



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

Last Date Loaded - 2/3/2025

HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
	026	CLAIM EXCEEDS TIMELY FILING LIMITS	29 (09/01/20)	The time limit for filing has expired.
	700	FFS PAYMENT FOR ENCOUNTER NOT ALLOWED-SEE OTHER EDITS ON ENC	B1 (01/01/16)	Non-covered visits.
	701	DATE OF SERVICE LATER THAN DATE OF DEATH	13 (01/01/16)	The date of death precedes the date of service.
	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.
	703	DRUG NOT PAYABLE - NO REBATE AGREEMENT	204 (07/01/20)	This service/equipment/drug is not covered under the patient's current benefit plan
	704	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER	114 (01/01/16)	Procedure/product not approved by the Food and Drug Administration.
	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	22 (01/01/16)	This care may be covered by another payer per coordination of benefits.
	710	PART D COVERAGE KNOWN BILL FOR PART D PLAN	109 (01/01/16)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
	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.
	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
	713	INCORRECT UNIT OF MEASURE REPORTED FOR DRUG	153 (01/01/16)	Payer deems the information submitted does not support this dosage.
	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
	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.



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		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	181 (01/01/16)	Procedure code was invalid on the date of service.
		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.
		721	PROVIDER NOT AUTHORIZED TO PRESCRIBE AS PER ACA REQUIREMENT	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.
286 (09/28/15)		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	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.
		270	REFERRING NPI SAME AS BILLING/SERVICING NPI	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.
M20 (10/27/14)	Missing/incomplete/invalid HCPCS.	215	PROCEDURE/NDC COMBINATION IS INVALID OR NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	311	HMO SENT 'M' TO REQUEST MEDIA 7 REIMBURSEMENT CLAIM NOT ELG	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.
M44 (10/16/03) Missing/incomplete/invalid condition code.	466	COMPOUND CLAIM WITH ONLY 1 INGREDIENT	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.
M44 (10/27/14) Missing/incomplete/invalid condition code.	551	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER	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.
M46 (09/24/12) Missing/incomplete/invalid occurrence span code(s).	047	INVALID/OCCURRENCE SPAN FROM OR THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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).	185	FORMER ICN # MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M49 (10/27/14) Missing/incomplete/invalid value code(s) or amount(s).	322	CLAIM UOM INVALID OR NOT = NDC UOM - SEE WWW.NJMMIS.COM	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M49 (02/16/15) Missing/incomplete/invalid value code(s) or amount(s).	923	CLAIM CHECK: PROCEDURE CODE IS EXPERIMENTAL	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.
M50 (10/16/03) Missing/incomplete/invalid revenue code(s).	058	REVENUE/CHARGE/CODE INVALID	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M50 (11/01/15) Missing/incomplete/invalid revenue code(s).	100	NO REVENUE CODE FOUND EXCEPT 001	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M50 (10/27/14) Missing/incomplete/invalid revenue code(s).	328	BILL OP DRUG CLAIMS USING REVENUE CODES 631 THRU 637 OR 25X	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	503	REVENUE CODE NOT ON FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	259	PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	924	CLAIM CHECK: PROCEDURE CODE IS OBSOLETE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	927	CLAIM CHECK: INVALID PROCEDURE CODE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	939	CLAIM CHECK: PROCEDURE NOT EXPECTED FOR DIAGNOSIS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	944	CLAIM CHECK: NEW PATIENT PROC NOT APPROPRIATE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	945	CLAIM CHECK: CCI INCIDENTAL PROCEDURE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	946	CLAIM CHECK: CCI MUTUALLY EXCLUSIVE PROCEDURE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	947	CLAIM CHECK: INCIDENTAL PROCEDURE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	949	CLAIM CHECK: MUTUALLY EXCLUSIVE PROCEDURE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	952	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	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.



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M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	956	CLAIM CHECK: MEDICAL VISIT PROCEDURE	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.
