



Encounter Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 3/17/2025

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
4 (01/01/14)	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.	162	PROCEDURE CODE MODIFIER MISSING/INVALID	N519 (01/01/14)	Invalid combination of HCPCS modifiers.
4 (02/16/15)	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.	961	CLAIM CHECK: INVALID MODIFIER	N519 (02/16/15)	Invalid combination of HCPCS modifiers.
4 (12/01/22)	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.	968	CLAIMSXTEN: MISSING MODIFIER 26	N822 (12/01/22)	Missing procedure modifier(s).
5 (10/16/03)	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	141	PLACE OF SERVICE MISSING/INVALID	M77 (10/16/03)	Missing/incomplete/invalid/inappropriate place of service.
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.	254	PROCEDURE CODE AND AGE RESTRICTED	N129 (11/01/15)	Not eligible due to the patient's age.
6 (01/01/21)	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.	805	DOULA VISIT EXCEEDS AGE LIMIT	N129 (01/01/21)	Not eligible due to the patient's age.
6 (02/16/15)	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.	929	CLAIM CHECK: PROCEDURE INDICATED FOR NEONATE PATIENT	N129 (02/16/15)	Not eligible due to the patient's age.
6 (02/16/15)	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.	930	CLAIM CHECK: PROCEDURE INDICATED FOR PEDIATRIC PATIENT	N129 (02/16/15)	Not eligible due to the patient's age.



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6 (02/16/15)	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.	931	CLAIM CHECK: PROCEDURE INDICATED FOR MATERNITY PATIENT	N129 (02/16/15)	Not eligible due to the patient's age.
6 (02/16/15)	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.	932	CLAIM CHECK: PROCEDURE INDICATED FOR ADULT PATIENT	N129 (02/16/15)	Not eligible due to the patient's age.
6 (02/16/15)	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.	941	CLAIM CHECK: PROCEDURE CODE AGE RESTRICTED	N129 (02/16/15)	Not eligible due to the patient's age.
7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	255	PROCEDURE CODE AND SEX RESTRICTION.	N115 (11/01/15)	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd , or if you do not have web access, you may contact the contractor to request a copy of the LCD.
7 (02/16/15)	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.	933	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A MALE	N517 (02/16/15)	Resubmit a new claim with the requested information.
7 (02/16/15)	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.	934	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A FEMALE	N517 (02/16/15)	Resubmit a new claim with the requested information.
7 (02/16/15)	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.	953	CLAIM CHECK: PROCEDURE GENDER RESTRICTION	N517 (02/16/15)	Resubmit a new claim with the requested information.
8 (06/28/11)	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.	003	PROCEDURE CODE/CAPITATION PROVIDER TYPE UNMATCHED	N77 (10/16/03)	Missing/incomplete/invalid designated provider number.



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10 (11/01/15)	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.	312	MEDIA 7 CONFLICT RECIPIENT MHC PAYMENT CODE MISSING/INVAL	N657 (11/01/15)	This should be billed with the appropriate code for these services.
11 (01/01/21)	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	425	INVALID DIAGNOSIS FOR SERVICE	N569 (01/01/21)	Not covered when performed for the reported diagnosis.
11 (01/01/21)	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	802	DOULA VISITS EXCEED LIMIT	N569 (01/01/21)	Not covered when performed for the reported diagnosis.
13 (01/01/16)	The date of death precedes the date of service.	701	DATE OF SERVICE LATER THAN DATE OF DEATH		
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.	001	INCORRECT CLAIM STATUS CODE	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.
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.	010	SERVICING PROVIDER MISSING/INVALID	MA102 (01/01/14)	Missing/incomplete/invalid name or provider identifier for the rendering/referring/ ordering/ supervising provider.
16 (02/01/19)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	011	RECIPIENT NUMBER MISSING OR INVALID	N282 (02/01/19)	Missing/incomplete/invalid pay-to provider secondary identifier.



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16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	013	INVALID BIRTHDATE	N329 (01/01/14)	Missing/incomplete/invalid patient birth date.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	015	STATEMENT THRU DATE < STATEMENT FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	016	SERVICE FROM DATE MISSING/INVALID	M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	017	SERVICE THRU DATE MISSING/INVALID	M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	020	SERVICE THRU DATE > DATE RECEIVED	M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	022	CAPITATION SERVICE PERIOD INVALID	M52 (08/04/09)	Missing/incomplete/invalid 'from' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	025	DISPENSE DATE INVALID	N57 (10/16/03)	Missing/incomplete/invalid prescribing date.



