



**Encounter Edit Codes/HIPAA Edit Codes Translation -**  
**Sequenced by HIPAA Remark Code**  
**Last Date Loaded - 5/2/2011**

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M43 (10/16/03)	Payment for this service previously issued to you or another provider by another carrier/intermediary.	800	<b>EXACT DUPLICATE BILL</b>	18 (10/16/03)	Duplicate claim/service.
M44 (10/16/03)	Missing/incomplete/invalid condition code.	197	<b>COMPOUND DRUG OR METRIC QUANTITY ERROR</b>	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	466	<b>COMPOUND CLAIM WITH ONLY 1 INGREDIENT</b>	16 (12/13/10)	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.)
M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.	185	<b>FORMER ICN # MISSING/INVALID</b>	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.)
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	058	<b>REVENUE/CHARGE/CODE INVALID</b>	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	503	<b>REVENUE CODE NOT ON FILE</b>	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	259	<b>PROCEDURE CODE NOT ON FILE</b>	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.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	015	<b>STATEMENT THRU DATE &lt; STATEMENT FROM DATE</b>	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.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	016	<b>SERVICE FROM DATE MISSING/INVALID</b>	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.)



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M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	018	<b>SERVICE THRU DATE &lt; SERVICE FROM DATE</b>	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.)
M52 (08/04/09)	Missing/incomplete/invalid "from" date(s) of service.	022	<b>CAPITATION DETAIL SERVICE PERIOD INVALID</b>	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.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	071	<b>STATEMENT COVERS FROM DATE MISSING/INVALID</b>	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.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	085	<b>DAYS/UNITS/VISITS MISSING/INVALID</b>	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.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	152	<b>TOTAL CHARGE MISSING/INVALID</b>	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.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	153	<b>CLAIM PAYMENT MISSING/INVALID</b>	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.)
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	010	<b>SERVICING PROVIDER MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	011	<b>RECIPIENT NUMBER MISSING OR INVALID</b>	31 (10/16/03)	Patient cannot be identified as our insured.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	042	<b>TYPE OF BILL CODE MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	048	<b>SURGICAL PROCEDURE CODE MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	049	<b>SURGICAL DATE MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	056	<b>REVENUE UNITS MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	083	<b>SURGICAL PROCEDURE CODE MISSING</b>	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	088	<b>DATE OF SURGERY &lt; SERVICE/STATEMENT FROM DATE</b>	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.)
M58 (06/23/06)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	110	<b>ENC TAXONOMY MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	123	<b>MEDICAL RECORD NUMBER MISSING/INVALID</b>	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.)



## Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	126	<b>COMPOUND DRUG INDICATOR MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	130	<b>PHARMACY DAYS SUPPLY MISSING/INVALID</b>	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	138	<b>ACCIDENT INDICTOR MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	139	<b>EPSDT INDICTOR INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	142	<b>ORIGIN CODE MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	143	<b>DESTINATION CODE MISSING/INVALID</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	151	<b>CLAIM CHARGE MISSING/INVALID</b>	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	168	<b>GESTATION INDICATOR INVALID FOR PROC/DIAG/REV CODES</b>	4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	184	<b>ADJUSTMENT REASON CODE MISSING/INVALID</b>	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.)
M58 (12/13/10)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	554	<b>COMPOUND CONTAINS DUPLICATE INGREDIENTS</b>	16 (12/13/10)	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.)
M58 (12/13/10)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	555	<b>COMPOUND DRUG - INCORRECT INGREDIENT QUANTITY/COST</b>	16 (12/13/10)	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.)
M58 (12/13/10)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	556	<b>INVALID COMPOUND - CONTAINS ONE INGREDIENT + WATER</b>	16 (12/13/10)	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	602	<b>DRG CODE MISSING</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	786	<b>PREVIOUSLY DENIED CLM CANNOT BE ADJUSTED-RESUBMIT CLAIM</b>	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	787	<b>ADJUSTMENT CLM TYPE NOT MATCHED</b>	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	797	<b>DUPLICATE ADJUSTMENT</b>	18 (10/16/03)	Duplicate claim/service.