M51 (02/16/15)	Missing/incomplete/invalid procedure code(s).	957	CLAIM CHECK: DIAGNOSIS NOT EXPECTED FOR PROCEDURE	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.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	015	STATEMENT THRU DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	016	SERVICE FROM DATE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	018	SERVICE THRU DATE < SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M52 (08/04/09) Missing/incomplete/invalid 'from' date(s) of service.	022	CAPITATION SERVICE PERIOD INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03) Missing/incomplete/invalid 'from' date(s) of service.	071	STATEMENT COVERS FROM DATE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03) Missing/incomplete/invalid days or units of service.	046	INVALID/MISSING OCCURRENCE SPAN 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.
M53 (11/01/15) Missing/incomplete/invalid days or units of service.	056	REVENUE UNITS MISSING/INVALID	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.
M53 (10/16/03) Missing/incomplete/invalid days or units of service.	085	DAYS/UNITS/VISITS MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M53 (03/13/17) Missing/incomplete/invalid days or units of service.	660	SERVICE UNITS NOT EQUAL TO ACCOMMODATION DAYS	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (10/16/03) Missing/incomplete/invalid total charges.	152	TOTAL CHARGE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (10/16/03) Missing/incomplete/invalid total charges.	153	CLAIM PAYMENT MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M56 (10/16/03) Missing/incomplete/invalid payer identifier.	172	PAYOR ID MISSING/INVALID	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.
M59 (10/16/03) Missing/incomplete/invalid 'to' date(s) of service.	017	SERVICE THRU DATE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M59 (10/01/11) Missing/incomplete/invalid 'to' date(s) of service.	019	SERVICE PERIOD IS MORE THAN 3 YEARS OLD	29 (10/01/11)	The time limit for filing has expired.



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M59 (10/16/03) Missing/incomplete/invalid 'to' date(s) of service.	020	SERVICE THRU DATE > DATE RECEIVED	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M59 (04/01/12) Missing/incomplete/invalid 'to' date(s) of service.	021	INVALID CLAIM FORMAT-NCPDP D.0 IS IN MANDATORY PERIOD	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.)
M59 (10/16/03) Missing/incomplete/invalid 'to' date(s) of service.	072	STATEMENT COVERS THRU DATE MISSING/INV	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M64 (10/01/14) Missing/incomplete/invalid other diagnosis.	416	ICD VERSION MISMATCH	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.
M76 (02/16/15) Missing/incomplete/invalid diagnosis or condition.	963	CLAIM CHECK: INVALID DIAGNOSIS CODE	146 (02/16/15)	Diagnosis was invalid for the date(s) of service reported.
M76 (02/16/15) Missing/incomplete/invalid diagnosis or condition.	965	CLAIM CHECK: INVALID CLAIM DIAGNOSIS CODE	146 (02/16/15)	Diagnosis was invalid for the date(s) of service reported.
M77 (10/16/03) Missing/incomplete/invalid/inappropriate place of service.	141	PLACE OF SERVICE MISSING/INVALID	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M79 (11/01/15)	Missing/incomplete/invalid charge.	151	CLAIM CHARGE MISSING/INVALID	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.
M81 (10/01/14)	You are required to code to the highest level of specificity.	428	UNSPECIFIED DIAGNOSIS CODE	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.
M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.	926	CLAIM CHECK: DUPLICATE PROCEDURE FOR SAME DATE OF SERVICE	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.
M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.	940	CLAIM CHECK: MEDICALLY UNLIKELY EDIT (EXCESSIVE UNITS)	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.
M86 (02/16/15)	Service denied because payment already made for same/similar procedure within set time frame.	955	CLAIM CHECK: DUPLICATE 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.
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	127	NATIONAL DRUG CODE MISSING OR INVALID	16 (10/16/03) Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M119 (10/27/14)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	214	INVALID NDC OR NDC NOT ON FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M119 (11/01/15)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	330	METRIC QUANTITY INCORRECTLY REPORTED FOR DRUG 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.
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	545	NATIONAL DRUG CODE NOT ON FILE	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.
