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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
4 (11/01/15)	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0163	PROCEDURE - SPANNING DATES OF SERVICE	N56 (11/01/15)	Procedure code billed is not correct/valid for the services billed or the date of service billed.
6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0254	PROCEDURE CODE AGE RESTRICTED	N129 (11/01/15)	Not eligible due to the patient's age.
7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0255	PROCEDURE SEX RESTRICTION	N115 (11/01/15)	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: 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.
9 (05/21/12)	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1303	MENTAL HEALTH SERVICES UNDER 2 NOT COVERED	N657 (11/01/15)	This should be billed with the appropriate code for these services.
10 (10/16/03)	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	MA130 (11/01/15)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0002	BILLING PROVIDER NUMBER MISSING/INVALID	N257 (11/01/15)	Missing/incomplete/invalid billing provider/supplier primary identifier.

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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	N270 (11/01/15)	Missing/incomplete/invalid other provider primary identifier.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0012	MISSING PATIENT NAME	MA36 (10/16/03)	Missing/incomplete/invalid patient name.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0013	INVALID BIRTHDATE	N329 (11/01/15)	Missing/incomplete/invalid patient birth date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0014	STATEMENT THRU DATE < OCCURRENCE DATE	M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0018	SERVICE THRU DATE < SERVICE FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0034	MISSING LABORATORY SERVICE REVENUE CODE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0036	INVALID ACUTE DAYS	N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0037	INVALID SNF DAYS	N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0038	INVALID ICF DAYS	N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0039	INVALID RESIDENTIAL DAYS	N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0040	INV/MISS ADMISSION DATE	MA40 (10/16/03)	Missing/incomplete/invalid admission date.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	N321 (11/01/15)	Missing/incomplete/invalid last admission period.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0042	INV/MISS TYPE BILL CODE	MA30 (11/01/15)	Missing/incomplete/invalid type of bill.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0044	INV/MISS TYPE OF ADMISSION	MA41 (10/16/03)	Missing/incomplete/invalid admission type.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0045	INV/MISS PATIENT STATUS CODE	MA43 (10/16/03)	Missing/incomplete/invalid patient status.

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ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 4/20/2025

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	N341 (11/01/15)	Missing/incomplete/invalid surgery date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	MA30 (11/01/15)	Missing/incomplete/invalid type of bill.

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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0053	INV/MISS ACCOMMODATION DAYS	M53 (11/01/15)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0056	INV/MISS REVENUE UNITS	M53 (11/01/15)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	M45 (11/01/15)	Missing/incomplete/invalid occurrence code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0062	INVALID CONDITION CODE	M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0063	INV/MISS ADMISSION HOUR	N46 (10/16/03)	Missing/incomplete/invalid admission hour.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.

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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
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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0066	INVALID SPECIAL PROGRAM INDICATOR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0067	INV/MISS NON COVERED HOSPITAL DAYS	MA33 (10/16/03)	Missing/incomplete/invalid non-covered days during the billing period.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0068	INVALID SOURCE OF ADMISSION	MA42 (10/16/03)	Missing/incomplete/invalid admission source.

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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0069	INVALID OCCURENCE DATE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0070	CHARITY CARE WRITEOFF DATE > CLAIM SUBMISSION DATE	M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0072	INVALID STATEMENT COVERS THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	M50 (11/01/15)	Missing/incomplete/invalid revenue code(s).

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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0085	INV/MISS DAYS/UNITS/VISITS	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	N249 (11/01/15)	Missing/incomplete/invalid assistant surgeon primary identifier.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	N341 (11/01/15)	Missing/incomplete/invalid surgery date.
16 (09/01/20)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0151	INV/MISS CLAIM LINE CHARGE(S)	M54 (09/01/20)	Missing/incomplete/invalid total charges.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0152	INV/MISS TOTAL CHARGE	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0153	INCORRECT TOTAL CHARGES	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0161	INV/MISS HCPCS PROCEDURE CODE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0166	INV/MISS DIAGNOSIS CODE	M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.

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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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0167	MISSING PRIMARY DIAGNOSIS CODE	M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0172	INVALID PAYOR ID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).