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16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	042	TYPE OF BILL CODE MISSING/INVALID	MA30 (11/01/15)	Missing/incomplete/invalid type of bill.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	044	ADMISSION TYPE MISSING/INVALID	MA41 (10/16/03)	Missing/incomplete/invalid admission type.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	045	PATIENT STATUS CODE MISSING/INVALID	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	046	INVALID/MISSING OCCURRENCE SPAN CODE	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	047	INVALID/OCCURRENCE SPAN FROM OR THRU DATE	M46 (09/24/12)	Missing/incomplete/invalid occurrence span code(s).
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.	049	SURGICAL DATE MISSING/INVALID	N341 (11/01/15)	Missing/incomplete/invalid surgery date.
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.	056	REVENUE UNITS MISSING/INVALID	M53 (11/01/15)	Missing/incomplete/invalid days or units of service.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	058	REVENUE/CHARGE/CODE INVALID	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	068	ADMISSION SOURCE MISSING/INVALID	MA42 (10/16/03)	Missing/incomplete/invalid admission source.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	071	STATEMENT COVERS FROM DATE MISSING/INVALID	M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	072	STATEMENT COVERS THRU DATE MISSING/INV	M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	085	DAYS/UNITS/VISITS MISSING/INVALID	M53 (10/16/03)	Missing/incomplete/invalid days or units of 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.	086	ASSISTED LIVING SERVICE UNITS NOT EQUAL TO SERVICE DAYS	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	087	SURGICAL PROVIDER NPI MISSING	N261 (11/01/15)	Missing/incomplete/invalid operating provider name.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.	100	NO REVENUE CODE FOUND EXCEPT 001	M50 (11/01/15)	Missing/incomplete/invalid revenue code(s).
016 (11/01/19)		101	ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK	N382 (11/01/15)	Missing/incomplete/invalid patient identifier.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	110	ENC TAXONOMY MISSING/INVALID	N288 (11/01/15)	Missing/incomplete/invalid rendering provider taxonomy.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	124	PATIENT ACCOUNT NUMBER MISSING/INVALID	MA27 (11/01/15)	Missing/incomplete/invalid entitlement number or name shown on the claim.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	127	NATIONAL DRUG CODE MISSING OR INVALID	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
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.	131	PRESCRIPTION NUMBER MISSING/INVALID	N57 (10/16/03)	Missing/incomplete/invalid prescribing 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.	133	EMPLOYMENT RELATED INDICATOR MISSING/INVALID	MA90 (11/01/15)	Missing/incomplete/invalid employment status code for the primary insured.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	135	CURRENT EXAM DATE MISSING/INVALID	N324 (01/01/14)	Missing/incomplete/invalid last seen/visit 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.	136	PREVIOUS EXAM DATE INV	N342 (11/01/15)	Missing/incomplete/invalid test performed 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.	151	CLAIM CHARGE MISSING/INVALID	M79 (11/01/15)	Missing/incomplete/invalid 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.	152	TOTAL CHARGE MISSING/INVALID	M54 (10/16/03)	Missing/incomplete/invalid total charges.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	153	CLAIM PAYMENT MISSING/INVALID	M54 (10/16/03)	Missing/incomplete/invalid total charges.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	161	PROCEDURE CODE MISSING/INVALID	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	172	PAYOR ID MISSING/INVALID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
16 (11/06/06)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	183	HMO PAYMENT DATE MISSING/INVALID	N307 (11/06/06)	Missing/incomplete/invalid adjudication or payment date.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	185	FORMER ICN # MISSING/INVALID	M47 (08/01/15)	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
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.	197	COMPOUND DRUG OR METRIC QUANTITY ERROR	N378 (11/01/15)	Missing/incomplete/invalid prescription quantity.
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.	206	BILLING PROVIDER NUMBER NOT ON FILE	N257 (11/01/15)	Missing/incomplete/invalid billing provider/supplier primary identifier.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	214	INVALID NDC OR NDC NOT ON FILE	M119 (10/27/14)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	215	PROCEDURE/NDC COMBINATION IS INVALID OR NOT ON FILE	M20 (10/27/14)	Missing/incomplete/invalid HCPCS.
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.	217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	N255 (11/01/15)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	219	TAXONOMY CODE IS MISSING FOR SERVICE PROVIDER	N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	220	TAXONOMY CODE IS INVALID FOR SERVICE PROVIDER	N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	221	NPI IS MISSING FOR SERVICE/RENDERING PROVIDER	N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	222	NPI IS INVALID FOR SERVICE/RENDERING PROVIDER	N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	223	NPI MISSING FOR THE ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	224	NPI IS INVALID FOR THE ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	225	NPI IS MISSING FOR THE REFERRING PROVIDER	N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	226	NPI IS INVALID FOR THE REFERRING PROVIDER	N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	227	NPI IS MISSING FOR THE OPERATING PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.



