied.	M50	Missing/incomplete/invalid revenue code(s).	INVALID REVENUE CODE FOR ESRD INVALID REVENUE CODE-INPATIENT REVENUE CODE NOT ON FILE
A1	Claim/Service denied.	M77	Missing/incomplete/invalid place of service.	INVALID PLACE OF SERVICE
A1	Claim/Service denied.	M79	Missing/incomplete/invalid charge.	BILLED CHG MUST = RATE X UNITS
A1	Claim/Service denied.	M86	Service denied because payment already made for same/similar procedure within set time frame.	LONG ACTING NARCOTIC DRUG INTERACTION LONG ACTING NARCOTIC PAID WITHIN 30 DAYS
A1	Claim/Service denied.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	SRVC NOT COVERED WHILE IN HOSP
A1	Claim/Service denied.	MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	DOS OVRLP HOSP CLAIM IN HOSP FIRST DATE OF SERV IN HOSP LAST DATE OF SERV INPT/OUTPT CLMS OVERLAP DOS XOVER CLM INPT/OUTPT OVRLP
A1	Claim/Service denied.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	DATE OUT OF OCE EDIT, POSTED OCE 24 FIRST DATE OF SERVICE GT LAST
A1	Claim/Service denied.	MA32	Missing/incomplete/invalid number of covered days during the billing period.	INVALID TOTAL DAYS
A1	Claim/Service denied.	MA40	Missing/incomplete/invalid admission date.	ADMIT DATE AFTER FIRST DATE SV
A1	Claim/Service denied.	MA41	Missing/incomplete/invalid admission type.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied.	MA42	Missing/incomplete/invalid admission source.	INVALID TYPE OF ADMISSION
A1	Claim/Service denied.	MA43	Missing/incomplete/invalid patient status.	INVALID PATIENT STATUS
A1	Claim/Service denied.	N10	Payment based on findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	MULT MODIFIERS-MANUAL REVIEW REVIEW ALL CLAIMS WITH THIS PROCEDURE RVW CLMS/PROV
A1	Claim/Service denied.	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.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	PRSNL CR HM-HLTH CONFLICT
A1	Claim/Service denied.	N161	This drug/service/supply is covered only when the associated service is covered.	NON-COVERED VACCINE ADMINISTRATION
A1	Claim/Service denied.	N198	Rendering provider must be affiliated with the pay-to provider.	SERV PROV UNAFFIL W/GRP PRACT
A1	Claim/Service denied.	N20	Service not payable with other service rendered on the same date.	ATTENDANCE/RESUSCITATION BILLED SAME DAY HCBS CONFL WTH TCM OR ICF/MR DY TRMT HH/NURSE VISIT CONFLICT HISTORY LAB PANELS HAVE BEEN UNBUNDLED LAB PANELS HAVE BEEN UNBUNDLED NURSING/HH AIDE CONFLICT PRSNL CR HM-HLTH CONFLICT SKILLED NURSING/HH AID CONFLICT
A1	Claim/Service denied.	N28	Consent form requirements not fulfilled.	REQ PA & HOSP CONSENT DT REQ PA W/ABORT CONSENT DT REQ PA W/STERL CONSENT DT
A1	Claim/Service denied.	N30	Patient ineligible for this service.	CLIENT / DRUG COMBINATION NOT COVERED
A1	Claim/Service denied.	N305	Missing/incomplete/invalid accident date.	ACCIDENT DATE GT LAST SVC DATE
A1	Claim/Service denied.	N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.	INVALID REFERRING LIC NO
A1	Claim/Service denied.	N34	Incorrect claim form/format for this service.	HCFA INVALID FOR OUTPATIENT SERVICE BILLED USING WRONG CLAIM FORM INVALID MCAID CLAIM TYPE
A1	Claim/Service denied.	N362	The number of days or Units of Service exceeds our acceptable maximum.	EXCESSIVE NUMBER OF UNITS SUBMITTED MEDICALLY UNLIKELY EDITS OB MULTIPLE UNITS SAME CLAIM
A1	Claim/Service denied.	N39	Procedure code is not compatible with tooth number/letter.	INVALID TOOTH NUMBER PROC CODE/TOOTH # CONFLICT
A1	Claim/Service denied.	N47	Claim conflicts with another inpatient stay.	HCBS/INPT/NH CONFLICT INPT CLM PD FOR DOS MEDICAL CLAIM/INST CONFLICT OT DOS CONF INPT/NH SVS PRSNL CRE OR TCM CONF MEDCRE NH/INPT PMT SA DOS CONF W-INPT/NH TCM OVERLAPS HOSP/NH

A1	Claim/Service denied.	N530	Not qualified for recovery based on enrollment information.	OPPS PROVIDER DATA NOT FOUND PROVIDER SUSPENDED (OCE)
A1	Claim/Service denied.	N538	A facility is responsible for payment to outside providers who furnish these services/supplies/drugs to its patients/residents.	COVERED BY DRG PAYMENT TO HOSP MED SUP/PHAR CONFLICT W/NH PAY
