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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

Last Date Loaded - 1/23/2023

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	**0483**	**LAB TEST INCLUDED IN ESRD COMPOSITE RATE**	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.)
M16 (06/06/08)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	**1259**	**NEWBORN MAY BE ELIGIBLE FOR NEW JERSEY FAMILY CARE (NJFC)**	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.) The following will be added to this definition on 7/1/2023, Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.
M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).	**0014**	**STATEMENT THRU DATE < OCCURRENCE 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.
M45 (11/01/15)	Missing/incomplete/invalid occurrence code(s).	**0060**	**INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE 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.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	**0069**	**INVALID OCCURENCE 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.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	**0724**	**DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE**	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M46 (11/01/15)	Missing/incomplete/invalid occurrence span code(s).	**1284**	**INVALID/MISSING UB04 OCCURRENCE SPAN CODE**	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.
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).	**0185**	**FORMER ICN # MISSING/INVALID (ECPS)**	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.
M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).	**0181**	**TOTAL TPL AMOUNT MUST BE NUMERIC**	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.
M49 (11/01/15)	Missing/incomplete/invalid value code(s) or amount(s).	**0182**	**EOB/OVERRIDE CODE NOT NUMERIC**	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.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	**0034**	**MISSING LABORATORY SERVICE REVENUE 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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M50 (11/01/15)	Missing/incomplete/invalid revenue code(s).	**0079**	**INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV 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.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	**0503**	**REVENUE CODE NOT ON FILE**	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.
M50 (01/01/15)	Missing/incomplete/invalid revenue code(s).	**1341**	**INVALID REVENUE CODE FOR OUTPATIENT OBSERVATION SERVICES**	150 (01/01/15)	Payer deems the information submitted does not support this level of service.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	**0259**	**HCPCS PROCEDURE CODE NOT ON FILE**	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.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	**0015**	**STATEMENT THRU DATE < STATEMENT FROM 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.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	**0016**	**INV/MISS SERVICE FROM 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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	**0018**	**SERVICE THRU DATE < SERVICE FROM 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.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	**0071**	**INVALID STATEMENT COVERS FROM 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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0046**	**TOTAL DAYS NOT EQUAL TO DATES 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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0050**	**BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC**	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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0052**	**TOTAL BLOOD PINTS FURNISHED INCORRECT**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	**0053**	**INV/MISS ACCOMMODATION DAYS**	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.
M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	**0056**	**INV/MISS REVENUE UNITS**	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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0065**	**PINTS OF BLOOD FURNISHED MUST BE NUMERIC**	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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0075**	**PINTS OF BLOOD REPLACED NOT NUMERIC**	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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0085**	**INV/MISS DAYS/UNITS/VISITS**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0086**	**NUMBER OF UNITS EXCEEDS MONTHS/DAYS 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.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	**0178**	**BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC**	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.
M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	**0660**	**NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS**	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.
M54 (09/01/20)	Missing/incomplete/invalid total charges.	**0151**	**INV/MISS CLAIM LINE CHARGE(S)**	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.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	**0152**	**INV/MISS TOTAL CHARGE**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M54 (10/16/03)	Missing/incomplete/invalid total charges.	**0153**	**INCORRECT 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.
M54 (11/01/15)	Missing/incomplete/invalid total charges.	**0473**	**TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE**	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.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	**0474**	**NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE**	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.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	**0172**	**INVALID PAYOR ID**	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.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	**0986**	**INVALID PAYOR ID**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**0066**	**INVALID SPECIAL PROGRAM INDICATOR**	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**0081**	**INV/MISS CLINIC 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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**0082**	**EMERG ROOM REVENUE CODE(S) PRESENT - CLINIC CODE MISSING**	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**0107**	**MISSING CONDITION CODE FOR ESRD CLAIM**	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (10/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**0695**	**ADJUSTMENT FOR THIS CLAIM IS ALREADY IN PROCESS**	18 (10/07/05)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	**1000**	**MULTIPLE J3 OCCURRENCE CODES ON HIPAA CLAIM**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	**0017**	**INV/MISS SERVICE THRU 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.
M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	**0020**	**SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU 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.
M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	**0072**	**INVALID STATEMENT COVERS THRU 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.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	**0290**	**INVALID SECONDARY DIAGNOSIS**	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.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	**0295**	**INVALID THIRD, FOURTH OR FIFTH 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.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	**1289**	**UB04 ADMIT DIAGNOSIS NOT ON FILE**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M64 (11/01/15)	Missing/incomplete/invalid other diagnosis.	**1291**	**INVALID UB04 PATIENT REASON FOR VISIT**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	**1294**	**UB04 EXTERNAL INJURY CODE NOT ON FILE**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (01/27/14)	Missing/incomplete/invalid other diagnosis.	**1416**	**ICD VERSION MISMATCH**	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.
M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.	**0062**	**INVALID CONDITION 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.
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	**0166**	**INV/MISS DIAGNOSIS 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.
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	**0167**	**MISSING PRIMARY DIAGNOSIS 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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

