



NJMMIS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Adj Reason Code

Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
1 (10/16/03)	Deductible Amount	0176	MCARE DEDUCTIBLE AMOUNT MUST BE NUMERIC	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
2 (10/16/03)	Coinsurance Amount	0177	MCARE COINSURANCE AMOUNT MUST BE NUMERIC	MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.
2 (10/16/03)	Coinsurance Amount	0192	MEDICAID NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	MA85 (10/16/03)	Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when effective.
3 (10/16/03)	Co-payment Amount	0941	SENIOR GOLD CO-PAY APPLIED FROM VOIDED CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0162	INV/MISS PROCEDURE CODE MODIFIER	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0168	MISSING MANDATORY PROCEDURE CODE MODIFIER	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0169	INVALID MODIFIER FOR PROC CODE,CLM TYPE OR SERVICE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0232	'YD' OR 'UD' MODIFIER NOT ALLOWED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0256	PROCEDURE MODIFIER REQUIRED	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0267	PROCEDURE CODE DOES NOT WARRANT ANESTHESIA SERVICES	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.



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4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0584	MODIFIER REMOVED - TRIP LESS THAN 16 MILES	M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.
4 (10/16/03)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0589	MODIFIER NOT ALLOWED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
4 (06/30/06)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1204	ANESTHESIA SERV NOT PAYABLE-SURG PROC WITH AA MOD REQ	M20 (06/29/06)	Missing/incomplete/invalid HCPCS.
4 (06/18/07)	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1834	CLAIM CHECK: INVALID MODIFIER	M78 (06/18/07)	Missing/incomplete/invalid HCPCS modifier.
5 (10/16/03)	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0141	INV/MISS PLACE OF SERVICE	M77 (10/16/03)	Missing/incomplete/invalid place of service.
5 (10/16/03)	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0514	NURSING FACILITY LEAVE/RETURN RESTRICTED	N50 (10/16/03)	Missing/incomplete/invalid discharge information.
5 (10/16/03)	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0663	USE PROPER PROCEDURE CODE-SEE NEWSLETTER P669 DATED 08/91	M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
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.	0254	PROCEDURE CODE AGE RESTRICTED	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
6 (12/12/07)	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.	1824	CLAIM CHECK: AGE CANNOT BE GREATER THAN 124 YEARS	N329 (12/12/07)	Missing/incomplete/invalid patient birth date.



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6 (12/12/07)	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.	1825	CLAIM CHECK: PROCEDURE INDICATED FOR NEONATE PATIENT	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
6 (12/12/07)	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.	1826	CLAIM CHECK: PROCEDURE INDICATED FOR PEDIATRIC PATIENT	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
6 (12/12/07)	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.	1827	CLAIM CHECK: PROCEDURE INDICATED FOR MATERNITY PATIENT	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
6 (06/18/07)	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.	1828	CLAIM CHECK: PROCEDURE INDICATED FOR ADULT PATIENT	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
6 (06/18/07)	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.	1881	CLAIM CHECK: PROCEDURE CODE AGE RESTRICTED	M51 (12/12/07)	Missing/incomplete/invalid procedure code(s).
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.	0255	PROCEDURE SEX RESTRICTION	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
7 (12/12/07)	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.	1803	CLAIM CHECK: INVALID OR MISSING GENDER	MA39 (06/18/07)	Missing/incomplete/invalid gender.
7 (06/18/07)	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.	1829	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A MALE	MA39 (06/18/07)	Missing/incomplete/invalid gender.
7 (06/18/07)	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.	1831	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A FEMALE	MA39 (06/18/07)	Missing/incomplete/invalid gender.



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7 (06/18/07)	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.	1893	CLAIM CHECK: PROCEDURE GENDER RESTRICTION	MA39 (06/18/07)	Missing/incomplete/invalid gender.
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.	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
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.	0237	PROCEDURE/PROVIDER SPECIALTY RESTRICTION	N95 (08/31/04)	This provider type/provider specialty may not bill this service.
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.	0278	PROVIDER NOT AUTHORIZED THIS PROCEDURE	N95 (08/31/04)	This provider type/provider specialty may not bill this service.
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.	0590	PROC CODE BILLED IS ONLY PAYABLE TO A SPECIALIST	N95 (08/31/04)	This provider type/provider specialty may not bill this service.
9 (10/16/03)	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0479	PRIV PSYCH HOSP - PT AGE > 21 AND < 65	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
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.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
11 (10/16/03)	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0251	PROCEDURE DENIED; NOT JUSTIFIED BY DIAGNOSIS	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
11 (10/16/03)	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0869	POSSIBLE (SEVERE) DD CONFLICT - 30 DAY EXIT	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.
11 (10/16/03)	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0870	POSSIBLE WARFARIN CONFLICT	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.



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11 (10/16/03)	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0923	DAILY DOSAGE LESS THAN MINIMUM RECOMMENDED DOSAGE	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.
11 (10/16/03)	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0968	PROCEDURE CODE DOES NOT ACCURATELY REFLECT SERVICES RENDERED	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
13 (10/16/03)	The date of death precedes the date of service.	0383	DATE OF SERVICE LATER THAN DATE OF DEATH	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
13 (10/16/03)	The date of death precedes the date of service.	0384	DATE OF SERVICE LATER THAN DATE OF DEATH	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
14 (10/16/03)	The date of birth follows the date of service.	0401	DATE OF SERVICE < DATE OF BIRTH	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
14 (06/18/07)	The date of birth follows the date of service.	1809	CLAIM CHECK: DOB CANNOT BE GREATER THAN DATE OF SERVICE	N327 (06/18/07)	Missing/incomplete/invalid other insured birth date.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0408	PRIOR AUTHORIZATION NUMBER INVALID	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0411	GSHP PRIOR AUTHORIZATION NOT REQUIRED..	N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0533	OTC DRUG COST INCLUDED IN NF PER DIEM	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.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0717	PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED	N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0773	DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE(S)	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0779	MEDICAID PRIOR AUTHORIZATION NUMBER INVALID	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0781	GSHP PRIOR AUTHORIZATION RECORD NOT ACTIVE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0782	GSHP DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0783	GSHP PROCEDURE NOT INCLUDED IN PRIOR AUTHORIZATION	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0868	PCA UNITS OF SERVICE EXCEEDS WEEKLY ALLOWABLE ON THE PA.	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.



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15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0885	NON PAR. PHARM PROV SERV W/PA 6/01/01 PAAD/ SENIOR GOLD	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.
15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.	0962	ADJUSTMENT OR VOID CORRESPONDS TO PROVIDER REFUND	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
16 (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.)	0001	GENERIC ELIGIBILITY RECORD USED.	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
16 (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.)	0002	BILLING PROVIDER NUMBER MISSING/INVALID	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
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.)	0004	INV/MISS PRESCRIBER'S MEDICAID ID NUMBER	N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.
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.)	0005	INV/MISS ATTENDING PHYSICIAN MEDICAID ID NUMBER	N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.
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.)	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.
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.)	0007	BILLING PROVIDER CHECK DIGIT INVALID	MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.
16 (10/16/03)	Claim/service lacks information 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.)	0010	INVALID SERVICING PROVIDER MEDICAID ID NUMBER	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.



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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.)	0012	MISSING RECIPIENT NAME	MA36 (10/16/03)	Missing/incomplete/invalid 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.)	0013	INVALID BIRTHDATE	MA38 (10/16/03)	Missing/incomplete/invalid birth 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.)	0014	STATEMENT THRU DATE < OCCURRENCE DATE	M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).
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.)	0015	STATEMENT THRU DATE < STATEMENT FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information 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.)	0016	INV/MISS SERVICE FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" 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.)	0017	INV/MISS SERVICE THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.
16 (10/16/03)	Claim/service lacks information 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.)	0018	SERVICE THRU DATE < SERVICE FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.
16 (10/16/03)	Claim/service lacks information 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.)	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" 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.)	0022	INV/MISS BILLED DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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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.)	0024	POS REVERSAL REJECTED-RESUBMIT USING FD-999 FORM.	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0025	INV/MISS DISPENSED DATE	N57 (10/16/03)	Missing/incomplete/invalid prescribing 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.)	0031	CONDITION CODE 85/C3 PRESENT, REQUIRES REVENUE CODE 912	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
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.)	0033	SUBMITTER ID IS NOT NUMERIC OR = "O".	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0034	MISSING LABORATORY SERVICE REVENUE CODE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
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.)	0035	HOSPICE CLAIM - NUMBER OF UNITS NOT EQUAL TO NUMBER OF DAYS	M53 (10/16/03)	Missing/incomplete/invalid days or units 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.)	0036	INVALID ACUTE DAYS	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.
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.)	0037	INVALID SNF DAYS	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.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0038	INVALID ICF DAYS	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.
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.)	0039	INVALID RESIDENTIAL DAYS	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.
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.)	0040	INV/MISS ADMISSION DATE	MA40 (10/16/03)	Missing/incomplete/invalid 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.)	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	0042	INV/MISS TYPE BILL CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0043	INV/MISS BIRTH WEIGHT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0044	INV/MISS TYPE OF ADMISSION	MA41 (10/16/03)	Missing/incomplete/invalid admission 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.)	0045	INV/MISS PATIENT STATUS CODE	MA43 (10/16/03)	Missing/incomplete/invalid patient status.



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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.)	0046	TOTAL DAYS NOT EQUAL TO DATES OF SERVICE	M53 (10/16/03)	Missing/incomplete/invalid days or units 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.)	0048	'MISSING/INV ICD9 SURG PROC CODE- SUPPLY CODE OR REMOVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0050	BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information 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.)	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information 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.)	0053	INV/MISS ACCOMMODATION DAYS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0056	INV/MISS REVENUE UNITS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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16 (10/16/03)	Claim/service lacks information 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.)	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0062	INVALID CONDITION CODE	M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.
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.)	0063	INV/MISS ADMISSION HOUR	N46 (10/16/03)	Missing/incomplete/invalid 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.)	0065	PINTS OF BLOOD FURNISHED MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units 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.)	0066	INVALID SPECIAL PROGRAM INDICATOR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/16/03)	Claim/service lacks information 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.)	0067	INV/MISS NON COVERED HOSPITAL DAYS	MA33 (10/16/03)	Missing/incomplete/invalid noncovered days during the billing period.
16 (10/16/03)	Claim/service lacks information 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.)	0068	INVALID SOURCE OF ADMISSION	MA42 (10/16/03)	Missing/incomplete/invalid admission source.
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.)	0069	INVALID OCCURENCE DATE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
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.)	0071	INVALID STATEMENT COVERS FROM DATE	M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.



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16 (10/16/03)	Claim/service lacks information 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.)	0072	INVALID STATEMENT COVERS THRU DATE	M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.
16 (10/16/03)	Claim/service lacks information 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.)	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information 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.)	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information 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.)	0076	CLAIM W/ATTACH EXCEEDS TIMELY FILING	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0080	ICN DATE IS > 2 YRS FROM SERVICE DATE	M47 (10/16/03)	Missing/incomplete/invalid internal or document control 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.)	0081	INV/MISS CLINIC CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0082	EMERG ROOM REV CODE (S) PRESENT - CLINIC CODE '00' MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0084	BABY & MOTHER-ADMIT SOURCE INVALID FOR ADMIT TYPE (NEWBORN)	MA42 (10/16/03)	Missing/incomplete/invalid admission source.
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.)	0085	INV/MISS DAYS/UNITS/VISITS	M53 (10/16/03)	Missing/incomplete/invalid days or units 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.)	0086	NUMBER OF UNITS EXCEEDS MONTHS/DAYS OF SERVICE	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
16 (10/16/03)	Claim/service lacks information 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.)	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
16 (10/16/03)	Claim/service lacks information 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.)	0091	INV/MISS EPSDT LABORATORY INDICATOR	N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.
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.)	0092	INV/MISS EPSDT IMMUNIZATION STATUS CODE(S)	N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.
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.)	0093	INV/MISS EPSDT SCREENING INFORMATION INDICATORS	N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.
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.)	0094	INV/MISS OR CONFLICTING EPSDT PHYSICAL DATA INDICATOR	N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.



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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.)	0095	INV/MISS EPSDT RACE CODE	N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.
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.)	0102	INV/MISS TOOTH SURFACE	N37 (10/16/03)	Missing/incomplete/invalid tooth number/letter.
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.)	0111	LIVERY CLAIM FILED > 90 DAYS AFTER SERVICE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	0123	EMC CLM NOT ALLOWED FOR SR GOLD CLM SUBMIT BY POS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0125	THIS PROVIDER INVALID WITH MODIFIER UE OR U6 OR WI OR WR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0126	COMPOUND DRUG INDICATOR INVALID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0127	NDC CODE MISSING OR INVALID	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (10/16/03)	Claim/service lacks information 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.)	0128	CLAIM > \$400-RESUB CLAIM VERIFYING METRIC QUANTITY REPORTED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0129	INVALID ATTACHMENT CODE GREATER THAN 16	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0131	INV/MISS PRESCRIPTION NUMBER	N57 (10/16/03)	Missing/incomplete/invalid prescribing 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.)	0132	INV/MISS NURSING FACILITY (LTCF) INDICATOR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0134	USE PROPER PROCEDURE CD. SEE NEWSLTR VOL 2 #61 DATED 11/92	M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
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.)	0135	INV/MISS CURRENT EXAM DATE	M128 (10/16/03)	Missing/incomplete/invalid date of the patient's last physician visit.
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.)	0137	CURRENT EXAM GREATER THAN DATE DISPENSED	N57 (10/16/03)	Missing/incomplete/invalid prescribing 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.)	0138	ACCIDENT INDICATOR MUST BE Y, N, OR SPACE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0139	EPSDT INDICATOR NOT Y, N OR SPACE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0140	LABORATORY INDICATOR MUST BE Y OR N	MA110 (08/31/04)	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.
16 (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.)	0142	INV/MISS ORIGIN CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0143	INV/MISS DESTINATION CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0147	FAMILY PLANNING INDICATOR MUST BE Y OR N	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0149	CONTINUOUS HOME CARE BILLED LESS THAN 8 HOURS	N70 (10/16/03)	Consolidated billing and payment applies.
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.)	0150	INVALID PROCEDURE CODE FOR EPSDT FORM - REBILL ON 1500NJ	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0152	INV/MISS TOTAL CHARGE	M54 (10/16/03)	Missing/incomplete/invalid 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.)	0153	INCORRECT TOTAL CHARGES	M54 (10/16/03)	Missing/incomplete/invalid 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.)	0154	COINS AND/OR LIFETIME RESERVE DAYS CONFLICT WITH DOS	MA35 (10/16/03)	Missing/incomplete/invalid number of lifetime reserve 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.)	0155	COINS DAYS LIFETIME RESERVE DAYS AND/OR BLD DEDUCT MISSING	MA35 (10/16/03)	Missing/incomplete/invalid number of lifetime reserve 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.)	0160	INVALID ANESTHESIA CLAIM - CORRECT PROCEDURE AND UNITS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0161	INV/MISS HCPCS PROCEDURE CODE	MA66 (10/16/03)	Missing/incomplete/invalid principal 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.)	0165	EMC - INVALID HCPCS PROCEDURE PREFIX	M20 (10/16/03)	Missing/incomplete/invalid HCPCS.
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.)	0171	INVALID CARRIER CODE	MA114 (10/16/03)	Missing/incomplete/invalid information on where the services were furnished.
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.)	0174	CLAIM IS NOT XOVER - RESUBMIT AS INPATIENT HOSPITAL CLAIM	N8 (10/16/03)	Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data for adjudication.
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.)	0179	MISSING/INVALID COINSURANCE DAYS	MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.
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.)	0180	OTHER INSURANCE INDICATOR MUST BE Y OR N	MA85 (10/16/03)	Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when effective.
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.)	0183	MEDICARE PAYMENT DATE IS MISSING OR INVALID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0184	INVALID/MISSING ADJUSTMENT REASON	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0185	FORMER ICN # MISSING/INVALID	M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.