M119 (10/16/03)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	553	COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG	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.
M119 (11/01/15)	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	554	COMPOUND CONTAINS DUPLICATE INGREDIENTS	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date) HIPAA Adjustment Reason Code Description
M119 (11/01/15) Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) 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.
M123 (11/01/15) Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	126	COMPOUND DRUG INDICATOR MISSING/INVALID	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.
M123 (10/27/14) Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	300	MAXIMUM DAILY DOSAGE EXCEEDED: CHECK DRUG QTY	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.
M123 (10/27/14) Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	317	INVALID/MISSING METRIC QUANTITY	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.
M127 (11/01/15) Missing patient medical record for this service.	123	MEDICAL RECORD NUMBER MISSING/INVALID	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).
M144 (02/16/15) Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	950	CLAIM CHECK: POST OPERATIVE PROCEDURE CODE	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M144 (02/16/15) Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	951	CLAIM CHECK: PRE OPERATIVE PROCEDURE CODE	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.
M199 (10/27/14)	544	DRUG NOT PAYABLE FEDERAL DESI	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.
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.	184	ADJUSTMENT REASON CODE MISSING/INVALID	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.
MA27 (11/01/15) Missing/incomplete/invalid entitlement number or name shown on the claim.	124	PATIENT ACCOUNT NUMBER MISSING/INVALID	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.
MA30 (11/01/15) Missing/incomplete/invalid type of bill.	042	TYPE OF BILL CODE MISSING/INVALID	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.
MA31 (05/04/09) Missing/incomplete/invalid beginning and ending dates of the period billed.	023	VOID MATCHED MULTIPLE ENCOUNTERS	110 (05/04/09)	Billing date predates service date.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (08/31/04) Missing/incomplete/invalid beginning and ending dates of the period billed.	073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (08/31/04) Missing/incomplete/invalid beginning and ending dates of the period billed.	074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (08/31/04) Missing/incomplete/invalid beginning and ending dates of the period billed.	089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (10/16/03) Missing/incomplete/invalid beginning and ending dates of the period billed.	400	RECIPIENT NOT IN HMO ON DATE OF SERVICE	109 (10/16/03)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
MA41 (10/16/03) Missing/incomplete/invalid admission type.	044	ADMISSION TYPE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA42 (10/16/03) Missing/incomplete/invalid admission source.	068	ADMISSION SOURCE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	045	PATIENT STATUS CODE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA61 (11/01/15)	Missing/incomplete/invalid social security number.	321	RECIPIENT NUMBER NOT ON FILE	31 (11/01/15)	Patient cannot be identified as our insured.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	166	DIAGNOSIS CODE MISSING/INVALID	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.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	167	DIAGNOSIS CODE MISSING	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.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	296	DIAGNOSIS CODE NOT ON FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA65 (09/01/20)	Missing/incomplete/invalid admitting diagnosis.	289	ADMITTING DIAGNOSIS CODE NOT ON FILE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	161	PROCEDURE CODE MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (10/16/03) Missing/incomplete/invalid principal procedure code.	248	SURGICAL PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03) Missing/incomplete/invalid principal procedure code.	253	PROCEDURE NOT VALID ON DATE(S) OF SERVICE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA67 (10/16/03) Alert: Correction to a prior claim.	788	VOID REQUEST DENIED AGAINST RECONCILED CLAIM	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA80 (10/16/03) Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	001	INCORRECT CLAIM STATUS CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA90 (11/01/15) Missing/incomplete/invalid employment status code for the primary insured.	133	EMPLOYMENT RELATED INDICATOR MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA102 (01/01/14) Missing/incomplete/invalid name or provider identifier for the rendering/referring/ ordering/ supervising provider.	010	SERVICING PROVIDER MISSING/INVALID	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	086	ASSISTED LIVING SERVICE UNITS NOT EQUAL TO SERVICE DAYS	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14) Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	319	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14) Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
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.	451	UNKNOWN FIELD POPULATED WITH INVALID DATA	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14) Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	464	PRA INVALID-NO BILLING NPI NUM FOUND FOR PRENATAL 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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	601	NO ADJUSTMENT ALLOWED FOR MEDIA 7 ELIGIBLE CLAIMS	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.