Last Date Loaded - 1/23/2023

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	**0296**	**DIAGNOSIS CODE NOT ON FILE**	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.
M76 (01/01/16)	Missing/incomplete/invalid diagnosis or condition.	**1320**	**POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE**	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.
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	**0247**	**REVENUE/ICD9/HCPCS PROC CODE ON CLM CONFLICTS WITH CLM 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.
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	**0825**	**INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM**	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M80 (11/01/15)	Not covered when performed during the same session/date as a previously processed service for the patient.	**1650**	**MISSING QUALIFYING OTHER PROCEDURE ON DAY OF SERVICE**	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.
M81 (10/01/14)	You are required to code to the highest level of specificity.	**1428**	**UNSPECIFIED DIAGNOSIS CODE**	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.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	**0702**	**SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE**	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	**0800**	**EXACT DUPLICATE BILL**	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

Last Date Loaded - 1/23/2023

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	**0804**	**INPATIENT AND OUTPATIENT DUPLICATE ERROR**	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	**0809**	**POSSIBLE DUPLICATE**	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	**0810**	**DUPLICATE BILL - OVERLAPPING DATES OF SERVICES**	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	**0976**	**CHARITY CARE PRICE REDUCED BY OTHER INSURANCE**	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.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	**0070**	**CHARITY CARE WRITEOFF DATE > CLAIM SUBMISSION DATE**	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.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	**0073**	**SERVICE COVERS FROM DATE < STATEMENT FROM 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.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	**0074**	**STATEMENT COVERS FROM DATE > SERVICE THRU 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.
M127 (01/29/16)	Missing patient medical record for this service.	**0995**	**NO MATCHING HISTORY CLAIM FOR CREDIT RECORD**	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).

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M131 (10/16/03)	Missing physician financial relationship form.	**0658**	**NO PROVIDER RATE RECORD FOR BILLING 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.
M139 (11/01/15)	Denied services exceed the coverage limit for the demonstration.	**0670**	**NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE**	256 (11/01/15)	Service not payable per managed care contract.
M142 (11/01/15)	Missing American Diabetes Association Certificate of Recognition.	**0786**	**PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT 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.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	**0634**	**DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE**	26 (10/16/03)	Expenses incurred prior to coverage.
MA30 (11/01/15)	Missing/incomplete/invalid type of bill.	**0042**	**INV/MISS TYPE BILL 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.
MA30 (11/01/15)	Missing/incomplete/invalid type of bill.	**0051**	**RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING**	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.
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	**0952**	**CLAIM VOIDED - RECIPIENT ID ERROR**	31 (10/16/03)	Patient cannot be identified as our insured.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	**0022**	**INV/MISS BILLED 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.
MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	**0057**	**CONDITION CODE 40 - FROM/THRU NOT EQUAL**	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.
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	**0064**	**SERVICE THRU DATE > STATEMENT THRU DATE**	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.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	**0691**	**PROVIDER NOT PARTICIPATING IN REQUIRED PGM ON DATE OF SERVIC**	26 (10/16/03)	Expenses incurred prior to coverage.
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	**0499**	**ACUTE DAYS BILLED EQUAL ZERO**	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.
MA33 (10/16/03)	Missing/incomplete/invalid non-covered days during the billing period.	**0067**	**INV/MISS NON COVERED HOSPITAL DAYS**	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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA36 (10/16/03)	Missing/incomplete/invalid patient name.	**0012**	**MISSING 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.
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	**0040**	**INV/MISS 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.
MA41 (10/16/03)	Missing/incomplete/invalid admission type.	**0044**	**INV/MISS TYPE OF ADMISSION**	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.
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	**0068**	**INVALID SOURCE OF ADMISSION**	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.
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	**0084**	**BABY & MOTHER - ADMIT TYPE MUST BE NEWBORN**	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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	**0045**	**INV/MISS PATIENT STATUS 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.
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.	**0201**	**SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE**	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.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	**0294**	**DIAGNOSIS NOT VALID AS PRIMARY 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.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	**1288**	**INVALID/MISSING UB04 ADMIT DIAGNOSIS**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
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.	**0192**	**ECPS NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO**	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	**0161**	**INV/MISS HCPCS 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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	**0248**	**SURGERY PROCEDURE CODE NOT ON FILE**	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	**0253**	**REVENUE/PROCEDURE NOT ACTIVE ON 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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	**0257**	**PROC/NDC/REV/ICD9 NOT COVERED BY ECPS**	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.
MA67 (10/16/03)	Alert: Correction to a prior claim.	**0957**	**CLAIM CORRECTED OR REPROCESSED BY REQUEST**	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.)
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.	**0950**	**RE-PROCESSED PREVIOUSLY DENIED CLAIM**	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.)
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.	**0953**	**CLAIM VOIDED - SERVICE BILLED INCORRECTLY**	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.)
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.	**1638**	**VOID OR CREDIT HAS MORE THAN 10 EDITS - SEE HISTORY EDITS**	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.)

