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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M2 (10/16/03)	Not paid separately when the patient is an inpatient.	0672	SPLIT CLAIM RECIP ELIG ON DISCHARGE DATE ONLY-NO PMT DUE	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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0849	RENTAL DENIED/PRIOR PURCHASE WITHIN 24 MONTHS	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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0851	DME RENTAL LIMIT 6 IN 24 MONTHS 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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0852	DME RENTAL LIMIT 10 IN 24 MONTHS 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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0853	PURCHASE DENIED/6 PRIOR RENTALS WITHIN 24 MONTHS	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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0854	PURCHASE DENIED/10 PRIOR RENTALS IN 24 MONTHS	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.
M7 (10/16/03)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	0855	PURCHASE DENIED/PRIOR PURCHASE WITHIN 24 MONTHS	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.
M7 (06/01/10)	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.	1608	INITIAL DETERMINATION OF PURCHASE	92 (06/01/10)	Claim Paid in full.
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0483	LAB TEST INCLUDED IN ESRD COMPOSITE RATE	118 (10/16/03)	ESRD network support adjustment.
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0486	PHARMACY {DRUGS} INCLUDED IN ESRD COMPOSITE RATE	118 (10/16/03)	ESRD network support adjustment.
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0487	MEDICAL SUPPLIES INCLUDED IN THE ESRD COMPOSITE RATE	118 (10/16/03)	ESRD network support adjustment.

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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.	0533	OTC DRUG COST INCLUDED IN NF PER DIEM	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
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.	0547	UNIT DOSE PAYABLE FOR NURSING HOME RECIPIENT ONLY	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.
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.	0673	SPLIT CLAIM ALL ELIG DAYS ARE RESIDENTIAL- NO PAYMENT DUE	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.
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.	0703	EPISIOTOMY INCLUDED IN DELIVERY CHARGE	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.
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	B15 (10/16/03)	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
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.	0714	LAB TEST CONFLICT, INDIVIDUAL TEST(S) PREVIOUSLY PAID	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
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.	0716	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	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.

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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.	0752	VISIT OR SERVICE NOT PAYABLE WITH COMPREHENSIVE EYE EXAM	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.
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.	0904	MULTIPLE SURGERY-$0 PAID, LIMIT EXCEEDED	45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
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.	0905	MULTIPLE SURGERY-REDUCED BY INCIDENTAL PROCEDURE	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.
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.	0906	MULTIPLE SURGERY - $0 PAID, INCIDENTAL PROCEDURE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
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.	0907	MULT SURG- 1ST UNIT PRIMARY, ADDT'L AS SECONDARY - 200% MAX	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.
M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	0134	USE PROPER PROCEDURE CD. SEE NEWSLTR VOL 2 #61 DATED 11/92	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	0272	USE PROPER PRO CODE -SEE NEWSLETTER VOL.2 #61 DATED 11/92	133 (10/16/03)	The disposition of this claim/service is pending further review.
M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	0663	USE PROPER PROCEDURE CODE-SEE NEWSLETTER P669 DATED 08/91	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.
M16 (10/16/03)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	0951	POSSIBLE DUPLICATE CCF - SEE RA MESSAGE #300	18 (10/16/03)	Duplicate claim/service.

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M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	1805	CLAIM CHECK: CLAIM LINES EXCEED MAXIMUM	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.
M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	1836	CLAIM CHECK: CLAIM WAS BYPASSED	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.)
M16 (06/18/07)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	1899	CLAIM CHECK: BYPASS CLAIM CHECK	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.)
M20 (10/16/03)	Missing/incomplete/invalid HCPCS.	0165	EMC - INVALID HCPCS PROCEDURE PREFIX	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M20 (06/29/06)	Missing/incomplete/invalid HCPCS.	1204	ANESTHESIA SERV NOT PAYABLE-SURG PROC WITH AA MOD REQ	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.
M20 (06/04/07)	Missing/incomplete/invalid HCPCS.	1215	PROCEDURE/NDC COMBINATION IS INVALID OR NOT ON FILE	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.)
M20 (06/04/07)	Missing/incomplete/invalid HCPCS.	1216	DRUG REBATE INDICATOR ZERO OR NO MCAID/GA REBATE AGREEMENT	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.)
M28 (10/16/03)	This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.	0382	HMO COVERED SERVICE - EXHAUSTION OF HMO BENEFITS PENDING REV	133 (10/16/03)	The disposition of this claim/service is pending further review.
M28 (10/16/03)	This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.	0939	RECIPIENT IS MEDICARE PART A ELIGIBLE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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M30 (10/16/03)	Missing pathology report.	0261	OPERATIVE/ANES. , HISTORY AND/OR PATH REPORT REQUESTED.	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M31 (10/16/03)	Missing radiology report.	0260	DIAGNOSTIC REPORT (XRAYS,LAB,ETC.) REQUESTED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0036	INVALID ACUTE DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0037	INVALID SNF DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0038	INVALID ICF DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0039	INVALID RESIDENTIAL DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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M32 (10/16/03)	Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.	0280	POS PAID CLAIM, PAYMENT PENDING	133 (10/16/03)	The disposition of this claim/service is pending further review.
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.	0588	OTHER PAYER CHGS ARE MISSING VALUE CODE 24 AND AMOUNT REQ	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M35 (10/16/03)	Missing/incomplete/invalid pre-operative photos or visual field results.	0156	COINSURANCE DAYS AND/OR LIFETIME RESERVE DAYS NOT NUMERIC	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M35 (10/16/03)	Missing/incomplete/invalid pre-operative photos or visual field results.	0831	EARLY REFILL - DIFFERENT PROVIDER - DENIED AFTER REVIEW	151 (10/16/03)	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
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.	0330	HYSTERECTOMY DID NOT MEET 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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0197	MISSING/INVALID NCPDP MAND	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0407	THERAPEUTIC DUPE; CLAIM THRESHOLD 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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0417	GENERIC SUBSTITUTION REQUIRED OR INAPPROPRIATE DAW	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

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M44 (10/16/03)	Missing/incomplete/invalid condition code.	0430	OCC VALUE 5 OR 6 DOES NOT APPLY	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0431	OTHER PAYOR ID REQUIRED WITH TPL PAYMENT	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0438	PAYOR ID QUAILIFIER DOES NOT EQUAL 99 PBM LIST	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0439	INVALID OTHER PAYOR ID CODE NOT ON PBM LIST	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0440	LTC PHARMACY INELIGIBLE FOR UD RECYCLING.	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0441	NUMBER OF UNITS RESTOCKED EXCEEDS ORIGINAL UNITS PAID	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0442	ORIGINAL CLAIM INELIGIBLE FOR UNIT DOSE RESTOCKING/RECYCLING	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0443	TPL PAYMENT EXPECTED PAYOR ID ON CLAIM BUT NO TPL 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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0445	TPL NOT ON RESOURCE FILE BUT TPL AMT ON CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0446	DRUG NOT COVERED BY CF PROGRAM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

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M44 (10/16/03)	Missing/incomplete/invalid condition code.	0449	"INAPPROPRIATE NARCOTIC USE"	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0457	LTC FACILITY ID MISSING ON POS REBILL UNIT DOSE RESTOCK	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0459	CLAIM PYMT ADJUSTED DUE TO OTHER INSURANCE.	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0462	RENAL REVENUE CODE PRESENT - RENAL CONDITION CODE REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0466	COMPOUND CLAIM WITH ONLY ONE INGREDIENT	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0478	NO LONGER ACCEPT PAPER COMPOUND CLAIMS	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.)
M44 (10/16/03)	Missing/incomplete/invalid condition code.	0875	FISCAL YEAR FUNDS EXHAUSTED	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M44 (04/05/11)	Missing/incomplete/invalid condition code.	2135	EDI AGREEMENT REQUIRED FOR NCPDP D.O CLAIM	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.)
M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).	0014	STATEMENT THRU DATE < OCCURRENCE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).	0461	ESRD CLAIM-OCCURRENCE CODE 35 REQUIRED	135 (10/16/03)	Interim bills cannot be processed.

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M45 (09/07/10)	Missing/incomplete/invalid occurrence code(s).	1287	STATEMENT THRU DATE < UB04 OCCUR SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0069	INVALID OCCURENCE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0163	PROCEDURE - SPANNING DATES OF SERVICE	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0724	DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0919	DISCHARGE DATE AND READMIT DATE WITHIN SET SPANS FOR NJ	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0920	DISCHARGE DATE AND READMIT DATE WITHIN SET SPANS FOR PA	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0924	DISCHARGE DATE AND READMIT DATE WITHIN SET TIME SPANS FOR NY	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M46 (09/07/10)	Missing/incomplete/invalid occurrence span code(s).	1285	INVALID UB04 OCCURRENCE SPAN FROM DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.	0019	INVALID INTERNAL CONTROL NUMBER (ICN)	133 (10/16/03)	The disposition of this claim/service is pending further review.
M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.	0080	ICN DATE IS > 2 YRS FROM SERVICE 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.)
M47 (10/16/03)	Missing/incomplete/invalid internal or document control number.	0185	FORMER ICN # MISSING/INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M47 (08/31/04)	Missing/incomplete/invalid internal or document control number.	0789	FORMER ICN INVALID OR SPACES	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M49 (05/23/07)	Missing/incomplete/invalid value code(s) or amount(s).	1235	NPI NOT ON FILE FOR SERVICE/RENDERING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M49 (06/08/09)	Missing/incomplete/invalid value code(s) or amount(s).	1321	CLAIM UOM INVALID OR NOT = NDC UOM - SEE WWW.NJMMIS.COM	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.)