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.	603	MOTHER VS. BABY CLAIM. NEWBORN INDICATORS DO NOT MATCH	133 (04/01/15)	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).
MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	709	MAX NUMBER OF CLAIMS LIMITED TO 2 PER 12 MONTHS	133 (04/01/15)	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).
MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	727	CLAIM VOIDED/ADJ FOR REBATE UNIT (OIG AUDIT 2019)	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14)	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	728	415-DF NUMBER OF REFILLS AUTHORIZED IS NOT NUMERIC	175 (09/20/20)	Prescription is incomplete.
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.	729	DATE RX WRITTEN > 30 DAYS SCHED II-V	175 (09/20/20)	Prescription is incomplete.
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.	730	DATE RX WRITTEN > 365 DAYS OLD NON SCHED DRUG	175 (09/20/20)	Prescription is incomplete.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	731	460-ET QTY PRESCRIBED NOT NUMERIC OR NOT SUBMITTED	175 (09/20/20)	Prescription is incomplete.
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.	732	QTY PRESCRIBED DOES NOT MATCH PREVIOUSLY SUBMITTED CLAIM	175 (09/20/20)	Prescription is incomplete.
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.	733	QTY DISPENSED > QTY PRESCRIBED	175 (09/20/20)	Prescription is incomplete.
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.	734	NUM OF REFILLS AUTH > O SCHED II	175 (09/20/20)	Prescription is incomplete.
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.	735	403-D3 FILL NUMBER M/I	175 (09/20/20)	Prescription is incomplete.
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.	738	343-HD DISPENSING STATUS INVALID	175 (09/20/20)	Prescription is incomplete.
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.	740	ACCUM O MED EXCEEDS 30 DAYS SUPPLY	175 (09/20/20)	Prescription is incomplete.
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.	741	M/I INCENTIVE AMOUNT SUBMITTED FIELD (438-E3)	175 (12/01/20)	Prescription is incomplete.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	742	M/I PROFESSIONAL SERVICE CODE (445-E5)	175 (12/01/20)	Prescription is incomplete.
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.	743	M/I SUBMISSION CLARIFICATION CODE (420-DK)	175 (12/01/20)	Prescription is incomplete.
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.	744	COVID VACCINE ADMINISTRATION CONFLICT	175 (12/01/20)	Prescription is incomplete.
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.	745	VACCINE ADMINISTRATION EXCEEDED FOR MEMBER	175 (12/01/20)	Prescription is incomplete.
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.	746	MINIMUM DAYS REQUIRED BETWEEN VACCINE DOSES	175 (12/01/20)	Prescription is incomplete.
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.	747	EXCEEDS PROG MAX-GREATER THAN SIX FILLS 6 IN A MONTH PERIOD	175 (04/26/21)	Prescription is incomplete.
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.	748	DATE RX WRITTEN > 30 DAYS OLD SCHED II - V	175 (09/20/20)	Prescription is incomplete.
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.	749	DAILY MORPHINE MILLIGRAM EQUIVALENT > 50	175 (06/06/22)	Prescription is incomplete.



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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	750	DAILY MORPHINE MILLIGRAM EQUIVALENT EXCEEDED	175 (06/06/22)	Prescription is incomplete.
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.	753	OTC COVID TEST LIMIT EXCEEDED- LIMIT 4 KITS PER MONTH	175 (02/28/22)	Prescription is incomplete.
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.	754	BYPASS OF MED EXCEEDS 30 DAYS SUPPLY	175 (12/01/23)	Prescription is incomplete.
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.	755	SUBMITTED PRESCRIBER NPI DOESN'T MATCH STANDING ORDER NPI	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14) Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	785	ENCOUNTER INCLUDED IN PAST FINANCIAL SETTLEMENT	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14) Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.	786	PREVIOUSLY DENIED CLM CANNOT BE ADJUSTED-RESUBMIT CLAIM	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	787	ADJUSTMENT CLM TYPE NOT MATCHED	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (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.	789	INCENTIVE PAYMENT SUPPRESSED AGAINST RECONCILED CLAIM	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.