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ECPS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	**0206**	**BILLING PROVIDER NOT ON FILE**	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.
MA92 (11/01/15)	Missing plan information for other insurance.	**0625**	**CHARITY CARE ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE**	22 (11/01/15)	This care may be covered by another payer per coordination of benefits.
MA92 (10/16/03)	Missing plan information for other insurance.	**0978**	**POSSIBLE TPL/ACCIDENT INDICATOR OR TRAUMA DIAGNOSIS**	B22 (10/16/03)	This payment is adjusted based on the diagnosis.
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.	**0727**	**INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE**	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.
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.	**0728**	**INDIVIDUAL LAB TEST/CBC CONFLICT**	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.
MA127 (10/16/03)	Reserved for future use.	**0059**	**MISSING OR INVALID CHARITY CARE CLAIM WRITEOFF DATE**	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.)
MA127 (10/16/03)	Reserved for future use.	**0090**	**SUBMISSION TIME ELAPSED - ADJUSTMENT AMOUNT > 0**	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.)
MA127 (10/16/03)	Reserved for future use.	**0104**	**SUBMISSION TIME ELAPSED: NEGATIVE ADJ/VOID ALLOWED**	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.)

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA127 (10/16/03)	Reserved for future use.	**0108**	**INVALID CONDITION CODE FOR REVENUE CODE - ESRD**	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.)
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.	**0011**	**CHARITY CARE % INVALID**	31 (10/16/03)	Patient cannot be identified as our insured.
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.	**0293**	**DIAGNOSIS NOT ALLOWED FOR SEX**	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.
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.	**0604**	**INVALID PRICING ACTION CODE**	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).
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.	**1445**	**PERS PAYABLE THROUGH DIVISION OF MENTAL HEALTH CONTRACT**	109 (06/20/16)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
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.	**1451**	**UNKNOWN FIELD POPULATED WITH INVALID DATA**	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.
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.	**1458**	**UNINSRD NON-CC RECIP BILL < 100% CC ELIG OR INPATIENT CLAIM**	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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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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.	**1460**	**CMS PROC CODE MAINTENANCE. REPROCESS ON APPROVAL**	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.
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.	**1668**	**SERVICE EXCEEDS FREQUENCY GUIDLINES OF 2 PER 365 DAY LIMIT**	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.
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.	**1679**	**CO-PAY WAIVED FOR COVID-19 TEST SERVICES - PAY AT 100% ELIG.**	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.
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.	**1701**	**UNINSURED NON-CC RECIPIENT : NON COVID-19 TEST SERVICE**	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.
N4 (10/07/05)	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.	**1201**	**MULTIPLE HISTORY CLAIMS MATCH FORMER ICN TO BE ADJ/VOID**	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.)
N5 (09/23/04)	EOB received from previous payer. Claim not on file.	**0799**	**NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT**	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	**0798**	**HISTORY RECORD ALREADY ADJUSTED OR VOIDED**	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.)