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16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	228	NPI IS INVALID FOR THE OPERATING PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	229	NPI IS MISSING FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	230	NPI IS INVALID FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	231	NPI IS MISSING FOR OTHER PROVIDER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.



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16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	232	NPI IS INVALID FOR OTHER PROVIDER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	233	NPI IS MISSING FOR PRESCRIBING PROVIDER	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.
16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	236	ZIP CODE MISSING OR INVALID	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	248	SURGICAL PROCEDURE CODE NOT ON FILE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	253	PROCEDURE NOT VALID ON DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	259	PROCEDURE CODE NOT ON FILE	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
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.	269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.
16 (09/28/15)	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.	270	REFERRING NPI SAME AS BILLING/SERVICING NPI	286 (09/28/15)	



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16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	271	OTHER NPI SAME AS BILLING/SERVICING NPI	N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.
16 (09/28/15)	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.	281	OPERATING 1 NPI SAME AS BILLING/SERVICING NPI	N262 (09/28/15)	Missing/incomplete/invalid operating provider primary identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	289	ADMITTING DIAGNOSIS CODE NOT ON FILE	MA65 (09/01/20)	Missing/incomplete/invalid admitting 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.	296	DIAGNOSIS CODE NOT ON FILE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	297	BILLING ZIP CODE MISSING OR INVALID	N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	298	TAXONOMY CODE IS INVALID FOR ATTENDING PROVIDER	N255 (05/09/11)	Missing/incomplete/invalid billing provider taxonomy.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	299	TAXONOMY CODE IS INVALID FOR REFERRING PROVIDER	N284 (11/01/15)	Missing/incomplete/invalid referring provider taxonomy.
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.	300	MAXIMUM DAILY DOSAGE EXCEEDED: CHECK DRUG QTY	M123 (10/27/14)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.



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16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	317	INVALID/MISSING METRIC QUANTITY	M123 (10/27/14)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
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.	319	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (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.	322	CLAIM UOM INVALID OR NOT = NDC UOM - SEE WWW.NJMMIS.COM	M49 (10/27/14)	Missing/incomplete/invalid value code(s) or amount(s).



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	328	BILL OP DRUG CLAIMS USING REVENUE CODES 631 THRU 637 OR 25X	M50 (10/27/14)	Missing/incomplete/invalid revenue code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	330	METRIC QUANTITY INCORRECTLY REPORTED FOR DRUG BILLED	M119 (11/01/15)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (01/01/12)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	339	RECIPIENT ENROLLMENT IN MULTIPLE MANAGED CARE PLANS	N216 (01/01/12)	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
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.	349	VERIFY METRIC QUANTITY REPORTED	N378 (10/27/14)	Missing/incomplete/invalid prescription quantity.



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16 (10/01/14)	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.	416	ICD VERSION MISMATCH	M64 (10/01/14)	Missing/incomplete/invalid other diagnosis.
16 (10/01/14)	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.	428	UNSPECIFIED DIAGNOSIS CODE	M81 (10/01/14)	You are required to code to the highest level of specificity.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	451	UNKNOWN FIELD POPULATED WITH INVALID DATA	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	464	PRA INVALID-NO BILLING NPI NUM FOUND FOR PRENATAL SERVICE	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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16 (12/13/10)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	466	COMPOUND CLAIM WITH ONLY 1 INGREDIENT	M44 (10/16/03)	Missing/incomplete/invalid condition 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.	479	GROUPER COULD NOT ASSIGN A DRG CODE	N208 (11/01/15)	Missing/incomplete/invalid DRG code.
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	503	REVENUE CODE NOT ON FILE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	551	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER	M44 (10/27/14)	Missing/incomplete/invalid condition code.