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0031	CONDITION CODE 85/C3 PRESENT, REQUIRES REVENUE CODE 912	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0034	MISSING LABORATORY SERVICE REVENUE CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0503	REVENUE CODE NOT ON FILE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M50 (09/07/10)	Missing/incomplete/invalid revenue code(s).	1290	UB04 PAT RSN VISIT REQD - UNSCHEDULED VISIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M50 (03/29/10)	Missing/incomplete/invalid revenue code(s).	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631 THRU 637	199 (03/29/10)	Revenue code and Procedure code do not match.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0193	MEDICAID CHARGES PLUS TPL AMOUNT < 50% BILLED CHARGES	133 (10/16/03)	The disposition of this claim/service is pending further review.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0238	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0259	HCPCS PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0573	CAPITATION RATE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0668	USE ASSIGNED PROC CODE/NDC CODE TO MATCH DESCRIPTION GIVEN	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.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0968	PROCEDURE CODE DOES NOT ACCURATELY REFLECT SERVICES RENDERED	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.
M51 (07/01/09)	Missing/incomplete/invalid procedure code(s).	1634	NON-EMERGENCY TRANSPORTATION PROCEDURE	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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1804	CLAIM CHECK: COSMETIC PROCEDURE	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1808	CLAIM CHECK: INVALID PROCEDURE CODE	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1810	CLAIM CHECK: PROCEDURE CODE IS EXPERIMENTAL	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1811	CLAIM CHECK: PROCEDURE CODE IS OBSOLETE	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
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1812	CLAIM CHECK: PROCEDURE CODE IS MISSING	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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1818	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1822	CLAIM CHECK: MISSING PROCEDURE CODE	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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1825	CLAIM CHECK: PROCEDURE INDICATED FOR NEONATE PATIENT	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1826	CLAIM CHECK: PROCEDURE INDICATED FOR PEDIATRIC PATIENT	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1827	CLAIM CHECK: PROCEDURE INDICATED FOR MATERNITY PATIENT	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1828	CLAIM CHECK: PROCEDURE INDICATED FOR ADULT PATIENT	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M51 (12/12/07)	Missing/incomplete/invalid procedure code(s).	1881	CLAIM CHECK: PROCEDURE CODE AGE RESTRICTED	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.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1885	CLAIM CHECK: CCI INCIDENTAL 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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1886	CLAIM CHECK: CCI MUTUALLY EXCLUSIVE 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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1887	CLAIM CHECK: INCIDENTAL 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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1889	CLAIM CHECK: MUTUALLY EXCLUSIVE 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.)
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1892	CLAIM CHECK: PROCEDURE NOT VALID DUE TO REBUNDLING	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.
M51	Missing/incomplete/invalid procedure code(s).	1896	CLAIM CHECK: MEDICAL VISIT PROCEDURE	18 (06/18/07)	Duplicate claim/service.
M51 (06/18/07)	Missing/incomplete/invalid procedure code(s).	1897	CLAIM CHECK: PROCEDURE NOT EXPECTED FOR DIAGNOSIS	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.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0015	STATEMENT THRU DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0016	INV/MISS SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0018	SERVICE THRU DATE < SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (10/16/03)	Missing/incomplete/invalid "from" date(s) of service.	0071	INVALID STATEMENT COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M52 (06/18/07)	Missing/incomplete/invalid "from" date(s) of service.	1820	CLAIM CHECK: DATE OF SERVICE IS A FUTURE 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.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0035	HOSPICE CLAIM - NUMBER OF UNITS NOT EQUAL TO NUMBER OF 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.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0046	TOTAL DAYS NOT EQUAL TO DATES OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0050	BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0065	PINTS OF BLOOD FURNISHED MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0085	INV/MISS DAYS/UNITS/VISITS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0086	NUMBER OF UNITS EXCEEDS MONTHS/DAYS OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0175	BLOOD DEDUCTIBLE CHARGES MUST BE NUMERIC	66 (10/16/03)	Blood Deductible.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	66 (10/16/03)	Blood Deductible.
M53 (02/02/04)	Missing/incomplete/invalid days or units of service.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	B1 (02/02/04)	Non-covered visits.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0585	SERVICE UNITS INCONSISTENT WITH PRODUCT PACKAGING	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0771	DAY SUPPLY INCORRECTLY REPORTED AS ONE DAY.	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.)
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0837	TBI BEHAVIOR PROGRAM EXCEEDS UNITS OF SERVICE	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0152	INV/MISS TOTAL CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0153	INCORRECT TOTAL CHARGES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M54 (06/18/07)	Missing/incomplete/invalid total charges.	1853	CLAIM CHECK: INVALID CHARGE AMOUNT	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.)
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0172	INVALID PAYOR ID	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0986	INVALID PAYOR ID	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
M56 (03/12/07)	Missing/incomplete/invalid payer identifier.	1205	ADJUSTMENT/VOID DOES NOT MATCH RECIPIENT ID ON CLAIM	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.)
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0002	BILLING PROVIDER NUMBER MISSING/INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0010	INVALID SERVICING PROVIDER MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0216	SERVICING (INDIVIDUAL) PROVIDER NUMBER REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0226	BILL PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO. OR MORE	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.
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0229	SERVICE PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO.OR MORE	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
M57 (10/16/03)	Missing/incomplete/invalid provider identifier.	0230	BILLING OR SERVING PROVIDER NOT VALID	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.)
M57 (10/07/04)	Missing/incomplete/invalid provider identifier.	0696	CLAIM DENIED PROVIDER NOT REENROLLED	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.
M57 (10/07/04)	Missing/incomplete/invalid provider identifier.	0697	CLAIM PENDED PROVIDER RE-ENROLLMENT NOT COMPLETED	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.
M57 (06/17/09)	Missing/incomplete/invalid provider identifier.	1332	UNSUBMITTED TAXONOMY CODE WAS DEFAULTED	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0011	RECIPIENT NUMBER MISSING OR INVALID	31 (10/16/03)	Patient cannot be identified as our insured.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0024	POS REVERSAL REJECTED-RESUBMIT USING FD-999 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0033	SUBMITTER ID IS NOT NUMERIC OR = "O".	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0042	INV/MISS TYPE BILL CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0043	INV/MISS BIRTH WEIGHT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0048	'MISSING/INV ICD9 SURG PROC CODE- SUPPLY CODE OR REMOVE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0053	INV/MISS ACCOMMODATION DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0056	INV/MISS REVENUE UNITS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0066	INVALID SPECIAL PROGRAM INDICATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0081	INV/MISS CLINIC CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0082	EMERG ROOM REV CODE (S) PRESENT - CLINIC CODE '00' MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID ICD9 SURG PROC	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0123	EMC CLM NOT ALLOWED FOR SR GOLD CLM SUBMIT BY POS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0125	THIS PROVIDER INVALID WITH MODIFIER UE OR U6 OR WI OR WR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0126	COMPOUND DRUG INDICATOR INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0128	CLAIM > $400-RESUB CLAIM VERIFYING METRIC QUANTITY REPORTED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0129	INVALID ATTACHMENT CODE GREATER THAN 16	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0130	INV/MISS DAYS SUPPLY	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0132	INV/MISS NURSING FACILITY (LTCF) INDICATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0138	ACCIDENT INDICATOR MUST BE Y, N, OR SPACE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0139	EPSDT INDICATOR NOT Y, N OR SPACE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0142	INV/MISS ORIGIN CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0143	INV/MISS DESTINATION CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0147	FAMILY PLANNING INDICATOR MUST BE Y OR N	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0150	INVALID PROCEDURE CODE FOR EPSDT FORM - REBILL ON 1500NJ	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0151	INV/MISS CLAIM LINE CHARGE(S)	107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0160	INVALID ANESTHESIA CLAIM - CORRECT PROCEDURE AND UNITS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0168	MISSING MANDATORY PROCEDURE CODE 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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0169	INVALID MODIFIER FOR PROC CODE,CLM TYPE OR SERVICE DATE	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0176	MCARE DEDUCTIBLE AMOUNT MUST BE NUMERIC	1 (10/16/03)	Deductible Amount
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0183	MEDICARE PAYMENT DATE IS MISSING OR INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0184	INVALID/MISSING ADJUSTMENT REASON	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0186	MEDICARE ALLOWED NOT NUMERIC OR NOT > ZERO	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0187	DEDUCTIBLE, BLOOD DEDUCTIBLE, AND/OR COINSURANCE AMT MISSING	66 (10/16/03)	Blood Deductible.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0194	MISSING MEDICAID 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0198	VERIFY AND/OR CORR DRG CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0199	SUBMIT HARD COPY CLAIM AND MEDICARE 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0232	'YD' OR 'UD' MODIFIER NOT ALLOWED	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0235	INVALID DIVISION OF JUVENILE SERVICES 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0244	INVALID PROGRAM STATUS FOR SEMI PROCDURES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0258	AMBULATORY SURGICAL CENTER-DAYS/DATES INCONSISTENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0311	CORRECT D.O.B. OR RESUBMIT CLAIM UNDER BABY'S 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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0312	CORRECT RECIPIENT NUMBER AND RESUBMIT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0319	INCORRECT/MISSING MEDICALLY NEEDY TRANSMITTAL 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0348	INVALID ABORTION CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0352	INSUFFICIENT MEDICAL DOCUMENTATION FOR STERILIZATION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0363	CLAIM IS POSSIBLE ABORTION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0437	INVALID SUBMITTED ID	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0463	UNIT RECAPTURE ADJUSTMENTS	133 (10/16/03)	The disposition of this claim/service is pending further review.