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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.)	0186	MEDICARE ALLOWED NOT NUMERIC OR NOT > ZERO	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0189	EXPIRATION OF CCF TIME LIMIT OR NO CHANGE INDICATED ON CCF	N102 (10/16/03)	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.
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.)	0194	MISSING MEDICAID CHARGES	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0198	VERIFY AND/OR CORR DRG CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0199	SUBMIT HARD COPY CLAIM AND MEDICARE EOB	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0200	ATTENDING PHYSICIAN NOT ON FILE	N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.
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.)	0204	SERVICING AND BILLING PROVIDERS NOT LINKED ON D.O.S.	MA112 (10/16/03)	Missing/incomplete/invalid group practice information.
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.)	0205	SERVICING PROVIDER IS GROUP PROVIDER	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
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.)	0206	BILLING PROVIDER NOT ON FILE	MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.



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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.)	0208	PROVIDER APPROVED FOR EMC ONLY	M117 (10/16/03)	Not covered unless submitted via electronic claim.
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.)	0209	GROUP MUST BILL FOR MEMBER OF GROUP	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
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.)	0211	SERVICING PROVIDER IS GROUP-GROUP HAS NO MEMBERS	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
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.)	0212	SERV PROV NOF/ LTC COTTAGE NUMBER INVALID	MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.
16 (10/16/03)	Claim/service lacks information 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.)	0216	SERVICING (INDIVIDUAL) PROVIDER NUMBER REQUIRED	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
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.)	0217	LTC PROVIDER NOT ELIGIBLE FOR ENTIRE PERIOD:CUTBACK	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
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.)	0218	REFERRING/OTHER PHYSICIAN PROVIDER NOT ON FILE	N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.
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.)	0222	LTC AGREEMENT TERMINATED:DISCHARGE PENDING FINAL DAY	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
16 (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.)	0223	PROVIDER ON REVIEW-DENY PAYMENT	N35 (10/16/03)	Program integrity/utilization review decision.



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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.)	0224	PRESCRIBING PHYSICIAN/PRACTITIONER NUMBER NOT ON FILE	MA81 (10/16/03)	Missing/incomplete/invalid provider/supplier signature.
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.)	0225	BILLING PROVIDER IS NOT A GROUP	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
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.)	0227	PROVIDER NOT APPROVED FOR EMC	M117 (10/16/03)	Not covered unless submitted via electronic claim.
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.)	0231	REFERRING PROVIDER NUMBER REQUIRED - GSHP	M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.
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.)	0235	INVALID DIVISION OF JUVENILE SERVICES CLAIM.	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0238	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
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.)	0239	ALTERED DOCUMENTATION-ORIGINAL PRICE LIST/INVOICE NEEDED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0241	22 MOD SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified 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.)	0242	SPECIAL PROGRAM/PROCEDURE CODE RESTRICTION	N95 (08/31/04)	This provider type/provider specialty may not bill this service.



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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.)	0244	INVALID PROGRAM STATUS FOR SEMI PROCEDURES	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0245	ATTACHMENT REQUIRED OR INCORRECT ATTACHMENT FOR PROCEDURES	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0247	REVENUE/ICD9/HCPSCS PROC CODE ON CLM CONFLICTS WITH CLM TYPE	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.
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.)	0248	ICD9 PROCEDURE CODE NOT ON FILE	MA66 (10/16/03)	Missing/incomplete/invalid principal 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.)	0252	PROC/REVENUE CODE/NDC/DIAG REQUIRES REVIEW	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0253	REVENUE/PROCEDURE NOT VALID ON DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
16 (10/16/03)	Claim/service lacks information 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.)	0257	PROC/NDC/REV/ICD9 NOT CVRD BY MA, MA-RELATED, PAAD/SR GOLD	MA66 (10/16/03)	Missing/incomplete/invalid principal 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.)	0258	AMBULATORY SURGICAL CENTER-DAYS/DATES INCONSISTENT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0259	HCPSCS PROCEDURE CODE NOT ON FILE	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).



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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.)	0260	DIAGNOSTIC REPORT (XRAYS,LAB,ETC.) REQUESTED	M31 (10/16/03)	Missing radiology report.
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.)	0261	OPERATIVE/ANES. , HISTORY AND/OR PATH REPORT REQUESTED.	M30 (10/16/03)	Missing pathology report.
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.)	0262	REFER/OTHER PHY REQ FOR CONSULT AND/OR 2ND OPINION	M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.
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.)	0271	SUBMITTER NOT APPROVED FOR PROVIDER.	N51 (10/16/03)	Electronic interchange agreement not on file for provider/submitter.
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.)	0273	PROCEDURE DOES NOT WARRANT SURGICAL ASSIST	MA66 (10/16/03)	Missing/incomplete/invalid principal 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.)	0275	RADIOLOGY SERVICES REQUIRE REFERRING PHYSICIAN	M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.
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.)	0277	REFERRING PROVIDER NUMBER REQUIRED	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
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.)	0282	POS PROVIDER ON REVIEW-NO Z NO OVERRIDE	N35 (10/16/03)	Program integrity/utilization review decision.
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.)	0283	PROVIDER LIMITED TO NON-DYFS BENEFICIARIES	N95 (10/16/03)	This provider type/provider specialty may not bill this service.



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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.)	0284	PRIVATE DUTY NURSING - SPANNING DATES OF SERVICE	N21 (10/16/03)	Alert: Your line item has been separated into multiple lines to expedite handling.
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.)	0288	VETERANS HOME RESIDENT, NON COVERED SERVICE	MA118 (10/16/03)	Coinsurance and/or deductible amounts apply to a claim for services or supplies furnished to a Medicare-eligible veteran through a facility of the Department of Veterans Affairs. No Medicare payment issued.
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.)	0290	INVALID SECONDARY DIAGNOSIS	M64 (10/16/03)	Missing/incomplete/invalid other 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.)	0297	SERVICE PROVIDER NOT ENROLLED IN CLIA	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.)	0298	SERVICE PROVIDER NOT CLIA ELIGIBLE ON DATE OF SERVICE	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.)	0300	HMO-COVERED SERVICE	N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date 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.)	0302	NAME MISMATCH OR FOR PHARMACY: GENDER AND/OR DOB	MA21 (10/16/03)	SSA records indicate mismatch with name and sex.
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.)	0303	RECIPIENT IS SERVICE OR PROVIDER RESTRICTED	N30 (10/16/03)	Patient ineligible for this 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.)	0308	INELIGIBLE SERVICES UNDER MEDICALLY NEEDY PROGRAM	N30 (10/16/03)	Patient ineligible for this service.



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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.)	0310	GSHP RECIPIENT - NOT ELIGIBLE FOR LTC SERVICES	N30 (10/16/03)	Patient ineligible for this 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.)	0311	CORRECT D.O.B. OR RESUBMIT CLAIM UNDER BABY'S NUMBER	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0312	CORRECT RECIPIENT NUMBER AND RESUBMIT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0314	CLAIM SERV. DATES OVERLAP SPEC. PROG. ELIG. BEGIN/END DATES.	MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.
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.)	0315	RECIPIENT ON REVIEW	N35 (10/16/03)	Program integrity/utilization review decision.
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.)	0316	LOCK-IN AUTHORIZATION FORM INCORRECT OR INCOMPLETE	N3 (10/16/03)	Missing consent form.
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.)	0318	MED NEEDY SPENDDOWN RECIP- ATTACHMENT REVIEW	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0319	INCORRECT/MISSING MEDICALLY NEEDY TRANSMITTAL FORM	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0321	RECIPIENT NOT ON FILE	N30 (10/16/03)	Patient ineligible for this service.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0322	HMO COVERED SERVICE -REVIEW REQUIRED	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.)	0325	SERVICE NOT COVERED BY HMO - RECIPIENT INELIG FOR MEDICAID	N12 (10/16/03)	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
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.)	0328	MHC RECIPIENT-NO M'CAID ELIG SEGMENT FOR THIS PERIOD	N12 (10/16/03)	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
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.)	0330	HYSTERECTOMY DID NOT MEET PROGRAM REQUIREMENTS	M39 (10/16/03)	The patient is not liable for payment for this service as the advance notice of non-coverage you provided the patient did not comply with program requirements.
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.)	0332	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	N30 (10/16/03)	Patient ineligible for this 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.)	0334	DATE OF CONS MUST BE AT LEAST 30 BUT NOT > 180 DAYS FROM DOS	N3 (10/16/03)	Missing consent form.
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.)	0340	ABORTION CERT FORM DATA INCORRECT/MISSING OR ILLEGIBLE	N3 (10/16/03)	Missing consent form.
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.)	0342	RECIPIENT DATES, SIGNATURE MISSING ON HYSTER FORM	N3 (10/16/03)	Missing consent form.
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.)	0344	PHYSICIAN SIGN/NUMBER/DATES MISSING ON ABORTION FORM	N3 (10/16/03)	Missing consent form.



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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.)	0345	MISSING ABORTION PROCEDURE CODE	MA66 (10/16/03)	Missing/incomplete/invalid principal 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.)	0348	INVALID ABORTION CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0352	INSUFFICIENT MEDICAL DOCUMENTATION FOR STERILIZATION	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0353	STERILIZATION CONSENT FORM DATA INCORRECT/MISSING	N3 (10/16/03)	Missing consent form.
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.)	0355	STERILIZATION FORM REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0357	HYSTERECTOMY RECEIPT OF INFO FORM-DATA INCORR/MISS OR ILLEG	N3 (10/16/03)	Missing consent form.
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.)	0358	SECOND OPINION - DATE RESTRICTION	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	0359	SECOND OPINION DATE AND AGE RESTRICTION	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0360	PHYSICIAN SIGNATURE/DATE MISSING ON SECOND OPINION FORM	N3 (10/16/03)	Missing consent form.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0361	INSUFFICIENT MEDICAL DOCUMENTATION FOR HYSTERECTOMY	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0362	CLAIM IS POSSIBLE STERILIZATION	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0363	CLAIM IS POSSIBLE ABORTION	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0368	NOT LOCK IN PHARMACY/EMERGENCY SUPPLY DISPENSED	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.)	0418	FAMILYCARE ADDP ENROLLMENT EDIT	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
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.)	0419	WFNJ/GA OR NJFL CLAIM PROCESSED AS ADDP	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
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.)	0420	CLAIM PAYABLE UNDER WFNJ/GA OR FC ONLY	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
16 (12/27/04)	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.)	0426	NO FQHC ENCOUNTER WITH DELIVERY HCPCS CLAIM PAID AT NON-ZERO	N66 (12/27/04)	Missing/incomplete/invalid documentation.
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.)	0457	LTC FACILITY ID MISSING ON POS REBILL UNIT DOSE RESTOCK	M44 (10/16/03)	Missing/incomplete/invalid condition code.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0458	OCURRENCE CODE INDICATES ACCIDENT REVIEW REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0460	INSURANCE ATTACHMENT INVALID/MISSING	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0462	RENAL REVENUE CODE PRESENT - RENAL CONDITION CODE REQUIRED	M44 (10/16/03)	Missing/incomplete/invalid condition code.
16 (03/28/05)	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.)	0464	HIPAA CLAIM DENIED NO ATTACHMENT SUBMITTED	N29 (03/28/05)	Missing documentation/orders/notes/summary/report/chart.
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.)	0471	FQHC ENCOUNTER WITH NO PD HCPCS ON HIST	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	M54 (10/16/03)	Missing/incomplete/invalid 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.)	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	M54 (10/16/03)	Missing/incomplete/invalid 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.)	0476	NO CLAIM IN HISTORY TABLE MATCHES DATA ON FD-999	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0496	INVALID BIRTH WEIGHT /AP-DRG	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0499	ACUTE DAYS BILLED EQUAL ZERO	MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.
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.)	0505	LTC CENSUS DATA MISSING FOR SERVICE MONTH AND YEAR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0511	OVERRIDE-USE PROVIDER MEDICARE PER DIEM RATE.	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0512	DRUG NOT PAYABLE - NO ADPP REBATE AGREEMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0513	LTC CROSSOVER CLAIM REQUIRES A MEDICARE PER DIEM RATE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0515	NURSING FACILITY ADMIT RESTRICTED	MA134 (10/16/03)	Missing/incomplete/invalid provider number of the facility where the patient resides.
16 (01/08/04)	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.)	0516	EPSDT FFS INCENTIVE PAYMENT ERROR	M58 (01/08/04)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0517	PASARR RECORD MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0518	INVALID PASARR DATA	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0549	DRUG NOT PAYABLE - NO REBATE AGREEMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0553	COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
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.)	0559	COMPOUND DRUG-NDC CODE MISSING OR INVALID	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (10/16/03)	Claim/service lacks information 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.)	0560	COMPOUND DRUG-QUANTITY MISSING OR INVALID	M123 (10/16/03)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
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.)	0573	CAPITATION RATE NOT ON FILE	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
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.)	0577	PA REQUIRED FOR WFNJ/GA DRUG COVERAGE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization 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.)	0582	MISSING/INVALID TOOTH SURFACE	N75 (10/16/03)	Missing/incomplete/invalid tooth surface information.
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.)	0586	MISSING/INVALID TOOTH QUADRANT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0587	MISSING/INVALID TOOTH NUMBER	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (10/16/03)	Claim/service lacks information 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.)	0588	OTHER PAYER CHGS ARE MISSING VALUE CODE 24 AND AMOUNT REQ	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.
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.)	0591	PROVIDER NOT ON PROVIDER RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information 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.)	0592	CAPITATION CATEGORY NOT ON GSHP RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information 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.)	0594	CLAIM NOT ELIGIBLE FOR ADD-ON DATE OF SERVICE	MA46 (10/16/03)	The new information was considered but additional payment will not be issued.
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.)	0595	REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.)	0602	MISSING DRG CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0607	LOW VARIANCE ERROR	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0608	PEND FOR MANUAL PRICING	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.



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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.)	0612	PER DIEM INPATIENT RATE NOT FOUND ON PROVIDER RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information 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.)	0621	DRG CODE NOT ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.)	0624	NO VALID PRICE FOR DATE OF SERVICE ON USUAL & CUSTOMARY FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information 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.)	0640	INVOICE/PRICE LIST ATTACHED IS INVALID/INSUFFICIENT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0642	RESUBMIT CLM WITH INVOICE OR MANUFACTURER'S PRICE LIST	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0643	OUT OF REGION NON-DRG HOSPITAL REQ MAN PRICING FOR DOS	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
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.)	0644	OUT OF REG NON-DRG HOSP REQ MAN PRICING- NO PROV RATE RECORD	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (10/16/03)	Claim/service lacks information 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.)	0648	INVALID NEW YORK EXEMPT UNIT RATE CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0658	NO PROVIDER RATE RECORD FOR BILLING PROVIDER	M131 (10/16/03)	Missing physician financial relationship form.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0659	NF RATE NOT ON FILE	M131 (10/16/03)	Missing physician financial relationship form.
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.)	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0661	INV/MISS DRG CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0665	PROCEDURE DESCRIPTION DOES NOT MATCH PRICE LIST	N66 (10/16/03)	Missing/incomplete/invalid documentation.
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.)	0671	MEDICARE RATE NOT ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
16 (07/23/04)	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.)	0778	NO IMMUNIZATION CODE PROVIDED ON THE SAME DAY OF SERVICE	M58 (07/23/04)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0790	INVALID ADJUSTMENT LOCATOR	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0846	ADJUSTMENT MUST HAVE RA ATTACHED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
16 (05/28/05)	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.)	0878	NO EMERGENCY CLAIM FOR ALIEN TRANSPORTATION CLAIM	N133 (05/27/05)	Alert: Services for predetermination and services requesting payment are being processed separately.