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16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	553	COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (12/13/10)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	554	COMPOUND CONTAINS DUPLICATE INGREDIENTS	M119 (11/01/15)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
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.	597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	M119 (11/01/15)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (04/01/18)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	601	NO ADJUSTMENT ALLOWED FOR MEDIA 7 ELIGIBLE CLAIMS	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	660	SERVICE UNITS NOT EQUAL TO ACCOMMODATION DAYS	M53 (03/13/17)	Missing/incomplete/invalid days or units of 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.	726	SUBMITTED PRESCRIBER NPI MAPS TO A GROUP ENTITY	N31 (01/01/19)	Missing/incomplete/invalid prescribing provider identifier.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	727	CLAIM VOIDED/ADJ FOR REBATE UNIT (OIG AUDIT 2019)	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	755	SUBMITTED PRESCRIBER NPI DOESN'T MATCH STANDING ORDER NPI	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	785	ENCOUNTER INCLUDED IN PAST FINANCIAL SETTLEMENT	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	786	PREVIOUSLY DENIED CLM CANNOT BE ADJUSTED-RESUBMIT CLAIM	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	787	ADJUSTMENT CLM TYPE NOT MATCHED	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
16 (04/21/14)	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.	789	INCENTIVE PAYMENT SUPPRESSED AGAINST RECONCILED CLAIM	MA130 (04/21/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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16 (01/01/16)	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.	796	SUBMITTER NOT MATCHED ON HISTORY	N255 (01/01/16)	Missing/incomplete/invalid billing provider taxonomy.
16 (02/16/15)	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.	924	CLAIM CHECK: PROCEDURE CODE IS OBSOLETE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	927	CLAIM CHECK: INVALID PROCEDURE CODE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	939	CLAIM CHECK: PROCEDURE NOT EXPECTED FOR DIAGNOSIS	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).



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16 (02/16/15)	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.	944	CLAIM CHECK: NEW PATIENT PROC NOT APPROPRIATE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	945	CLAIM CHECK: CCI INCIDENTAL PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	946	CLAIM CHECK: CCI MUTUALLY EXCLUSIVE PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	947	CLAIM CHECK: INCIDENTAL PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).



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16 (02/16/15)	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.	949	CLAIM CHECK: MUTUALLY EXCLUSIVE PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	956	CLAIM CHECK: MEDICAL VISIT PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	957	CLAIM CHECK: DIAGNOSIS NOT EXPECTED FOR PROCEDURE	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
16 (02/16/15)	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.	959	CLAIM CHECK: SERVICE DAYS EXCEED NUMBER OF UNITS	N345 (02/16/15)	Date range not valid with units submitted.



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16 (02/16/15)	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.	960	CLAIM CHECK: NUMBER OF UNITS EXCEED NUMBER OF SERVICE DAYS	N345 (02/16/15)	Date range not valid with units submitted.
18 (11/02/09)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	024	DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER/NDC	N389 (11/02/09)	Duplicate prescription number submitted.
18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	797	DUPLICATE ADJUSTMENT	N522 (01/01/16)	Duplicate of a claim processed, or to be processed, as a crossover claim.
18 (01/01/16)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
18 (01/01/14)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	800	EXACT DUPLICATE BILL	N522 (01/01/14)	Duplicate of a claim processed, or to be processed, as a crossover claim.
22 (01/01/16)	This care may be covered by another payer per coordination of benefits.	702	TPL PAYMENT EXPECTED PAYOR ID ON CLAIM BUT NO TPL AMOUNT		
22 (01/01/16)	This care may be covered by another payer per coordination of benefits.	706	INSURANCE COVERAGE KNOWN, OTHER COVERAGE CODE = 0		
22 (01/01/16)	This care may be covered by another payer per coordination of benefits.	707	MEDICAID PAYMENT REDUCED BY OTHER INSURANCE		
23 (07/01/12)	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)	911	MANAGED CARE SUB-VENDOR REPORTING CAPITATED PAYMENT	N219 (07/01/12)	Payment based on previous payer's allowed amount.
26 (11/01/15)	Expenses incurred prior to coverage.	301	RECIPIENT INELIGIBLE ON DATES OF SERVICE	N30 (10/16/03)	Patient ineligible for this service.
26 (01/02/25)	Expenses incurred prior to coverage.	326	RECIPIENT NOT ELIGIBLE FOR MFP SERVICES AND GOODS	N30 (01/02/25)	Patient ineligible for this service.
28 (07/03/23)	Coverage not in effect at the time the service was provided.	028	PPP SERVICE SUBMITTED AS OVERTIME DENIED.	N30 (07/03/23)	Patient ineligible for this service.
29 (10/01/11)	The time limit for filing has expired.	019	SERVICE PERIOD IS MORE THAN 3 YEARS OLD	M59 (10/01/11)	Missing/incomplete/invalid 'to' date(s) of service.



