



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
2 (10/16/03)	Coinsurance Amount	0192	ECPS NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	MA92 (09/23/04)	Missing plan information for other insurance.
6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0254	PROCEDURE CODE AGE RESTRICTED	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0255	PROCEDURE SEX RESTRICTION	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
10 (10/16/03)	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0002	BILLING PROVIDER NUMBER MISSING/INVALID	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0012	MISSING PATIENT NAME	MA36 (10/16/03)	Missing/incomplete/invalid patient name.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0013	INVALID BIRTHDATE	MA38 (10/16/03)	Missing/incomplete/invalid birth date.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0014	STATEMENT THRU DATE < OCCURRENCE DATE	M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0015	STATEMENT THRU DATE < STATEMENT FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0016	INV/MISS SERVICE FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0017	INV/MISS SERVICE THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0018	SERVICE THRU DATE < SERVICE FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0022	INV/MISS BILLED DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0034	MISSING LABORATORY SERVICE REVENUE CODE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0036	INVALID ACUTE DAYS	M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0037	INVALID SNF DAYS	M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0038	INVALID ICF DAYS	M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0039	INVALID RESIDENTIAL DAYS	M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0040	INV/MISS ADMISSION DATE	MA40 (10/16/03)	Missing/incomplete/invalid admission date.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	MA06 (10/16/03)	Missing/incomplete/invalid beginning and/or ending date(s).
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0042	INV/MISS TYPE BILL CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0043	INV/MISS BIRTH WEIGHT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0044	INV/MISS TYPE OF ADMISSION	MA41 (10/16/03)	Missing/incomplete/invalid admission type.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0045	INV/MISS PATIENT STATUS CODE	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0046	TOTAL DAYS NOT EQUAL TO DATES OF SERVICE	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0048	MISSING ICD9 SURG PROC CODE - SUPPLY CODE OR REMOVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0050	BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0053	INV/MISS ACCOMMODATION DAYS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0056	INV/MISS REVENUE UNITS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0062	INVALID CONDITION CODE	M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0063	INV/MISS ADMISSION HOUR	N46 (10/16/03)	Missing/incomplete/invalid admission hour.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0065	PINTS OF BLOOD FURNISHED MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0066	INVALID SPECIAL PROGRAM INDICATOR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0067	INV/MISS NON COVERED HOSPITAL DAYS	MA33 (10/16/03)	Missing/incomplete/invalid noncovered days during the billing period.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0068	INVALID SOURCE OF ADMISSION	MA42 (10/16/03)	Missing/incomplete/invalid admission source.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0069	INVALID OCCURENCE DATE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0071	INVALID STATEMENT COVERS FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0072	INVALID STATEMENT COVERS THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0081	INV/MISS CLINIC CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0082	EMERG ROOM REVENUE CODE(S) PRESENT - CLINIC CODE MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0084	BABY & MOTHER - ADMIT TYPE MUST BE NEWBORN	MA42 (10/16/03)	Missing/incomplete/invalid admission source.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0085	INV/MISS DAYS/UNITS/VISITS	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0086	NUMBER OF UNITS EXCEEDS MONTHS/DAYS OF SERVICE	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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Last Date Loaded - 5/2/2011

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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0152	INV/MISS TOTAL CHARGE	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0153	INCORRECT TOTAL CHARGES	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0161	INV/MISS HCPCS PROCEDURE CODE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0184	INVALID/MISSING ADJUSTMENT REASON	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0185	FORMER ICN # MISSING/INVALID	M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0206	BILLING PROVIDER NOT ON FILE	MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0247	REVENUE/ICD9/HCPCS PROC CODE ON CLM CONFLICTS WITH CLM TYPE	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0248	ICD9 PROCEDURE CODE NOT ON FILE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.