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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.)	0939	RECIPIENT IS MEDICARE PART A ELIGIBLE	M28 (10/16/03)	This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.
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.)	0943	REBILL CLAIM WITH MEDICARE PAID LINES ONLY	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
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.)	0947	MEDICARE OUTPATIENT PART B EOB MISSING	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0965	MEDICARE INPATIENT PART A EOB MISSING	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0966	MEDICARE INPATIENT PART B EOB MISSING	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0967	MEDICARE PHYSICIAN PART B EOB MISSING	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0971	MISSING CARRIER CODE/PAYOR ID	MA86 (10/16/03)	Missing/incomplete/invalid group or policy number of the insured for the primary coverage.
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.)	0972	NO EOB ATTACHED-RECIPIENT WITH OTHER RESOURCE INDICATED	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
16 (04/17/09)	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.)	0974	TPL PAYMENT AMOUNT FROM EOB MISSING ON CLAIM	MA04 (04/17/09)	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.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (10/16/03)	Claim/service lacks information 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.)	0989	INVALID APPROPRIATION CODE ASSIGNMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0994	PRIOR PAY AMOUNT MISSING OR DOES NOT MATCH	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
16 (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.)	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1002	DAYS ACUTE ARE GREATER THAN 999	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1003	DAYS SNF ARE GREATER THAN 999	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1004	DAYS ICF ARE GREATER THAN 999	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1005	DAYS RESIDENTIAL ARE > 999	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1006	CLAIM IS 100% MEDICARE-COVERED - NO MEDICAID PAYMENT DUE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (07/06/09)	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.)	1008	PART A EXHAUSTED CHARGES IS GREATER THAN 99,999.99	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	1010	INVALID LTC PATIENT/OTHER PAYMENT AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (06/04/07)	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.)	1214	INVALID NDC OR NDC NOT ON FILE	M119 (06/04/07)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
16 (06/04/07)	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.)	1215	PROCEDURE/NDC COMBINATION IS INVALID OR NOT ON FILE	M20 (06/04/07)	Missing/incomplete/invalid HCPCS.
16 (06/04/07)	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.)	1216	DRUG REBATE INDICATOR ZERO OR NO MCAID/GA REBATE AGREEMENT	M20 (06/04/07)	Missing/incomplete/invalid HCPCS.
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.)	1217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
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.)	1218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.
16 (05/23/07)	Claim/service lacks information 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.)	1219	TAXONOMY CODE IS MISSING FOR SERVICING PROVIDER	N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.
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.)	1220	TAXONOMY CODE IS INVALID FOR SERVICE PROVIDER	N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.
16 (05/23/07)	Claim/service lacks information 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.)	1221	NPI IS MISSING FOR SERVICE/RENDERING PROVIDER	N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.



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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.)	1222	NPI IS INVALID FOR SERVICE/RENDERING PROVIDER	N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.
16 (05/23/05)	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.)	1223	NPI IS MISSING FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1224	NPI IS INVALID FOR ATTENDING PROVIDER	N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.
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.)	1226	NPI IS INVALID FOR REFERRING PROVIDER	N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1227	NPI IS MISSING FOR OPERATING PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1228	NPI INVALID - UB04 OPERATING 1 PROVIDER	N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.
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.)	1229	NPI IS MISSING FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1230	NPI IS INVALID FOR BILLING PROVIDER	N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1231	NPI IS MISSING FOR OTHER PROVIDER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.



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16 (05/23/07)	Claim/service lacks information 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.)	1232	NPI IS INVALID FOR OTHER PROVIDER	N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1233	NPI MISSING FOR PRESCRIBING PROVIDER	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.
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.)	1234	NPI INVALID FOR PRESCRIBING PROVIDER	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.
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.)	1235	NPI NOT ON FILE FOR SERVICE/RENDERING PROVIDER	M49 (05/23/07)	Missing/incomplete/invalid value code(s) or amount(s).
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.)	1236	ZIP CODE IS MISSING OR INVALID	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.
16 (05/23/07)	Claim/service lacks information 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.)	1237	NPI NOT CROSSWALKED - SERV/REND	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.
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.)	1238	PROVIDER NOT MATCHED - SERV/REND	N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.
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.)	1240	NPI NOT CROSSWALKED - BILLING	N259 (05/23/07)	Missing/incomplete/invalid billing provider/supplier secondary identifier.
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.)	1241	PROVIDER NOT MATCHED - BILLING	N259 (05/23/07)	Missing/incomplete/invalid billing provider/supplier secondary identifier.



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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.)	1243	NPI NOT CROSSWALKED - ATTENDING	N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.
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.)	1244	PROVIDER NOT MATCHED - ATTENDING	N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.
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.)	1246	NPI NOT CROSSWALKED - UB04 REFERRING PROVIDER	N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.
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.)	1247	PROVIDER NOT MATCHED - REFERRING	N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.
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.)	1261	NPI NOT CROSSWALKED - OPERATING	N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.
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.)	1262	PROVIDER NOT MATCHED - UB04 OPERATING 1 PROVIDER	N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.
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.)	1264	NPI NOT CROSSWALKED - OTHER	N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.
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.)	1265	PROVIDER NOT MATCHED - OTHER	N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.
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.)	1267	NPI NOT CROSSWALKED - PRESCRIBING	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.



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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.)	1268	PROVIDER NOT MATCHED- PRESCRIBING	N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.
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.)	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.
16 (07/01/08)	Claim/service lacks information 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.)	1270	REFERRING NPI SAME AS BILLING/SERVICING NPI	N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.
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.)	1271	OTHER NPI SAME AS BILLING/SERVICING NPI	N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.
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.)	1272	PRESCRIBING NPI SAME AS BILLING/SERVICING NPI	N31 (07/01/08)	Missing/incomplete/invalid prescribing provider identifier.
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.)	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.
16 (03/07/05)	Claim/service lacks information 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.)	1281	UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI.	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.
16 (03/07/05)	Claim/service lacks information 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.)	1282	NPI NOT CROSSWALKED-UB04 OPERATING 2 PROVIDER	N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.
16 (03/07/05)	Claim/service lacks information 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.)	1284	INVALID/MISSING UB04 OCCURRENCE SPAN CODE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	1285	INVALID UB04 OCCURRENCE SPAN FROM DATE	M46 (09/07/10)	Missing/incomplete/invalid occurrence span code(s).
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.)	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	N46 (09/07/10)	Missing/incomplete/invalid admission hour.
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.)	1287	STATEMENT THRU DATE < UB04 OCCUR SPAN THRU DATE	M45 (09/07/10)	Missing/incomplete/invalid occurrence code(s).
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.)	1290	UB04 PAT RSN VISIT REQD - UNSCHEDULED VISIT	M50 (09/07/10)	Missing/incomplete/invalid revenue code(s).
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.)	1295	UB04 OPERATING 2 NPI. SAME AS BILLING/SERVICE NPI.	N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.
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.)	1310	MISSING/INVALID DENTAL CLINIC REV CODE.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1311	MISSING/INVALID DENTAL PROCEDURE CODE.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (10/01/08)	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.)	1316	CLAIMS FOR DEPARTMENT CORRECTIONS INMATE	M58 (10/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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16 (06/08/09)	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.)	1317	INVALID/MISSING METRIC QUANTITY	M123 (06/08/09)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
16 (10/01/08)	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.)	1319	DOC RECIPIENT NOT ON FILE	N30 (10/01/08)	Patient ineligible for this service.
16 (06/08/09)	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.)	1321	CLAIM UOM INVALID OR NOT = NDC UOM - SEE WWW.NJMMIS.COM	M49 (06/08/09)	Missing/incomplete/invalid value code(s) or amount(s).
16 (07/17/09)	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.)	1322	SERVICE/PROCEDURE INCLUDED IN COMPOSITE RATE	N95 (07/17/09)	This provider type/provider specialty may not bill this service.
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.)	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	N95 (04/02/10)	This provider type/provider specialty may not bill this service.
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.)	1330	METRIC QUANTITY INCORRECTLY REPORTED FOR DRUG BILLED	N14 (04/02/10)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
16 (06/17/09)	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.)	1332	UNSUBMITTED TAXONOMY CODE WAS DEFAULTED	M57 (06/17/09)	Missing/incomplete/invalid provider identifier.
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.)	1335	PAYMENT REDUCED TO SMAC MAXIMUM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1602	OP PSYCH SERVICE IN CONFLICT WITH Y99XX CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	1603	ADJ/VOID CREATED FOR RECIPIENT CHANGE FROM GA TO OTHER ELIG	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1604	NO FQHC DELIVERY, OB/GYN OR ENCOUNTER MATCHING CLAIM	N66 (07/01/08)	Missing/incomplete/invalid documentation.
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.)	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1616	FQHC HCPCS WITH NO ENCOUNTER FOUND	N182 (03/03/08)	This claim/service must be billed according to the schedule for this plan.
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.)	1617	PA NUMBER CHANGED SYSTEMATICALLY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (02/05/07)	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.)	1621	DENY REASON CODE OR DENY EXPLANATION MISSING ON EOB	M58 (02/05/07)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1625	COMMERCIAL HMO CO-PAY/COINS/DEDUCT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1627	EXHAUSTED CHARGES A3 AMOUNT REPORTED ON THE CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	1628	REQUIRED DENTAL CLAIM NOT RECEIVED FOR SAME DOS	M58 (07/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	1629	DENTAL ANESTHESIA CLAIM CUTBACK BY BEHAVIOR MANAGEMNT CLAIMS	M58 (07/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
16 (07/01/09)	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.)	1634	NON-EMERGENCY TRANSPORTATION PROCEDURE	M51 (07/01/09)	Missing/incomplete/invalid procedure code(s).
16 (12/12/07)	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.)	1808	CLAIM CHECK: INVALID PROCEDURE CODE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1812	CLAIM CHECK: PROCEDURE CODE IS MISSING	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1813	CLAIM CHECK: DATE OF SERVICE REQUIRED FOR PROCEDURE	MA31 (06/18/07)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	1819	CLAIM CHECK: SERVICE DAYS EXCEED NUMBER OF UNITS	N345 (06/18/07)	Date range not valid with units submitted.
16 (06/18/07)	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.)	1820	CLAIM CHECK: DATE OF SERVICE IS A FUTURE DATE	M52 (06/18/07)	Missing/incomplete/invalid "from" date(s) of service.
16 (12/12/07)	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.)	1821	CLAIM CHECK: BIRTH DATE IS A FUTURE DATE	MA38 (12/12/07)	Missing/incomplete/invalid birth date.
16 (12/12/07)	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.)	1822	CLAIM CHECK: MISSING PROCEDURE CODE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (06/18/07)	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.)	1823	CLAIM CHECK: NUMBER OF UNITS EXCEED NUMBER OF SERVICE DAYS	N345 (06/18/07)	Date range not valid with units submitted.
16 (12/12/07)	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.)	1830	CLAIM CHECK: NUMBER OF PROCEDURES IS GREATER THAN 100	N131 (06/18/07)	Total payments under multiple contracts cannot exceed the allowance for this service.
16 (06/18/07)	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.)	1836	CLAIM CHECK: CLAIM WAS BYPASSED	M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
16 (12/12/07)	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.)	1849	CLAIM CHECK: INVALID DATE OF BIRTH CENTURY VALUE	MA38 (06/18/07)	Missing/incomplete/invalid birth date.
16 (06/18/07)	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.)	1850	CLAIM CHECK: INVALID DATE OF BIRTH	MA38 (06/18/07)	Missing/incomplete/invalid birth date.
16 (06/18/07)	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.)	1851	CLAIM CHECK: INVALID CLAIM DATE OF SERVICE	M72 (06/18/07)	Did not enter full 8-digit date (MM/DD/CCYY).
16 (06/18/07)	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.)	1852	CLAIM CHECK: INVALID DATE OF SERVICE	M72 (06/18/07)	Did not enter full 8-digit date (MM/DD/CCYY).
16 (06/18/07)	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.)	1853	CLAIM CHECK: INVALID CHARGE AMOUNT	M54 (06/18/07)	Missing/incomplete/invalid total charges.
16 (06/18/07)	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.)	1854	CLAIM CHECK: INVALID NUMERIC FIELD	M79 (12/12/07)	Missing/incomplete/invalid charge.



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16 (06/18/07)	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.)	1857	CLAIM CHECK: NUMERIC FIELD NOT POPULATED	M79 (12/12/07)	Missing/incomplete/invalid charge.
16 (06/18/07)	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.)	1862	CLAIM CHECK: MISSING PROVIDER ON CLAIM	N32 (06/18/07)	Claim must be submitted by the provider who rendered the service.
16 (06/18/07)	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.)	1885	CLAIM CHECK: CCI INCIDENTAL PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1886	CLAIM CHECK: CCI MUTUALLY EXCLUSIVE PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1887	CLAIM CHECK: INCIDENTAL PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1889	CLAIM CHECK: MUTUALLY EXCLUSIVE PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
16 (06/18/07)	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.)	1890	CLAIM CHECK: POST OPERATIVE PROCEDURE CODE	M144 (06/18/07)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
16 (06/18/07)	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.)	1891	CLAIM CHECK: PRE OPERATIVE PROCEDURE CODE	M144 (06/18/07)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
16 (06/18/07)	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.)	1897	CLAIM CHECK: PROCEDURE NOT EXPECTED FOR DIAGNOSIS	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).



