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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0483	LAB TEST INCLUDED IN ESRD COMPOSITE RATE	118 (10/16/03)	ESRD network support adjustment.
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	B15 (10/16/03)	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M16 (06/06/08)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	1259	NEWBORN MAY BE ELIGIBLE FOR NEW JERSEY FAMILY CARE (NJFC)	A1 (06/06/08)	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0036	INVALID ACUTE DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0037	INVALID SNF DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0038	INVALID ICF DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0039	INVALID RESIDENTIAL DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).	0014	STATEMENT THRU DATE < OCCURRENCE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0069	INVALID OCCURENCE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0163	PROCEDURE - SPANNING DATES OF SERVICE	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0724	DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M46 (09/07/10)	Missing/incomplete/invalid occurrence span code(s).	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.	0185	FORMER ICN # MISSING/INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M47 (09/23/04)	Missing/incomplete/invalid internal or document control number.	0789	FORMER ICN INVALID OR SPACES	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0034	MISSING LABORATORY SERVICE REVENUE CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0503	REVENUE CODE NOT ON FILE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M50 (03/29/10)	Missing/incomplete/invalid revenue code(s).	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631-637	199 (03/29/10)	Revenue code and Procedure code do not match.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0259	HCPCS PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0015	STATEMENT THRU DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0016	INV/MISS SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0018	SERVICE THRU DATE < SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0071	INVALID STATEMENT COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0046	TOTAL DAYS NOT EQUAL TO DATES OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0050	BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0065	PINTS OF BLOOD FURNISHED MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0085	INV/MISS DAYS/UNITS/VISITS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0086	NUMBER OF UNITS EXCEEDS MONTHS/DAYS OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	66 (10/16/03)	Blood Deductible.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0152	INV/MISS TOTAL CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0153	INCORRECT TOTAL CHARGES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0172	INVALID PAYOR ID	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0986	INVALID PAYOR ID	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0002	BILLING PROVIDER NUMBER MISSING/INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0011	CHARITY CARE % INVALID	31 (10/16/03)	Patient cannot be identified as our insured.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0042	INV/MISS TYPE BILL CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0043	INV/MISS BIRTH WEIGHT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0048	MISSING ICD9 SURG PROC CODE - SUPPLY CODE OR REMOVE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0053	INV/MISS ACCOMMODATION DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0056	INV/MISS REVENUE UNITS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0066	INVALID SPECIAL PROGRAM INDICATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0081	INV/MISS CLINIC CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0082	EMERG ROOM REVENUE CODE(S) PRESENT - CLINIC CODE MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID ICD9 SURG PROC	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.

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M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0107	MISSING CONDITION CODE FOR ESRD CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0151	INV/MISS CLAIM LINE CHARGE(S)	107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0184	INVALID/MISSING ADJUSTMENT REASON	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0602	MISSING DRG CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0603	PROVIDER NOT ON DRG RATE FILE	133 (10/16/03)	The disposition of this claim/service is pending further review.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	26 (10/16/03)	Expenses incurred prior to coverage.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0661	INV/MISS DRG CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/08/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0695	ADJUSTMENT FOR THIS CLAIM IS ALREADY IN PROCESS	18 (10/08/05)	Duplicate claim/service.

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M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM	107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	18 (10/16/03)	Duplicate claim/service.
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1000	MULTIPLE J3 OCCURRENCE CODES ON HIPAA CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1002	DAYS ACUTE ARE GREATER THAN 999.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1003	DAYS SNF ARE GREATER THAN 999.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1004	DAYS ICF ARE GREATER THAN 999.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1005	DAYS RESIDENTIAL ARE GREATER THAN 999.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1285	INVALID UB04 OCCURRENCE SPAN FROM DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1287	STATEMENT THRU DATE < UB04 OCCURR SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	17 (03/16/09)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark 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.	0017	INV/MISS SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark 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.	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark 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.	0072	INVALID STATEMENT COVERS THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0290	INVALID SECONDARY DIAGNOSIS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0295	INVALID THIRD, FOURTH OR FIFTH DIAGNOSIS	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1289	UB04 ADMIT DIAGNOSIS NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1294	UB04 EXTERNAL INJURY CODE NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M67 (10/16/03)	Missing/incomplete/invalid other procedure code(s).	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.	0062	INVALID CONDITION CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0247	REVENUE/ICD9/HCPCS PROC CODE ON CLM CONFLICTS WITH CLM TYPE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	0825	INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M81 (10/16/03)	You are required to code to the highest level of specificity.	0480	GROUPER ASSIGNED A NEW DRG CODE	90 (10/16/03)	Ingredient cost adjustment. Note: To be used for pharmaceuticals only.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0625	CHARITY CARE ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0702	SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0800	EXACT DUPLICATE BILL	18 (10/16/03)	Duplicate claim/service.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0804	INPATIENT AND OUTPATIENT DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0809	POSSIBLE DUPLICATE	18 (10/16/03)	Duplicate claim/service.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0810	DUPLICATE BILL - OVERLAPPING DATES OF SERVICES	18 (10/16/03)	Duplicate claim/service.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0976	CHARITY CARE PRICE REDUCED BY OTHER INSURANCE	B10 (10/16/03)	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
M86 (03/12/07)	Service denied because payment already made for same/similar procedure within set time frame.	1622	CHARITY AND MEDICAID DUPLICATE ERROR	18 (03/12/07)	Duplicate claim/service.