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29 (09/01/20)	The time limit for filing has expired.	026	CLAIM EXCEEDS TIMELY FILING LIMITS		
31 (11/01/15)	Patient cannot be identified as our insured.	321	RECIPIENT NUMBER NOT ON FILE	MA61 (11/01/15)	Missing/incomplete/invalid social security number.
50 (11/01/15)	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.	311	HMO SENT 'M' TO REQUEST MEDIA 7 REIMBURSEMENT CLAIM NOT ELG	M25 (11/01/15)	The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he/she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request an appeal, we will, upon application from the patient, reimburse him/her for the amount you have collected from him/her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.
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.	426	EARLY ELECTIVE DELIVERY	N661 (08/01/20)	Documentation does not support that the services rendered were medically necessary.
50 (01/01/21)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	427	EARLY ELECTIVE DELIVERY DENIAL OVERRIDE	N661 (01/01/21)	Documentation does not support that the services rendered were medically necessary.
50 (02/16/15)	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.	920	CLAIM CHECK: COSMETIC PROCEDURE	N383 (02/16/15)	Not covered when deemed cosmetic.
50 (02/16/15)	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.	922	CLAIM CHECK: PROCEDURE CODE IS COSMETIC AND UNLISTED	N383 (02/16/15)	Not covered when deemed cosmetic.
54 (02/16/15)	Multiple physicians/assistants are not covered in this case. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	942	CLAIM CHECK: ASSISTANT SURGEON DENIED	N247 (02/16/15)	Missing/incomplete/invalid assistant surgeon taxonomy.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
54 (02/16/15)	Multiple physicians/assistants are not covered in this case. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	943	CLAIM CHECK: ASSISTANT AT SURGERY DENIED	N247 (02/16/15)	Missing/incomplete/invalid assistant surgeon taxonomy.
55 (04/01/15)	Procedure/treatment/drug is deemed experimental/investigational by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	923	CLAIM CHECK: PROCEDURE CODE IS EXPERIMENTAL	M49 (02/16/15)	Missing/incomplete/invalid value code(s) or amount(s).
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.	142	ORIGIN CODE MISSING/INVALID	N157 (11/01/15)	Transportation to/from this destination is not covered.
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.	143	DESTINATION CODE MISSING/INVALID	N157 (11/01/15)	Transportation to/from this destination is not covered.
96 (01/02/14)	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.	263	NON-COVERED SERVICE FOR SPECIAL PROGRAM CODE	N103 (01/02/14)	Records indicate this patient was a prisoner or in custody of a Federal, State, or local authority when the service was rendered. This payer does not cover items and services furnished to an individual while he or she is in custody under a penal statute or rule, unless under State or local law, the individual is personally liable for the cost of his or her health care while in custody and the State or local government pursues the collection of such debt in the same way and with the same vigor as the collection of its other debts. The provider can collect from the Federal/State/ Local Authority as appropriate.
96 (10/16/03)	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.	385	LOGISTICARE TRANSPORTATION SERVICE NOT COVERED FOR RECIPIENT	N30 (10/16/03)	Patient ineligible for this service.