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16 (06/18/07)	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.)	1899	CLAIM CHECK: BYPASS CLAIM CHECK	M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
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.)	2000	SERVICE ADMINISTRATIVELY DENIED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2001	COMPOUND CONTAINS DUPLICATE INGREDIENTS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2002	LTC COMPOUND MUST CONTAIN ACTUAL NDC	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2003	COMPOUND DRUG-INCORRECT INGREDIENT QUANTITY/COST	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2004	CLAIM PENDING RE-ENROLLMENT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2005	MEDICARE PART D DEDUCTIBLE AMT MUST BE BETWEEN 0 AND 250.00	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2006	PART D COINS/COPAY AMT IS A NEGATIVE NUMBER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2007	PA INDICATOR ON THE DRUG FILE IS = 'A' OR 'Y'	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2010	WRONG PCN (104-A4) - VALUE MUST = SUPPNJ, ADDP, OR PAAD	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2011	PART D CLAIM PAID BY A DIFFERENT PDP THAN ON OUR FILE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2017	PART D COVERAGE KNOWN BILL FOR PART D PLAN	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2019	PART D COINS/COPAY + DEDUCTIBLE CANNOT BOTH BE ZERO	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2021	PART D WRAPAROUND WITH PA	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2022	PART D CLAIM FOR BENE WITH MULTI ELIG - RESUBMIT WITH ALT ID#	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2023	BENEFICIARY INELIGIBLE FOR PART D ON DOS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2024	PART D DRUG EMERGENCY SUPPLY - ONE TIME ONLY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2026	PART D EMERGENCY SUPPLY OF ANTIBIOTICS - FULL PRESCRIPTION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information 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.)	2028	CLAIM PAYMENT THRESHOLD EXCEEDS \$25000 / 125000	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2029	PART D PAPER CLAIM NOT ALLOWED FOR PART D COB CLAIMS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2030	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2031	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2032	DAILY DRUG QUANTITY EXCEEDS APPROVED AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2033	PAAD/SG/ADDP CLAIMS ONLY - PAID CLAIMS FOR NON PART D DRUG	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2034	MEDICARE PART D - NOT COVERED AS WRAPAROUND BENEFIT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2035	INVALID PDP REJECT CODE FOR PART D WRAPAROUND BENEFIT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2036	RECIPIENT NOT ELIGIBLE FOR MAILODER SERVICES	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2038	FIRST FILL OF THIS DRUG (BY NDC/GCN/STC) REQUIRES PRIOR AUTH	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2039	EXEMPT LTC RECIPIENTS FROM MEDICARE PART CO-PAYMENT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2040	MEDICARE PART D CO-PAYMENT EXCEEDS MAX ALLOWED.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2041	TITLE XIX RECIPIENT-INVALID PART D DEDUCTIBLE AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2042	COPAY EXCEEDS CHARGE FOR 3 MONTH SUPPLY FOR RECIP LIS LEVEL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2043	RECIPIENT ELIGIBLE FOR MEDICARE PART D	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2044	PART D-EMERGENCY SUPPLY MAY BE FILLED ONLY ONCE IN 90 DAYS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2046	PRESCRIPTION NOT ALLOWED DUE TO CHANGE IN THERAPY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2047	PA REQUIRED: DRUG / PRESCRIBER RESTRICTION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2048	PHARMACY NOT APPROVED STATE PROVIDER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2050	LICENSE # ONLY ACCEPTED FOR NPI EXCLUDED ENTITIES.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2051	FIELD 466-EZ MAY NOT CONTAIN 05 QUALIFIER - USE 01 FOR NPI	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2052	PART D CLAIM EMERGENCY SUPPLY - NO PDP REJECT CODE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2053	PART D REJECT CODE CONFLICTS WITH PDP PAYMENT AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2054	CLAIM IS INCORRECTLY BILLED - NO MEDICARE ON FILE.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2056	THE LENGTH OF THE SERVICE/BILLING NPI IS INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2057	SERVICE/BILLING PROVIDER NPI FAIL CHECK DIGIT 201-B1	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2058	SERVICING/BILLING PROVIDER NPI IS REQUIRED OF 05/23/08	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2059	THE FIRST DIGIT OF THE SERVICING/BILLING NPI IS INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2060	THE MEDICAID ID IS NOT FOUND FOR SERVICING/BILLING NPI	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2061	FOUND MULTIPLE MEDICAID IDS FOR THE SERVICING/BILLING NPI	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2062	THE LENGTH OF THE PRESCRIBER NPI IS INVALID - 411-DB	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2063	CHECK DIGIT VALIDATION FAIL FOR THE PRESCRIBER NPI	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2064	PRESCRIBER NPI IS REQUIRED AS OF 05/23/08	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2065	THE FIRST DIGIT OF PRESCRIBER NPI IS INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2069	METRIC QUANTITY MUST REFLECT WHOLE PACKAGE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2070	EXCEEDS MAXIMUM METRIC QUANTITY FOR PACKAGE SIZE/ FULL PKGS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2072	DUPLICATE STATE LICENSE # FOUND ON PROVIDER FILE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2073	REQUESTOR IS NOT AUTHORIZED TO VOID/ADJUST THIS CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2074	CLAIM HAS BEEN PREVIOUSLY VOIDED BY STATE - CANNOT RESUBMIT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2083	DAYS SUPPLY > 34 FOR NURSING HOME EARLY REFILL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2084	PRESCRIPTION FILLED BY MAILORDER PHARMACY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2085	MAC OVERRIDE NOT ALLOWED - DISPENSE AS WRITTEN IND INCORRECT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2086	SUBMISSION OF 6666666 FOR NJ PRESCRIBER IS INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2089	DIABETIC SUPPLIES NOT COVERED - BILL MCARE PT B OR OTH TPL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2090	PRESCRIBER LIC#/QUALIFIER N/A WHEN NPI EXISTS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2096	PATIENT PAID AMOUNT UNKNOWN - 433-DX	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2097	PHARMACY BILLED FOR TPL COPAY/COINSURANCE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2098	INVALID COMPOUND - CONTAINS ONE INGREDIENT PLUS WATER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2099	INCORRECT UNIT OF MEASURE REPORTED FOR DRUG	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2102	DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2107	WRONG OTHER PAYER ID (340-7C) CORRECT CLIENT INFO & RESUBMIT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2108	CARDHOLDER ID INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2109	DRUG NOT PAYABLE DUE TO BUDGET CUTS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2110	PATIENT PAID AMOUNT UNKNOWN	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2111	NOT COVERED FOR RELIEF OF COUGH AND COLD SYMPTOMS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2112	CONFLICTING GENDER CODE - CONFIRM GENDER AND BENE ID NUMBER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2113	CONFLICTING DATE OF BIRTH - CONFIRM DOB AND BENE ID NUMBER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2115	AWP WITH PRE-SETTLEMENT FORMULA LESS THAN AWP ON FILE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2117	INCORRECT BILLING PROVIDER NUMBER FOR INSTITUTIONAL SERVICES	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2119	NON-COVERED NDC PER CMS/FDA RESTRICTION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2120	LAST CHARACTER OF SIGNED FIELD IS NUMERIC & MUST BE SIGNED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2121	OTC NOT ON MEDICAID PART D WRAPAROUND	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2122	PARTD DEDUCTIBLE INVALID FOR TITLE XIX BENEFICIARY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information 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.)	2124	PA NUMBER FIELD CONTAINING AUDIT DATA REQUIRED FOR HMS AUDIT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2125	DRUG NOT COVERED FOR ADDP LIMITED COVERAGE PROGRAM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2127	HMS AUDIT B1 REPLACEMENT CLAIM, ORIG CLM NOT AUDITED BY HMS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2128	6-DIGIT ICN ON HMS AUDIT CLAIM DOES NOT MATCH NJMMIS CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2129	HMS AUDIT ADJUSTMENT REASON 42/47 ADDED TO POS HISTORY CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2130	HMS TPL CLAIM W/NO COB AMOUNTS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2150	HMS AUDITORS NOT ALLOWED IN PHARMACY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2151	RX IS A COMPOUND, NOT BILLED AS A COMPOUND	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2152	CLAIM DOES NOT BELONG TO PHARMACY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2153	RX INCORRECTLY SUBMITTED AS A COMPOUND	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2154	INITIAL CONTROLLED DRUG FILLED > 30 DAYS PAST DATE WRITTEN	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2155	CLAIM WAS PREVIOUSLY RESERVED BY THE PHARMACY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2156	DUPLICATE CLAIM SUBMISSION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2157	DOC HAS NO DIRECTIONS (SIG) FOR USE/EXCESSIVE QTY OF DAYS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2158	DS AND QTY CHANGED TO BE CONSISTENT WITH DOCTOR'S DIRECTIONS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2159	DUPLICATE RX	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2160	WRONG DAYS SUPPLY; CHNGED TO BE CONSISTENT W/ DR'S DIRCTNS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2161	ERRONEOUS CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information 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.)	2162	COMPOUND INGREDIENT COST BILLED/CALCULATED INCORRECTLY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2163	MISSING INGREDIENTS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2164	DRUG BILLED IS DIFFERENT THAN PRESCRIBED/DISPENSED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2165	INCORRECT QUANTITY BILLED FOR SINGLE PACKAGE ITEM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2166	INCORRECT COMPOUND INGREDIENT NDC# SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2167	RESPONSE RECEIVED AFTER ALLOTTED TIMEFRAME	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2168	MISSING FAX HEADER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2169	RX IS NOT ON FILE OR INCOMPLETE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2170	ACQUISITION INVOICE DOES NOT SUPPORT NDC BILLED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2171	PHARMACY FAILED TO RESPOND WITHIN ALLOTTED TIMEFRAME	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2172	INCORRECT OR INVALID DAW/DNS SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2173	INCORRECT PRESCRIBER DEA#/NPI# SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2174	PRESCRIPTION NOT VALID FOR DOS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2175	NO NAME ON RX	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2176	INELIGIBLE PRESCRIBER BASED ON CMS LIST	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2177	INELIGIBLE PHARMACY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2178	INCORRECT PATIENT INFORMATION SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2179	INAPPROPRIATE PRESCRIBER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2180	EXCESSIVE QUANTITY BILLED FOR DAYS SUPPLY SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2181	QTY EXCEEDS DS LIMITS & INCORRECT PACKAGE SIZE BILLED/DISP	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2182	RX INCOMPLETE; MISSING DATE WRITTEN	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2183	EXCEEDED REFILLS ALLOWED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2184	RX INCOMPLTE; MISSING MORE THAN ONE REQUIRED COMPONENT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2185	RX INCOMPLETE, MISSING PRESCR INFO/PRESCR SIG/AUTH AGENT/DEA	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2186	RX IS INCOMPLETE-PAT NAME IS AMBIG/INCOMPLETE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2187	RX INCOMPLETE; MISSING DIRECTIONS, DRUG NAME, STRENGTH/QTY	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2188	RX/DOCUMENTATION IS ILLEGIBLE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2189	HMS-INITIATED FAIR HEARING OVERRIDE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2190	RETURNED TO STOCK PRESCRIPTION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2191	COPY OF RX WAS NOT PROVIDED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2192	UNNECESSARY QUANTITY REDUCTION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2193	MISSING/INCOMPLETE SIGNATURE/DELIVERY LOG/CERTIF STATEMENT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2194	RX DISPENSED AFTER DATE OF DEATH	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2195	QUANTITY BILLED IS GREATER THAN THE QUANTITY DELIVERED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2196	RX NOT TAMPER RESISTANT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2197	UNDOCUMENTED AUTHORIZATION OF REFILL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2198	STOLEN PRESCRIPTION PAD	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2199	ACQUISITION NON-MATCH (NDC)	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2200	MISSING ACQUISITION RECORD	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2201	INCORRECT/INVALID DATE RANGE ON INVOICE FOR NDC ON CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2202	DE DEA# ON CONTROLLED RX (CII THRU CV) MISSING OR INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2203	EQ MAXIMUM DAILY QTY EXCEED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2204	RH STRENGTH ON PRESCRIPTION MISSING	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2205	RU DIRECTIONS FOR USE MISSING	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2206	TPL CLAIM FOR PATIENT WITH PART D - SHOULD BE PART D CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
16 (03/07/05)	Claim/service lacks information 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.)	2220	INVALID FACULTY NAME FOR FACILITY ID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2221	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2222	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMT QUALIFIER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2223	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2224	INVALID OTHER PAYER AMOUNT PAID QUALIFIER FOR D.0 CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2225	INVALID OTHER COVERAGE CODE FOR NCPDP D.0 CLAIM	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2226	INVALID CLAIM FORMAT-NCPDP D.0 IS IN MANDATORY PERIOD	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2227	DIAGNOSIS CODE QUALIFIER VALUES ARE NOT EQUAL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2228	PAYER-PAT DATA FOR HEALTH PLAN FUNDED ASSISTANCE(129-UD) > 0	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2229	MISSING QUALIFIER FOR OTHER PAYER AMOUNT PAID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2230	PATIENT RESIDENCE IS NOT NUMERIC	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2231	BENEFIT STAGE AMOUNT IS NOT NUMERIC	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2232	BENEFIT STAGE AMOUNT SUBMITTED FOR DEDUCTIBLE STAGE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2233	BENEFIT STAGE AMOUNT SUBMITTED FOR INITIAL STAGE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2234	BENEFIT STAGE AMOUNT SUBMITTED FOR DONUT HOLE STAGE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2235	BENEFIT STAGE AMOUNT SUBMITTED FOR CATASTROPHIC STAGE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2236	PARTD PDP ON CLAIM AND NO BENEFIT STAGES SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2237	OTHER PAYER-PATIENT RESP AMT COUNT NOT EQUAL # REPETITIONS	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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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.)	2238	OTHER PAYER-PATIENT RESP AMT DOES NOT HAVE A CORRESP QUAL	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2239	BENEFIT STAGE AMOUNT DOES NOT HAVE A CORRESPONDING QUALIFIER	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2240	OTHER PAYER ID FIELD MISSING OR INVALID	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	2241	INVALID BENEFIT STAGE AMOUNT, NO PARTD PAYER SUBMITTED	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0100	ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK	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.
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.)	0105	FOR TPL/HMO CLAIMS HAVING AN ATTACHMENT CODE 15	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
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.)	0106	CONSECUTIVE LEAVE TYPES-OVERLAPPING DATES OF SERVICES	MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.
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.)	0109	ALLOWABLE AMOUNT IS LESS THAN CO-PAY AMOUNT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0110	DATE OF SERVICE < ADMISSION DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0114	INV/MISS ADMIT CODE	MA65 (10/16/03)	Missing/incomplete/invalid admitting diagnosis.
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.)	0115	INVALID GENERAL STATUS / DISCHARGE CODE	N50 (10/16/03)	Missing/incomplete/invalid discharge information.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0116	INVALID LEAVE OF ABSENCE DATE	N43 (10/16/03)	Bed hold or leave days exceeded.
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.)	0117	LEAVE OF ABSENCE DATE(S) OUTSIDE DATES OF SERVICE	N43 (10/16/03)	Bed hold or leave days exceeded.
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.)	0118	LEAVE OF ABSENCE FROM/THRU DATE CONFLICT	N43 (10/16/03)	Bed hold or leave days exceeded.
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.)	0119	INV/MISS LEAVE OF ABSENCE CODE	N50 (10/16/03)	Missing/incomplete/invalid discharge information.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0121	MCARE BED HOLD BEGIN DATE OUTSIDE DATES OF SERVICE	N43 (10/16/03)	Bed hold or leave days exceeded.
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.)	0122	MCARE BED HOLD END DATE OUTSIDE DATES OF SERVICE	N43 (10/16/03)	Bed hold or leave days exceeded.
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.)	0156	COINSURANCE DAYS AND/OR LIFETIME RESERVE DAYS NOT NUMERIC	M35 (10/16/03)	Missing/incomplete/invalid pre-operative photos or visual field results.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0157	ACUTE DAYS > 150 - RESUBMIT AS INPATIENT TPL CLAIM	MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.
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.)	0158	ACUTE DAYS > 90 - RESUBMIT AS INPATIENT TPL CLAIM	MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.
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.)	0170	EXCESSIVE ANESTHESIA UNITS - PEND FOR MEDICAL REVIEW	M85 (10/16/03)	Subjected to review of physician evaluation and management services.
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.)	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).
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.)	0182	OVERRIDE CODE NOT NUMERIC	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.)	0196	TIMELY FILING EDIT BYPASSED DUE TO CONSENT ORDER	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.
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.)	0197	MISSING/INVALID NCPDP MAND	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0230	BILLING OR SERVING PROVIDER NOT VALID	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
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.)	0289	PAYMENT BASED ON THE PLACE OF SERVICE	N93 (10/16/03)	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not be billed in the same claim.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0306	MEDICAID RECIP ID CORRECTED	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.
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.)	0343	INVALID/MISS STERILIZATION CONSENT DATE	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0346	INVALID/MISSING STERILIZATION INTERPRETER INDICATOR	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0347	INVALID/MISS STERILIZATION RACE CODE	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0366	MISSING/INVALID STERILIZATION TIME REASON	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0407	THERAPEUTIC DUPE; CLAIM THRESHOLD EXCEEDED	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0417	GENERIC SUBSTITUTION REQUIRED OR INAPPROPRIATE DAW	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0430	OCC VALUE 5 OR 6 DOES NOT APPLY	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0431	OTHER PAYOR ID REQUIRED WITH TPL PAYMENT	M44 (10/16/03)	Missing/incomplete/invalid condition code.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0438	PAYOR ID QUALIFIER DOES NOT EQUAL 99 PBM LIST	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0439	INVALID OTHER PAYOR ID CODE NOT ON PBM LIST	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0440	LTC PHARMACY INELIGIBLE FOR UD RECYCLING.	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0441	NUMBER OF UNITS RESTOCKED EXCEEDS ORIGINAL UNITS PAID	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0442	ORIGINAL CLAIM INELIGIBLE FOR UNIT DOSE RESTOCKING/RECYCLING	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0443	TPL PAYMENT EXPECTED PAYOR ID ON CLAIM BUT NO TPL AMOUNT	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0445	TPL NOT ON RESOURCE FILE BUT TPL AMT ON CLAIM	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0446	DRUG NOT COVERED BY CF PROGRAM	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0449	"INAPPROPRIATE NARCOTIC USE"	M44 (10/16/03)	Missing/incomplete/invalid condition code.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0459	CLAIM PYMT ADJUSTED DUE TO OTHER INSURANCE.	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0466	COMPOUND CLAIM WITH ONLY ONE INGREDIENT	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0478	NO LONGER ACCEPT PAPER COMPOUND CLAIMS	M44 (10/16/03)	Missing/incomplete/invalid condition code.
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.)	0509	MEDICARE BED HOLD INVALID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0530	LTC OVERLAPPING LEAVE PERIODS	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
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.)	0571	CAPITATION INDICATOR NOT MATCHED	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.)	0572	INVALID CAP CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0574	CAPITATION RATE NOT FOUND FOR CLAIM DOS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0575	NO GSHP PCM RATE NOT FOUND FOR CLAIM SERVICE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0579	PROVIDER IRS NUM REQUIRED FOR SPECIAL EDUC CLAIM	MA113 (10/16/03)	Incomplete/invalid taxpayer identification number (TIN) submitted by you per the Internal Revenue Service. Your claims cannot be processed without your correct TIN, and you may not bill the patient pending correction of your TIN. There are no appeal rights for unprocessable claims, but you may resubmit this claim after you have notified this office of your correct TIN.
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.)	0598	INVALID LEVEL-OF-CARE CODE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0599	INVALID LTC COUNTY OF CHARGE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	0600	LTC RECIPIENT NOT ELIGIBLE ON DATE(S) OF SERVICE	N30 (10/16/03)	Patient ineligible for this service.
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.)	0771	DAY SUPPLY INCORRECTLY REPORTED AS ONE DAY.	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
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.)	0843	ADJUSTMENT REQUEST NEEDS TO BE MORE SPECIFIC	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.)	0917	MODERATE DRUG/DRUG INTERACTION DUR	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.
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.)	0998	INCORRECT PAAD CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.