N3 (01/01/16) Missing consent form.	826	TIMELY FILLING DETERMINED BY PREVIOUS CLAIM	163 (01/01/16)	Attachment/other documentation referenced on the claim was not received.
N9 (10/16/03) Adjustment represents the estimated amount a previous payer may pay.	798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	18 (01/01/16)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N30 (07/03/23) Patient ineligible for this service.	028	PPP SERVICE SUBMITTED AS OVERTIME DENIED.	28 (07/03/23)	Coverage not in effect at the time the service was provided.
N30 (11/01/15) Patient ineligible for this service.	144	PATIENT ACCOUNT NUMBER IDENTIFIES HMO-DENIED CLAIM	B1 (11/01/15)	Non-covered visits.
N30 (10/16/03) Patient ineligible for this service.	301	RECIPIENT INELIGIBLE ON DATES OF SERVICE	26 (11/01/15)	Expenses incurred prior to coverage.
N30 (10/16/03) Patient ineligible for this service.	385	LOGISTICARE TRANSPORTATION SERVICE NOT COVERED FOR RECIPIENT	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.
N31 (05/23/07) Missing/incomplete/invalid prescribing provider identifier.	233	NPI IS MISSING FOR PRESCRIBING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	234	NPI IS INVALID FOR PRESCRIBING PROVIDER	207 (11/01/15)	National Provider identifier - Invalid format
N31 (07/01/08)	Missing/incomplete/invalid prescribing provider identifier.	272	PRESCRIBING NPI SAME AS BILLING/SERVICING NPI	206 (11/01/15)	National Provider Identifier - missing.
N31 (01/01/19)	Missing/incomplete/invalid prescribing provider identifier.	726	SUBMITTED PRESCRIBER NPI MAPS TO A GROUP ENTITY	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.
N45 (04/01/17)	Payment based on authorized amount.	724	CLAIM SUBMITTED AS A 340B CLAIM	119 (04/01/17)	Benefit maximum for this time period or occurrence has been reached.
N45 (01/01/18)	Payment based on authorized amount.	725	CLAIM VOIDED/ADJUSTED DUE TO INCORRECT HMO PAYMENT AMOUNT	119 (01/01/18)	Benefit maximum for this time period or occurrence has been reached.
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	025	DISPENSE DATE INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	131	PRESCRIPTION NUMBER MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	003	PROCEDURE CODE/CAPITATION PROVIDER TYPE UNMATCHED	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.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N78 (11/01/15)	The necessary components of the child and teen checkup (EPSDT) were not completed.	139	EPSDT INDICATOR INVALID	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).
N95 (11/01/15)	This provider type/provider specialty may not bill this service.	448	SUBMITTER NOT ELIGIBLE FOR CLM TYPE OR DOS < 20110701	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.
N95 (12/22/14)	This provider type/provider specialty may not bill this service.	705	PAYMENT DENIED; VACCINE AVAILABLE FROM THE VFC PROGRAM	175 (05/10/22)	Prescription is incomplete.
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.	027	NO MATCHING CLAIM FOR ENC VOID/ADJ ON PHARMACY VSAM FILE	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.)
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.	263	NON-COVERED SERVICE FOR SPECIAL PROGRAM CODE	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.
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.	255	PROCEDURE CODE AND SEX RESTRICTION.	7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N122 (12/01/22)	Add-on code cannot be billed by itself.	958	CLAIMSXTEN ADD ON EDIT	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.
N129 (11/01/15)	Not eligible due to the patient's age.	254	PROCEDURE CODE AND AGE RESTRICTED	6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N129 (01/01/21)	Not eligible due to the patient's age.	805	DOULA VISIT EXCEEDS AGE LIMIT	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.