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97 (02/16/15)	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.	926	CLAIM CHECK: DUPLICATE PROCEDURE FOR SAME DATE OF SERVICE	M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.
97 (02/16/15)	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.	940	CLAIM CHECK: MEDICALLY UNLIKELY EDIT (EXCESSIVE UNITS)	M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.
97 (02/16/15)	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.	950	CLAIM CHECK: POST OPERATIVE PROCEDURE CODE	M144 (02/16/15)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
97 (02/16/15)	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.	951	CLAIM CHECK: PRE OPERATIVE PROCEDURE CODE	M144 (02/16/15)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
97 (02/16/15)	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.	952	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).
97 (02/16/15)	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.	955	CLAIM CHECK: DUPLICATE PROCEDURE	M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.
109 (11/01/15)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	138	ACCIDENT INDICATOR MISSING/INVALID	N576 (11/01/15)	Services not related to the specific incident/claim/accident/loss being reported.
109 (10/16/03)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	400	RECIPIENT NOT IN HMO ON DATE OF SERVICE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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109 (01/01/16)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	710	PART D COVERAGE KNOWN BILL FOR PART D PLAN		
110 (05/04/09)	Billing date predates service date.	023	VOID MATCHED MULTIPLE ENCOUNTERS	MA31 (05/04/09)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (11/01/15)	Billing date predates service date.	064	SERVICE THRU DATE > STATEMENT THRU DATE	N622 (11/01/15)	Not covered based on the date of injury/accident.
114 (11/01/15)	Procedure/product not approved by the Food and Drug Administration.	555	COMPOUND DRUG - INCORRECT INGREDIENT QUANTITY/COST	N623 (11/01/15)	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
114 (11/01/15)	Procedure/product not approved by the Food and Drug Administration.	556	INVALID COMPOUND - CONTAINS ONE INGREDIENT + WATER	N623 (11/01/15)	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
114 (01/01/16)	Procedure/product not approved by the Food and Drug Administration.	704	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER		
119 (04/01/17)	Benefit maximum for this time period or occurrence has been reached.	724	CLAIM SUBMITTED AS A 340B CLAIM	N45 (04/01/17)	Payment based on authorized amount.
119 (01/01/18)	Benefit maximum for this time period or occurrence has been reached.	725	CLAIM VOIDED/ADJUSTED DUE TO INCORRECT HMO PAYMENT AMOUNT	N45 (01/01/18)	Payment based on authorized amount.
120 (10/01/20)	Patient is covered by a managed care plan.	014	PPP SERVICE SUBMITTED AS OVERTIME	N649 (10/01/20)	Payment based on invoice.
129 (11/01/15)	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.)	021	INVALID CLAIM FORMAT-NCPDP D.0 IS IN MANDATORY PERIOD	M59 (04/01/12)	Missing/incomplete/invalid 'to' date(s) of service.
129 (01/01/14)	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.)	027	NO MATCHING CLAIM FOR ENC VOID/ADJ ON PHARMACY VSAM FILE	N101 (06/01/12)	Additional information is needed in order to process this claim. Please resubmit the claim with the identification number of the provider where this service took place. The Medicare number of the site of service provider should be preceded with the letters 'HSP' and entered into item #32 on the claim form. You may bill only one site of service provider number per claim.
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).	603	MOTHER VS. BABY CLAIM. NEWBORN INDICATORS DO NOT MATCH	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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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).	709	MAX NUMBER OF CLAIMS LIMITED TO 2 PER 12 MONTHS	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.
146 (02/16/15)	Diagnosis was invalid for the date(s) of service reported.	963	CLAIM CHECK: INVALID DIAGNOSIS CODE	M76 (02/16/15)	Missing/incomplete/invalid diagnosis or condition.
146 (02/16/15)	Diagnosis was invalid for the date(s) of service reported.	965	CLAIM CHECK: INVALID CLAIM DIAGNOSIS CODE	M76 (02/16/15)	Missing/incomplete/invalid diagnosis or condition.
153 (01/01/16)	Payer deems the information submitted does not support this dosage.	713	INCORRECT UNIT OF MEASURE REPORTED FOR DRUG		
163 (01/01/16)	Attachment/other documentation referenced on the claim was not received.	826	TIMELY FILLING DETERMINED BY PREVIOUS CLAIM	N3 (01/01/16)	Missing consent form.
167 (01/01/14)	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.	166	DIAGNOSIS CODE MISSING/INVALID	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
167 (01/01/14)	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.	167	DIAGNOSIS CODE MISSING	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
175 (05/10/22)	Prescription is incomplete.	705	PAYMENT DENIED; VACCINE AVAILABLE FROM THE VFC PROGRAM	N95 (12/22/14)	This provider type/provider specialty may not bill this service.
175 (09/20/20)	Prescription is incomplete.	728	415-DF NUMBER OF REFILLS AUTHORIZED IS NOT NUMERIC	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.
175 (09/20/20)	Prescription is incomplete.	729	DATE RX WRITTEN > 30 DAYS SCHED II-V	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.
175 (09/20/20)	Prescription is incomplete.	730	DATE RX WRITTEN > 365 DAYS OLD NON SCHED DRUG	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.
175 (09/20/20)	Prescription is incomplete.	731	460-ET QTY PRESCRIBED NOT NUMERIC OR NOT SUBMITTED	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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175 (09/20/20)	Prescription is incomplete.	732	QTY PRESCRIBED DOES NOT MATCH PREVIOUSLY SUBMITTED CLAIM	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
175 (09/20/20)	Prescription is incomplete.	733	QTY DISPENSED > QTY PRESCRIBED	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.
175 (09/20/20)	Prescription is incomplete.	734	NUM OF REFILLS AUTH > O SCHED II	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.
175 (09/20/20)	Prescription is incomplete.	735	403-D3 FILL NUMBER M/I	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.
175 (09/20/20)	Prescription is incomplete.	738	343-HD DISPENSING STATUS INVALID	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.
175 (09/20/20)	Prescription is incomplete.	740	ACCUM O MED EXCEEDS 30 DAYS SUPPLY	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.
175 (12/01/20)	Prescription is incomplete.	741	M/I INCENTIVE AMOUNT SUBMITTED FIELD (438-E3)	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.
175 (12/01/20)	Prescription is incomplete.	742	M/I PROFESSIONAL SERVICE CODE (445-E5)	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.
175 (12/01/20)	Prescription is incomplete.	743	M/I SUBMISSION CLARIFICATION CODE (420-DK)	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.
175 (12/01/20)	Prescription is incomplete.	744	COVID VACCINE ADMINISTRATION CONFLICT	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.
175 (12/01/20)	Prescription is incomplete.	745	VACCINE ADMINISTRATION EXCEEDED FOR MEMBER	MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.