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17 (10/01/08)	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.)	1313	INVALID CLAIM TYPE FOR DEPT OF CORRECTIONS	M77 (10/10/08)	Missing/incomplete/invalid place of service.
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.)	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE.	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
17 (03/19/11)	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.)	1635	ORIGINAL APPRP CODE NOT IN USE, FIELD UPDATED	MA80 (03/19/11)	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.
17 (04/05/11)	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.)	2135	EDI AGREEMENT REQUIRED FOR NCPDP D.O CLAIM	M44 (04/05/11)	Missing/incomplete/invalid condition code.
18 (10/16/03)	Duplicate claim/service.	0405	POSSIBLE THERAPEUTIC CLASS DUPLICATION	N111 (10/16/03)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
18 (10/16/03)	Duplicate claim/service.	0701	DUPLICATE CONSULTATION	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
18 (10/16/03)	Duplicate claim/service.	0800	EXACT DUPLICATE BILL	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0801	POSSIBLE DUPLICATE CONFLICT	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0802	PHYSICIAN AND EPSDT DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0803	INPATIENT AND LTC DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0804	INPATIENT AND OUTPATIENT DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0805	INPATIENT AND HOME HEALTH DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.



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18 (10/16/03)	Duplicate claim/service.	0806	LTC AND HOME HEALTH DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0807	INPATIENT AND INSTITUTIONAL CROSSOVER DUPLICATE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0809	POSSIBLE DUPLICATE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0810	DUPLICATE BILL - OVERLAPPING DATES OF SERVICES	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0812	TRANSPORTATION AND INPATIENT HOSPITAL DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0813	OUTPATIENT AND INSTITUTIONAL CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0814	PHYSICIAN AND PHYSICIAN CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0815	AMBULANCE AND AMBULANCE CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0816	CLINIC AND CLINIC CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0817	P&O AND P&O CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0818	DME AND DME CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0819	LAB AND LAB CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0820	OPTOMETRIST AND OPTOMETRIST CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0821	MID-LEVEL PRACT AND CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0822	EPSDT AND EPSDT CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0823	LTC AND LTC CROSSOVER DUPLICATE ERROR	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0827	PHARMACY EXACT DUPLICATE BILL - SAME PROVIDER	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0828	PHARMACY EXACT DUPLICATE BILL - DIFFERENT PROVIDER	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.



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18 (03/14/05)	Duplicate claim/service.	0865	LTC AND HOSPICE DUPLICATE ERROR	N20 (03/14/05)	Service not payable with other service rendered on the same date.
18 (10/16/03)	Duplicate claim/service.	0899	DUPLICATE ICN	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
18 (10/16/03)	Duplicate claim/service.	0951	POSSIBLE DUPLICATE CCF - SEE RA MESSAGE #300	M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
18 (03/12/07)	Duplicate claim/service.	1201	MULTIPLE HIST RECS FOUND FOR ADJ/VOID	MA67 (03/12/07)	Correction to a prior claim.
18 (01/01/10)	Duplicate claim/service.	1607	FQHC DUPLICATE CONFLICT	M86 (01/01/10)	Service denied because payment already made for same/similar procedure within set time frame.
18 (05/12/08)	Duplicate claim/service.	1622	CHARITY AND MEDICAID DUPLICATE ERROR	M86 (05/12/08)	Service denied because payment already made for same/similar procedure within set time frame.
18 (07/01/09)	Duplicate claim/service.	1631	THERAPY CONFLICT WITH RESIDENTIAL, PARTIAL CARE, TRANSPORT	M58 (07/01/09)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
18 (06/18/07)	Duplicate claim/service.	1815	CLAIM CHECK: DUPLICATE PROCEDURE FOR SAME DATE OF SERVICE	M97 (06/18/07)	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.
18 (06/18/07)	Duplicate claim/service.	1895	CLAIM CHECK: DUPLICATE PROCEDURE	N111 (06/18/07)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
18 (06/18/07)	Duplicate claim/service.	1896	CLAIM CHECK: MEDICAL VISIT PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
20 (10/16/03)	This injury/illness is covered by the liability carrier.	0136	COPAY CLAIM DENIED - NO BENEFICIARY OR PROGRAM LIABILITY	N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
22 (10/16/03)	This care may be covered by another payer per coordination of benefits.	0393	PAAD/SR GOLD PAYMENT BASED ON PENDING MEDICARE ENROLLMENT	N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date of service.
22 (10/16/03)	This care may be covered by another payer per coordination of benefits.	0637	MEDICARE COINSURANCE DAYS USED AS PAYABLE DAYS	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
22 (10/16/03)	This care may be covered by another payer per coordination of benefits.	0884	CLAIM DENIED/SUBMIT DME CLAIM TO MEDICARE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
22 (10/16/03)	This care may be covered by another payer per coordination of benefits.	0983	RESOURCE FILE INDICATES INSURANCE OTHER THAN PAYOR ID CODED	MA92 (10/16/03)	Missing plan information for other insurance.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	N18 (10/16/03)	Payment based on the Medicare allowed amount.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0625	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.



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23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0879	MEDICARE / PAAD ADJUSTMENT	M58 (10/17/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0882	ORTHODONTIC CUTBACK/INITIAL PAYMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.	0883	ORTHODONTIC CUTBACK/FINAL PAYMENT	M85 (10/16/03)	Subjected to review of physician evaluation and management services.
24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.	0323	SERVICE COVERED BY HMO - NO MEDICAID PAYMENT DUE	N12 (10/16/03)	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.	0324	HMO COVERED SERVICE - PAYMENT NOT JUSTIFIED BY ATTACHMENT	N12 (10/16/03)	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.	0327	HMO COVERED SERVICE - HMO BENEFITS EXHAUSTION UNDOCUMENTED	N12 (10/16/03)	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
26 (10/16/03)	Expenses incurred prior to coverage.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
26 (10/16/03)	Expenses incurred prior to coverage.	0634	DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
26 (10/16/03)	Expenses incurred prior to coverage.	0635	LTC NEW ADMIT DATE OF SERVICE PRIOR TO ASSESSMENT DATE	MA40 (10/16/03)	Missing/incomplete/invalid admission date.
27 (10/16/03)	Expenses incurred after coverage terminated.	0581	DENTAL SERVICES AFTER ELIGIBILITY TERMINATION	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
29 (10/16/03)	The time limit for filing has expired.	0026	CLAIM WITHOUT ATTACHMENT EXCEEDS TIMELY FILING LIMITS	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
29 (10/16/03)	The time limit for filing has expired.	0027	INPATIENT CLAIM W/O ATTACHMENT EXCEEDS TIMELY FILING LIMITS	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.



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29 (10/16/03)	The time limit for filing has expired.	0029	MEDICARE CROSSOVER CLAIM EXCEEDS TIMELY FILING LIMIT	N102 (10/16/03)	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.
29 (10/16/03)	The time limit for filing has expired.	0077	I/P CLAIM EXCEEDS TIMELY FILING LIMIT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0320	MED NEEDY SPENDDOWN - INVALID/MISSING ATTACHMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0424	ELIG ENDED BEFORE CLAIM THRU DATE FOR DME-CUTBACK APPLIED	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0455	RECIPIENT NOT ELIGIBLE ON FROM D.O.S. NO DEDUCTIBLE DUE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0506	RECIPIENT INELIGIBLE TO RECEIVE LTC SERVICES	N30 (10/16/03)	Patient ineligible for this service.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0510	COINS DAYS MUST BE BILLED PRIOR TO LIFETIME RESERVE DAYS	MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0521	RECIP NOT ON LTC MASTER FILE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0524	INVALID LTC PSYCH RECIPIENT AGE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0525	LTC PASARR APPROVAL TERMINATED	N45 (10/16/03)	Payment based on authorized amount.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0528	LTC RECIP NOT ELIG FOR ENTIRE PERIOD-CUTBACK ASSESSMENT DTE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0629	PATIENT LIABILITY CONFLICT - PAYMENT REDUCED	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0960	CLAIM UPDATED WITH PATIENT 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.
30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	0961	SYSTEM UPDATE TO PATIENT INCOME	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.



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31 (10/16/03)	Patient cannot be identified as our insured.	0011	RECIPIENT NUMBER MISSING OR INVALID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
31 (10/16/03)	Patient cannot be identified as our insured.	0365	GA RECIPIENT NOT ON RECIP HISTORY MASTER FILE	N30 (10/16/03)	Patient ineligible for this service.
31 (10/16/03)	Patient cannot be identified as our insured.	0371	CSOCI - UNABLE TO DETERMINE COVERAGE	N35 (10/16/03)	Program integrity/utilization review decision.
31 (10/16/03)	Patient cannot be identified as our insured.	0379	SPEC PGM UNABLE TO DETERMINE COVERAGE	N35 (10/16/03)	Program integrity/utilization review decision.
31 (10/16/03)	Patient cannot be identified as our insured.	0386	KID-CARE UNABLE TO DETERMINE COVERAGE	N30 (10/16/03)	Patient ineligible for this service.
31 (10/16/03)	Patient cannot be identified as our insured.	0390	REFERRING PROV CNTY/RECIP CNTY OF RES NOT IN 1 TO 21 RANGE.	N35 (10/16/03)	Program integrity/utilization review decision.
31 (10/16/03)	Patient cannot be identified as our insured.	0394	MEDICARE ENROLLMENT REQUIRED TO RECEIVE PAAD/SR GOLD PAYMENT	N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date of service.
31 (10/16/03)	Patient cannot be identified as our insured.	0952	CLAIM VOIDED - RECIPIENT ID ERROR	MA30 (10/16/03)	Missing/incomplete/invalid type of bill.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0148	RESPIRE CARE EXCEEDS MAXIMUM OF 5 DAYS	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0276	UTILIZATION EXCEEDS ESTABLISHED PARAMETERS	N45 (10/16/03)	Payment based on authorized amount.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0763	INDEPENDENT CLINIC MENTAL HEALTH SERV EXCEED \$6000	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0930	BED-HOLD EXCEEDS MAXIMUM OF 10 CONSECUTIVE DAYS	N43 (10/16/03)	Bed hold or leave days exceeded.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0932	THERAPEUTIC LEAVE EXCEEDS MAXIMUM OF 24 CONSECUTIVE DAYS	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0933	THERAPEUTIC LEAVE CUTBACK TO 24 DAYS MAXIMUM	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.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0934	BED-HOLD CUTBACK TO 10 DAY MAXIMUM	N43 (10/16/03)	Bed hold or leave days exceeded.
35 (10/16/03)	Lifetime benefit maximum has been reached.	0936	INPATIENT RESPIRE CARE EXCEEDS MAXIMUM OF 5 CONSECUTIVE DAYS	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.



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38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.	0219	PROVIDER NOT AUTHORIZED PARTIAL CARE/PARTIAL HOSPITALIZATION	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.	0221	PROVIDER NOT CERTIFIED/BONDED AT TIME OF SERVICE	N95 (08/31/04)	This provider type/provider specialty may not bill this service.
38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.	0522	INCORRECT PROVIDER FOR LTC SPECIAL PROGRAM	N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.
38 (01/28/05)	Services not provided or authorized by designated (network/primary care) providers.	0690	PROVIDER NOT PARTICIPATING IN REQUIRED PROGRAM.	N95 (01/28/05)	This provider type/provider specialty may not bill this service.
38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.	0772	PA/PROVIDER NOT AUTHORIZED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
39 (10/16/03)	Services denied at the time authorization/pre-certification was requested.	0243	PROVIDER NOT AUTHORIZED-TARGETED CASE MANAGEMENT	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
40 (10/16/03)	Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0452	CERTIFICATION OF EMERGENCY FORM MISSING/INVALID	N3 (10/16/03)	Missing consent form.
42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0195	CORRECT UNITS-15 MINUTES ANESTHESIA TIME = 1 UNIT OF SERVICE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0726	INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	0188	CASH DEDUCTIBLE AMOUNT EXCEEDS THE YEARLY MAXIMUM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	0630	LTC LEAVE DAYS CUT BACK TO MAXIMUM ALLOWED	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	0904	MULTIPLE SURGERY-\$0 PAID, LIMIT EXCEEDED	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.
45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	0910	PAYMENT EXCEEDS THRESHOLD	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.



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45 (03/06/08)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	0991	STATE APPROVED PAYMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
45 (08/16/10)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).	1388	MEDICARE HMO DEDUCTIBLE EXCEEDS YEARLY MAXIMUM	N14 (08/16/10)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0166	INV/MISS DIAGNOSIS CODE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0167	MISSING PRIMARY DIAGNOSIS CODE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0295	INVALID THIRD OR SUBSEQUENT DIAGNOSIS.	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0296	DIAGNOSIS CODE NOT ON FILE	MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.
47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	0444	DIAGNOSIS CODE REQUIRED/ MEDICARE COVERED DRUG	M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1288	INVALID/MISSING UB04 ADMIT DIAGNOSIS	MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1289	UB04 ADMIT DIAGNOSIS NOT ON FILE	M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1291	INVALID UB04 PATIENT REASON FOR VISIT	MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1292	UB04 PATIENT REASON FOR VISIT NOT ON FILE	M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1293	INVALID UB04 EXTERNAL INJURY CODE	MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.
47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	1294	UB04 EXTERNAL INJURY CODE NOT ON FILE	M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.
49 (10/16/03)	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0751	PAYMENT REDUCED - SURGERY/VISIT LIMITATION	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.



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49 (10/16/03)	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0753	SURGERY/VISIT CONFLICT	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
50 (06/18/07)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1804	CLAIM CHECK: COSMETIC PROCEDURE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
50 (06/18/07)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1805	CLAIM CHECK: CLAIM LINES EXCEED MAXIMUM	M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
50 (06/18/07)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1807	CLAIM CHECK: PROCEDURE CODE IS COSMETIC AND UNLISTED	N350 (06/18/07)	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE	N77 (10/16/03)	Missing/incomplete/invalid designated provider number.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0229	SERVICE PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO.OR MORE	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0546	PAAD/SR GOLD CLAIM SUBMITTED BY OUT-OF-STATE PROVIDER	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0639	REFERRING PROVIDER MUST BE NURSING FACILITY	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	0841	PROVIDER CANNOT BE SURGEON & ASST SURGEON/ANESTHESIOLOGIST	M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.
54 (06/18/07)	Multiple physicians/assistants are not covered in this case. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1882	CLAIM CHECK: ASSISTANT SURGEON DENIED	N247 (06/18/07)	Missing/incomplete/invalid assistant surgeon taxonomy.
54 (06/18/07)	Multiple physicians/assistants are not covered in this case. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1883	CLAIM CHECK: ASSISTANT AT SURGERY DENIED	N247 (06/18/07)	Missing/incomplete/invalid assistant surgeon taxonomy.



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55 (06/18/07)	Procedure/treatment is deemed experimental/investigational by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1810	CLAIM CHECK: PROCEDURE CODE IS EXPERIMENTAL	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
58 (10/16/03)	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0236	PROCEDURE/PLACE OF SERVICE RESTRICTION	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
58 (05/01/09)	Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1314	HOSPICE PROCEDURE/PLACE OF SERVICE RESTRICTION	MA66 (05/01/09)	Missing/incomplete/invalid principal procedure code.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0749	ANESTHESIA SERVICE ALREADY PAID FOR SAME DATE OF SERVICE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0758	SURGERY/ANESTHESIA CONFLICT - ANESTHESIA DENIED	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0759	PAYMENT REDUCED - SURGERY/ANESTHESIA CONFLICT	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0902	MULTIPLE SURGERY-PAID AS SECONDARY PROC, MAX 200% OF PRIMARY	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.



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59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0903	MULT SURG - PRIME PROC FEE REDUCED BY PRIOR PAID CLAIM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0905	MULTIPLE SURGERY-REDUCED BY INCIDENTAL PROCEDURE	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.
59 (10/16/03)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0907	MULT SURG- 1ST UNIT PRIMARY, ADDT'L AS SECONDARY - 200% MAX	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.
59 (06/18/07)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1818	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
59 (06/18/07)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1892	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
61 (10/16/03)	Penalty for failure to obtain second surgical opinion. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0331	SECOND OPINION REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
61 (10/16/03)	Penalty for failure to obtain second surgical opinion. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0333	INVALID/MISSING SECOND OPINION INDICATOR	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
61 (10/16/03)	Penalty for failure to obtain second surgical opinion. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0339	DENY SECOND OPINION NOT OBTAINED	N3 (10/16/03)	Missing consent form.