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	**0666**	**UNABLE TO PRICE 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.
N10 (11/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	**0788**	**ADJUSTMENT DENIED/ORIG PRICED CORRECTLY**	B20 (11/01/15)	Procedure/service was partially or fully furnished by another provider.
N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	**1279**	**CALCULATED PAYMENT AMOUNT ZERO**	150 (11/01/15)	Payer deems the information submitted does not support this level of service.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	**0726**	**INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.**	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N15 (10/16/03)	Services for a newborn must be billed separately.	**0489**	**BABY AND MOTHER ACCOMMODATION REVENUE CODES ON CLAIM**	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.
N26 (01/29/16)	Missing itemized bill/statement.	**0956**	**CLAIM REPROCESSED TO CORRECT PAYMENT**	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).
N45 (11/01/15)	Payment based on authorized amount.	**0578**	**CLAIM PRICED UTILIZING CHARITY CARE 30% RULE**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N45 (11/01/15)	Payment based on authorized amount.	**0601**	**PAYMENT REDUCED TO MEDICAID MAXIMUM**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N46 (10/16/03)	Missing/incomplete/invalid admission hour.	**0063**	**INV/MISS ADMISSION HOUR**	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.
N48 (11/01/15)	Claim information does not agree with information received from other insurance carrier.	**0787**	**ADJUSTMENT CLAIM TYPE NOT MATCHED**	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.)
N50 (09/07/10)	Missing/incomplete/invalid discharge information.	**1290**	**UB04 PAT RSN VISIT READ - UNSCHEDULED VISIT**	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.
N56 (11/01/15)	Procedure code billed is not correct/valid for the services billed or the date of service billed.	**0163**	**PROCEDURE - SPANNING DATES OF SERVICE**	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.
N64 (09/07/10)	The 'from' and 'to' dates must be different.	**1292**	**UB04 PATIENT REASON FOR VISIT NOT ON FILE**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	**0591**	**PROVIDER NOT ON PROVIDER RATE FILE**	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	**0595**	**REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING**	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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N65 (11/01/15)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	**0603**	**PROVIDER NOT ON DRG RATE FILE**	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	**0618**	**VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE**	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	**0621**	**DRG CODE NOT ON FILE**	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.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	**0207**	**BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE**	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	**1329**	**HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION**	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	**1334**	**HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION**	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (01/01/13)	Missing/incomplete/invalid designated provider number.	**1386**	**PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- BILLING**	52 (01/01/13)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	**0202**	**PROVIDER CANNOT SUBMIT THIS CLAIM TYPE**	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.
N95 (06/20/16)	This provider type/provider specialty may not bill this service.	**0690**	**PROVIDER NOT PARTICIPATING IN REQUIRED PROGRAM**	242 (06/20/16)	Services not provided by network/primary care providers.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N95 (05/07/12)	This provider type/provider specialty may not bill this service.	**1322**	**SERVICE/PROCEDURE INCLUDED IN COMPOSITE RATE**	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.)
N95 (04/02/10)	This provider type/provider specialty may not bill this service.	**1326**	**INVALID PROVIDER TYPE FOR ATTENDING PROVIDER**	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.
N95 (01/01/13)	This provider type/provider specialty may not bill this service.	**1385**	**PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- SERVICING**	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.
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.	**0078**	**SUBMISSION TIME ELAPSED-RECEIVED > 2YRS AFTER SERV DATE THRU**	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).
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.	**1622**	**CHARITY AND MEDICAID DUPLICATE ERROR**	18 (11/01/15)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
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.	**1671**	**SERVICE DATE/HCPCS COMBINATION MATCH OCCURRENCE IN HISTORY**	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.
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.	**0255**	**PROCEDURE SEX RESTRICTION**	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.
N129 (11/01/15)	Not eligible due to the patient's age.	**0254**	**PROCEDURE CODE AGE RESTRICTED**	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.