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16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0253	REVENUE/PROCEDURE NOT ACTIVE ON DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0257	PROC/NDC/REV/ICD9 NOT COVERED BY ECPS	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0259	HCPCS PROCEDURE CODE NOT ON FILE	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0290	INVALID SECONDARY DIAGNOSIS	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0499	ACUTE DAYS BILLED EQUAL ZERO	MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0591	PROVIDER NOT ON PROVIDER RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0595	REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0602	MISSING DRG CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0621	DRG CODE NOT ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0658	NO PROVIDER RATE RECORD FOR BILLING PROVIDER	M131 (10/16/03)	Missing physician financial relationship form.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0659	NF RATE NOT ON FILE	M131 (10/16/03)	Missing physician financial relationship form.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0661	INV/MISS DRG CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1000	MULTIPLE J3 OCCURRENCE CODES ON HIPAA CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1002	DAYS ACUTE ARE GREATER THAN 999.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1003	DAYS SNF ARE GREATER THAN 999.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1004	DAYS ICF ARE GREATER THAN 999.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1005	DAYS RESIDENTIAL ARE GREATER THAN 999.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1223	NPI IS MISSING FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1224	NPI IS INVALID FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1226	NPI IS INVALID FOR REFERRING PROVIDER	N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1227	NPI IS MISSING FOR OPERATING PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1228	NPI INVALID - UB04 OPERATING 1 PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1229	NPI MISSING FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1230	NPI INVALID FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1232	NPI IS INVALID FOR OTHER PROVIDER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1236	ZIP CODE IS MISSING OR INVALID	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1239	NPI NOT ON FILE - BILLING	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1242	NPI NPT ON FILE - ATTENDING	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1243	PROVIDER NOT MAPPED - ATTENDING	N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1246	PROVIDER NOT MAPPED - UB04 REFERRING PROVIDER	N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1261	NPI NOT CROSSWALKED - OPERATING 1	N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1263	NPI NOT ON FILE - OTHER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.
16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1264	PROVIDER NOT MAPPED- OTHER	N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.
16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1270	REFERRING NPI SAME AS BILLING/SERVICING NPI	N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.
16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1271	OTHER NPI SAME AS BILLING/SERVICING NPI	N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1281	UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1282	NPI NOT CROSSWALKED - UB04 OPERATING 2 PROVIDER	N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1284	INVALID/MISSING UB04 OCCURRENCE SPAN CODE	M258 (09/07/10)	
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1285	INVALID UB04 OCCURRENCE SPAN FROM DATE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	M46 (09/07/10)	Missing/incomplete/invalid occurrence span code(s).



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1287	STATEMENT THRU DATE < UB04 OCCURR SPAN THRU DATE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1290	UB04 PAT RSN VISIT READ - UNSCHEDULED VISIT	N50 (09/07/10)	Missing/incomplete/invalid discharge information.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1295	UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (04/02/10)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	N95 (04/02/10)	This provider type/provider specialty may not bill this service.
16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information 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.)	0059	MISSING CHARITY CARE CLAIM WRITEOFF DATE	MA127 (10/16/03)	Reserved for future use.
17 (10/16/03)	Requested information 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.)	0070	CHARITY CARE WRITEOFF DATE > CLAIM SUBMISSION DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
17 (10/16/03)	Requested information 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.)	0090	SUBMISSION TIME ELAPSED - ADJUSTMENT AMOUNT > 0	MA127 (10/16/03)	Reserved for future use.
17 (10/16/03)	Requested information 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.)	0104	SUBMISSION TIME ELAPSED: NEGATIVE ADJ/VOID ALLOWED	MA127 (10/16/03)	Reserved for future use.
17 (10/16/03)	Requested information 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.)	0107	MISSING CONDITION CODE FOR ESRD CLAIM	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information 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.)	0108	INVALID CONDITION CODE FOR REVENUE CODE - ESRD	MA127 (10/16/03)	Reserved for future use.
17 (10/16/03)	Requested information 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.)	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).