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61 (10/16/03)	Penalty for failure to obtain second surgical opinion. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0349	SEC OPINION FORM INCOMPLETE,MISSING DATA OR IS OUT OF DATE	N3 (10/16/03)	Missing consent form.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0335	ABORTION CERTIFICATION FORM REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0354	HYSTERECTOMY REQUIRES ATTACHMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0356	RECIP/PHYS DATE/SIGN MISSING ON STERILIZATION FORM	MA75 (10/16/03)	Missing/incomplete/invalid patient or authorized representative signature.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0409	PROSTHETIC AND/OR ORTHOTIC CHARGES REQUIRES PA	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0416	PRESCRIPTION VOLUME EXCEEDS THRESHOLD - PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0704	OUTPATIENT ACUTE-ADULT PARTIAL HOSPITALIZATION - PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0705	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM - PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0719	THERAPEUTIC LEAVE OF ABSENCE EXCEEDS LIMIT	N43 (10/16/03)	Bed hold or leave days exceeded.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0768	EXCESSIVE PRIVATE DUTY NURSING HOURS-PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0770	PROCEDURE CODE/NDC NOT INCLUDED IN PRIOR AUTHORIZATION	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0774	PRIOR AUTHORIZATION NOT ON FILE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0775	PA RECORD ON FILE IS NOT ACTIVE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0776	PA DOLLARS/UNITS EXHAUSTED-CUTBACK	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0777	GSHP PA ALREADY PROCESSED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0780	GSHP PRIOR AUTHORIZATION NOT ON FILE	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0784	GSHP PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.



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62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0867	PCA SERVICES > 25 HRS. & VALID PA NUMBER NOT ON CLAIM.	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0877	SEVERE DD INTERACTION; PA REQUIRED FOR DIFFERENT PRESCRIBERS	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0891	EARLY REFILL-SAME PROVIDER WITH NO ATTACHMENT 08	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0916	SEVERE DRUG/DRUG INTERACTION DUR	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.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0926	AUTHORIZATION PERIOD FOR ORTHO SVCS EXCEEDED/ PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	0937	PRIOR AUTHORIZED UNITS USED FOR CLAIM PAYMENT	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
62 (07/06/07)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	1600	CLAIM EXCEEDS BEDS LICENSED TO PROVIDER FOR THE MONTH	N54 (07/06/07)	Claim information is inconsistent with pre-certified/authorized services.
62 (01/01/10)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	1633	PA REQUIRED FOR PARTIAL CARE	M62 (01/01/10)	Missing/incomplete/invalid treatment authorization code.
65 (07/10/04)	Procedure code was incorrect. This payment reflects the correct code.	0392	PROCEDURE CODE MAPPED TO LOCAL CODE FOR PROCESSING PURPOSES	N22 (07/09/04)	This procedure code was added/changed because it more accurately describes the services rendered.
66 (10/16/03)	Blood Deductible.	0175	BLOOD DEDUCTIBLE CHARGES MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
66 (10/16/03)	Blood Deductible.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
66 (10/16/03)	Blood Deductible.	0187	DEDUCTIBLE, BLOOD DEDUCTIBLE, AND/OR COINSURANCE AMT MISSING	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
90 (10/16/03)	Ingredient cost adjustment. Note: To be used for pharmaceuticals only.	0480	GROUPER ASSIGNED A NEW DRG CODE	M81 (10/16/03)	You are required to code to the highest level of specificity.
92 (08/03/09)	Claim Paid in full.	1279	CALCULATED PAYMENT AMOUNT ZERO	N10 (08/03/09)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
92 (06/01/10)	Claim Paid in full.	1608	INITIAL DETERMINATION OF PURCHASE	M7 (06/01/10)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
94 (10/16/03)	Processed in Excess of charges.	0610	MANUAL PRICING EXCEEDS BILLED CHARGES	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.



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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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0009	SERVICES NOT COVERED FOR THIS RECIPIENT.	MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0263	NON-COVERED SERVICE FOR SPECIAL PROGRAM CODE	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0266	NOT AN SAI COVERED SERVICE	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0270	ROUTINE IMMUNIZATION FOR HEPTITIS "A" IS NON-COVERED SERVICE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
96 (07/13/04)	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0305	CCPED OR HCEP NON COVERED SERVICE	MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.
96 (07/13/04)	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0309	GSHP OUT-OF-PLAN SERVICE- RECIPIENT INELIGIBLE FOR MEDICAID	MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.



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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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0350	GENERAL ASSISTANCE-SERVICE NOT COVERED.	N30 (10/16/03)	Patient ineligible for this service.
96 (11/04/03)	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0370	PLAN H - BENEFICIARY - NON-COVERED SERVICE.	N30 (11/03/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0373	CSOCI - NON-COVERED SERVICE	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0385	NON-COVERED SERVICE FOR PROGRAM STATUS CODE	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0432	THIS LEGEND DRUG NOT COVERED BY PAAD/SG	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0450	DRUG NOT COVERED FOR ESRD RECIPIENT	N30 (10/16/03)	Patient ineligible for this service.



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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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0451	MEDICAL SUPPLY OR SERVICE(S) NOT COVERED FOR ESRD RECIPIENT	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0456	LAB NOT COVERED FOR ESRD RECIPIENT	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0532	NON LEGEND DRUG NOT COVERED FOR PAAD/SR GOLD BENEFICIARIES	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0534	DRUG NOT PAYABLE FEDERAL/IRS DESI	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0552	ADDP-SERVICE NOT COVERED.	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0556	COMPOUND DRUG NOT COVERED	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.



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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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0557	COMPOUND DRUG NOT COVERED FOR PAAD RECIPIENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0561	COMPOUND DRUG NOT COVERED FOR LTC RECIPIENT	N30 (10/16/03)	Patient ineligible for this service.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0562	COMP DRUG WITH INGREDIENT NOT COVERED BY REBATE AGREEMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0570	DRUG NOT PAYABLE - NO STATE REBATE AGREEMENT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0730	SPECIMEN COLLECTION GREATER THAN ONE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
96 (12/02/05)	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1614	OBSERVATION OFFICE VISIT CONFLICT WITH OTHER DENTAL SERVICE	M86 (12/02/05)	Service denied because payment already made for same/similar procedure within set time frame.



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96 (07/01/09)	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1632	PROVIDER ADULT MDC UNIT EXCEEDS 200 UNIT PER DAY	M79 (07/01/09)	Missing/incomplete/invalid charge.
97 (12/27/04)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0427	FQHC DELIVERY HCPCS MINUS ENCOUNTER RATE.	N45 (12/27/04)	Payment based on authorized amount.
97 (10/16/03)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0664	ITEM BILLED IS INCLUDED IN ADMINISTRATION/SUPPLY KIT	M97 (10/16/03)	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.
97 (10/16/03)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0729	CLAIM PAYMENT REDUCED FOR PREVIOUSLY PAID VISIT	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
97 (10/16/03)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0735	INITIAL VISIT/ANNUAL EXAM/EPSTD EXAM LIMIT	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
97 (10/16/03)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0745	HOSPITAL CALL/CONSULTATION CONFLICT	M144 (10/16/03)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
97 (07/01/08)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1605	FQHC PAID HIGHEST DELIVERY, OB/GYN OR ENCOUNTER CLAIM	N45 (07/01/08)	Payment based on authorized amount.



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97 (12/02/05)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	1615	CUTBACK-OBSERVATION OFFICE VISIT ALREADY PAID	N14 (12/02/05)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
100 (10/16/03)	Payment made to patient/insured/responsible party/employer.	0901	MULTIPLE SURGERY-PAID AS PRIMARY PROCEDURE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
106 (10/16/03)	Patient payment option/election not in effect.	0531	LTC/HOSPICE REQUIRES PR-1 OR LTC REQUIRES PATIENT PYT AMOUNT	M97 (10/16/03)	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.
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.	0151	INV/MISS CLAIM LINE CHARGE(S)	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.	0484	ESRD POSSIBLY ELIGIBLE FOR MEDICARE	N104 (10/16/03)	This claim/service is not payable under our claims jurisdiction area. You can identify the correct Medicare contractor to process this claim/service through the CMS website at www.cms.gov .
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.	0564	NO VOLUME DISCOUNT ON FILE FOR CLAIM SERVICE DATE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.	0565	OTC DRUG NO UNIT PRICE ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.	0566	OTC DRUG NO PACKAGE PRICE ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.	0567	TEAMCARE DRUG NO UNIT PRICE ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.



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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.	0568	TEAMCARE DRUG NO PACKAGE PRICE ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.	0569	LEGEND DRUG NO PACKAGE PRICE ON FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
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.	0668	USE ASSIGNED PROC CODE/NDC CODE TO MATCH DESCRIPTION GIVEN	M51 (10/16/03)	Missing/incomplete/invalid procedure code(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.	0708	GLOBAL OB CARE/SERVICE CONFLICT	M67 (10/16/03)	Missing/incomplete/invalid other procedure code(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.	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.	0842	ADJUSTMENT MUST HAVE CORRECTED CLAIM ATTACHED	MA67 (10/16/03)	Correction to a prior 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.	0844	ADJUSTMENT CLAIM MISSING PAYOR CODE AND/OR PRIOR PAYMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.	0845	ADJUSTMENT DENIED/ EOMB REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.	0847	INCORRECT ICN ON FD-999	MA46 (10/16/03)	The new information was considered but additional payment will not be issued.



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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.	0848	ADJUST CLM MISSING PAYER/CARRIER CODE AND/OR TPL PAYMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
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.	0944	PROCEDURE CODE AND/OR CHARGES ON CLAIM DO NOT MATCH EOB	N109 (08/31/04)	This claim/service was chosen for complex review and was denied after reviewing the medical records.
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.	0946	RA SHOWING MEDICAID CROSSOVER PAYMENT MUST BE ATTACHED	M66 (10/16/03)	Our records indicate that you billed diagnostic tests subject to price limitations and the procedure code submitted includes a professional component. Only the technical component is subject to price limitations. Please submit the technical and professional components of this service as separate line items.
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.	0948	EOB MISSING FOR CARRIER/PAYOR REPORTED ON CLAIM	N66 (10/16/03)	Missing/incomplete/invalid documentation.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0849	RENTAL DENIED/PRIOR PURCHASE WITHIN 24 MONTHS	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0851	DME RENTAL LIMIT 6 IN 24 MONTHS EXCEEDED	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0852	DME RENTAL LIMIT 10 IN 24 MONTHS EXCEEDED	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0853	PURCHASE DENIED/6 PRIOR RENTALS WITHIN 24 MONTHS	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0854	PURCHASE DENIED/10 PRIOR RENTALS IN 24 MONTHS	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0855	PURCHASE DENIED/PRIOR PURCHASE WITHIN 24 MONTHS	M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.



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108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0863	CUTBACK FOR UNITS EXCEEDING 6 CONSECUTIVE RENTALS	N43 (10/16/03)	Bed hold or leave days exceeded.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0864	CUTBACK/10 CONSECUTIVE RENTALS EXCEEDED	N43 (10/16/03)	Bed hold or leave days exceeded.
108 (10/16/03)	Rent/purchase guidelines were not met. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0866	CUTBACK/PAYMENT REDUCED BY PRIOR RENTALS	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0172	INVALID PAYOR ID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0391	PREMIUM SUPPORT - BILL OTHER INSURANCE	MA92 (10/16/03)	Missing plan information for other insurance.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0400	NOT VALID CAPITATION CLAIM	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0402	NOT COVERED BY GA - BILL ADDP	N30 (10/16/03)	Patient ineligible for this service.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0583	PAYMENT DENIED; VACCINE AVAILABLE FROM THE VFC PROGRAM	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0963	RECIPIENT HAS MEDICARE - BILL MEDICARE	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.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0970	BILL THIRD PARTY CARRIER OR MEDICARE HMO FIRST	MA92 (10/16/03)	Missing plan information for other insurance.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0975	RESOURCE FILE INDICATES INSURANCE OTHER THAN THAT BILLED	MA92 (10/16/03)	Missing plan information for other insurance.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0979	RECIPIENT IS MCARE PART B OR MCARE HMO ELIGIBLE	MA92 (10/16/03)	Missing plan information for other insurance.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0980	EOB ATTACHED FOR CARRIER/PAYER NOT REPORTED ON CLAIM	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.



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109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0981	BENEFICIARY/DATES OF SERVICE DO NOT MATCH EOB	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	0986	INVALID PAYOR ID	M56 (10/16/03)	Missing/incomplete/invalid payer identifier.
110 (10/16/03)	Billing date predates service date.	0021	BILLED DATE LESS THAN THRU DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (10/16/03)	Billing date predates service date.	0023	BILLED DATE < STATEMENT THRU DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (10/16/03)	Billing date predates service date.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
110 (10/16/03)	Billing date predates service date.	0529	CLAIM DATES OF SERVICE BEFORE INITIAL ASSESSMENT DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
117 (10/16/03)	Transportation is only covered to the closest facility that can provide the necessary care.	0519	MODIFIER ADDED - TRIP OVER 15 MILES	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.
117 (10/16/03)	Transportation is only covered to the closest facility that can provide the necessary care.	0633	AMBULANCE/INVALID COACH < 16 MILES	M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.
118 (10/16/03)	ESRD network support adjustment.	0483	LAB TEST INCLUDED IN ESRD COMPOSITE RATE	M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
118 (10/16/03)	ESRD network support adjustment.	0486	PHARMACY {DRUGS} INCLUDED IN ESRD COMPOSITE RATE	M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
118 (10/16/03)	ESRD network support adjustment.	0487	MEDICAL SUPPLIES INCLUDED IN THE ESRD COMPOSITE RATE	M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0698	COINSURANCE DAYS EXCEED MEDICARE MAXIMUM OF 30 DAYS	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0706	30 DAY NEONATAL CARE LIMIT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0707	60 DAY NEONATAL CARE LIMITATION	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0721	CONFLICTING TARGETED CASE MANAGEMENT SERVICE	N56 (10/16/03)	Procedure code billed is not correct/valid for the services billed or the date of service billed.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0731	THREE YEAR XRAY LIMITATION EXCEEDED	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.



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119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0733	CLAIM EXCEEDS LIMIT OF ONE UNIT OF SERVICE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0736	LAB SERVICE	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0737	PAAD/SR GOLD RECIP REFILL > 12 MO FROM ORIGINAL PRESCRIPTION	M90 (10/16/03)	Not covered more than once in a 12 month period.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0738	REFILL EXCEEDS PROGRAM MAXIMUM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0740	OPT APP EXCEEDS PROGRAM LIMITATION	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0748	ORAL EXAMINATION LIMIT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0755	EARLY REFILL	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0757	DRUG SUPPLIED EARLY BY DIFFERENT PROVIDERS	M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0760	NORPLANT EXCEED 2 IN 5 YEARS - SAME PROVIDER	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0761	NORPLANT EXCEEDS 2 IN 5 YEARS - DIFFERENT PROVIDER	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0762	MENTAL HEALTH SERVICES EXCEED \$900	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0765	DELIVERY/ABORTION PROCEDURE LIMITS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0766	WAIVER SERVICE CONFLICT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0767	PARTIAL CARE/MEDICATION MANAGEMENT CONFLICT	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0830	EARLY REFILL - SAME PROVIDER WITH NO ATTACHMENT 08	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0832	EARLY REFILL - DIFFERENT PROVIDER WITH NO ATTACHMENT 08	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0834	TBI COUNSELING EXCEEDS \$600/MNTH	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0835	TBI TRANSPORTATION EXCEEDS \$100/WK	N43 (10/16/03)	Bed hold or leave days exceeded.