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0471	FQHC ENCOUNTER WITH NO PD HCPCS ON HIST	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0476	NO CLAIM IN HISTORY TABLE MATCHES DATA ON FD-999	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0488	DRG INTERIM BILL APPROVAL REQUIRED	135 (10/16/03)	Interim bills cannot be processed.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0496	INVALID BIRTH WEIGHT /AP-DRG	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0505	LTC CENSUS DATA MISSING FOR SERVICE MONTH AND YEAR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0509	MEDICARE BED HOLD INVALID	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (01/08/04)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0516	EPSDT FFS INCENTIVE PAYMENT ERROR	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0517	PASARR RECORD MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0518	INVALID PASARR DATA	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0521	RECIP NOT ON LTC MASTER FILE	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0524	INVALID LTC PSYCH RECIPIENT AGE	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0548	DAYS SUPPLY EXCEEDS PROGRAM MAX	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0572	INVALID CAP 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0574	CAPITATION RATE NOT FOUND FOR CLAIM DOS	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0575	NO GSHP PCM RATE NOT FOUND FOR CLAIM SERVICE DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0580	CLAIM ERROR REASONS > 10	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0586	MISSING/INVALID TOOTH QUADRANT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0587	MISSING/INVALID TOOTH 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0589	MODIFIER NOT ALLOWED	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0598	INVALID LEVEL-OF-CARE 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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0599	INVALID LTC COUNTY OF CHARGE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0602	MISSING DRG CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0603	PROVIDER NOT ON DRG RATE FILE	133 (10/16/03)	The disposition of this claim/service is pending further review.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	26 (10/16/03)	Expenses incurred prior to coverage.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0640	INVOICE/PRICE LIST ATTACHED IS INVALID/INSUFFICIENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0641	RX FROM PHYSICIAN REQUIRED	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.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0648	INVALID NEW YORK EXEMPT UNIT RATE CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0661	INV/MISS DRG CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0669	DETAILED DESCRIPTION NEEDED FOR PROCEDURE CODE BILLED	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0765	DELIVERY/ABORTION PROCEDURE LIMITS	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0766	WAIVER SERVICE CONFLICT	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0767	PARTIAL CARE/MEDICATION MANAGEMENT CONFLICT	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M58 (07/23/04)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0778	NO IMMUNIZATION CODE PROVIDED ON THE SAME DAY OF SERVICE	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.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM	107 (10/16/03)	The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0790	INVALID ADJUSTMENT LOCATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	18 (10/16/03)	Duplicate claim/service.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0830	EARLY REFILL - SAME PROVIDER WITH NO ATTACHMENT 08	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M58 (10/17/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0879	MEDICARE / PAAD ADJUSTMENT	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0884	CLAIM DENIED/SUBMIT DME CLAIM TO MEDICARE	22 (10/16/03)	This care may be covered by another payer per coordination of benefits.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0887	POS/MATCHING HISTORY NOT FOUND	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1002	DAYS ACUTE ARE GREATER THAN 999	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1003	DAYS SNF ARE GREATER THAN 999	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1004	DAYS ICF ARE GREATER THAN 999	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1005	DAYS RESIDENTIAL ARE > 999	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1006	CLAIM IS 100% MEDICARE-COVERED - NO MEDICAID PAYMENT DUE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1008	PART A EXHAUSTED CHARGES IS GREATER THAN 99,999.99	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1010	INVALID LTC PATIENT/OTHER PAYMENT AMOUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1249	MISSING PRIMARY PAYER IDENTIFICATION	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1250	MISSING SECONDARY PAYER IDENTIFICATION	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1251	MISSING TERTIARY PAYER IDENTIFICATION	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1252	MISSING DEDUCTIBLE, COINSURANCE OR CO-PAYMENT AMOUNT	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1253	SUM OF SUBMITTED DEDUCT, COINS OR CO-PAY EXCEEDS APPR AMT	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1254	INVALID PRIMARY BENEFITS EXHAUST 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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1255	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO EXH DATE	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1284	INVALID/MISSING UB04 OCCURRENCE SPAN CODE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1310	MISSING/INVALID DENTAL CLINIC REV CODE.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1311	MISSING/INVALID DENTAL PROCEDURE CODE.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (10/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1316	CLAIMS FOR DEPARTMENT CORRECTIONS INMATE	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE.	17 (03/16/09)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1335	PAYMENT REDUCED TO SMAC MAXIMUM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1602	OP PSYCH SERVICE IN CONFLICT WITH Y99XX CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1603	ADJ/VOID CREATED FOR RECIPIENT CHANGE FROM GA TO OTHER ELIG	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1617	PA NUMBER CHANGED SYSTEMATICALLY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (02/05/07)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1621	DENY REASON CODE OR DENY EXPLANATION MISSING ON EOB	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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1625	COMMERCIAL HMO CO-PAY/COINS/DEDUCT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1627	EXHAUSTED CHARGES A3 AMOUNT REPORTED ON THE CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (07/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1628	REQUIRED DENTAL CLAIM NOT RECEIVED FOR SAME DOS	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.)
M58 (07/01/08)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1629	DENTAL ANESTHESIA CLAIM CUTBACK BY BEHAVIOR MANAGEMNT CLAIMS	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.)
M58 (07/01/09)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1631	THERAPY CONFLICT WITH RESIDENTIAL, PARTIAL CARE, TRANSPORT	18 (07/01/09)	Duplicate claim/service.
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2000	SERVICE ADMINISTRATIVELY DENIED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2001	COMPOUND CONTAINS DUPLICATE INGREDIENTS	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2002	LTC COMPOUND MUST CONTAIN ACTUAL NDC	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2003	COMPOUND DRUG-INCORRECT INGREDIENT QUANTITY/COST	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2004	CLAIM PENDING RE-ENROLLMENT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2005	MEDICARE PART D DEDUCTIBLE AMT MUST BE BETWEEN 0 AND 250.00	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2006	PART D COINS/COPAY AMT IS A NEGATIVE NUMBER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2007	PA INDICATOR ON THE DRUG FILE IS = 'A' OR 'Y'	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2010	WRONG PCN (104-A4) - VALUE MUST = SUPPNJ, ADDP, OR PAAD	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2011	PART D CLAIM PAID BY A DIFFERENT PDP THAN ON OUR FILE	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2017	PART D COVERAGE KNOWN BILL FOR PART D 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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2019	PART D COINS/COPAY + DEDUCTIBLE CANNOT BOTH BE ZERO	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2021	PART D WRAPAROUND WITH PA	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2022	PART D CLAIM FOR BENE WITH MULTI ELIG - RESUBMIT WITH ALT ID#	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2023	BENEFICIARY INELIGIBLE FOR PART D ON DOS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2024	PART D DRUG EMERGENCY SUPPLY - ONE TIME ONLY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2026	PART D EMERGENCY SUPPLY OF ANTIBIOTICS - FULL PRESCRIPTION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2028	CLAIM PAYMENT THRESHOLD EXCEEDS $25000 / 125000	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2029	PART D PAPER CLAIM NOT ALLOWED FOR PART D COB CLAIMS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2030	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2031	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2032	DAILY DRUG QUANTITY EXCEEDS APPROVED AMOUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2033	PAAD/SG/ADDP CLAIMS ONLY - PAID CLAIMS FOR NON PART D DRUG	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2034	MEDICARE PART D - NOT COVERED AS WRAPAROUND BENEFIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2035	INVALID PDP REJECT CODE FOR PART D WRAPAROUND BENEFIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2036	RECIPIENT NOT ELIGIBLE FOR MAILORDER SERVICES	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2038	FIRST FILL OF THIS DRUG (BY NDC/GCN/STC) REQUIRES PRIOR AUTH	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2039	EXEMPT LTC RECIPIENTS FROM MEDICARE PART CO-PAYMENT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2040	MEDICARE PART D CO-PAYMENT EXCEEDS MAX ALLOWED.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2041	TITLE XIX RECIPIENT-INVALID PART D DEDUCTIBLE AMOUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2042	COPAY EXCEEDS CHARGE FOR 3 MONTH SUPPLY FOR RECIP LIS LEVEL	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2043	RECIPIENT ELIGIBLE FOR MEDICARE PART D	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2044	PART D-EMERGENCY SUPPLY MAY BE FILLED ONLY ONCE IN 90 DAYS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2046	PRESCRIPTION NOT ALLOWED DUE TO CHANGE IN THERAPY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2047	PA REQUIRED: DRUG / PRESCRIBER RESTRICTION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2048	PHARMACY NOT APPROVED STATE PROVIDER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2050	LICENSE # ONLY ACCEPTED FOR NPI EXCLUDED ENTITIES.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2051	FIELD 466-EZ MAY NOT CONTAIN 05 QUALIFIER - USE 01 FOR NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2052	PART D CLAIM EMERGENCY SUPPLY - NO PDP REJECT CODE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2053	PART D REJECT CODE CONFLICTS WITH PDP PAYMENT AMOUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2054	CLAIM IS INCORRECTLY BILLED - NO MEDICARE ON FILE.