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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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0182	EOB/OVERRIDE CODE NOT NUMERIC	M49 (11/01/15)	Missing/incomplete/invalid value code(s) or amount(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0184	INVALID/MISSING ADJUSTMENT REASON	N245 (09/01/20)	Incomplete/invalid plan information for other insurance.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0185	FORMER ICN # MISSING/INVALID (ECPS)	M47 (08/01/15)	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0192	ECPS NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	MA64 (11/01/15)	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0248	SURGERY PROCEDURE CODE NOT ON FILE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0253	REVENUE/PROCEDURE NOT ACTIVE ON DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0290	INVALID SECONDARY DIAGNOSIS	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.

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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0295	INVALID THIRD, FOURTH OR FIFTH DIAGNOSIS	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0296	DIAGNOSIS CODE NOT ON FILE	M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	M54 (11/01/15)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	M54 (10/16/03)	Missing/incomplete/invalid total charges.

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ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 4/20/2025

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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	N321 (11/01/15)	Missing/incomplete/invalid last admission period.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0499	ACUTE DAYS BILLED EQUAL ZERO	MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0503	REVENUE CODE NOT ON FILE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0602	MISSING OR INVALID DRG CODE	N208 (11/01/15)	Missing/incomplete/invalid DRG code.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0603	PROVIDER NOT ON DRG RATE FILE	N65 (11/01/15)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.

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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	N268 (11/01/15)	Missing/incomplete/invalid ordering provider contact information.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0656	MISSING NJ DRG MARKUP FACTOR	N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.

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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0657	MISSING NJ DRG PAYOR FACTOR	N208 (11/01/15)	Missing/incomplete/invalid DRG code.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0659	NF RATE NOT ON FILE	N153 (11/01/15)	Missing/incomplete/invalid room and board rate.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	M53 (11/01/15)	Missing/incomplete/invalid days or units of service.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0661	INV/MISS DRG CODE	N208 (11/01/15)	Missing/incomplete/invalid DRG code.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0666	UNABLE TO PRICE CLAIM	N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	MA110 (11/01/15)	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	MA110 (11/01/15)	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.

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ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 4/20/2025

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 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) 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	M142 (11/01/15)	Missing American Diabetes Association Certificate of Recognition.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	N255 (11/01/15)	Missing/incomplete/invalid billing provider taxonomy.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	N256 (11/01/15)	Missing/incomplete/invalid billing provider/supplier name.
16 (01/01/16)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0954	CLAIM VOIDED - SYSTEM PROCESSING ERROR	N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.

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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 (01/01/16)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0955	**CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM**	N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0986	**INVALID PAYOR ID**	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1000	**MULTIPLE J3 OCCURRENCE CODES ON HIPAA CLAIM**	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1200	**OCC SPAN DAY DOES NOT MATCH THE NUMBER OF REVENUE UNITS**	N345 (11/01/15)	Date range not valid with units submitted.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1223	NPI IS MISSING FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1224	NPI IS INVALID FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1229	NPI MISSING FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1236	ZIP CODE IS MISSING OR INVALID	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1239	NPI NOT ON FILE - BILLING	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1242	PROVIDER ID AND NPI REQUIRED - BILLING	N259 (02/10/14)	Missing/incomplete/invalid billing provider/supplier secondary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1243	PROVIDER NOT MAPPED - ATTENDING	N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1260	PROVIDER ID AND NPI REQUIRED - ATTENDING	N254 (02/10/14)	Missing/incomplete/invalid attending provider secondary identifier.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**1263**	**PROVIDER ID AND NPI REQUIRED - REFERRING**	N287 (02/10/14)	Missing/incomplete/invalid referring provider secondary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**1264**	**PROVIDER NOT MAPPED- OTHER**	N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**1266**	**PROVIDER ID AND NPI REQUIRED - OPERATING 1**	N263 (02/10/14)	Missing/incomplete/invalid operating provider secondary identifier.

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 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.
16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**1284**	**INVALID/MISSING UB04 OCCURRENCE SPAN CODE**	M46 (11/01/15)	Missing/incomplete/invalid occurrence span code(s).
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	**1285**	**INVALID UB04 OCCURRENCE SPAN FROM DATE**	N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1287	STATEMENT THRU DATE < UB04 OCCURR SPAN THRU DATE	N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1295	UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1296	PROVIDER ID AND NPI REQUIRED - OPERATING 2	N250 (02/10/14)	Missing/incomplete/invalid assistant surgeon secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1297	BILLING ZIP CODE IS MISSING OR INVALID	N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1298	TAXONOMY CODE IS INVALID FOR ATTENDING PROVIDER	N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	N434 (11/01/15)	Missing/Incomplete/Invalid Present on Admission indicator.

