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ECPS Edit Codes/HIPAA Edit Codes Translation -

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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.

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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.

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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.	**0014**	**STATEMENT THRU DATE < OCCURRENCE DATE**	M45 (10/16/03)	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.	**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.

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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.	**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.
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.

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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.	**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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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.

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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.	**0040**	**INV/MISS ADMISSION DATE**	MA40 (10/16/03)	Missing/incomplete/invalid admission 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.	**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.

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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.	**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.
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.

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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.	**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.

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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.	**0057**	**CONDITION CODE 40 - FROM/THRU NOT EQUAL**	MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information 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.

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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.
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.	**0065**	**PINTS OF BLOOD FURNISHED MUST BE NUMERIC**	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.

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16 (10/16/03)	Claim/service lacks information 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 noncovered 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.

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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.	**0072**	**INVALID STATEMENT COVERS THRU DATE**	M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.
16 (10/16/03)	Claim/service lacks information 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.

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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.	**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).
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.

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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.	**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.

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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 (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.
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.

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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.	**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.
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.

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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**	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).

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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.
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.

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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.	**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.
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.

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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.	**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.

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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.

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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.	**0474**	**NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE**	M54 (10/16/03)	Missing/incomplete/invalid total charges.
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.

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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.
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.

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.	**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.

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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.	**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.

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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.
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.

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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.	**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.
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.

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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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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.

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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.
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.

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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**	**ALC OCC SPAN DAY DOES NOT MATCH THE NUMBER OF REVENUE UNITS**	N345 (11/01/15)	Date range not valid with units submitted.
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.

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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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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.

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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.
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.

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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.
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.

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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.

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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.

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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.
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.

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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.
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.

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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).

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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.

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.	**1295**	**UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI**	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.
16 (03/07/05)	Claim/service lacks information 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.

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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.
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.

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.	**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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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.

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.	**1399**	**OPERATING 2 PROVIDER NOT FOUND ON PROVIDER DATABASE**	N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary 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.	**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.

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.	**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.
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.

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.	**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.

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.	**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.
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.

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.	**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.
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.

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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 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.)	**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.

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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.

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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.

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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.
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.

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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.

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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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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.

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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).
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.

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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.

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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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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.

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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.

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129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	**0798**	**HISTORY RECORD ALREADY ADJUSTED OR VOIDED**	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	**0799**	**NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT**	N5 (09/23/04)	EOB received from previous payer. Claim not on file.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	**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.

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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).

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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.
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.

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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.

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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.
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.

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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.

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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).
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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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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
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.
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).	**0789**	**FORMER ICN INVALID OR SPACES**	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).
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.

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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.)	**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.
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.

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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).

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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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
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.