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2056	THE LENGTH OF THE SERVICE/BILLING NPI IS INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2057	SERVICE/BILLING PROVIDER NPI FAIL CHECK DIGIT 201-B1	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2058	SERVICING/BILLING PROVIDER NPI IS REQUIRED OF 05/23/08	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2059	THE FIRST DIGIT OF THE SERVICING/BILLING NPI IS INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2060	THE MEDICAID ID IS NOT FOUND FOR SERVICING/BILLING NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2061	FOUND MULTIPLE MEDICAID IDS FOR THE SERVICING/BILLING NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2062	THE LENGTH OF THE PRESCRIBER NPI IS INVALID - 411-DB	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2063	CHECK DIGIT VALIDATION FAIL FOR THE PRESCRIBER NPI	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2064	PRESCRIBER NPI IS REQUIRED AS OF 05/23/08	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2065	THE FIRST DIGIT OF PRESCRIBER NPI IS INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2069	METRIC QUANTITY MUST REFLECT WHOLE PACKAGE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2070	EXCEEDS MAXIMUM METRIC QUANTITY FOR PACKAGE SIZE/ FULL PKGS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2072	DUPLICATE STATE LICENSE # FOUND ON PROVIDER FILE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2073	REQUESTOR IS NOT AUTHORIZED TO VOID/ADJUST THIS CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2074	CLAIM HAS BEEN PREVIOUSLY VOIDED BY STATE - CANNOT RESUBMIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2083	DAYS SUPPLY > 34 FOR NURSING HOME EARLY REFILL	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2084	PRESCRIPTION FILLED BY MAILORDER PHARMACY	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2085	MAC OVERRIDE NOT ALLOWED - DISPENSE AS WRITTEN IND INCORRECT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2086	SUBMISSION OF 6666666 FOR NJ PRESCRIBER IS INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2089	DIABETIC SUPPLIES NOT COVERED - BILL MCARE PT B OR OTH TPL	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2090	PRESCRIBER LIC#/QUALIFIER N/A WHEN NPI EXISTS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2096	PATIENT PAID AMOUNT UNKNOWN - 433-DX	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2097	PHARMACY BILLED FOR TPL COPAY/COINSURANCE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2098	INVALID COMPOUND - CONTAINS ONE INGREDIENT PLUS WATER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2099	INCORRECT UNIT OF MEASURE REPORTED FOR DRUG	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2102	DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2107	WRONG OTHER PAYER ID (340-7C) CORRECT CLIENT INFO & RESUBMIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2108	CARDHOLDER ID INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2109	DRUG NOT PAYABLE DUE TO BUDGET CUTS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2110	PATIENT PAID AMOUNT UNKNOWN	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2111	NOT COVERED FOR RELIEF OF COUGH AND COLD SYMPTOMS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2112	CONFLICTING GENDER CODE - CONFIRM GENDER AND BENE ID NUMBER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2113	CONFLICTING DATE OF BIRTH - CONFIRM DOB AND BENE ID NUMBER	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2115	AWP WITH PRE-SETTLEMENT FORMULA LESS THAN AWP ON FILE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2117	INCORRECT BILLING PROVIDER NUMBER FOR INSTITUTIONAL SEVICES	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2119	NON-COVERED NDC PER CMS/FDA RESTRICTION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2120	LAST CHARACTER OF SIGNED FIELD IS NUMERIC & MUST BE SIGNED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2121	OTC NOT ON MEDICAID PART D WRAPAROUND	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2122	PARTD DEDUCTIBLE INVALID FOR TITLE XIX BENEFICIARY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2124	PA NUMBER FIELD CONTAINING AUDIT DATA REQUIRED FOR HMS AUDIT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2125	DRUG NOT COVERED FOR ADDP LIMITED COVERAGE PROGRAM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2127	HMS AUDIT B1 REPLACEMENT CLAIM, ORIG CLM NOT AUDITED BY HMS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2128	6-DIGIT ICN ON HMS AUDIT CLAIM DOES NOT MATCH NJMMIS CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2129	HMS AUDIT ADJUSTMENT REASON 42/47 ADDED TO POS HISTORY CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2130	HMS TPL CLAIM W/NO COB AMOUNTS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2150	HMS AUDITORS NOT ALLOWED IN PHARMACY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2151	RX IS A COMPOUND, NOT BILLED AS A COMPOUND	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2152	CLAIM DOES NOT BELONG TO PHARMACY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2153	RX INCORRECTLY SUBMITTED AS A COMPOUND	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2154	INITIAL CONTROLLED DRUG FILLED > 30 DAYS PAST DATE WRITTEN	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2155	CLAIM WAS PREVIOUSLY RESERVED BY THE PHARMACY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2156	DUPLICATE CLAIM SUBMISSION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2157	DOC HAS NO DIRECTIONS (SIG) FOR USE/EXCESSIVE QTY OF DAYS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2158	DS AND QTY CHANGED TO BE CONSISTENT WITH DOCTOR'S DIRECTIONS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2159	DUPLICATE RX	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2160	WRONG DAYS SUPPLY; CHNGED TO BE CONSISTENT W/ DR'S DIRCTNS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2161	ERRONEOUS CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2162	COMPOUND INGREDIENT COST BILLED/CALCULATED INCORRECTLY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2163	MISSING INGREDIENTS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2164	DRUG BILLED IS DIFFERENT THAN PRESCRIBED/DISPENSED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2165	INCORRECT QUANTITY BILLED FOR SINGLE PACKAGE ITEM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2166	INCORRECT COMPOUND INGREDIENT NDC# SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2167	RESPONSE RECEIVED AFTER ALLOTTED TIMEFRAME	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2168	MISSING FAX HEADER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2169	RX IS NOT ON FILE OR INCOMPLETE	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2170	ACQUISITION INVOICE DOES NOT SUPPORT NDC 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.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2171	PHARMACY FAILED TO RESPOND WITHIN ALLOTTED TIMEFRAME	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2172	INCORRECT OR INVALID DAW/DNS SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2173	INCORRECT PRESCRIBER DEA#/NPI# SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2174	PRESCRIPTION NOT VALID FOR DOS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2175	NO NAME ON RX	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2176	INELIGIBLE PRESCRIBER BASED ON CMS LIST	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2177	INELIGIBLE PHARMACY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2178	INCORRECT PATIENT INFORMATION SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2179	INAPPROPRIATE PRESCRIBER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2180	EXCESSIVE QUANTITY BILLED FOR DAYS SUPPLY SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2181	QTY EXCEEDS DS LIMITS & INCORRECT PACKAGE SIZE BILLED/DISP	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2182	RX INCOMPLTE; MISSING DATE WRITTEN	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2183	EXCEEDED REFILLS ALLOWED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2184	RX INCOMPLTE; MISSING MORE THAN ONE REQUIRED COMPONENT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2185	RX INCOMPLETE, MISSING PRESCR INFO/PRESCR SIG/AUTH AGENT/DEA	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2186	RX IS INCOMPLETE-PAT NAME IS AMBIG/INCOMPLETE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2187	RX INCOMPLETE; MISSING DIRECTIONS, DRUG NAME, STRENGTH/QTY	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2188	RX/DOCUMENTATION IS ILLEGIBLE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2189	HMS-INITIATED FAIR HEARING OVERRIDE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2190	RETURNED TO STOCK PRESCRIPTION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2191	COPY OF RX WAS NOT PROVIDED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2192	UNNECESSARY QUANTITY REDUCTION	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2193	MISSING/INCOMPLETE SIGNATURE/DELIVERY LOG/CERTIF STATEMENT	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2194	RX DISPENSED AFTER DATE OF DEATH	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2195	QUANTITY BILLED IS GREATER THAN THE QUANTITY DELIVERED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2196	RX NOT TAMPER RESISTANT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2197	UNDOCUMENTED AUTHORIZATION OF REFILL	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2198	STOLEN PRESCRIPTION PAD	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2199	ACQUISITION NON-MATCH (NDC)	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2200	MISSING ACQUISITION RECORD	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2201	INCORRECT/INVALID DATE RANGE ON INVOICE FOR NDC ON CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2202	DE DEA# ON CONTROLLED RX (CII THRU CV) MISSING OR INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2203	EQ MAXIMUM DAILY QTY EXCEED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2204	RH STRENGTH ON PRESCRIPTION MISSING	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2205	RU DIRECTIONS FOR USE MISSING	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2206	TPL CLAIM FOR PATIENT WITH PART D - SHOULD BE PART D CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2220	INVALID FACULTY NAME FOR FACILITY ID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2221	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2222	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMT QUALIFIER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2223	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2224	INVALID OTHER PAYER AMOUNT PAID QUALIFIER FOR D.0 CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2225	INVALID OTHER COVERAGE CODE FOR NCPDP D.0 CLAIM	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2226	INVALID CLAIM FORMAT-NCPDP D.0 IS IN MANDATORY PERIOD	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2227	DIAGNOSIS CODE QUALIFIER VALUES ARE NOT EQUAL	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2228	PAYER-PAT DATA FOR HEALTH PLAN FUNDED ASSISTANCE(129-UD) > 0	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2229	MISSING QUALIFIER FOR OTHER PAYER AMOUNT PAID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2230	PATIENT RESIDENCE IS NOT NUMERIC	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2231	BENEFIT STAGE AMOUNT IS NOT NUMERIC	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2232	BENEFIT STAGE AMOUNT SUBMITTED FOR DEDUCTIBLE STAGE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2233	BENEFIT STAGE AMOUNT SUBMITTED FOR INITIAL STAGE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2234	BENEFIT STAGE AMOUNT SUBMITTED FOR DONUT HOLE STAGE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2235	BENEFIT STAGE AMOUNT SUBMITTED FOR CATASTROPHIC STAGE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2236	PARTD PDP ON CLAIM AND NO BENEFIT STAGES SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2237	OTHER PAYER-PATIENT RESP AMT COUNT NOT EQUAL # REPETITIONS	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2238	OTHER PAYER-PATIENT RESP AMT DOES NOT HAVE A CORRESP QUAL	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2239	BENEFIT STAGE AMOUNT DOES NOT HAVE A CORRESPONDING QUALIFIER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2240	OTHER PAYER ID FIELD MISSING OR INVALID	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	2241	INVALID BENEFIT STAGE AMOUNT, NO PARTD PAYER SUBMITTED	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	0017	INV/MISS SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M59 (10/16/03)	Missing/incomplete/invalid "to" date(s) of service.	0072	INVALID STATEMENT COVERS THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0403	DURATION AT THIS DOSAGE EXCEEDED	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0408	PRIOR AUTHORIZATION NUMBER INVALID	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0409	PROSTHETIC AND/OR ORTHOTIC CHARGES REQUIRES PA	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0410	SERVICE NOT AUTHORIZED BY GSHP CASE MANAGER	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0412	GSHP QA/QU PRIOR AUTHORIZATION REQUIRED	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.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0416	PRESCRIPTION VOLUME EXCEEDS THRESHOLD - PA REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0422	MANAGED CARE RECIPIENT-PRIOR AUTHORIZATION REQUIRED	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.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0423	PRIOR AUTHORIZATION REQUIRED	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.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0537	DAILY DRUG QUANTITY EXCEEDED; IMMEDIATE PA REQUIRED	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0577	PA REQUIRED FOR WFNJ/GA DRUG 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.)