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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1344	BIRTH WEIGHT ON CLAIM AND DRG CONFLICT	N207 (09/09/13)	Missing/incomplete/invalid weight.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1389	ATTENDING PROVIDER INELIGIBLE ON DATES OF SERVICE	N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1392	OPERATING 1 PROVIDER INELIGIBLE ON DATES OF SERVICE	N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1393	OPERATING 2 PROVIDER INELIGIBLE ON DATES OF SERVICE	N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.

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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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1395	ATTENDING PROVIDER NOT FOUND ON PROVIDER DATABASE	N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1397	REFERRING PROVIDER NOT FOUND ON DATABASE	N287 (01/01/13)	Missing/incomplete/invalid referring provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1398	OPERATING 1 PROVIDER NOT FOUND ON PROVIDER DATABASE	N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1399	OPERATING 2 PROVIDER NOT FOUND ON PROVIDER DATABASE	N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.

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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 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1404	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - BILLING	N257 (07/14/14)	Missing/incomplete/invalid billing provider/supplier primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1406	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - ATTENDING	N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1410	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - REFERRING	N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1411	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 1	N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.

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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 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1412	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 2	N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.
16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1416	ICD VERSION MISMATCH	M64 (01/27/14)	Missing/incomplete/invalid other diagnosis.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1419	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - ATTENDING	N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1420	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - REFERRING	N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.

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 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1421	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 1	N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1422	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 2	N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1428	UNSPECIFIED DIAGNOSIS CODE	M81 (10/01/14)	You are required to code to the highest level of specificity.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1451	UNKNOWN FIELD POPULATED WITH INVALID DATA	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

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 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1458	**UNINSRD NON-CC RECIP BILL < 100% CC ELIG OR INPATIENT CLAIM**	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1460	**CMS PROC CODE MAINTENANCE. REPROCESS ON APPROVAL.**	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1668	**SERVICE EXCEEDS FREQUENCY GUIDLINES OF 2 PER 365 DAY LIMIT**	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1669	**NO RECORD OF AN EPISODE OF CARE ON FILE**	N173 (11/01/15)	No qualifying hospital stay dates were provided for this episode of care.

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 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1679	CO-PAY WAIVED FOR COVID-19 TEST SERVICES - PAY AT 100% ELIG.	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1701	UNINSURED NON-CC RECIPIENT : NON COVID-19 TEST SERVICE	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
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 OR INVALID 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.)	0061	WRITEOFF DATE LESS THAN SERVICE DATE THRU	MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.

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
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 (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 (10/07/05)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	0695	ADJUSTMENT FOR THIS CLAIM IS ALREADY IN PROCESS	M58 (10/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	N522 (11/01/15)	Duplicate of a claim processed, or to be processed, as a crossover claim.
18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	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)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	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)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	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)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	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 (01/01/16)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	1331	THE NEW ORIGINAL CLAIM WAS PRODUCED FROM A RECYCLE	N522 (01/01/16)	Duplicate of a claim processed, or to be processed, as a crossover claim.
18 (11/01/15)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	1622	CHARITY AND MEDICAID DUPLICATE ERROR	N111 (11/01/15)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
22 (11/01/15)	This care may be covered by another payer per coordination of benefits.	0625	CHARITY CARE ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	MA92 (11/01/15)	Missing plan information for other insurance.

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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
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.
26 (10/16/03)	Expenses incurred prior to coverage.	0691	PROVIDER NOT PARTICIPATING IN REQUIRED PGM ON DATE OF SERVIC	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
31 (10/16/03)	Patient cannot be identified as our insured.	0011	CHARITY CARE % INVALID	MA130 (11/01/15)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
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.
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.
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	M64 (11/01/15)	Missing/incomplete/invalid other 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.
50 (01/01/16)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	M76 (01/01/16)	Missing/incomplete/invalid diagnosis or condition.
50 (08/01/20)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1426	EARLY ELECTIVE DELIVERY	N661 (08/01/20)	Documentation does not support that the services rendered were medically necessary.