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N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.	**0954**	**CLAIM VOIDED - SYSTEM PROCESSING ERROR**	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.
N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.	**0955**	**CLAIM VOIDED - RESUBMITTED AS ORIGINAL 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.
N153 (11/01/15)	Missing/incomplete/invalid room and board rate.	**0659**	**NF RATE NOT ON FILE**	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.
N173 (11/01/15)	No qualifying hospital stay dates were provided for this episode of care.	**1669**	**NO RECORD OF AN EPISODE OF CARE ON FILE**	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.
N207 (11/01/15)	Missing/incomplete/invalid weight.	**0043**	**INV/MISS BIRTH WEIGHT**	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.
N207 (09/09/13)	Missing/incomplete/invalid weight.	**1344**	**BIRTH WEIGHT ON CLAIM AND DRG CONFLICT**	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.

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N208 (11/01/15)	Missing/incomplete/invalid DRG code.	**0602**	**MISSING OR 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.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	**0657**	**MISSING NJ DRG PAYOR FACTOR**	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.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	**0661**	**INV/MISS 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.
N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.	**0613**	**DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE**	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.
N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.	**0656**	**MISSING NJ DRG MARKUP FACTOR**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).	**0048**	**MISSING/INV SURGICAL PROCEDURE CODE**	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).
N245 (09/01/20)	Incomplete/invalid plan information for other insurance.	**0184**	**INVALID/MISSING ADJUSTMENT REASON**	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.
N249 (11/01/15)	Missing/incomplete/invalid assistant surgeon primary identifier.	**0087**	**CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING**	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.
N250 (02/10/14)	Missing/incomplete/invalid assistant surgeon secondary identifier.	**1296**	**PROVIDER ID AND NPI REQUIRED - OPERATING 2**	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.
N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.	**1393**	**OPERATING 2 PROVIDER INELIGIBLE ON DATES OF SERVICE**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.	**1399**	**OPERATING 2 PROVIDER NOT FOUND ON PROVIDER DATABASE**	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.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	**1223**	**NPI IS MISSING FOR ATTENDING PROVIDER**	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.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	**1224**	**NPI IS INVALID FOR ATTENDING PROVIDER**	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.
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	**1269**	**ATTENDING NPI SAME AS BILLING/SERVICING NPI**	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.
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	**1281**	**UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	**1295**	**UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI**	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.
N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.	**1406**	**NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - ATTENDING**	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.
N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.	**1419**	**NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - ATTENDING**	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.
N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.	**1243**	**PROVIDER NOT MAPPED - ATTENDING**	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.
N254 (02/10/14)	Missing/incomplete/invalid attending provider secondary identifier.	**1260**	**PROVIDER ID AND NPI REQUIRED - ATTENDING**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.	**1389**	**ATTENDING PROVIDER INELIGIBLE ON DATES OF SERVICE**	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.
N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.	**1395**	**ATTENDING PROVIDER NOT FOUND ON PROVIDER DATABASE**	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.
N255 (11/01/15)	Missing/incomplete/invalid billing provider taxonomy.	**0796**	**BILLING PROVIDER NOT MATCHED ON HISTORY**	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.
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	**1217**	**TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER**	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.
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	**1218**	**TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	**1239**	**NPI NOT ON FILE - BILLING**	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.
N256 (11/01/15)	Missing/incomplete/invalid billing provider/supplier name.	**0949**	**CLAIM VOIDED - BILLING PROVIDER ERROR**	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.
N257 (11/01/15)	Missing/incomplete/invalid billing provider/supplier primary identifier.	**0002**	**BILLING PROVIDER NUMBER MISSING/INVALID**	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.
N257 (07/14/14)	Missing/incomplete/invalid billing provider/supplier primary identifier.	**1404**	**NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - BILLING**	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.
N259 (02/10/14)	Missing/incomplete/invalid billing provider/supplier secondary identifier.	**1242**	**PROVIDER ID AND NPI REQUIRED - BILLING**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	**1227**	**NPI IS MISSING FOR OPERATING PROVIDER**	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.
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	**1228**	**NPI INVALID - UB04 OPERATING 1 PROVIDER**	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.