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175 (12/01/20)	Prescription is incomplete.	746	MINIMUM DAYS REQUIRED BETWEEN VACCINE DOSES	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.
175 (04/26/21)	Prescription is incomplete.	747	EXCEEDS PROG MAX-GREATER THAN SIX FILLS 6 IN A MONTH PERIOD	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.
175 (09/20/20)	Prescription is incomplete.	748	DATE RX WRITTEN > 30 DAYS OLD SCHED II - V	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.
175 (06/06/22)	Prescription is incomplete.	749	DAILY MORPHINE MILLIGRAM EQUIVALENT > 50	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.
175 (06/06/22)	Prescription is incomplete.	750	DAILY MORPHINE MILLIGRAM EQUIVALENT EXCEEDED	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.
175 (02/28/22)	Prescription is incomplete.	753	OTC COVID TEST LIMIT EXCEEDED- LIMIT 4 KITS PER MONTH	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.
175 (12/01/23)	Prescription is incomplete.	754	BYPASS OF MED EXCEEDS 30 DAYS SUPPLY	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.
181 (01/01/16)	Procedure code was invalid on the date of service.	715	BENEFIT STAGE AMOUNT IS NOT NUMERIC		
181 (01/01/16)	Procedure code was invalid on the date of service.	716	PARTD PDP ON CLAIM AND NO BENEFIT STAGES SUBMITTED		
181 (01/01/16)	Procedure code was invalid on the date of service.	717	BENEFIT STAGE COUNT DOES NOT MATCH NUMBER OF REPETITIONS		
181 (01/01/16)	Procedure code was invalid on the date of service.	718	INVALID BENEFIT STAGE AMOUNT, NO PARTD PAYER SUBMITTED		
184 (01/01/16)	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	721	PROVIDER NOT AUTHORIZED TO PRESCRIBE AS PER ACA REQUIREMENT		



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185 (11/01/15)	The rendering provider is not eligible to perform the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	448	SUBMITTER NOT ELIGIBLE FOR CLM TYPE OR DOS < 20110701	N95 (11/01/15)	This provider type/provider specialty may not bill this service.
204 (11/01/15)	This service/equipment/drug is not covered under the patient's current benefit plan	130	PHARMACY DAYS SUPPLY MISSING/INVALID	N448 (11/01/15)	This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.
204 (07/01/20)	This service/equipment/drug is not covered under the patient's current benefit plan	703	DRUG NOT PAYABLE - NO REBATE AGREEMENT		
204 (01/01/16)	This service/equipment/drug is not covered under the patient's current benefit plan	712	RECIPIENT ELIGIBLE FOR MEDICARE PART D		
204 (01/01/16)	This service/equipment/drug is not covered under the patient's current benefit plan	714	PART D COPAY NOT COVERED AS OF FY2011		
204 (01/01/16)	This service/equipment/drug is not covered under the patient's current benefit plan	871	MEDIA 7 SERVICE LIMIT ERROR	N666 (01/01/16)	Only one evaluation and management code at this service level is covered during the course of care.
206 (11/01/15)	National Provider Identifier - missing.	272	PRESCRIBING NPI SAME AS BILLING/SERVICING NPI	N31 (07/01/08)	Missing/incomplete/invalid prescribing provider identifier.
207 (11/01/15)	National Provider identifier - Invalid format	234	NPI IS INVALID FOR PRESCRIBING PROVIDER	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.
208 (11/01/15)	National Provider Identifier - Not matched.	006	REFERRING/OPERATING/OTHER PROVIDER EIN/SSN INVALID	N286 (11/01/15)	Missing/incomplete/invalid referring provider primary identifier.
208 (08/16/10)	National Provider Identifier - Not matched.	329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	N77 (08/16/10)	Missing/incomplete/invalid designated provider number.
226 (12/07/20)	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	459	PRA INVALID - NO RECIPIENT FOUND FOR PRENATAL SERVICE	N705 (12/07/20)	Incomplete/invalid documentation.
226 (08/16/21)	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	465	PRA INVALID - CLAIM DOS NOT WITHIN PRA DOS	N705 (08/16/21)	Incomplete/invalid documentation.