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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
50 (01/01/21)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1469	EARLY ELECTIVE DELIVERY DENIAL OVERRIDDEN	N661 (01/01/21)	Documentation does not support that the services rendered were medically necessary.
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.
52 (01/01/13)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	1386	PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- BILLING	N77 (01/01/13)	Missing/incomplete/invalid designated provider number.
59 (11/01/15)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	N670 (11/01/15)	This service code has been identified as the primary procedure code subject to the Medicare Multiple Procedure Payment Reduction (MPPR) rule.
96 (11/01/15)	Non-covered charge(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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0489	BABY AND MOTHER ACCOMMODATION REVENUE CODES ON CLAIM	N15 (10/16/03)	Services for a newborn must be billed separately.
96 (11/01/15)	Non-covered charge(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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).
96 (11/01/15)	Non-covered charge(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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0617	CALCULATED PAYMENT AMOUNT ZERO	N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).

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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
96 (11/01/15)	Non-covered charge(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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1430	OUTPATIENT TRANSPORTATION SERVICE HAS NO RATE	N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.
96 (11/01/15)	Non-covered charge(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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1431	OUTPATIENT SERVICE NOT PAYABLE TRANS/PERS	N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.
97 (01/01/16)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1009	ANNUAL SYSTEM RECONCILIATION VOID (IE AUDIT, DUPLICATE)	N432 (11/20/09)	Alert: Adjustment based on a Recovery Audit.
109 (06/20/16)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	1445	PERS PAYABLE THROUGH DIVISION OF MENTAL HEALTH CONTRACT	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
110 (10/16/03)	Billing date predates service date.	0021	BILLED DATE LESS THAN THRU DATE	N622 (11/01/15)	Not covered based on the date of injury/accident.
110 (10/16/03)	Billing date predates service date.	0023	BILLED DATE < STATEMENT THRU DATE	N622 (11/01/15)	Not covered based on the date of injury/accident.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	0578	CLAIM PRICED UTILIZING CHARITY CARE 30% RULE	N45 (11/01/15)	Payment based on authorized amount.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	N45 (11/01/15)	Payment based on authorized amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.

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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
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999.	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1002	DAYS ACUTE ARE GREATER THAN 999.	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1003	DAYS SNF ARE GREATER THAN 999.	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1004	DAYS ICF ARE GREATER THAN 999.	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1005	DAYS RESIDENTIAL ARE GREATER THAN 999.	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.	1012	VALUE OF ONE OR MORE OF THESE FIELDS WAS > MAX ALLOWED	N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (01/29/16)	Benefit maximum for this time period or occurrence has been reached.	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	N362 (01/29/16)	The number of Days or Units of Service exceeds our acceptable maximum.
119 (06/01/14)	Benefit maximum for this time period or occurrence has been reached.	1649	OP TRANS PMT REDUCED BY PREVIOUS PAID OP TRANS CLM	N362 (06/01/14)	The number of Days or Units of Service exceeds our acceptable maximum.
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.)	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	MA67 (10/16/03)	Alert: Correction to a prior claim.
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	N48 (11/01/15)	Claim information does not agree with information received from other insurance carrier.
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.

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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
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.)	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.
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 (10/07/05)	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
133 (04/01/15)	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).	0604	INVALID PRICING ACTION CODE	MA130 (11/01/15)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
150 (11/01/15)	Payer deems the information submitted does not support this level of service.	1279	CALCULATED PAYMENT AMOUNT ZERO	N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
150 (01/01/15)	Payer deems the information submitted does not support this level of service.	1341	INVALID REVENUE CODE FOR OUTPATIENT OBSERVATION SERVICES	M50 (01/01/15)	Missing/incomplete/invalid revenue code(s).
163 (11/01/15)	Attachment/other documentation referenced on the claim was not received.	1364	CANNOT ADJUST A LINE LEVEL SURGERY	N381 (08/01/15)	Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
167 (11/01/15)	This (these) diagnosis(es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0480	GROUPER ASSIGNED A NEW DRG CODE	N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).
170 (11/01/15)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	N95 (04/02/10)	This provider type/provider specialty may not bill this service.