N129 (02/16/15)	Not eligible due to the patient's age.	929	CLAIM CHECK: PROCEDURE INDICATED FOR NEONATE PATIENT	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.
N129 (02/16/15)	Not eligible due to the patient's age.	930	CLAIM CHECK: PROCEDURE INDICATED FOR PEDIATRIC PATIENT	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.
N129 (02/16/15)	Not eligible due to the patient's age.	931	CLAIM CHECK: PROCEDURE INDICATED FOR MATERNITY PATIENT	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.
N129 (02/16/15)	Not eligible due to the patient's age.	932	CLAIM CHECK: PROCEDURE INDICATED FOR ADULT PATIENT	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.
N129 (02/16/15)	Not eligible due to the patient's age.	941	CLAIM CHECK: PROCEDURE CODE AGE RESTRICTED	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.
N157 (11/01/15)	Transportation to/from this destination is not covered.	142	ORIGIN CODE MISSING/INVALID	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.



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N157 (11/01/15)	Transportation to/from this destination is not covered.	143	DESTINATION CODE MISSING/INVALID	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.
N207 (11/01/15)	Missing/incomplete/invalid weight.	043	INVALID/MISSING BIRTH WEIGHT	240 (11/01/15)	The diagnosis is inconsistent with the patient's birth weight. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	479	GROUPER COULD NOT ASSIGN A 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.
N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).	048	SURGICAL PROCEDURE CODE MISSING/INVALID	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).
N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).	083	SURGICAL PROCEDURE CODE MISSING	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).
N214 (01/01/16)	Missing/incomplete/invalid history of the related initial surgical procedure(s).	799	NO CLAIM IN HISTORY FILE MATCHES ADJUSTMENT	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).
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.	339	RECIPIENT ENROLLMENT IN MULTIPLE MANAGED CARE PLANS	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.



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N219 (07/01/12)	Payment based on previous payer's allowed amount.	911	MANAGED CARE SUB-VENDOR REPORTING CAPITATED PAYMENT	23 (07/01/12)	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
N247 (02/16/15)	Missing/incomplete/invalid assistant surgeon taxonomy.	942	CLAIM CHECK: ASSISTANT SURGEON DENIED	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.
N247 (02/16/15)	Missing/incomplete/invalid assistant surgeon taxonomy.	943	CLAIM CHECK: ASSISTANT AT SURGERY DENIED	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.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	223	NPI MISSING FOR THE ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	224	NPI IS INVALID FOR THE ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (11/01/15)	Missing/incomplete/invalid billing provider taxonomy.	217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (05/09/11)	Missing/incomplete/invalid billing provider taxonomy.	298	TAXONOMY CODE IS INVALID FOR ATTENDING PROVIDER	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (01/01/16)	Missing/incomplete/invalid billing provider taxonomy.	796	SUBMITTER NOT MATCHED ON HISTORY	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.
N257 (11/01/15)	Missing/incomplete/invalid billing provider/supplier primary identifier.	206	BILLING PROVIDER NUMBER NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N261 (11/01/15)	Missing/incomplete/invalid operating provider name.	087	SURGICAL PROVIDER NPI MISSING	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date) HIPAA Adjustment Reason Code Description
N262 (05/23/07) Missing/incomplete/invalid operating provider primary identifier.	227	NPI IS MISSING FOR THE OPERATING PROVIDER	16 (05/23/07) Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (05/23/07) Missing/incomplete/invalid operating provider primary identifier.	228	NPI IS INVALID FOR THE OPERATING PROVIDER	16 (05/23/07) Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (09/28/15) Missing/incomplete/invalid operating provider primary identifier.	281	OPERATING 1 NPI SAME AS BILLING/SERVICING NPI	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.
N265 (05/23/07) Missing/incomplete/invalid ordering provider primary identifier.	229	NPI IS MISSING FOR BILLING PROVIDER	16 (05/23/07) Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N265 (05/23/07) Missing/incomplete/invalid ordering provider primary identifier.	230	NPI IS INVALID FOR BILLING PROVIDER	16 (05/23/07) Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	231	NPI IS MISSING FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	232	NPI IS INVALID FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	271	OTHER NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N282 (02/01/19)	Missing/incomplete/invalid pay-to provider secondary identifier.	011	RECIPIENT NUMBER MISSING OR INVALID	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.