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0704	OUTPATIENT ACUTE-ADULT PARTIAL HOSPITALIZATION - PA REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0705	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM - PA REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0768	EXCESSIVE PRIVATE DUTY NURSING HOURS-PA REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0770	PROCEDURE CODE/NDC NOT INCLUDED IN PRIOR AUTHORIZATION	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0772	PA/PROVIDER NOT AUTHORIZED	38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0773	DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE(S)	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0774	PRIOR AUTHORIZATION NOT ON FILE	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0775	PA RECORD ON FILE IS NOT ACTIVE	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0776	PA DOLLARS/UNITS EXHAUSTED-CUTBACK	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0777	GSHP PA ALREADY PROCESSED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0779	MEDICAID PRIOR AUTHORIZATION NUMBER INVALID	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0780	GSHP PRIOR AUTHORIZATION NOT ON FILE	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0781	GSHP PRIOR AUTHORIZATION RECORD NOT ACTIVE	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0782	GSHP DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0783	GSHP PROCEDURE NOT INCLUDED IN PRIOR AUTHORIZATION	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0784	GSHP PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0867	PCA SERVICES > 25 HRS. & VALID PA NUMBER NOT ON CLAIM.	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0868	PCA UNITS OF SERVICE EXCEEDS WEEKLY ALLOWABLE ON THE PA.	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0877	SEVERE DD INTERACTION; PA REQUIRED FOR DIFFERENT PRESCRIBERS	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0926	AUTHORIZATION PERIOD FOR ORTHO SVCS EXCEEDED/ PA REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (10/16/03)	Missing/incomplete/invalid treatment authorization code.	0937	PRIOR AUTHORIZED UNITS USED FOR CLAIM PAYMENT	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
M62 (01/01/10)	Missing/incomplete/invalid treatment authorization code.	1633	PA REQUIRED FOR PARTIAL CARE	62 (01/01/10)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0290	INVALID SECONDARY DIAGNOSIS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0295	INVALID THIRD OR SUBSEQUENT DIAGNOSIS.	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0444	DIAGNOSIS CODE REQUIRED/ MEDICARE COVERED DRUG	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0479	PRIV PSYCH HOSP - PT AGE > 21 AND < 65	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.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1289	UB04 ADMIT DIAGNOSIS NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1292	UB04 PATIENT REASON FOR VISIT NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1294	UB04 EXTERNAL INJURY CODE NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
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.	0946	RA SHOWING MEDICAID CROSSOVER PAYMENT MUST BE ATTACHED	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.
M67 (10/16/03)	Missing/incomplete/invalid other procedure code(s).	0708	GLOBAL OB CARE/SERVICE CONFLICT	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.
M67 (10/16/03)	Missing/incomplete/invalid other procedure code(s).	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.	0231	REFERRING PROVIDER NUMBER REQUIRED - GSHP	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.	0262	REFER/OTHER PHY REQ FOR CONSULT AND/OR 2ND OPINION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M68 (10/16/03)	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification.	0275	RADIOLOGY SERVICES REQUIRE REFERRING PHYSICIAN	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.	0241	22 MOD SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.	0584	MODIFIER REMOVED - TRIP LESS THAN 16 MILES	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.
M69 (10/16/03)	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.	0633	AMBULANCE/INVALID COACH < 16 MILES	117 (10/16/03)	Transportation is only covered to the closest facility that can provide the necessary care.
M72 (06/18/07)	Did not enter full 8-digit date (MM/DD/CCYY).	1851	CLAIM CHECK: INVALID CLAIM DATE OF 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.)
M72 (06/18/07)	Did not enter full 8-digit date (MM/DD/CCYY).	1852	CLAIM CHECK: INVALID DATE OF 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.)
M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.	0062	INVALID CONDITION CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1801	CLAIM CHECK: CLM DIAG INVALID BASED ON ICD-9 EXPIRATION DT	146 (06/18/07)	Diagnosis was invalid for the date(s) of service reported.
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1802	CLAIM CHECK: CLM DIAGNOSIS INVALID ICD-10	146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1843	CLAIM CHECK: INVALID DIAGNOSIS CODE	D21 (06/18/07)	This (these) diagnosis(es) is (are) missing or are invalid
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1847	CLAIM CHECK: INVALID CLAIM DIAGNOSIS CODE	D21 (06/18/07)	This (these) diagnosis(es) is (are) missing or are invalid
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1879	CLAIM CHECK: DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DT	146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.
M76 (06/18/07)	Missing/incomplete/invalid diagnosis or condition.	1880	CLAIM CHECK: DIAGNOSIS INVALID ICD-10	146 (12/12/07)	Diagnosis was invalid for the date(s) of service reported.
M77 (10/16/03)	Missing/incomplete/invalid place of service.	0141	INV/MISS 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.
M77 (10/10/08)	Missing/incomplete/invalid place of service.	1313	INVALID CLAIM TYPE FOR DEPT OF CORRECTIONS	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.)
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0162	INV/MISS PROCEDURE CODE 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.
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0247	REVENUE/ICD9/HCPCS PROC CODE ON CLM CONFLICTS WITH CLM TYPE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0256	PROCEDURE MODIFIER REQUIRED	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.
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0519	MODIFIER ADDED - TRIP OVER 15 MILES	117 (10/16/03)	Transportation is only covered to the closest facility that can provide the necessary care.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0860	PROCEDURE CODE MODIFIERS IN CONFLICT	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.
M78 (06/18/07)	Missing/incomplete/invalid HCPCS modifier.	1834	CLAIM CHECK: INVALID MODIFIER	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.
M79 (07/01/09)	Missing/incomplete/invalid charge.	1632	PROVIDER ADULT MDC UNIT EXCEEDS 200 UNIT PER DAY	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.
M79 (12/12/07)	Missing/incomplete/invalid charge.	1854	CLAIM CHECK: INVALID NUMERIC FIELD	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.)
M79 (12/12/07)	Missing/incomplete/invalid charge.	1857	CLAIM CHECK: NUMERIC FIELD NOT POPULATED	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.)
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	0757	DRUG SUPPLIED EARLY BY DIFFERENT PROVIDERS	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	0825	INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	0841	PROVIDER CANNOT BE SURGEON & ASST SURGEON/ANESTHESIOLOGIST	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
M81 (10/16/03)	You are required to code to the highest level of specificity.	0480	GROUPER ASSIGNED A NEW DRG CODE	90 (10/16/03)	Ingredient cost adjustment. Note: To be used for pharmaceuticals only.
M85 (10/16/03)	Subjected to review of physician evaluation and management services.	0170	EXCESSIVE ANESTHESIA UNITS - PEND FOR MEDICAL 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.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M85 (10/16/03)	Subjected to review of physician evaluation and management services.	0336	ABORTION REQUIRES REVIEW	133 (10/16/03)	The disposition of this claim/service is pending further review.