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119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0836	TBI ENVIRONMENTAL MOD EXCEEDS \$5000/MNTH	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0837	TBI BEHAVIOR PROGRAM EXCEEDS UNITS OF SERVICE	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0857	WEEKLY PERSONAL CARE ASSISTANCE/MENTAL HEALTH HRS EXCEED 25	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0858	WEEKLY PERSONAL CARE ASSISTANT (PCA) SVCS HOURS EXCEED 40	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0859	CLAIM OVERLAPS CALENDAR WORK WEEK-SUN.12:00AM TO SAT.11:59PM	N64 (10/16/03)	The "from" and "to" dates must be different.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0872	FAMILYCARE THERAPY SERVICE LIMITS	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0873	KIDCARE D MENTAL HEALTH SERVICE FOR BENEFIT YEAR EXCEEDED	M90 (10/16/03)	Not covered more than once in a 12 month period.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0875	FISCAL YEAR FUNDS EXHAUSTED	M44 (10/16/03)	Missing/incomplete/invalid condition code.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0897	EARLY REFILL-DIFFERENT PROVIDER-DENIED AFTER REVIEW	N35 (10/16/03)	Program integrity/utilization review decision.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0898	EARLY REFILL-DIFFERENT PROVIDER WITH NO ATTACHMENT 08	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0918	DAILY DOSAGE EXCEEDS MAXIMUM RECOMMENDED DOSAGE	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.
119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.	0938	VOIDED CLAIM EXCEEDS PROGRAM LIMITS	N43 (10/16/03)	Bed hold or leave days exceeded.
119 (09/14/07)	Benefit maximum for this time period or occurrence has been reached.	1623	OUTPATIENT ACUTE ADULT PARTIAL HOSPITALIZATION TIME EXCEEDED	N351 (09/14/07)	Service date outside of the approved treatment plan service dates.
119 (03/23/09)	Benefit maximum for this time period or occurrence has been reached.	1630	MCARE LTC CLAIM WITH OVERLAPPING DOS	M86 (03/23/09)	Service denied because payment already made for same/similar procedure within set time frame.
121 (10/16/03)	Indemnification adjustment - compensation for outstanding member responsibility.	0795	CLAIM ADJUSTED BY SYSTEM - NEW ICN	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
121 (10/16/03)	Indemnification adjustment - compensation for outstanding member responsibility.	0839	ADJUSTMENT MUST HAVE CORRECTED CLAIM WITH ATTACHMENTS	N66 (10/16/03)	Missing/incomplete/invalid documentation.



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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.)	0191	REVIEW RA MESSAGE PAGE FOR EXPLANATION	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
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.)	0435	UNABLE TO DETERMINE HIPAA CLAIM TYPE.	MA30 (10/16/03)	Missing/incomplete/invalid type of bill.
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.)	0437	INVALID SUBMITTED ID	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0580	CLAIM ERROR REASONS > 10	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0667	COMPUTED DRUG COST ALLOW IS ZERO - VERIFY/CORRECT QUANTITY	MA22 (10/16/03)	Payment of less than \$1.00 suppressed.
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.)	0669	DETAILED DESCRIPTION NEEDED FOR PROCEDURE CODE BILLED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0674	SPLIT CLAIM SNF/ICF DAYS AT/BELOW DRG HIGH TRIM-NO PMT DUE	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0675	SPLIT CLAIM NJ HIV OUTLIER CLAIM-SNF/ICF DAYS NOT PAYABLE	N30 (10/16/03)	Patient ineligible for this service.
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.)	0746	MASS ADJ: BILLED CHARGES MODIFIED TO PERMIT ADJ-SEE REC-569	N43 (10/16/03)	Bed hold or leave days exceeded.



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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.)	0881	URO/DRG AUDIT ADJUST - REQUEST DENIED	N109 (10/16/03)	This claim/service was chosen for complex review and was denied after reviewing the medical records.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0950	RE-PROCESSED PREVIOUSLY DENIED CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0956	CLAIM REPROCESSED TO CORRECT PAYMENT	MA67 (10/16/03)	Correction to a prior 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.)	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	MA67 (10/16/03)	Correction to a prior 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.)	0964	ADJUSTMENT OR VOID CORRESPONDS TO CANCELLED MMIS CHECK	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0982	EOB INDICATES BILLING ERROR, REVIEW OR REBILL TO CARRIER	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0985	ENTER TPL AMT PAID FROM EOB IN PRIOR PMT BOX ON CLAIM FORM	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
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.)	0988	NEGATIVE MEDICARE EOB, REBILL AS ZERO PRIOR PAY	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0999	PROCESSING ERROR/CLAIM WAS RESUBMITTED BY UNISYS	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.



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129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0380	CLAIM SUBMITTED FFS - SERVICE IS IN-PLAN (MANAGED CARE)	N95 (10/16/03)	This provider type/provider specialty may not bill this service.
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.)	0472	FQHC ENCOUNT BILLED UNITS GT PAID HCPCS UNITS ON HIST	N66 (10/16/03)	Missing/incomplete/invalid documentation.
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.)	0739	TRANSPORT CLAIM MUST PAY FIRST	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
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.)	0785	MAINFRAME CLAIM NOT PRESENT ON POS HISTORY	MA67 (10/16/03)	Correction to a prior claim.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0789	FORMER ICN INVALID OR SPACES	M47 (08/31/04)	Missing/incomplete/invalid internal or document control number.
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.)	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	N77 (10/16/03)	Missing/incomplete/invalid designated provider number.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0799	NO CLAIM IN HISTORY FILE MATCHES ADJ/VOID REQUEST	N5 (08/31/04)	EOB received from previous payer. Claim not on file.



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129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0874	ADJ/VOID AND MATCHING HISTORY CLAIM MUST BOTH BE MEDIA 7	N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.
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.)	0887	POS/MATCHING HISTORY NOT FOUND	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
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.)	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/16/03)	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.)	0954	CLAIM REPROCESSED TO CORRECT PAYMENTOR	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
129 (10/16/03)	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.)	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM	MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
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.)	0958	DENIED ACCORDING TO MEDICAID/MEDICAL REVIEW GUIDELINES	N109 (10/16/03)	This claim/service was chosen for complex review and was denied after reviewing the medical records.
129 (03/12/07)	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.)	1205	ADJUSTMENT/VOID DOES NOT MATCH RECIPIENT ID ON CLAIM	M56 (03/12/07)	Missing/incomplete/invalid payer identifier.
129 (04/21/08)	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.)	1249	MISSING PRIMARY PAYER IDENTIFICATION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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129 (04/21/08)	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.)	1250	MISSING SECONDARY PAYER IDENTIFICATION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
129 (04/21/08)	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.)	1251	MISSING TERTIARY PAYER IDENTIFICATION	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
129 (04/21/08)	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.)	1253	SUM OF SUBMITTED DEDUCT, COINS OR CO-PAY EXCEEDS APPR AMT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
129 (04/21/08)	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.)	1254	INVALID PRIMARY BENEFITS EXHAUST DATE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
129 (04/21/08)	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.)	1256	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO PAT LIABILITY	MA52 (04/21/08)	Missing/incomplete/invalid date.
129 (04/21/08)	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.)	1257	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO PAT LIABILITY	MA52 (04/21/08)	Missing/incomplete/invalid date.
129 (07/25/05)	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.)	1610	NO MATCH FOUND IN HISTORY FOR HOSPITAL ADJUSTMENT	N5 (07/25/05)	EOB received from previous payer. Claim not on file.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0019	INVALID INTERNAL CONTROL NUMBER (ICN)	M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0054	INPATIENT/INPATIENT CROSSOVER CLAIM - SWING BEDS	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0173	INVALID COINSURANCE DAYS	MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0190	1ST 2 POSITIONS OF BILL TYPE CONFLICTS WITH THE PAYOR ID	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.



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133 (10/16/03)	The disposition of this claim/service is pending further review.	0193	MEDICAID CHARGES PLUS TPL AMOUNT < 50% BILLED CHARGES	M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).
133 (10/16/03)	The disposition of this claim/service is pending further review.	0203	PROVIDER ON REVIEW - STATE PEND	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0234	PEND FOR OUT-OF-STATE NON-DRG PRICING POLICY CHANGE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0264	SPECIAL PROGRAM CODE - REVIEW ATTACHMENT	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0265	MISSING ASC LEVEL DATA	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0272	USE PROPER PRO CODE -SEE NEWSLETTER VOL.2 #61 DATED 11/92	M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0279	DENIED AS A RESULT OF PREPAYMENT REVIEW BY DMAHS	M87 (10/16/03)	Claim/service(s) subjected to CFO-CAP prepayment review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0280	POS PAID CLAIM, PAYMENT PENDING	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.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0281	POS VOID TRANSACTION FOR PROVIDER-ON-REVIEW	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0301	RECIPIENT INELIG ON DATES OF SERVICE	N30 (10/16/03)	Patient ineligible for this service.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0326	LTC RECIPIENT NOT ON FILE	N30 (10/16/03)	Patient ineligible for this service.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0336	ABORTION REQUIRES REVIEW	M85 (10/16/03)	Subjected to review of physician evaluation and management services.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0337	STERILIZATION FORM REQUIRES REVIEW	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0338	HYSTERECTOMY PROC REQ REVIEW OF HYST RECEIPT OF INFO FORM	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0375	SPECIAL STATE AUTO PEND	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0381	CLAIM SUBMITTED FFS-UNABLE TO DETERMINE IN-PLAN/OUT-OF-PLAN	N95 (10/16/03)	This provider type/provider specialty may not bill this service.



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133 (10/16/03)	The disposition of this claim/service is pending further review.	0382	HMO COVERED SERVICE - EXHAUSTION OF HMO BENEFITS PENDING REV	M28 (10/16/03)	This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0453	PA/CERT DATES OR RECIPIENT ID# CONFLICT WITH CLAIM	N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0463	UNIT RECAPTURE ADJUSTMENTS	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0541	COMPOUND DRUG MANUAL REVIEW REQUIRED	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0550	PENDING FOR REVIEW OF DRUG FILE ENTRY	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0563	NO BASE DISPENSING FEE ON FILE FOR CLAIM SERVICE DATE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0603	PROVIDER NOT ON DRG RATE FILE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0604	INVALID PRICING ACTION CODE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0605	OUT OF STATE DRG CLAIM REQUIRES MANUAL PRICING	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0617	CALCULATED PAYMENT AMOUNT ZERO	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0618	VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0638	LTC PHARMACY PROVIDER NOT FOUND	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0645	MISSING NEW YORK EXEMPT FACILITY RATE DATE	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0646	MISSING NEW YORK REGIONAL BAD DEBT MULTIPLIER	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0647	MISSING PENNSYLVANIA DRG EXEMPT PER DIEM RATE	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0649	MISSING NEW YORK EXEMPT UNIT RATE DATA	N35 (10/16/03)	Program integrity/utilization review decision.



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133 (10/16/03)	The disposition of this claim/service is pending further review.	0650	MISSING PENNSYLVANIA HOSPITAL FISCAL YEAR DATA	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0651	MISSING PENNSYLVANIA DRG RATE DATA	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0652	MISSING NEW YORK DRG RATE DATA	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0653	MISSING NY DRG SERVICE INTENSITY WEIGHT	N35 (10/16/03)	Program integrity/utilization review decision.
133 (03/01/08)	The disposition of this claim/service is pending further review.	0654	MISSING NY DRG OUTLIER PERCENT	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0655	MISSING NEW YORK DRG ALC PER DIEM RATE	N35 (10/16/03)	Program integrity/utilization review decision.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0656	MISSING NJ DRG MARKUP FACTOR	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0657	MISSING NJ DRG PAYOR FACTOR	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0666	UNABLE TO PRICE CLAIM	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0710	UNABLE TO DETERMINE LEAVE PERIOD-ADJUSTMENT MAY BE REQUIRED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0756	DRUG SUPPLIED EARLY - REVIEW REQUIRED	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0791	ADJUSTMENT REQUIRES MANUAL UPDATE	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0792	ADJUSTMENT TO CONVERTED CLAIM	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0793	ADJUSTMENT PENDED FOR ARCHIVE CYCLE	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0794	FINANCIAL CORRECTION REQUIRED	N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0833	CLAIM FOR CONTINUOUS LEAVE- NO PRIOR SERVICE DATE PAID CLAIM	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0880	CUMULATIVE RETRO REVIEW - FOR INTERNAL USE.	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.



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133 (10/16/03)	The disposition of this claim/service is pending further review.	0889	GA MATCHING HISTORY NOT FOUND	MA46 (10/16/03)	The new information was considered but additional payment will not be issued.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0908	UNABLE TO PRICE MULTIPLE SURGERY CLAIM	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0909	REQUIRES MATCHING EPSDT CLAIM FOR PAYMENT	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0925	UTILIZATION REVIEW APPROVAL MISSING/INCORRECT/DENIED	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0940	CLAIM REQUIRES REVIEW - MEDICARE PART A ATTACHMENT	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0973	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0984	CLAIM REQUIRES REVIEW - MEDICARE PART B ATTACHMENT	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0990	DELAYED PAYMENT OF PROPRIETARY ELECTRONIC CLAIM	MA45 (07/23/04)	Alert: As previously advised, a portion or all of your payment is being held in a special account.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0992	SET LOCATION TO STATE REVIEW	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0996	NO APPROP CODES ASSIGNED FOR CREDIT RECORD	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
133 (10/16/03)	The disposition of this claim/service is pending further review.	0997	IMAGINARY CLAIM - REVIEW REQUIRED	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (05/19/06)	The disposition of this claim/service is pending further review.	1202	PREMIUM SUPPORT PROGRAM - STATE REVIEW REQUIRED.	MA07 (05/19/06)	Alert: The claim information has also been forwarded to Medicaid for review.
133 (07/01/06)	The disposition of this claim/service is pending further review.	1207	PAYMENT PENDING SFY 11 APPROPRIATION	N185 (07/01/06)	Alert: Do not resubmit this claim/service.
133 (10/01/08)	The disposition of this claim/service is pending further review.	1318	DOC RECIPIENT INELIG ON DATE OF SERVICE	N30 (10/01/08)	Patient ineligible for this service.
133 (11/08/10)	The disposition of this claim/service is pending further review.	1333	PLEASE CONTACT THE MANAGE CARE OFFICE AT 1-800-701-0710	MA07 (11/08/10)	Alert: The claim information has also been forwarded to Medicaid for review.
135 (10/16/03)	Interim bills cannot be processed.	0461	ESRD CLAIM-OCCURRENCE CODE 35 REQUIRED	M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).
135 (10/16/03)	Interim bills cannot be processed.	0488	DRG INTERIM BILL APPROVAL REQUIRED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.



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138 (10/16/03)	Appeal procedures not followed or time limits not met.	0351	RECIP AGE AT THE TIME OF STERILIZATION CONSENT DTE < 21	N28 (10/16/03)	Consent form requirements not fulfilled.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0113	LTC/HOSPICE CLAIMS SPANS MONTHS'	MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0163	PROCEDURE - SPANNING DATES OF SERVICE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0220	CLAIM SPANS FISCAL YEAR	N62 (10/16/03)	Dates of service span multiple rate periods. Resubmit separate claims.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0364	CLAIM SPANS HMO ENROLLMENT - CALL REVS	MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0367	GA RECIPIENT INELIGIBLE ON DATE OF SERVICE	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0398	GA RECIPIENT ID CHANGED TO MEDICAID RECIPIENT ID.	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0399	GA RECIPIENT ID CHANGED.	MA43 (10/16/03)	Missing/incomplete/invalid patient status.
141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.	0620	RECIPIENT NOT ELIGIBLE FOR FULL SERVICEPERIOD: CUTBACK	MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.
141 (01/01/07)	Claim spans eligible and ineligible periods of coverage.	1209	DOS SPANS PROVIDER FISCAL YR, MULTIPLE RATE USED FOR PRICING	N45 (01/01/07)	Payment based on authorized amount.
142 (10/16/03)	Monthly Medicaid patient liability amount.	0526	PA-3L INCOME GREATER THAN PATIENT PAYMENT AMOUNT PA-3L USED	N45 (10/16/03)	Payment based on authorized amount.
142 (09/06/05)	Monthly Medicaid patient liability amount.	1611	PARTIAL PR-1 DEDUCTION APPLIED	N45 (09/06/05)	Payment based on authorized amount.
142 (09/06/05)	Monthly Medicaid patient liability amount.	1612	PARTIAL PATIENT PAYMENT AMOUNT APPLIED	N45 (09/06/05)	Payment based on authorized amount.
142 (04/21/08)	Monthly Medicaid patient liability amount.	1624	PAYMENT AMOUNT WAS REDUCED DUE TO PATIENT LIABILITY	N18 (04/21/08)	Payment based on the Medicare allowed amount.
144 (01/01/08)	Incentive adjustment, e.g. preferred product/service.	1258	SERVICES PAID AT CHILDREN'S RATE	N45 (01/01/08)	Payment based on authorized amount.
146 (06/18/07)	Diagnosis was invalid for the date(s) of service reported.	1801	CLAIM CHECK: CLM DIAG INVALID BASED ON ICD-9 EXPIRATION DT	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.
146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.	1802	CLAIM CHECK: CLM DIAGNOSIS INVALID ICD-10	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.