N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.	**1280**	**NPI INVALID - UB04 OPERATING 2 PROVIDER**	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.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	**1411**	**NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 1**	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.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	**1412**	**NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 2**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	**1421**	**NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 1**	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.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	**1422**	**NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 2**	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.
N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.	**1261**	**NPI NOT CROSSWALKED - OPERATING 1**	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.
N263 (02/10/14)	Missing/incomplete/invalid operating provider secondary identifier.	**1266**	**PROVIDER ID AND NPI REQUIRED - OPERATING 1**	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.
N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.	**1282**	**NPI NOT CROSSWALKED - UB04 OPERATING 2 PROVIDER**	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.
N263 (01/15/13)	Missing/incomplete/invalid operating provider secondary identifier.	**1383**	**INVALID PROVIDER TYPE- OPERATING 1**	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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N263 (11/01/15)	Missing/incomplete/invalid operating provider secondary identifier.	**1384**	**INVALID PROVIDER TYPE- OPERATING 2 PHYSICIAN**	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.
N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.	**1392**	**OPERATING 1 PROVIDER INELIGIBLE ON DATES OF SERVICE**	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.
N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.	**1398**	**OPERATING 1 PROVIDER NOT FOUND ON PROVIDER DATABASE**	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.
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	**1229**	**NPI MISSING FOR BILLING PROVIDER**	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.
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	**1230**	**NPI INVALID FOR BILLING PROVIDER**	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.
N268 (11/01/15)	Missing/incomplete/invalid ordering provider contact information.	**0615**	**DRG NOT EFFECTIVE ON CLAIM SERVICE DATE**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N270 (11/01/15)	Missing/incomplete/invalid other provider primary identifier.	**0006**	**INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID 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.
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	**1232**	**NPI IS INVALID FOR OTHER PROVIDER**	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.
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	**1271**	**OTHER NPI SAME AS BILLING/SERVICING NPI**	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.
N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.	**1264**	**PROVIDER NOT MAPPED-OTHER**	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.
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	**1226**	**NPI IS INVALID FOR REFERRING PROVIDER**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.	**1270**	**REFERRING NPI SAME AS BILLING/SERVICING NPI**	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.
N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.	**1410**	**NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - REFERRING**	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.
N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.	**1420**	**NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - REFERRING**	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.
N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.	**1246**	**PROVIDER NOT MAPPED - UB04 REFERRING PROVIDER**	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.
N287 (02/10/14)	Missing/incomplete/invalid referring provider secondary identifier.	**1263**	**PROVIDER ID AND NPI REQUIRED - REFERRING**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N287 (01/01/13)	Missing/incomplete/invalid referring provider secondary identifier.	**1397**	**REFERRING PROVIDER NOT FOUND ON DATABASE**	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.
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	**1236**	**ZIP CODE IS MISSING OR INVALID**	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.
N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.	**1297**	**BILLING ZIP CODE IS MISSING OR INVALID**	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.
N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.	**1298**	**TAXONOMY CODE IS INVALID FOR ATTENDING PROVIDER**	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.
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	**1285**	**INVALID UB04 OCCURRENCE SPAN FROM DATE**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	**1286**	**INVALID UB04 OCCURRENCE SPAN THRU DATE**	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.
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	**1287**	**STATEMENT THRU DATE < UB04 OCCURR SPAN THRU DATE**	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.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	**0036**	**INVALID ACUTE DAYS**	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.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	**0037**	**INVALID SNF DAYS**	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.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	**0038**	**INVALID ICF DAYS**	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	**0039**	**INVALID RESIDENTIAL DAYS**	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.
N321 (11/01/15)	Missing/incomplete/invalid last admission period.	**0041**	**ADMISSION DATE > SERVICE COVERS FROM 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.
N321 (11/01/15)	Missing/incomplete/invalid last admission period.	**0490**	**INPATIENT DATE OF SURGERY < SERVICE FROM DATE**	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.
N329 (11/01/15)	Missing/incomplete/invalid patient birth date.	**0013**	**INVALID BIRTHDATE**	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.
N341 (11/01/15)	Missing/incomplete/invalid surgery date.	**0049**	**INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC 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.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N341 (11/01/15)	Missing/incomplete/invalid surgery date.	**0089**	**DATE OF SURGERY > SERVICE/STATEMENT THRU 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.