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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.	310	HMO SENT 'M' TO REQUEST MEDIA 7 KICK PAYMENT AND MMIS PAID	N644 (11/01/15)	Reimbursement has been made according to the bilateral procedure rule.
240 (11/01/15)	The diagnosis is inconsistent with the patient's birth weight. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	043	INVALID/MISSING BIRTH WEIGHT	N207 (11/01/15)	Missing/incomplete/invalid weight.
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).	048	SURGICAL PROCEDURE CODE MISSING/INVALID	N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).
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).	083	SURGICAL PROCEDURE CODE MISSING	N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).
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).	123	MEDICAL RECORD NUMBER MISSING/INVALID	M127 (11/01/15)	Missing patient medical record for this service.
250 (01/01/16)	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).	799	NO CLAIM IN HISTORY FILE MATCHES ADJUSTMENT	N214 (01/01/16)	Missing/incomplete/invalid history of the related initial surgical procedure(s).



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251 (11/01/15)	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	139	EPSDT INDICATOR INVALID	N78 (11/01/15)	The necessary components of the child and teen checkup (EPSDT) were not completed.
272 (01/01/21)	Coverage/program guidelines were not met.	803	POSTPARTUM VISIT EXCEEDS 6 MONTHS FROM L&D	N357 (01/01/21)	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.
A1 (12/01/22)	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.	969	CLAIMSXTEN: PROCEDURE TO DIAGNOSIS COVERAGE	N569 (12/01/22)	Not covered when performed for the reported diagnosis.
A8 (11/01/15)	Ungroupable DRG.	480	GROUPER ASSIGNED A NEW DRG CODE	N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).
B1 (11/01/15)	Non-covered visits.	144	PATIENT ACCOUNT NUMBER IDENTIFIES HMO-DENIED CLAIM	N30 (11/01/15)	Patient ineligible for this service.
B1 (01/01/16)	Non-covered visits.	700	FFS PAYMENT FOR ENCOUNTER NOT ALLOWED-SEE OTHER EDITS ON ENC		
B11 (01/01/16)	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	711	PHARMACY BILLED FOR PART D DEDUCTIBLE AND CO-PAY/COINSURANCE		
B11 (01/01/16)	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	719	BNFT STG 70-NOT PARTD CLM-PD BY NEGOTIATED PRICE-PARTD DRUG		
B11 (01/01/16)	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	722	BNFT STG 61-NOT PARTD CLM-PD BY COADMIN PLAN BNFT-PARTD DRUG		
B11 (01/01/16)	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	723	BNFT STG 90-NOT PARTD CLM-OTC/ENH-NO TROOP BUT PTD COVERED		
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	788	VOID REQUEST DENIED AGAINST RECONCILED CLAIM	MA67 (10/16/03)	Alert: Correction to a prior claim.



Encounter Edit Codes/HIPAA Edit Codes Translation -
Sequenced by HIPAA Adj Reason Code
Last Date Loaded - 3/17/2025

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
B15 (01/01/21)	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.	804	DOULA INCENTIVE PAYMENT MISSING REQUIRED CLAIMS	N674 (01/01/21)	Not covered unless a pre-requisite procedure/service has been provided.
B15 (12/01/22)	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.	958	CLAIMSXTEN ADD ON EDIT	N122 (12/01/22)	Add-on code cannot be billed by itself.
P7 (11/01/15)	The applicable fee schedule/fee database does not contain the billed code. Please resubmit a bill with the appropriate fee schedule/fee database code(s) that best describe the service(s) provided and supporting documentation if required. To be used for Property and Casualty only.	544	DRUG NOT PAYABLE FEDERAL DESI	M199 (10/27/14)	
P7 (11/01/15)	The applicable fee schedule/fee database does not contain the billed code. Please resubmit a bill with the appropriate fee schedule/fee database code(s) that best describe the service(s) provided and supporting documentation if required. To be used for Property and Casualty only.	545	NATIONAL DRUG CODE NOT ON FILE	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
P21 (11/01/15)	Payment denied based on the Medical Payments Coverage (MPC) and/or Personal Injury Protection (PIP) Benefits jurisdictional regulations, or payment policies. Usage: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Insurance Policy Number Segment (Loop 2100 Other Claim Related Information REF qualifier 'IG') if the jurisdictional regulation applies. If adjustment is at the Line Level, the payer must send and the provider should refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment information REF) if the regulations apply. To be used for Property and Casualty Auto only.	184	ADJUSTMENT REASON CODE MISSING/INVALID	MA04 (11/01/15)	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.