N284 (11/01/15)	Missing/incomplete/invalid referring provider taxonomy.	299	TAXONOMY CODE IS INVALID FOR REFERRING PROVIDER	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (11/01/15)	Missing/incomplete/invalid referring provider primary identifier.	006	REFERRING/OPERATING/OTHER PROVIDER EIN/SSN INVALID	208 (11/01/15)	National Provider Identifier - Not matched.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date) HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N286 (05/23/07) Missing/incomplete/invalid referring provider primary identifier.	225	NPI IS MISSING FOR THE REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (05/23/07) Missing/incomplete/invalid referring provider primary identifier.	226	NPI IS INVALID FOR THE REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N288 (11/01/15) Missing/incomplete/invalid rendering provider taxonomy.	110	ENC TAXONOMY MISSING/INVALID	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.
N288 (05/23/07) Missing/incomplete/invalid rendering provider taxonomy.	219	TAXONOMY CODE IS MISSING FOR SERVICE PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N288 (05/23/07) Missing/incomplete/invalid rendering provider taxonomy.	220	TAXONOMY CODE IS INVALID FOR SERVICE PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	221	NPI IS MISSING FOR SERVICE/RENDERING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	222	NPI IS INVALID FOR SERVICE/RENDERING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	236	ZIP CODE MISSING OR INVALID	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.	297	BILLING ZIP CODE MISSING OR INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N307 (11/06/06)	Missing/incomplete/invalid adjudication or payment date.	183	HMO PAYMENT DATE MISSING/INVALID	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N324 (01/01/14)	Missing/incomplete/invalid last seen/visit date.	135	CURRENT EXAM DATE MISSING/INVALID	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.
N329 (01/01/14)	Missing/incomplete/invalid patient birth date.	013	INVALID BIRTHDATE	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.
N341 (11/01/15)	Missing/incomplete/invalid surgery date.	049	SURGICAL DATE MISSING/INVALID	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.
N342 (11/01/15)	Missing/incomplete/invalid test performed date.	136	PREVIOUS EXAM DATE INV	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.
N345 (02/16/15)	Date range not valid with units submitted.	959	CLAIM CHECK: SERVICE DAYS EXCEED NUMBER OF UNITS	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N345 (02/16/15)	Date range not valid with units submitted.	960	CLAIM CHECK: NUMBER OF UNITS EXCEED NUMBER OF SERVICE DAYS	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.
N357 (01/01/21)	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.	803	POSTPARTUM VISIT EXCEEDS 6 MONTHS FROM L&D	272 (01/01/21)	Coverage/program guidelines were not met.
N378 (11/01/15)	Missing/incomplete/invalid prescription quantity.	197	COMPOUND DRUG OR METRIC QUANTITY ERROR	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N378 (10/27/14)	Missing/incomplete/invalid prescription quantity.	349	VERIFY METRIC QUANTITY REPORTED	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.
N382 (11/01/15)	Missing/incomplete/invalid patient identifier.	101	ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK	016 (11/01/19)	
N383 (02/16/15)	Not covered when deemed cosmetic.	920	CLAIM CHECK: COSMETIC PROCEDURE	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.
N383 (02/16/15)	Not covered when deemed cosmetic.	922	CLAIM CHECK: PROCEDURE CODE IS COSMETIC AND UNLISTED	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.
N389 (11/02/09)	Duplicate prescription number submitted.	024	DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER/NDC	18 (11/02/09)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N448 (11/01/15)	This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	130	PHARMACY DAYS SUPPLY MISSING/INVALID	204 (11/01/15)	This service/equipment/drug is not covered under the patient's current benefit plan
N517 (02/16/15)	Resubmit a new claim with the requested information.	933	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A MALE	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.