A1	Claim/Service denied.	N54	Claim information is inconsistent with pre-certified/authorized services.	LTAC SERVICES ARE NOT VALID FOR CLAIM
A1	Claim/Service denied.	N61	Rebill services on separate claims.	COMPOUND DRUG BILLED INCORRECTLY COS CONFLICT DIFFERENT PROV TYPES ON CLAIM
A1	Claim/Service denied.	N63	Rebill services on separate claim lines.	DOS OVERLAP MONTH OVERLAPPING DATE OF SERVICE
A1	Claim/Service denied.	N79	Service billed is not compatible with patient location information.	DELIVERY FEE FOR DRUG-RURAL CLIENT ONLY
A1	Claim/Service denied.	N81	Procedure billed is not compatible with tooth surface code.	INVALID TOOTH SURFACE
A1	Claim/Service denied.	N95	This provider type/provider specialty may not bill this service.	UNABLE TO DETERMINE COS
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			DRG NOT ON FILE END DOS GT EXP DT FOR GROUPER UNABLE TO CALCULATE DRG
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 the patient.	2 POSTPARTUM CLAIMS
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
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.	POS DUP/CONF - MAN PROC POSSIBLE DUPLICATE CLAIM
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N384	Records indicate that the referenced body part/tooth has been removed in a previous procedure.	POSSIBLE DUP DENTAL EXTRACT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N430	Procedure code is inconsistent with the units billed.	DUPLICATE PROCEDURE EXCEEDS UNIT LIMIT
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	N472	Payment for this service has been issued to another provider.	ICF POSSIBLE DUPLICATE
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.	MDCARE/MDCAID POSSIBLE CONFLCT MEDICARE/MEDICAID POSSIBLE DUP
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			POSSIBLE CLAIM CONFLICT
B14	Only one visit or consultation per physician per day is covered.	M80	Not covered when performed during the same session/date as a previously processed service for the patient.	IHS SRVCS ARE LIMITED TO ONE AIR PER DAY
B14	Only one visit or consultation per physician per day is covered.			1 NEONATAL PHYSICIAN VISIT PER DAY LIMIT 1 PED. CRITICAL CARE PHYS E&M PER DAY 1 PER DAY LIMIT 1 PHYSICIAN VISIT PER DAY LIMIT ONE PHYSICIAN VISIT PER DAY
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.	REBUNDLE DNTL SRV NOT PD SEPARATE HX CLM REBUNDLED DENTAL SERVICE NOT PD SEPARATE
B16	'New Patient' qualifications were not met.	M13	Only one initial visit is covered per specialty per medical group.	COG SERVICE NOT A NEW PATIENT NOT A NEW PATIENT NOT NEW PATIENT/SAME SPECIALTY IN GROUP NOT NEW PT FR NH CUSTODIAL CRE SERVS NT NEW PT FR LONG TERM CARE
B16	'New Patient' qualifications were not met.	N113	Only one initial visit is covered per physician, group practice or provider.	COG SERV-3 YRS-NOT NEW PT
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 billed and adjudicated.	POSSIBLE DUPLICATE SVR BY MULTI PROV'S
B5	Coverage/program guidelines were not met or were exceeded.	MA30	Missing/incomplete/invalid type of bill.	ONE DAY STAY-BILL AS OUTPTIENT SAME DAY SRV BILL OUTPT
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.	CUMULATIVE-EXCESSIVE USE REFILL TOO SOON
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

B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			CLIA CERT# SANCTIONED FOR THIS PROCEDURE ENROLLMENT RECORD DELETED LAB NOT ELIG TO PROVIDE SVC NH CAN'T ADMIT-UNDER SANCTION NOT ENROLLED FOR COS ON SVC DT PHARMACY XOVER - PROVIDER NOT FOUND PROV ENROLLMENT RESTRICTION PROV NUMBER/SERVICE CONFLICT PROV SUSPENDED FROM T-19 ELIG PROV UNAUTH TO PROV LOC ON DOS PROVIDER ENRLMNT DISCONTINUED PROVIDER INELIGIBLE ON DOS PROVIDER NOT ELIG TO DISPENSE PRODUCT PROVIDER NOT ENROLLED ON DOS REVIEW OUT OF STATE PROVIDER
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.			HOSP/NH CONFLICT TO HOSPICE HOSPICE TO INPATIENT