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ECPS Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 4/20/2025

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
170 (01/15/13)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1383	INVALID PROVIDER TYPE- OPERATING 1	N263 (01/15/13)	Missing/incomplete/invalid operating provider secondary identifier.
170 (01/15/13)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1384	INVALID PROVIDER TYPE- OPERATING 2 PHYSICIAN	N263 (11/01/15)	Missing/incomplete/invalid operating provider secondary identifier.
181 (11/01/15)	Procedure code was invalid on the date of service.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	N657 (11/01/15)	This should be billed with the appropriate code for these services.
183 (11/01/15)	The referring provider is not eligible to refer the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1325	INVALID PROVIDER TYPE FOR REFERRING PROVIDER	N574 (11/01/15)	Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.
183 (01/15/13)	The referring provider is not eligible to refer the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1391	REFERRING PROVIDER INELIGIBLE ON DATES OF SERVICE	N574 (11/01/15)	Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.
199 (11/01/15)	Revenue code and Procedure code do not match.	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	N657 (11/01/15)	This should be billed with the appropriate code for these services.
199 (11/01/15)	Revenue code and Procedure code do not match.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID SURGICAL PROC	N657 (11/01/15)	This should be billed with the appropriate code for these services.
199 (03/29/10)	Revenue code and Procedure code do not match.	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631-637	N657 (11/01/15)	This should be billed with the appropriate code for these services.
204 (11/01/15)	This service/equipment/drug is not covered under the patient's current benefit plan	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	N751 (11/01/15)	Adjusted because the patient is covered under a Medicare Part D plan.
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.

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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
222 (01/01/15)	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1651	MAX UNITS REACHED FOR 2 CONSECUTIVE DAY OCCURRENCE	N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.
222 (11/01/15)	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1670	NUMBER OF UNITS EXCEEDS 6 IN A 14 DAY PERIOD	N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.
234 (11/01/15)	This procedure is not paid separately. 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.)	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.
234 (11/01/15)	This procedure is not paid separately. 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.)	1322	SERVICE/PROCEDURE INCLUDED IN COMPOSITE RATE	N95 (05/07/12)	This provider type/provider specialty may not bill this service.
236 (11/01/15)	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	N644 (11/01/15)	Reimbursement has been made according to the bilateral procedure rule.
240 (11/01/15)	The diagnosis is inconsistent with the patient's birth weight. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0043	INV/MISS BIRTH WEIGHT	N207 (11/01/15)	Missing/incomplete/invalid weight.
242 (06/20/16)	Services not provided by network/primary care providers.	0690	PROVIDER NOT PARTICIPATING IN REQUIRED PROGRAM	N95 (06/20/16)	This provider type/provider specialty may not bill this service.
250 (11/01/15)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. 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/INV SURGICAL PROCEDURE CODE	N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).

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
250 (01/29/16)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. 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	N26 (01/29/16)	Missing itemized bill/statement.
250 (01/29/16)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. 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).	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	M127 (01/29/16)	Missing patient medical record for this service.
252 (11/01/15)	An attachment/other documentation is required to adjudicate this claim/service. 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).	0078	SUBMISSION TIME ELAPSED-RECEIVED > 2YRS AFTER SERV DATE THRU	N102 (03/30/05)	This claim has been denied without reviewing the medical/dental record because the requested records were not received or were not received timely.
256 (11/01/15)	Service not payable per managed care contract.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	M139 (11/01/15)	Denied services exceed the coverage limit for the demonstration.
500 (11/01/15)		0500	INV/MISS PATIENT ACCOUNT NUMBER	N382 (11/01/15)	Missing/incomplete/invalid patient identifier.
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.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.	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.
B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: 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	MA47 (11/01/15)	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment.

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
B7 (01/01/13)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1385	PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- SERVICING	N95 (01/01/13)	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.	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 (01/01/15)	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1650	MISSING QUALIFYING OTHER PROCEDURE ON DAY OF SERVICE	M80 (11/01/15)	Not covered when performed during the same session/date as a previously processed service for the patient.
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).
B20 (11/01/15)	Procedure/service was partially or fully furnished by another provider.	0788	ADJUSTMENT DENIED/ORIG PRICED CORRECTLY	N10 (11/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
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.
P14 (11/01/15)	The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. To be used for Property and Casualty only.	1671	SERVICE DATE/HCPCS COMBINATION MATCH OCCURRENCE IN HISTORY	N111 (11/01/15)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.