17 (10/16/03)	Requested information 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.)	0182	EOB/OVERRIDE CODE NOT NUMERIC	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
17 (10/16/03)	Requested information 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.)	0578	CLAIM PRICED UTILIZING CHARITY CARE 30% RULE	MA127 (10/16/03)	Reserved for future use.
17 (03/16/09)	Requested information 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.)	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
17 (09/20/10)	Requested information 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.)	1638	VOID OR CREDIT HAS MORE THAN 10 EDITS - SEE HISTORY EDITS	MA80 (09/20/10)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
18 (10/08/05)	Duplicate claim/service.	0695	ADJUSTMENT FOR THIS CLAIM IS ALREADY IN PROCESS	M58 (10/08/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
18 (10/16/03)	Duplicate claim/service.	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
18 (10/16/03)	Duplicate claim/service.	0800	EXACT DUPLICATE BILL	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0804	INPATIENT AND OUTPATIENT DUPLICATE ERROR	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0809	POSSIBLE DUPLICATE	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0810	DUPLICATE BILL - OVERLAPPING DATES OF SERVICES	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (03/12/07)	Duplicate claim/service.	1622	CHARITY AND MEDICAID DUPLICATE ERROR	M86 (03/12/07)	Service denied because payment already made for same/similar procedure within set time frame.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	N18 (10/16/03)	Payment based on the Medicare allowed amount.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0625	CHARITY CARE ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
26 (10/16/03)	Expenses incurred prior to coverage.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
26 (10/16/03)	Expenses incurred prior to coverage.	0634	DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
29 (03/30/05)	The time limit for filing has expired.	0078	SUBMISSION TIME ELAPSED-RECEIVED > 2YRS AFTER SERV DATE THRU	N102 (03/30/05)	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.
31 (10/16/03)	Patient cannot be identified as our insured.	0011	CHARITY CARE % INVALID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
31 (10/16/03)	Patient cannot be identified as our insured.	0952	CLAIM VOIDED - RECIPIENT ID ERROR	MA30 (10/16/03)	Missing/incomplete/invalid type of bill.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
35 (10/16/03)	Lifetime benefit maximum has been reached.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0726	INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0166	INV/MISS DIAGNOSIS CODE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0167	MISSING PRIMARY DIAGNOSIS CODE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0295	INVALID THIRD, FOURTH OR FIFTH DIAGNOSIS	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0296	DIAGNOSIS CODE NOT ON FILE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1288	INVALID/MISSING UB04 ADMIT DIAGNOSIS	MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1289	UB04 ADMIT DIAGNOSIS NOT ON FILE	M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1291	INVALID UB04 PATIENT REASON FOR VISIT	MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1292	UB04 PATIENT REASON FOR VISIT NOT ON FILE	N64 (09/07/10)	The "from" and "to" dates must be different.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1293	INVALID UB04 EXTERNAL INJURY CODE	NA63 (09/07/10)	
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1294	UB04 EXTERNAL INJURY CODE NOT ON FILE	M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE	N77 (10/16/03)	Missing/incomplete/invalid designated provider number.
66 (10/16/03)	Blood Deductible.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
90 (10/16/03)	Ingredient cost adjustment. Note: To be used for pharmaceuticals only.	0480	GROUPER ASSIGNED A NEW DRG CODE	M81 (10/16/03)	You are required to code to the highest level of specificity.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMMS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
92 (08/03/09)	Claim Paid in full.	1279	CALCULATED PAYMENT AMOUNT ZERO	N10 (08/03/09)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0151	INV/MISS CLAIM LINE CHARGE(S)	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0172	INVALID PAYOR ID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0986	INVALID PAYOR ID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
110 (10/16/03)	Billing date predates service date.	0021	BILLED DATE LESS THAN THRU DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (10/16/03)	Billing date predates service date.	0023	BILLED DATE < STATEMENT THRU DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (10/16/03)	Billing date predates service date.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
118 (10/16/03)	ESRD network support adjustment.	0483	LAB TEST INCLUDED IN ESRD COMPOSITE RATE	M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0950	RE-PROCESSED PREVIOUSLY DENIED CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0956	CLAIM REPROCESSED TO CORRECT PAYMENT	MA67 (10/16/03)	Correction to a prior claim.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	MA67 (10/16/03)	Correction to a prior claim.