N517 (02/16/15)	Resubmit a new claim with the requested information.	934	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A FEMALE	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.
N517 (02/16/15)	Resubmit a new claim with the requested information.	953	CLAIM CHECK: PROCEDURE GENDER RESTRICTION	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.
N519 (01/01/14)	Invalid combination of HCPCS modifiers.	162	PROCEDURE CODE MODIFIER MISSING/INVALID	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.
N519 (02/16/15)	Invalid combination of HCPCS modifiers.	961	CLAIM CHECK: INVALID MODIFIER	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.
N522 (01/01/16)	Duplicate of a claim processed, or to be processed, as a crossover claim.	797	DUPLICATE ADJUSTMENT	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N522 (01/01/14)	Duplicate of a claim processed, or to be processed, as a crossover claim.	800	EXACT DUPLICATE BILL	18 (01/01/14)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N569 (01/01/21)	Not covered when performed for the reported diagnosis.	425	INVALID DIAGNOSIS FOR SERVICE	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.
N569 (01/01/21)	Not covered when performed for the reported diagnosis.	802	DOULA VISITS EXCEED LIMIT	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.
N569 (12/01/22)	Not covered when performed for the reported diagnosis.	969	CLAIMSXTEN: PROCEDURE TO DIAGNOSIS COVERAGE	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.



Encounter Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Remark Code

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N576 (11/01/15)	Services not related to the specific incident/claim/accident/loss being reported.	138	ACCIDENT INDICATOR MISSING/INVALID	109 (11/01/15)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
N622 (11/01/15)	Not covered based on the date of injury/accident.	064	SERVICE THRU DATE > STATEMENT THRU DATE	110 (11/01/15)	Billing date predates service date.
N623 (11/01/15)	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.	555	COMPOUND DRUG - INCORRECT INGREDIENT QUANTITY/COST	114 (11/01/15)	Procedure/product not approved by the Food and Drug Administration.
N623 (11/01/15)	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.	556	INVALID COMPOUND - CONTAINS ONE INGREDIENT + WATER	114 (11/01/15)	Procedure/product not approved by the Food and Drug Administration.
N644 (11/01/15)	Reimbursement has been made according to the bilateral procedure rule.	310	HMO SENT 'M' TO REQUEST MEDIA 7 KICK PAYMENT AND MMIS PAID	236 (11/01/15)	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	480	GROUPER ASSIGNED A NEW DRG CODE	A8 (11/01/15)	Ungroupable DRG.
N649 (10/01/20)	Payment based on invoice.	014	PPP SERVICE SUBMITTED AS OVERTIME	120 (10/01/20)	Patient is covered by a managed care plan.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	312	MEDIA 7 CONFLICT RECIPIENT MHC PAYMENT CODE MISSING/INVAL	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.
N661 (08/01/20)	Documentation does not support that the services rendered were medically necessary.	426	EARLY ELECTIVE DELIVERY	50 (08/01/20)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N661 (01/01/21)	Documentation does not support that the services rendered were medically necessary.	427	EARLY ELECTIVE DELIVERY DENIAL OVERRIDE	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.
N666 (01/01/16)	Only one evaluation and management code at this service level is covered during the course of care.	871	MEDIA 7 SERVICE LIMIT ERROR	204 (01/01/16)	This service/equipment/drug is not covered under the patient's current benefit plan



Encounter Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	Encounter Edit Code	Encounter Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N674 (01/01/21)	Not covered unless a pre-requisite procedure/service has been provided.	804	DOULA INCENTIVE PAYMENT MISSING REQUIRED CLAIMS	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.
N705 (12/07/20)	Incomplete/invalid documentation.	459	PRA INVALID - NO RECIPIENT FOUND FOR PRENATAL SERVICE	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.)
N705 (08/16/21)	Incomplete/invalid documentation.	465	PRA INVALID - CLAIM DOS NOT WITHIN PRA DOS	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.)
N822 (12/01/22)	Missing procedure modifier(s).	968	CLAIMSXTEN: MISSING MODIFIER 26	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.