M131 (10/16/03)	Missing physician financial relationship form.	0658	NO PROVIDER RATE RECORD FOR BILLING PROVIDER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M131 (10/16/03)	Missing physician financial relationship form.	0659	NF RATE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M258 (09/07/10)		1284	INVALID/MISSING UB04 OCCURRENCE SPAN CODE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA06 (10/16/03)	Missing/incomplete/invalid beginning and/or ending date(s).	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0182	EOB/OVERRIDE CODE NOT NUMERIC	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0604	INVALID PRICING ACTION CODE	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0634	DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE	26 (10/16/03)	Expenses incurred prior to coverage.
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	0952	CLAIM VOIDED - RECIPIENT ID ERROR	31 (10/16/03)	Patient cannot be identified as our insured.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0021	BILLED DATE LESS THAN THRU DATE	110 (10/16/03)	Billing date predates service date.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0022	INV/MISS BILLED DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0023	BILLED DATE < STATEMENT THRU DATE	110 (10/16/03)	Billing date predates service date.
MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0070	CHARITY CARE WRITEOFF DATE > CLAIM SUBMISSION DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	110 (10/16/03)	Billing date predates service date.
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	0499	ACUTE DAYS BILLED EQUAL ZERO	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA33 (10/16/03)	Missing/incomplete/invalid noncovered days during the billing period.	0067	INV/MISS NON COVERED HOSPITAL DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA36 (10/16/03)	Missing/incomplete/invalid patient name.	0012	MISSING PATIENT NAME	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA38 (10/16/03)	Missing/incomplete/invalid birth date.	0013	INVALID BIRTHDATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	0040	INV/MISS ADMISSION DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA41 (10/16/03)	Missing/incomplete/invalid admission type.	0044	INV/MISS TYPE OF ADMISSION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0068	INVALID SOURCE OF ADMISSION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0084	BABY & MOTHER - ADMIT TYPE MUST BE NEWBORN	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0045	INV/MISS PATIENT STATUS CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA61 (10/16/03)	Missing/incomplete/invalid social security number or health insurance claim number.	0500	INV/MISS PATIENT ACCOUNT NUMBER	140 (10/16/03)	Patient/Insured health identification number and name do not match.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0166	INV/MISS DIAGNOSIS CODE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0167	MISSING PRIMARY DIAGNOSIS CODE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	10 (10/16/03)	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0296	DIAGNOSIS CODE NOT ON FILE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1288	INVALID/MISSING UB04 ADMIT DIAGNOSIS	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1291	INVALID UB04 PATIENT REASON FOR VISIT	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0161	INV/MISS HCPCS PROCEDURE CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0248	ICD9 PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0253	REVENUE/PROCEDURE NOT ACTIVE ON DATE(S) OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0254	PROCEDURE CODE AGE RESTRICTED	6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Note: 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.	0255	PROCEDURE SEX RESTRICTION	7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0257	PROC/NDC/REV/ICD9 NOT COVERED BY ECPS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
MA67 (10/16/03)	Correction to a prior claim.	0788	ADJUSTMENT DENIED/ORIG PRICED CORRECTLY	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA67 (10/16/03)	Correction to a prior claim.	0956	CLAIM REPROCESSED TO CORRECT PAYMENT	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA67 (10/16/03)	Correction to a prior claim.	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA67 (05/24/10)	Correction to a prior claim.	1331	THE NEW ORIGINAL CLAIM WAS PRODUCED FROM A RECYCLE	A7 (05/24/10)	Presumptive Payment Adjustment
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.	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0950	RE-PROCESSED PREVIOUSLY DENIED CLAIM	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (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.	0954	CLAIM VOIDED - SYSTEM PROCESSING ERROR	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (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.	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (09/20/10)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	1638	VOID OR CREDIT HAS MORE THAN 10 EDITS - SEE HISTORY EDITS	17 (09/20/10)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	0206	BILLING PROVIDER NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA92 (09/23/04)	Missing plan information for other insurance.	0192	ECPS NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	2 (10/16/03)	Coinsurance Amount
MA92 (10/16/03)	Missing plan information for other insurance.	0978	POSSIBLE TPL/ACCIDENT INDICATOR OR TRAUMA DIAGNOSIS	B22 (10/16/03)	This payment is adjusted based on the diagnosis.