128 (10/16/03)	Newborn's services are covered in the mother's Allowance.	0489	BABY AND MOTHER ACCOMMODATION REVENUE CODES ON CLAIM	N15 (10/16/03)	Services for a newborn must be billed separately.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0789	FORMER ICN INVALID OR SPACES	M47 (09/23/04)	Missing/incomplete/invalid internal or document control number.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	N77 (10/16/03)	Missing/incomplete/invalid designated provider number.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0799	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	N5 (09/23/04)	EOB received from previous payer. Claim not on file.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0954	CLAIM VOIDED - SYSTEM PROCESSING ERROR	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/08/05)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1201	MULTIPLE HISTORY CLAIMS MATCH FORMER ICN TO BE ADJ/VOID	N4 (10/08/05)	Missing/incomplete/invalid prior insurance carrier EOB.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0603	PROVIDER NOT ON DRG RATE FILE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0604	INVALID PRICING ACTION CODE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0617	CALCULATED PAYMENT AMOUNT ZERO	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0618	VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0656	MISSING NJ DRG MARKUP FACTOR	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0657	MISSING NJ DRG PAYOR FACTOR	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0666	UNABLE TO PRICE CLAIM	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
140 (10/16/03)	Patient/Insured health identification number and name do not match.	0500	INV/MISS PATIENT ACCOUNT NUMBER	MA61 (10/16/03)	Missing/incomplete/invalid social security number or health insurance claim number.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	ECPS Edit Code	NJMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0163	PROCEDURE - SPANNING DATES OF SERVICE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	MA40 (10/16/03)	Missing/incomplete/invalid admission date.
199 (03/29/10)	Revenue code and Procedure code do not match.	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631-637	M50 (03/29/10)	Missing/incomplete/invalid revenue code(s).
208 (08/16/10)	National Provider Identifier - Not matched.	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	N77 (08/16/10)	Missing/incomplete/invalid designated provider number.
208 (08/16/10)	National Provider Identifier - Not matched.	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	N77 (08/16/10)	Missing/incomplete/invalid designated provider number.
A1 (06/06/08)	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	1259	NEWBORN MAY BE ELIGIBLE FOR NEW JERSEY FAMILY CARE (NJFC)	M16 (06/06/08)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
A2 (10/16/03)	Contractual adjustment.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
A7 (05/24/10)	Presumptive Payment Adjustment	1331	THE NEW ORIGINAL CLAIM WAS PRODUCED FROM A RECYCLE	MA67 (05/24/10)	Correction to a prior claim.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
B10 (10/16/03)	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	0976	CHARITY CARE PRICE REDUCED BY OTHER INSURANCE	M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0702	SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	M67 (10/16/03)	Missing/incomplete/invalid other procedure code(s).
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0788	ADJUSTMENT DENIED/ORIG PRICED CORRECTLY	MA67 (10/16/03)	Correction to a prior claim.



ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 5/2/2011

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B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0825	INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM	M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.
B15 (10/16/03)	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID ICD9 SURG PROC	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0503	REVENUE CODE NOT ON FILE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0724	DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
B19 (11/20/09)	Claim/service adjusted because of the finding of a Review Organization.	1009	ANNUAL SYSTEM RECONCILIATION VOID (IE AUDIT, DUPLICATE)	N432 (11/20/09)	Adjustment based on a Recovery Audit.
B22 (10/16/03)	This payment is adjusted based on the diagnosis.	0978	POSSIBLE TPL/ACCIDENT INDICATOR OR TRAUMA DIAGNOSIS	MA92 (10/16/03)	Missing plan information for other insurance.