M85 (10/16/03)	Subjected to review of physician evaluation and management services.	0883	ORTHODONTIC CUTBACK/FINAL PAYMENT	23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0475	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0625	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0700	CONFLICTING SAME DAY LAB SERVICE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0701	DUPLICATE CONSULTATION	18 (10/16/03)	Duplicate claim/service.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0702	SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0722	SERVICE/VISIT CONFLICT	B1 (10/16/03)	Non-covered visits.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0729	CLAIM PAYMENT REDUCED FOR PREVIOUSLY PAID VISIT	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.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0730	SPECIMEN COLLECTION GREATER THAN ONE	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0732	ADJUSTMENT TO DENTURES WITHIN 6 MONTHS OF DELIVERY	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.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0733	CLAIM EXCEEDS LIMIT OF ONE UNIT OF SERVICE	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0735	INITIAL VISIT/ANNUAL EXAM/EPSDT EXAM LIMIT	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.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0736	LAB SERVICE	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0740	OPT APP EXCEEDS PROGRAM LIMITATION	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0741	PROCEDURE DENIED - COMPONENT PREVIOUSLY PD CLAIM	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0742	PREVIOUS EXTRACTED TOOTH-CONTACT DENTAL UNIT@609-588-7136	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0749	ANESTHESIA SERVICE ALREADY PAID FOR SAME DATE OF SERVICE	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.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0753	SURGERY/VISIT CONFLICT	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0755	EARLY REFILL	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0756	DRUG SUPPLIED EARLY - REVIEW REQUIRED	133 (10/16/03)	The disposition of this claim/service is pending further review.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0760	NORPLANT EXCEED 2 IN 5 YEARS - SAME PROVIDER	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0761	NORPLANT EXCEEDS 2 IN 5 YEARS - DIFFERENT PROVIDER	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0764	PARTIAL CARE AND FULL DAY NOT PAYABLE ON SAME DAY	B14 (10/16/03)	Only one visit or consultation per physician per day is covered.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0800	EXACT DUPLICATE BILL	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0801	POSSIBLE DUPLICATE CONFLICT	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0802	PHYSICIAN AND EPSDT DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0803	INPATIENT AND LTC DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0804	INPATIENT AND OUTPATIENT DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0805	INPATIENT AND HOME HEALTH DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0806	LTC AND HOME HEALTH DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0807	INPATIENT AND INSTITUTIONAL CROSSOVER DUPLICATE	18 (10/16/03)	Duplicate claim/service.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0809	POSSIBLE DUPLICATE	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0810	DUPLICATE BILL - OVERLAPPING DATES OF SERVICES	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0812	TRANSPORTATION AND INPATIENT HOSPITAL DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0813	OUTPATIENT AND INSTITUTIONAL CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0814	PHYSICIAN AND PHYSICIAN CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0815	AMBULANCE AND AMBULANCE CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0816	CLINIC AND CLINIC CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0817	P&O AND P&O CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0818	DME AND DME CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0819	LAB AND LAB CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0820	OPTOMETRIST AND OPTOMETRIST CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0821	MID-LEVEL PRACT AND CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0822	EPSDT AND EPSDT CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0823	LTC AND LTC CROSSOVER DUPLICATE ERROR	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0826	DUPLICATE OF PREVIOUSLY PAID CLAIM - DENIED AFTER REVIEW	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0827	PHARMACY EXACT DUPLICATE BILL - SAME PROVIDER	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0828	PHARMACY EXACT DUPLICATE BILL - DIFFERENT PROVIDER	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0829	EARLY REFILL -SAME PROVIDER - DENIED AFTER REVIEW	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0840	EXACT DUPLICATE WITHIN GROUP PRACTICE	B20 (10/16/03)	Procedure/service was partially or fully furnished by another provider.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0899	DUPLICATE ICN	18 (10/16/03)	Duplicate claim/service.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0901	MULTIPLE SURGERY-PAID AS PRIMARY PROCEDURE	100 (10/16/03)	Payment made to patient/insured/responsible party/employer.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0914	ROUTINE PROCE CARRIED OUT IN NICU ARE INCL IN GLOBAL FEE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0931	OVERLAPPING DATES OF SERVICE FOR PROCEDURE CODE GROUP	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0935	GENERAL INPATIENT CARE & INPATIENT CLAIM BILLED SAME DAY	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0943	REBILL CLAIM WITH MEDICARE PAID LINES ONLY	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (08/31/04)	Service denied because payment already made for same/similar procedure within set time frame.	0976	MEDICAID PAYMENT REDUCED BY OTHER INSURANCE	B10 (10/16/03)	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
M86 (01/01/10)	Service denied because payment already made for same/similar procedure within set time frame.	1607	FQHC DUPLICATE CONFLICT	18 (01/01/10)	Duplicate claim/service.
M86 (12/02/05)	Service denied because payment already made for same/similar procedure within set time frame.	1614	OBSERVATION OFFICE VISIT CONFLICT WITH OTHER DENTAL SERVICE	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.
M86 (05/12/08)	Service denied because payment already made for same/similar procedure within set time frame.	1622	CHARITY AND MEDICAID DUPLICATE ERROR	18 (05/12/08)	Duplicate claim/service.
M86 (03/23/09)	Service denied because payment already made for same/similar procedure within set time frame.	1630	MCARE LTC CLAIM WITH OVERLAPPING DOS	119 (03/23/09)	Benefit maximum for this time period or occurrence has been reached.
M87 (10/16/03)	Claim/service(s) subjected to CFO-CAP prepayment review.	0279	DENIED AS A RESULT OF PREPAYMENT REVIEW BY DMAHS	133 (10/16/03)	The disposition of this claim/service is pending further review.
M90 (10/16/03)	Not covered more than once in a 12 month period.	0737	PAAD/SR GOLD RECIP REFILL > 12 MO FROM ORIGINAL PRESCRIPTION	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
M90 (10/16/03)	Not covered more than once in a 12 month period.	0873	KIDCARE D MENTAL HEALTH SERVICE FOR BENEFIT YEAR EXCEEDED	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
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.	0531	LTC/HOSPICE REQUIRES PR-1 OR LTC REQUIRES PATIENT PYT AMOUNT	106 (10/16/03)	Patient payment option/election not in effect.
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.	0664	ITEM BILLED IS INCLUDED IN ADMINSTRATION/SUPPLY KIT	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.
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.	1815	CLAIM CHECK: DUPLICATE PROCEDURE FOR SAME DATE OF SERVICE	18 (06/18/07)	Duplicate claim/service.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M117 (10/16/03)	Not covered unless submitted via electronic claim.	0208	PROVIDER APPROVED FOR EMC ONLY	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M117 (10/16/03)	Not covered unless submitted via electronic claim.	0227	PROVIDER NOT APPROVED FOR EMC	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0127	NDC CODE MISSING OR INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0540	COMPOUND DRUG FOR GSHP BENEFICIARY	150 (10/16/03)	Payer deems the information submitted does not support this level of service.
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0542	NON-LEGEND DRUG NOT PAYABLE FOR DATE OF SERVICE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0544	DRUG NOT PAYABLE FEDERAL DESI	150 (10/16/03)	Payer deems the information submitted does not support this level of service.
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0545	NDC NOT ON DRUG FILE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0551	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0553	COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M119 (10/16/03)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	0559	COMPOUND DRUG-NDC CODE MISSING OR INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M119 (06/04/07)	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	1214	INVALID NDC OR NDC NOT ON FILE	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.)
M123 (10/16/03)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	0560	COMPOUND DRUG-QUANTITY MISSING OR INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M123 (06/08/09)	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	1317	INVALID/MISSING METRIC QUANTITY	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.)
M128 (10/16/03)	Missing/incomplete/invalid date of the patient's last physician visit.	0135	INV/MISS CURRENT EXAM 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.)
M131 (10/16/03)	Missing physician financial relationship form.	0658	NO PROVIDER RATE RECORD FOR BILLING PROVIDER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M131 (10/16/03)	Missing physician financial relationship form.	0659	NF RATE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M144 (10/16/03)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	0745	HOSPITAL CALL/CONSULTATION CONFLICT	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.
M144 (06/18/07)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	1890	CLAIM CHECK: POST OPERATIVE PROCEDURE CODE	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.)

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M144 (06/18/07)	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	1891	CLAIM CHECK: PRE OPERATIVE PROCEDURE CODE	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.)
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.	0974	TPL PAYMENT AMOUNT FROM EOB MISSING ON CLAIM	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.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0054	INPATIENT/INPATIENT CROSSOVER CLAIM - SWING BEDS	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0182	OVERRIDE CODE NOT NUMERIC	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0190	1ST 2 POSITIONS OF BILL TYPE CONFLICTS WITH THE PAYOR ID	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0191	REVIEW RA MESSAGE PAGE FOR EXPLANATION	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.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0234	PEND FOR OUT-OF-STATE NON-DRG PRICING POLICY CHANGE	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0264	SPECIAL PROGRAM CODE - REVIEW ATTACHMENT	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0265	MISSING ASC LEVEL DATA	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0268	ANESTHESIA UNITS NOT ON PROCEDURE FILE FOR DATES OF SERVICE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0322	HMO COVERED SERVICE -REVIEW REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0368	NOT LOCK IN PHARMACY/EMERGENCY SUPPLY DISPENSED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0541	COMPOUND DRUG MANUAL REVIEW REQUIRED	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0563	NO BASE DISPENSING FEE ON FILE FOR CLAIM SERVICE DATE	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0564	NO VOLUME DISCOUNT ON FILE FOR CLAIM SERVICE DATE	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.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0571	CAPITATION INDICATOR NOT MATCHED	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.)
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0581	DENTAL SERVICES AFTER ELIGIBILITY TERMINATION	27 (10/16/03)	Expenses incurred after coverage terminated.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0604	INVALID PRICING ACTION CODE	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0605	OUT OF STATE DRG CLAIM REQUIRES MANUAL PRICING	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0634	DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE	26 (10/16/03)	Expenses incurred prior to coverage.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0638	LTC PHARMACY PROVIDER NOT FOUND	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0880	CUMULATIVE RETRO REVIEW - FOR INTERNAL USE.	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0940	CLAIM REQUIRES REVIEW - MEDICARE PART A ATTACHMENT	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0973	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCE	133 (10/16/03)	The disposition of this claim/service is pending further review.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0984	CLAIM REQUIRES REVIEW - MEDICARE PART B ATTACHMENT	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0992	SET LOCATION TO STATE REVIEW	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0997	IMAGINERY CLAIM - REVIEW REQUIRED	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA07 (05/19/06)	Alert: The claim information has also been forwarded to Medicaid for review.	1202	PREMIUM SUPPORT PROGRAM - STATE REVIEW REQUIRED.	133 (05/19/06)	The disposition of this claim/service is pending further review.