MA127 (10/16/03)	Reserved for future use.	0059	MISSING CHARITY CARE CLAIM WRITEOFF DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA127 (10/16/03)	Reserved for future use.	0090	SUBMISSION TIME ELAPSED - ADJUSTMENT AMOUNT > 0	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA127 (10/16/03)	Reserved for future use.	0104	SUBMISSION TIME ELAPSED: NEGATIVE ADJ/VOID ALLOWED	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA127 (10/16/03)	Reserved for future use.	0108	INVALID CONDITION CODE FOR REVENUE CODE - ESRD	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA127 (10/16/03)	Reserved for future use.	0578	CLAIM PRICED UTILIZING CHARITY CARE 30% RULE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
N4 (10/08/05)	Missing/incomplete/invalid prior insurance carrier EOB.	1201	MULTIPLE HISTORY CLAIMS MATCH FORMER ICN TO BE ADJ/VOID	129 (10/08/05)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N5 (09/23/04)	EOB received from previous payer. Claim not on file.	0799	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0617	CALCULATED PAYMENT AMOUNT ZERO	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0666	UNABLE TO PRICE CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (08/03/09)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	1279	CALCULATED PAYMENT AMOUNT ZERO	92 (08/03/09)	Claim Paid in full.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0656	MISSING NJ DRG MARKUP FACTOR	133 (10/16/03)	The disposition of this claim/service is pending further review.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0657	MISSING NJ DRG PAYOR FACTOR	133 (10/16/03)	The disposition of this claim/service is pending further review.

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N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	A2 (10/16/03)	Contractual adjustment.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0726	INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N15 (10/16/03)	Services for a newborn must be billed separately.	0489	BABY AND MOTHER ACCOMMODATION REVENUE CODES ON CLAIM	128 (10/16/03)	Newborn's services are covered in the mother's Allowance.
N18 (10/16/03)	Payment based on the Medicare allowed amount.	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	133 (10/16/03)	The disposition of this claim/service is pending further review.
N46 (10/16/03)	Missing/incomplete/invalid admission hour.	0063	INV/MISS ADMISSION HOUR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N50 (09/07/10)	Missing/incomplete/invalid discharge information.	1290	UB04 PAT RSN VISIT READ - UNSCHEDULED VISIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N64 (09/07/10)	The "from" and "to" dates must be different.	1292	UB04 PATIENT REASON FOR VISIT NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0591	PROVIDER NOT ON PROVIDER RATE FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0595	REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0618	VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0621	DRG CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (04/02/10)	This provider type/provider specialty may not bill this service.	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	16 (04/02/10)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N102 (03/30/05)	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.	0078	SUBMISSION TIME ELAPSED-RECEIVED > 2YRS AFTER SERV DATE THRU	29 (03/30/05)	The time limit for filing has expired.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1223	NPI IS MISSING FOR ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1224	NPI IS INVALID FOR ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1242	NPI NPT ON FILE - ATTENDING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1281	UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1295	UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.	1243	PROVIDER NOT MAPPED - ATTENDING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1239	NPI NOT ON FILE - BILLING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1227	NPI IS MISSING FOR OPERATING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1228	NPI INVALID - UB04 OPERATING 1 PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.	1261	NPI NOT CROSSWALKED - OPERATING 1	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.	1282	NPI NOT CROSSWALKED - UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1229	NPI MISSING FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1230	NPI INVALID FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	1232	NPI IS INVALID FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	1263	NPI NOT ON FILE - OTHER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	1271	OTHER NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.	1264	PROVIDER NOT MAPPED- OTHER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	1226	NPI IS INVALID FOR REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.	1270	REFERRING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.	1246	PROVIDER NOT MAPPED - UB04 REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	1236	ZIP CODE IS MISSING OR INVALID	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N432 (11/20/09)	Adjustment based on a Recovery Audit.	1009	ANNUAL SYSTEM RECONCILIATION VOID (IE AUDIT, DUPLICATE)	B19 (11/20/09)	Claim/service adjusted because of the finding of a Review Organization.

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NA63 (09/07/10)		1293	INVALID UB04 EXTERNAL INJURY CODE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.