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M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	017	<b>SERVICE THRU DATE MISSING/INVALID</b>	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.)
M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	020	<b>SERVICE THRU DATE &gt; DATE RECEIVED</b>	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.)
M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	072	<b>STATEMENT COVERS THRU DATE MISSING/INV</b>	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.)
M77 (10/16/03)	Missing/incomplete/invalid place of service.	141	<b>PLACE OF SERVICE MISSING/INVALID</b>	5 (10/16/03)	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	162	<b>PROCEDURE CODE MODIFIER MISSING/INVALID</b>	4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	127	<b>NATIONAL DRUG CODE MISSING OR INVALID</b>	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.)
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	545	<b>NATIONAL DRUG CODE NOT ON FILE</b>	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	553	<b>COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG</b>	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.)



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M128 (10/16/03)	Missing/incomplete/invalid date of the patient's last physician visit.	135	<b>CURRENT EXAM DATE MISSING/INVALID</b>	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.)
M128 (08/31/04)	Missing/incomplete/invalid date of the patient's last physician visit.	136	<b>PREVIOUS EXAM DATE INV</b>	20 (10/16/03)	This injury/illness is covered by the liability carrier.
MA31 (05/04/09)	Missing/incomplete/invalid beginning and ending dates of the period billed.	023	<b>VOID MATCHED MULTIPLE ENCOUNTERS</b>	110 (05/04/09)	Billing date predates service date.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	064	<b>SERVICE THRU DATE &gt; STATEMENT THRU DATE</b>	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	073	<b>SERVICE COVERS FROM DATE &lt; STATEMENT FROM DATE</b>	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.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	074	<b>STATEMENT COVERS FROM DATE &gt; SERVICE THRU DATE</b>	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.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	089	<b>DATE OF SURGERY &gt; SERVICE/STATEMENT THRU DATE</b>	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.)
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	400	<b>RECIPIENT NOT IN HMO ON DATE OF SERVICE</b>	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA41 (10/16/03)	Missing/incomplete/invalid admission type.	044	<b>ADMISSION TYPE MISSING/INVALID</b>	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.)
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	166	<b>DIAGNOSIS CODE MISSING/INVALID</b>	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.



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MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	167	<b>DIAGNOSIS CODE MISSING</b>	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	296	<b>DIAGNOSIS CODE NOT ON FILE</b>	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	161	<b>PROCEDURE CODE MISSING/INVALID</b>	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.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	248	<b>SURGICAL PROCEDURE CODE NOT ON FILE</b>	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.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	254	<b>PROCEDURE CODE AND AGE RESTRICTED</b>	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	255	<b>PROCEDURE CODE AND SEX RESTRICTION.</b>	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.
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.	001	<b>INCORRECT CLAIM STATUS CODE</b>	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.)
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.	100	<b>NO REVENUE CODE FOUND EXCEPT 001</b>	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.)
MA80 (10/17/03)	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.	101	<b>ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK</b>	17 (10/17/03)	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.)



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N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	798	<b>HISTORY RECORD ALREADY ADJUSTED OR VOIDED</b>	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.)
N30 (10/16/03)	Patient ineligible for this service.	133	<b>EMPLOYMENT RELATED INDICATOR MISSING/INVALID</b>	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.)
N30 (10/16/03)	Patient ineligible for this service.	301	<b>RECIPIENT INELIGIBLE ON DATES OF SERVICE</b>	133 (10/16/03)	The disposition of this claim/service is pending further review.
N30 (10/16/03)	Patient ineligible for this service.	321	<b>RECIPIENT NUMBER NOT ON FILE</b>	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.)
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	233	<b>NPI IS MISSING FOR PRESCRIBING PROVIDER</b>	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.)
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	234	<b>NPI IS INVALID FOR PRESCRIBING PROVIDER</b>	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.)
N31 (07/01/08)	Missing/incomplete/invalid prescribing provider identifier.	272	<b>PRESCRIBING NPI SAME AS BILLING/SERVICING NPI</b>	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.)
N36 (07/08/04)	Claim must meet primary payer's processing requirements before we can consider payment.	144	<b>PATIENT ACCOUNT NUMBER IDENTIFIES HMO-DENIED CLAIM</b>	107 (07/08/04)	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.



## Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

Last Date Loaded - 5/2/2011

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	025	DISPENSE DATE INVALID	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.)
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	131	PRESCRIPTION NUMBER MISSING/INVALID	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.)
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	796	SUBMITTER NOT MATCHED ON HISTORY	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.)
N79 (10/16/03)	Service billed is not compatible with patient location information.	124	PATIENT ACCOUNT NUMBER MISSING/INVALID	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.)
N101 (10/16/03)	Additional information is needed in order to process this claim. Please resubmit the claim with the identification number of the provider where this service took place. The Medicare number of the site of service provider should be preceded with the letters 'HSP' and entered into item #32 on the claim form. You may bill only one site of service provider number per claim.	799	NO CLAIM IN HISTORY FILE MATCHES ADJUSTMENT	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.)
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	223	NPI MISSING FOR THE ATTENDING PROVIDER	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.)
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	224	NPI IS INVALID FOR THE ATTENDING PROVIDER	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.)



**Encounter Edit Codes/HIPAA Edit Codes Translation -**  
 Sequenced by HIPAA Remark Code  
 Last Date Loaded - 5/2/2011

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	269	<b>ATTENDING NPI SAME AS BILLING/SERVICING NPI</b>	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.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	217	<b>TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER</b>	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.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	218	<b>TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER</b>	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.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	229	<b>NPI IS MISSING FOR BILLING PROVIDER</b>	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.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	230	<b>NPI IS INVALID FOR BILLING PROVIDER</b>	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.)
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	231	<b>NPI IS MISSING FOR OTHER PROVIDER</b>	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.)
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	232	<b>NPI IS INVALID FOR OTHER PROVIDER</b>	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.)
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	271	<b>OTHER NPI SAME AS BILLING/SERVICING NPI</b>	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.)



**Encounter Edit Codes/HIPAA Edit Codes Translation -**  
**Sequenced by HIPAA Remark Code**  
**Last Date Loaded - 5/2/2011**

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	225	<b>NPI IS MISSING FOR THE REFERRING PROVIDER</b>	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.)
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	226	<b>NPI IS INVALID FOR THE REFERRING PROVIDER</b>	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.)
N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.	219	<b>TAXONOMY CODE IS MISSING FOR SERVICE PROVIDER</b>	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.)
N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.	220	<b>TAXONOMY CODE IS INVALID FOR SERVICE PROVIDER</b>	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.)
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	221	<b>NPI IS MISSING FOR SERVICE/RENDERING PROVIDER</b>	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.)
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	222	<b>NPI IS INVALID FOR SERVICE/RENDERING PROVIDER</b>	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.)
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	236	<b>ZIP CODE MISSING OR INVALID</b>	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.)
N307 (11/06/06)	Missing/incomplete/invalid adjudication or payment date.	183	<b>HMO PAYMENT DATE MISSING/INVALID</b>	16 (11/06/06)	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.)



**Encounter Edit Codes/HIPAA Edit Codes Translation -**  
**Sequenced by HIPAA Remark Code**  
**Last Date Loaded - 5/2/2011**

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N377 (07/01/09)	Payment based on a processed replacement claim.	826	<b>TIMELY FILLING DETERMINED BY PREVIOUS CLAIM</b>	193 (07/01/09)	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
N389 (11/02/09)	Duplicate prescription number submitted.	024	<b>DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER/NDC</b>	18 (11/02/09)	Duplicate claim/service.