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146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.	1879	CLAIM CHECK: DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DT	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.
146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.	1880	CLAIM CHECK: DIAGNOSIS INVALID ICD-10	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.
147 (10/16/03)	Provider contracted/negotiated rate expired or not on file.	0619	VALID RATE FOR LEVEL-OF-CARE NOT FOUND ON RATE FILE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
148 (10/16/03)	Information from another provider was not provided 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.)	0838	PROVIDER-PRODUCED EOB INCOMPLETE	N66 (10/16/03)	Missing/incomplete/invalid documentation.
148 (04/21/08)	Information from another provider was not provided 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.)	1252	MISSING DEDUCTIBLE, COINSURANCE OR CO-PAYMENT AMOUNT	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
148 (04/21/08)	Information from another provider was not provided 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.)	1255	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO EXH DATE	M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
148 (02/09/11)	Information from another provider was not provided 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.)	1362	LTC XOVER MISSING MCARE PAID &/OR MCARE COV DAYS &/OR COINS	N66 (02/09/11)	Missing/incomplete/invalid documentation.
149 (10/16/03)	Lifetime benefit maximum has been reached for this service/benefit category.	0699	LIFETIME RESERVE DAYS EXCEED MEDICARE MAXIMUM OF 60 DAYS	N43 (10/16/03)	Bed hold or leave days exceeded.
150 (10/16/03)	Payer deems the information submitted does not support this level of service.	0540	COMPOUND DRUG FOR GSHP BENEFICIARY	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
150 (10/16/03)	Payer deems the information submitted does not support this level of service.	0544	DRUG NOT PAYABLE FEDERAL DESI	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
150 (10/16/03)	Payer deems the information submitted does not support this level of service.	0555	PAAD RECIP INELIGIBLE FOR MEDICAID SERVICES	N30 (10/16/03)	Patient ineligible for this service.
150 (07/01/07)	Payer deems the information submitted does not support this level of service.	1248	NO BED HOLD/THERAPEUTIC LEAVE PAYMT, DUE TO OCCUPANCY < 90%	N43 (07/01/07)	Bed hold or leave days exceeded.



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151 (10/16/03)	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	0831	EARLY REFILL - DIFFERENT PROVIDER - DENIED AFTER REVIEW	M35 (10/16/03)	Missing/incomplete/invalid pre-operative photos or visual field results.
151 (10/16/03)	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	0890	EARLY REFILL-SAME PROVIDER - DENIED AFTER REVIEW	N35 (10/16/03)	Program integrity/utilization review decision.
152 (10/16/03)	Payer deems the information submitted does not support this length of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	0433	"POSSIBLE UNDERUTILIZATION; MEP UNIT TO CONTACT MD"	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0403	DURATION AT THIS DOSAGE EXCEEDED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0404	DURATION STANDARD EXCEEDED - POSSIBLE CUTBACK	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0413	2 PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION	N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0414	1 PRESCRIPTION REMAINS WITHOUT NEED FOR PRIOR AUTHORIZATION	N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0415	NO PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION	N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0434	"VERIFY DOSAGE BASED ON WEIGHT"	N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
153 (10/16/03)	Payer deems the information submitted does not support this dosage.	0829	EARLY REFILL -SAME PROVIDER - DENIED AFTER REVIEW	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0130	INV/MISS DAYS SUPPLY	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0395	INITIAL PRESCRIPTION LIMITED TO A 34 DAY SUPPLY	N57 (10/16/03)	Missing/incomplete/invalid prescribing date.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0396	REFILL RX LIMITED TO 34 DAYS / 100 UNITS	N57 (10/16/03)	Missing/incomplete/invalid prescribing date.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0538	DAILY METRIC QUANTITY EXCEEDS DUR STANDARD/AGE	N45 (10/16/03)	Payment based on authorized amount.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0548	DAYS SUPPLY EXCEEDS PROGRAM MAX	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0585	SERVICE UNITS INCONSISTENT WITH PRODUCT PACKAGING	M53 (10/16/03)	Missing/incomplete/invalid days or units of service.



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154 (10/16/03)	Payer deems the information submitted does not support this day's supply.	0596	PHARMACY CAPITATION RATE LEVEL NOT IN EFFECT FOR DOS	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
189 (06/18/07)	'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service	1811	CLAIM CHECK: PROCEDURE CODE IS OBSOLETE	M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).
199 (03/29/10)	Revenue code and Procedure code do not match.	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631 THRU 637	M50 (03/29/10)	Missing/incomplete/invalid revenue code(s).
208 (08/16/10)	National Provider Identifier - Not matched.	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	N77 (08/16/10)	Missing/incomplete/invalid designated provider number.
208 (08/16/10)	National Provider Identifier - Not matched.	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	N77 (08/16/10)	Missing/incomplete/invalid designated provider number.
A1 (10/16/03)	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.)	0539	THIS LIVERY SVC IS ONLY VALID IN COUNTIES 07, 09 AND 90	N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.
A1 (10/16/03)	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.)	0682	SERVICE/PRODUCT NOT ELIGIBLE UNDER MEDICAID PROGRAM	N30 (10/16/03)	Patient ineligible for this service.
A1 (10/16/03)	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.)	0942	CLAIM VOIDED DUE TO POST-PAYMENT REVIEW BY MUNICIPALITY.	N35 (10/16/03)	Program integrity/utilization review decision.
A1 (10/16/03)	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.)	0993	CLAIM DENIED AT PROVIDER REQUEST	N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.
A1 (07/01/09)	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.)	1327	HMO RESPONSIBLE FOR FACILITY COSTS	N95 (07/01/09)	This provider type/provider specialty may not bill this service.
A7 (10/16/03)	Presumptive Payment Adjustment	0304	PRESUMPTIVELY ELIGIBLE RECIPIENT (NON-COVERED)	N30 (10/16/03)	Patient ineligible for this service.
B1 (02/02/04)	Non-covered visits.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	M53 (02/02/04)	Missing/incomplete/invalid days or units of service.



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B1 (10/16/03)	Non-covered visits.	0722	SERVICE/VISIT CONFLICT	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B5 (12/15/03)	Coverage/program guidelines were not met or were exceeded.	0447	DAILY DOSE EXCEEDS REC.LIMITS FOR DRUG FOUND IN COMBO PROD.	N45 (12/15/03)	Payment based on authorized amount.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0535	DAILY QUANTITY EXCEEDED - 30 DAY EXTENSION PERIOD AUTHORIZED	N45 (10/16/03)	Payment based on authorized amount.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0536	DAILY QUANTITY POSSIBLY EXCEEDED	N45 (10/16/03)	Payment based on authorized amount.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0537	DAILY DRUG QUANTITY EXCEEDED; IMMEDIATE PA REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0626	PAYMENT REDUCED TO MAC MAXIMUM	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
B5 (03/06/08)	Coverage/program guidelines were not met or were exceeded.	0715	MENTAL HEALTH SERVICES OVER \$400-NF/BOARDING HOME	N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
B5 (03/06/08)	Coverage/program guidelines were not met or were exceeded.	0718	HOSPITAL LEAVE OF ABSENCE EXCEEDS LIMIT	N43 (10/16/03)	Bed hold or leave days exceeded.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0747	PROPHYLAXIS LIMIT	N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0945	CARE ASSIGNMENT NOT ACCEPTED - CLAIM NOT PAYABLE BY CAID	N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.
B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.	0959	CLAIM UPDATED WITH TPL 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.
B5 (06/18/07)	Coverage/program guidelines were not met or were exceeded.	1858	CLAIM CHECK: CLAIM LINES EXCEED THE MAXIMUM	N21 (06/18/07)	Alert: Your line item has been separated into multiple lines to expedite handling.
B6 (10/16/03)	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.	0900	ZERO PAYMENT - INFORMATIONAL EPSDT CLAIM ONLY	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.
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.	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE	N95 (10/16/03)	This provider type/provider specialty may not bill this service.



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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.	0210	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.	0226	BILL PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO. OR MORE	M57 (10/16/03)	Missing/incomplete/invalid provider identifier.
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.	0299	SERVICE PROVIDER NOT ELIGIBLE TO PERFORM THIS PROCEDURE	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.	0387	BILLING PROVIDER NOT ENROLLED IN CLIA	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.	0388	BILLING PROVIDER NOT CLIA ELIGIBLE ON DATE OF SERVICE	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.	0389	BILLING PROVIDER NOT ELIGIBLE TO PERFORM THIS PROCEDURE	N95 (08/31/04)	This provider type/provider specialty may not bill this 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.	0436	SUBITTER NOT ELIGIBLE FOR CLAIM TYPE ON ACTIVITY DATE	MA30 (10/16/03)	Missing/incomplete/invalid type of bill.
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.	0508	PROVIDER NOT MEDICARE CERTIFIED - BED HOLD NOT ALLOWED	N43 (10/16/03)	Bed hold or leave days exceeded.
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.	0593	CAPITATION CATEGORY RATE NOT IN EFFECT FOR DATE OF SERVICE	N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.



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B7 (01/28/05)	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.	0691	PROVIDER NOT PARTICIPATING IN REQUIRED PGM ON DATE OF SERVIC	N95 (01/28/05)	This provider type/provider specialty may not bill this service.
B7 (10/07/04)	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.	0696	CLAIM DENIED PROVIDER NOT REENROLLED	M57 (10/07/04)	Missing/incomplete/invalid provider identifier.
B7 (10/07/04)	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.	0697	CLAIM PENDED PROVIDER RE-ENROLLMENT NOT COMPLETED	M57 (10/07/04)	Missing/incomplete/invalid provider identifier.
B9 (10/16/03)	Patient is enrolled in a Hospice.	0285	HOSPICE RECIPIENT IS NOT MEDICARE ELIGIBLE	N30 (10/16/03)	Patient ineligible for this service.
B10 (10/16/03)	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	0976	MEDICAID PAYMENT REDUCED BY OTHER INSURANCE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
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.	0987	DEDUCT AMT INCLUDES MEDICARE OR PRIVATE INS REFUND TO STATE	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.
B12 (10/16/03)	Services not documented in patients' medical records.	0341	INSUFFICIENT MEDICAL DOCUMENTATION FOR ABORTION	N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0475	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (03/12/07)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0695	ADJUSTMENT / VOID ALREADY IN PROCESS	MA67 (03/12/07)	Correction to a prior claim.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0700	CONFLICTING SAME DAY LAB SERVICE	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0702	SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0714	LAB TEST CONFLICT, INDIVIDUAL TEST(S) PREVIOUSLY PAID	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	M67 (10/16/03)	Missing/incomplete/invalid other procedure code(s).



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B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0741	PROCEDURE DENIED - COMPONENT PREVIOUSLY PD CLAIM	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0742	PREVIOUS EXTRACTED TOOTH-CONTACT DENTAL UNIT@609-588-7136	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0788	ADJUSTMENT DENIED/ORIG PAID CORRECTLY	MA67 (10/16/03)	Correction to a prior claim.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0825	INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM	M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0826	DUPLICATE OF PREVIOUSLY PAID CLAIM - DENIED AFTER REVIEW	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0876	CO-PAY FOR SERVICE DATE PAID - SEE CONFLICTING ICN ON RA	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0888	CLAIM VOIDED DUE TO STATE AUDIT - SEE REMITTANCE MESSAGE 624	N35 (10/16/03)	Program integrity/utilization review decision.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0906	MULTIPLE SURGERY - \$0 PAID, INCIDENTAL PROCEDURE	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0914	ROUTINE PROCE CARRIED OUT IN NICU ARE INCL IN GLOBAL FEE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0915	MULTIPLE LTC/HOSPICE CLAIMS PROCESSED SAME MONTH AND YEAR	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0919	DISCHARGE DATE AND READMIT DATE WITHIN SET SPANS FOR NJ	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0920	DISCHARGE DATE AND READMIT DATE WITHIN SET SPANS FOR PA	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0921	SEVERE DRUG/DRUG INTERACTION - NO PA OVERRIDE CAPABILITY	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0922	DRUG INDICATES PREGNANCY PRECAUTION WARNING	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.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0924	DISCHARGE DATE AND READMIT DATE WITHIN SET TIME SPANS FOR NY	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).



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B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0931	OVERLAPPING DATES OF SERVICE FOR PROCEDURE CODE GROUP	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	0935	GENERAL INPATIENT CARE & INPATIENT CLAIM BILLED SAME DAY	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
B13 (11/01/10)	Previously paid. Payment for this claim/service may have been provided in a previous payment.	1636	MEDICARE CROSSOVER CLAIM PAID AND DUPLICATE DME CLAIM VOIDED	MA67 (11/01/10)	Correction to a prior claim.
B14 (10/16/03)	Only one visit or consultation per physician per day is covered.	0764	PARTIAL CARE AND FULL DAY NOT PAYABLE ON SAME DAY	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
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.	0547	UNIT DOSE PAYABLE FOR NURSING HOME RECIPIENT ONLY	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.
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.	0672	SPLIT CLAIM RECIP ELIG ON DISCHARGE DATE ONLY-NO PMT DUE	M2 (10/16/03)	Not paid separately when the patient is an inpatient.
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.	0673	SPLIT CLAIM ALL ELIG DAYS ARE RESIDENTIAL-NO PAYMENT DUE	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.
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.	0703	EPISIOTOMY INCLUDED IN DELIVERY CHARGE	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.
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.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	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.



NJMMIS Edit Codes/HIPAA Edit Codes Translation -

Sequenced by HIPAA Adj Reason Code

Last Date Loaded - 5/2/2011

HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
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.	0716	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	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.
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.	0720	TARGETED CASE MANAGEMENT LIMIT EXCEEDED	N43 (10/16/03)	Bed hold or leave days exceeded.
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.	0725	BIOPSY D&C CONFLICT	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
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.	0732	ADJUSTMENT TO DENTURES WITHIN 6 MONTHS OF DELIVERY	M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.
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.	0752	VISIT OR SERVICE NOT PAYABLE WITH COMPREHENSIVE EYE EXAM	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.
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.	0860	PROCEDURE CODE MODIFIERS IN CONFLICT	M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.



NJMMIS Edit Codes/HIPAA Edit Codes Translation -

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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
B17 (10/16/03)	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	0410	SERVICE NOT AUTHORIZED BY GSHP CASE MANAGER	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
B17 (10/16/03)	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	0412	GSHP QA/QU PRIOR AUTHORIZATION REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
B17 (10/16/03)	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	0422	MANAGED CARE RECIPIENT-PRIOR AUTHORIZATION REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
B17 (10/16/03)	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	0423	PRIOR AUTHORIZATION REQUIRED	M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.
B17 (10/16/03)	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	0641	RX FROM PHYSICIAN REQUIRED	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID ICD9 SURG PROC	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0268	ANESTHESIA UNITS NOT ON PROCEDURE FILE FOR DATES OF SERVICE	MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0503	REVENUE CODE NOT ON FILE	M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0542	NON-LEGEND DRUG NOT PAYABLE FOR DATE OF SERVICE	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0545	NDC NOT ON DRUG FILE	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0551	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER	M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0723	LAB PANEL PROCEDURE CODE NOT ON FILE	N56 (10/16/03)	Procedure code billed is not correct/valid for the services billed or the date of service billed.



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HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description
B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.	0724	DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE	M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).
B20 (10/16/03)	Procedure/service was partially or fully furnished by another provider.	0840	EXACT DUPLICATE WITHIN GROUP PRACTICE	M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.
D21 (06/18/07)	This (these) diagnosis(es) is (are) missing or are invalid	1843	CLAIM CHECK: INVALID DIAGNOSIS CODE	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.
D21 (06/18/07)	This (these) diagnosis(es) is (are) missing or are invalid	1847	CLAIM CHECK: INVALID CLAIM DIAGNOSIS CODE	M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.