N345 (11/01/15)	Date range not valid with units submitted.	**1200**	**ALC OCC SPAN DAY DOES NOT MATCH THE NUMBER OF REVENUE UNITS**	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.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**0374**	**REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**0712**	**CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY**	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1001**	**REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999.**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1002**	**DAYS ACUTE ARE GREATER THAN 999.**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1003**	**DAYS SNF ARE GREATER THAN 999.**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1004**	**DAYS ICF ARE GREATER THAN 999.**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1005**	**DAYS RESIDENTIAL ARE GREATER THAN 999.**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	**1012**	**VALUE OF ONE OR MORE OF THESE FIELDS WAS > MAX ALLOWED**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (01/29/16)	The number of Days or Units of Service exceeds our acceptable maximum.	**1606**	**RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH**	119 (01/29/16)	Benefit maximum for this time period or occurrence has been reached.
N362 (06/01/14)	The number of Days or Units of Service exceeds our acceptable maximum.	**1649**	**OP TRANS PMT REDUCED BY PREVIOUS PAID OP TRANS CLM**	119 (06/01/14)	Benefit maximum for this time period or occurrence has been reached.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N381 (08/01/15)	Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.	**1364**	**CANNOT ADJUST A LINE LEVEL SURGERY**	163 (11/01/15)	Attachment/other documentation referenced on the claim was not received.
N382 (11/01/15)	Missing/incomplete/invalid patient identifier.	**0500**	**INV/MISS PATIENT ACCOUNT NUMBER**	500 (11/01/15)	
N432 (11/20/09)	Alert: Adjustment based on a Recovery Audit.	**1009**	**ANNUAL SYSTEM RECONCILIATION VOID (IE AUDIT, DUPLICATE)**	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.
N434 (11/01/15)	Missing/Incomplete/Invalid Present on Admission indicator.	**1312**	**MISSING OR 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.
N522 (11/01/15)	Duplicate of a claim processed, or to be processed, as a crossover claim.	**0797**	**DUPLICATE ADJUSTMENT RECORDS ENTERED**	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N522 (01/01/16)	Duplicate of a claim processed, or to be processed, as a crossover claim.	**1331**	**THE NEW ORIGINAL CLAIM WAS PRODUCED FROM A RECYCLE**	18 (01/01/16)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
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.	**1325**	**INVALID PROVIDER TYPE FOR REFERRING PROVIDER**	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.
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.	**1391**	**REFERRING PROVIDER INELIGIBLE ON DATES OF SERVICE**	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.
N622 (11/01/15)	Not covered based on the date of injury/accident.	**0021**	**BILLED DATE LESS THAN THRU DATE**	110 (10/16/03)	Billing date predates service date.
N622 (11/01/15)	Not covered based on the date of injury/accident.	**0023**	**BILLED DATE < STATEMENT THRU DATE**	110 (10/16/03)	Billing date predates service date.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	**0734**	**SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES**	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	**1651**	**MAX UNITS REACHED FOR 2 CONSECUTIVE DAY OCCURRENCE**	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.
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	**1670**	**NUMBER OF UNITS EXCEEDS 6 IN A 14 DAY 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.
N644 (11/01/15)	Reimbursement has been made according to the bilateral procedure rule.	**0713**	**LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID**	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.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	**0480**	**GROUPER ASSIGNED A NEW DRG CODE**	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.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	**0609**	**DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO**	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.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	**0617**	**CALCULATED PAYMENT AMOUNT ZERO**	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.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	**0058**	**INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE**	199 (11/01/15)	Revenue code and Procedure code do not match.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	**0083**	**REV CODE 099,36X,37X,49X OR 71X REQ VALID SURGICAL PROC**	199 (11/01/15)	Revenue code and Procedure code do not match.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	**0597**	**VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE**	181 (11/01/15)	Procedure code was invalid on the date of service.

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ECPS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N657 (11/01/15)	This should be billed with the appropriate code for these services.	**1303**	**MENTAL HEALTH SERVICES UNDER 2 NOT COVERED**	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.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	**1328**	**BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631-637**	199 (03/29/10)	Revenue code and Procedure code do not match.
N661 (08/01/20)	Documentation does not support that the services rendered were medically necessary.	**1426**	**EARLY ELECTIVE DELIVERY**	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.
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.	**0662**	**CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE**	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.
N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.	**1430**	**OUTPATIENT TRANSPORTATION SERVICE HAS NO RATE**	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.
N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.	**1431**	**OUTPATIENT SERVICE NOT PAYABLE TRANS/PERS**	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.
N751 (11/01/15)	Adjusted because the patient is covered under a Medicare Part D plan.	**0623**	**MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE**	204 (11/01/15)	This service/equipment/drug is not covered under the patient's current benefit plan
NA63 (09/07/10)		**1293**	**INVALID UB04 EXTERNAL INJURY CODE**	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.