MA07 (11/08/10)	Alert: The claim information has also been forwarded to Medicaid for review.	1333	PLEASE CONTACT THE MANAGE CARE OFFICE AT 1-800-701-0710	133 (11/08/10)	The disposition of this claim/service is pending further review.
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.	0140	LABORATORY INDICATOR MUST BE Y OR N	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA112 (10/16/03)	Missing/incomplete/invalid group practice information.	0204	SERVICING AND BILLING PROVIDERS NOT LINKED ON D.O.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.)
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.	0579	PROVIDER IRS NUM REQUIRED FOR SPECIAL EDUC CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA114 (10/16/03)	Missing/incomplete/invalid information on where the services were furnished.	0171	INVALID CARRIER 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.)
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.	0288	VETERANS HOME RESIDENT, NON COVERED SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	0106	CONSECUTIVE LEAVE TYPES-OVERLAPPING DATES OF 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.)
MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	0314	CLAIM SERV. DATES OVERLAP SPEC. PROG. ELIG. BEGIN/END DATES.	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA133 (10/16/03)	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.	0364	CLAIM SPANS HMO ENROLLMENT - CALL REVS	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA134 (10/16/03)	Missing/incomplete/invalid provider number of the facility where the patient resides.	0515	NURSING FACILITY ADMIT RESTRICTED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA21 (10/16/03)	SSA records indicate mismatch with name and sex.	0302	NAME MISMATCH OR FOR PHARMACY: GENDER AND/OR DOB	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA22 (10/16/03)	Payment of less than $1.00 suppressed.	0667	COMPUTED DRUG COST ALLOW IS ZERO - VERIFY/CORRECT QUANTITY	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.)
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	0435	UNABLE TO DETERMINE HIPAA CLAIM TYPE.	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.)
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	0436	SUBITTER NOT ELIGIBLE FOR CLAIM TYPE ON ACTIVITY DATE	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.
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	0952	CLAIM VOIDED - RECIPIENT ID ERROR	31 (10/16/03)	Patient cannot be identified as our insured.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0021	BILLED DATE LESS THAN THRU DATE	110 (10/16/03)	Billing date predates service date.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0022	INV/MISS BILLED DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0023	BILLED DATE < STATEMENT THRU DATE	110 (10/16/03)	Billing date predates service date.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0110	DATE OF SERVICE < ADMISSION DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0111	LIVERY CLAIM FILED > 90 DAYS AFTER 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.)
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0113	LTC/HOSPICE CLAIMS SPANS MONTHS'	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0358	SECOND OPINION - DATE RESTRICTION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0383	DATE OF SERVICE LATER THAN DATE OF DEATH	13 (10/16/03)	The date of death precedes the date of service.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0384	DATE OF SERVICE LATER THAN DATE OF DEATH	13 (10/16/03)	The date of death precedes the date of service.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0400	NOT VALID CAPITATION CLAIM	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0401	DATE OF SERVICE < DATE OF BIRTH	14 (10/16/03)	The date of birth follows the date of service.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0424	ELIG ENDED BEFORE CLAIM THRU DATE FOR DME-CUTBACK APPLIED	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0455	RECIPIENT NOT ELIGIBLE ON FROM D.O.S. NO DEDUCTIBLE DUE	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	110 (10/16/03)	Billing date predates service date.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0528	LTC RECIP NOT ELIG FOR ENTIRE PERIOD- CUTBACK ASSESSMENT DTE	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0529	CLAIM DATES OF SERVICE BEFORE INITIAL ASSESSMENT DATE	110 (10/16/03)	Billing date predates service date.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0530	LTC OVERLAPPING LEAVE PERIODS	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0620	RECIPIENT NOT ELIGIBLE FOR FULL SERVICEPERIOD: CUTBACK	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA31 (08/31/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0833	CLAIM FOR CONTINUOUS LEAVE- NO PRIOR SERVICE DATE PAID CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA31 (06/18/07)	Missing/incomplete/invalid beginning and ending dates of the period billed.	1813	CLAIM CHECK: DATE OF SERVICE REQUIRED FOR 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.)
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	0157	ACUTE DAYS > 150 - RESUBMIT AS INPATIENT TPL CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	0158	ACUTE DAYS > 90 - RESUBMIT AS INPATIENT TPL CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	0499	ACUTE DAYS BILLED EQUAL ZERO	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA33 (10/16/03)	Missing/incomplete/invalid noncovered days during the billing period.	0067	INV/MISS NON COVERED HOSPITAL DAYS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.	0173	INVALID COINSURANCE DAYS	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.	0177	MCARE COINSURANCE AMOUNT MUST BE NUMERIC	2 (10/16/03)	Coinsurance Amount
MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.	0179	MISSING/INVALID COINSURANCE 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.)
MA34 (10/16/03)	Missing/incomplete/invalid number of coinsurance days during the billing period.	0510	COINS DAYS MUST BE BILLED PRIOR TO LIFETIME RESERVE DAYS	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA35 (10/16/03)	Missing/incomplete/invalid number of lifetime reserve days.	0154	COINS AND/OR LIFETIME RESERVE DAYS CONFLICT WITH DOS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA35 (10/16/03)	Missing/incomplete/invalid number of lifetime reserve days.	0155	COINS DAYS LIFETIME RESERVE DAYS AND/OR BLD DEDUCT MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA36 (10/16/03)	Missing/incomplete/invalid patient name.	0012	MISSING RECIPIENT NAME	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA38 (10/16/03)	Missing/incomplete/invalid birth date.	0013	INVALID BIRTHDATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA38 (12/12/07)	Missing/incomplete/invalid birth date.	1821	CLAIM CHECK: BIRTH DATE IS A FUTURE 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.)
MA38 (06/18/07)	Missing/incomplete/invalid birth date.	1849	CLAIM CHECK: INVALID DATE OF BIRTH CENTURY VALUE	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.)
MA38 (06/18/07)	Missing/incomplete/invalid birth date.	1850	CLAIM CHECK: INVALID DATE OF BIRTH	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.)
MA39 (06/18/07)	Missing/incomplete/invalid gender.	1803	CLAIM CHECK: INVALID OR MISSING GENDER	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA39 (06/18/07)	Missing/incomplete/invalid gender.	1829	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A MALE	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.
MA39 (06/18/07)	Missing/incomplete/invalid gender.	1831	CLAIM CHECK: PROCEDURE NOT INDICATED FOR A FEMALE	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.
MA39 (06/18/07)	Missing/incomplete/invalid gender.	1893	CLAIM CHECK: PROCEDURE GENDER RESTRICTION	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.
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	0040	INV/MISS ADMISSION DATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	0635	LTC NEW ADMIT DATE OF SERVICE PRIOR TO ASSESSMENT DATE	26 (10/16/03)	Expenses incurred prior to coverage.
MA41 (10/16/03)	Missing/incomplete/invalid admission type.	0044	INV/MISS TYPE OF ADMISSION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0068	INVALID SOURCE OF ADMISSION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0084	BABY & MOTHER-ADMIT SOURCE INVALID FOR ADMIT TYPE (NEWBORN)	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0045	INV/MISS PATIENT STATUS CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0367	GA RECIPIENT INELIGIBLE ON DATE OF SERVICE	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0398	GA RECIPIENT ID CHANGED TO MEDICAID RECIPIENT ID.	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0399	GA RECIPIENT ID CHANGED.	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0418	FAMILYCARE ADDP ENROLLMENT EDIT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0419	WFNJ/GA OR NJFL CLAIM PROCESSED AS ADDP	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0420	CLAIM PAYABLE UNDER WFNJ/GA OR FC ONLY	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA45 (07/23/04)	Alert: As previously advised, a portion or all of your payment is being held in a special account.	0990	DELAYED PAYMENT OF PROPRIETARY ELECTRONIC CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA46 (10/16/03)	The new information was considered but additional payment will not be issued.	0594	CLAIM NOT ELIGIBLE FOR ADD-ON 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.)
MA46 (10/16/03)	The new information was considered but additional payment will not be issued.	0847	INCORRECT ICN ON FD-999	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.
MA46 (10/16/03)	The new information was considered but additional payment will not be issued.	0889	GA MATCHING HISTORY NOT FOUND	133 (10/16/03)	The disposition of this claim/service is pending further review.
MA52 (04/21/08)	Missing/incomplete/invalid date.	1256	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO PAT LIABILITY	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA52 (04/21/08)	Missing/incomplete/invalid date.	1257	MCARE SUPPL CLM W/EXHAUSTED CHRGS NO PAT LIABILITY	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.)
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0166	INV/MISS DIAGNOSIS CODE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0167	MISSING PRIMARY DIAGNOSIS CODE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0251	PROCEDURE DENIED; NOT JUSTIFIED BY 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.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	10 (10/16/03)	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0296	DIAGNOSIS CODE NOT ON FILE	47 (10/16/03)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1288	INVALID/MISSING UB04 ADMIT DIAGNOSIS	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1291	INVALID UB04 PATIENT REASON FOR VISIT	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1293	INVALID UB04 EXTERNAL INJURY CODE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA65 (10/16/03)	Missing/incomplete/invalid admitting diagnosis.	0114	INV/MISS ADMIT 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.)
MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.	0009	SERVICES NOT COVERED FOR THIS RECIPIENT.	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0161	INV/MISS HCPCS PROCEDURE CODE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0236	PROCEDURE/PLACE OF SERVICE RESTRICTION	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0248	ICD9 PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0253	REVENUE/PROCEDURE NOT VALID ON DATE(S) OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0254	PROCEDURE CODE AGE RESTRICTED	6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0255	PROCEDURE SEX RESTRICTION	7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0257	PROC/NDC/REV/ICD9 NOT CVRD BY MA, MA-RELATED, PAAD/SR GOLD	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0267	PROCEDURE CODE DOES NOT WARRANT ANESTHESIA SERVICES	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0273	PROCEDURE DOES NOT WARRANT SURGICAL ASSIST	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.	0305	CCPED OR HCEP NON COVERED SERVICE	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.
MA66 (07/13/04)	Missing/incomplete/invalid principal procedure code.	0309	GSHP OUT-OF-PLAN SERVICE- RECIPIENT INELIGIBLE FOR MEDICAID	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0345	MISSING ABORTION 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.)
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0725	BIOPSY D&C CONFLICT	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0758	SURGERY/ANESTHESIA CONFLICT - ANESTHESIA DENIED	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.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0759	PAYMENT REDUCED - SURGERY/ANESTHESIA CONFLICT	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.
MA66 (05/01/09)	Missing/incomplete/invalid principal procedure code.	1314	HOSPICE PROCEDURE/PLACE OF SERVICE RESTRICTION	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA67 (03/12/07)	Correction to a prior claim.	0695	ADJUSTMENT / VOID ALREADY IN PROCESS	B13 (03/12/07)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA67 (10/16/03)	Correction to a prior claim.	0785	MAINFRAME CLAIM NOT PRESENT ON POS HISTORY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA67 (10/16/03)	Correction to a prior claim.	0788	ADJUSTMENT DENIED/ORIG PAID CORRECTLY	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA67 (10/16/03)	Correction to a prior claim.	0842	ADJUSTMENT MUST HAVE CORRECTED CLAIM ATTACHED	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.
MA67 (10/16/03)	Correction to a prior claim.	0956	CLAIM REPROCESSED TO CORRECT PAYMENT	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA67 (10/16/03)	Correction to a prior claim.	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA67 (03/12/07)	Correction to a prior claim.	1201	MULTIPLE HIST RECS FOUND FOR ADJ/VOID	18 (03/12/07)	Duplicate claim/service.
MA67 (11/01/10)	Correction to a prior claim.	1636	MEDICARE CROSSOVER CLAIM PAID AND DUPLICATE DME CLAIM VOIDED	B13 (11/01/10)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA75 (10/16/03)	Missing/incomplete/invalid patient or authorized representative signature.	0356	RECIP/PHYS DATE/SIGN MISSING ON STERILIZATION FORM	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
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.	0001	GENERIC ELIGIBILITY RECORD USED.	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0100	ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0196	TIMELY FILING EDIT BYPASSED DUE TO CONSENT ORDER	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.)
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.	0222	LTC AGREEMENT TERMINATED:DISCHARGE PENDING FINAL DAY	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0306	MEDICAID RECIP ID CORRECTED	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.)
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.	0674	SPLIT CLAIM SNF/ICF DAYS AT/BELOW DRG HIGH TRIM-NO PMT DUE	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0869	POSSIBLE (SEVERE) DD CONFLICT - 30 DAY EXIT	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.
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.	0870	POSSIBLE WARFARIN CONFLICT	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.
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.	0876	CO-PAY FOR SERVICE DATE PAID - SEE CONFLICTING ICN ON RA	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0885	NON PAR. PHARM PROV SERV W/PA 6/01/01 PAAD/ SENIOR GOLD	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.

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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.	0900	ZERO PAYMENT - INFORMATIONAL EPSDT CLAIM ONLY	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.
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.	0910	PAYMENT EXCEEDS THRESHOLD	45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
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.	0915	MULTIPLE LTC/HOSPICE CLAIMS PROCESSED SAME MONTH AND YEAR	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0916	SEVERE DRUG/DRUG INTERACTION DUR	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
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.	0917	MODERATE DRUG/DRUG INTERACTION DUR	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.)
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.	0918	DAILY DOSAGE EXCEEDS MAXIMUM RECOMMENDED DOSAGE	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
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.	0921	SEVERE DRUG/DRUG INTERACTION - NO PA OVERRIDE CAPABILITY	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0922	DRUG INDICATES PREGNANCY PRECAUTION WARNING	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.

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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.	0923	DAILY DOSAGE LESS THAN MINIMUN RECOMMENDED DOSAGE	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.
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.	0933	THERAPEUTIC LEAVE CUTBACK TO 24 DAYS MAXIMUM	35 (10/16/03)	Lifetime benefit maximum has been reached.
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.	0941	SENIOR GOLD CO-PAY APPLIED FROM VOIDED CLAIM	3 (10/16/03)	Co-payment Amount
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0950	RE-PROCESSED PREVIOUSLY DENIED CLAIM	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0954	CLAIM REPROCESSED TO CORRECT PAYMENTOR	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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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.	0959	CLAIM UPDATED WITH TPL PAYMENT	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
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.	0960	CLAIM UPDATED WITH PATIENT PAYMENT	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
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.	0961	SYSTEM UPDATE TO PATIENT INCOME	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
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.	0962	ADJUSTMENT OR VOID CORRESPONDS TO PROVIDER REFUND	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
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.	0963	RECIPIENT HAS MEDICARE - BILL MEDICARE	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
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.	0964	ADJUSTMENT OR VOID CORRESPONDS TO CANCELLED MMIS CHECK	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0987	DEDUCT AMT INCLUDES MEDICARE OR PRIVATE INS REFUND TO STATE	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.
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.	0988	NEGATIVE MEDICARE EOB, REBILL AS ZERO PRIOR PAY	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.)

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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.	0994	PRIOR PAY AMOUNT MISSING OR DOES NOT MATCH	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0998	INCORRECT PAAD CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
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.	0999	PROCESSING ERROR/CLAIM WAS RESUBMITTED BY UNISYS	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (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.	1635	ORIGINAL APPRP CODE NOT IN USE, FIELD UPDATED	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.)
MA81 (10/16/03)	Missing/incomplete/invalid provider/supplier signature.	0224	PRESCRIBING PHYSICIAN/PRACTIONER NUMBER NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	0007	BILLING PROVIDER CHECK DIGIT INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	0206	BILLING PROVIDER NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	0212	SERV PROV NOF/ LTC COTTAGE NUMBER INVALID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	0180	OTHER INSURANCE INDICATOR MUST BE Y OR N	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
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.	0192	MEDICAID NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	2 (10/16/03)	Coinsurance Amount
MA86 (10/16/03)	Missing/incomplete/invalid group or policy number of the insured for the primary coverage.	0971	MISSING CARRIER CODE/PAYOR ID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA92 (10/16/03)	Missing plan information for other insurance.	0391	PREMIUM SUPPORT - BILL OTHER INSURANCE	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA92 (10/16/03)	Missing plan information for other insurance.	0970	BILL THIRD PARTY CARRIER OR MEDICARE HMO FIRST	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA92 (10/16/03)	Missing plan information for other insurance.	0975	RESOURCE FILE INDICATES INSURANCE OTHER THAN THAT BILLED	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA92 (10/16/03)	Missing plan information for other insurance.	0979	RECIPIENT IS MCARE PART B OR MCARE HMO ELIGIBLE	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
MA92 (10/16/03)	Missing plan information for other insurance.	0983	RESOURCE FILE INDICATES INSURANCE OTHER THAN PAYOR ID CODED	22 (10/16/03)	This care may be covered by another payer per coordination of benefits.
N3 (10/16/03)	Missing consent form.	0316	LOCK-IN AUTHORIZATION FORM INCORRECT OR INCOMPLETE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N3 (10/16/03)	Missing consent form.	0334	DATE OF CONS MUST BE AT LEAST 30 BUT NOT > 180 DAYS FROM DOS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N3 (10/16/03)	Missing consent form.	0339	DENY SECOND OPINION NOT OBTAINED	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N3 (10/16/03)	Missing consent form.	0340	ABORTION CERT FORM DATA INCORRECT/MISSING OR ILLEGIBLE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N3 (10/16/03)	Missing consent form.	0342	RECIPIENT DATES, SIGNATURE MISSING ON HYSTER 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.)
N3 (10/16/03)	Missing consent form.	0344	PHYSICIAN SIGN/NUMBER/DATES MISSING ON ABORTION 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.)
N3 (10/16/03)	Missing consent form.	0349	SEC OPINION FORM INCOMPLETE,MISSING DATA OR IS OUT OF DATE	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.
N3 (10/16/03)	Missing consent form.	0353	STERILIZATION CONSENT FORM DATA INCORRECT/MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N3 (10/16/03)	Missing consent form.	0357	HYSTERECTOMY RECEIPT OF INFO FORM-DATA INCORR/MISS OR ILLEG	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N3 (10/16/03)	Missing consent form.	0360	PHYSICIAN SIGNATURE/DATE MISSING ON SECOND OPINION 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.)
N3 (10/16/03)	Missing consent form.	0452	CERTIFICATION OF EMERGENCY FORM MISSING/INVALID	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.
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0945	'CARE ASSIGNMENT NOT ACCEPTED - CLAIM NOT PAYABLE BY 'CAID	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0947	MEDICARE OUTPATIENT PART B EOB MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0965	MEDICARE INPATIENT PART A EOB MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0966	MEDICARE INPATIENT PART B EOB MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0967	MEDICARE PHYSICIAN PART B EOB MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0972	NO EOB ATTACHED-RECIPIENT WITH OTHER RESOURCE INDICATED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0980	EOB ATTACHED FOR CARRIER/PAYER NOT REPORTED ON CLAIM	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0981	BENEFICIARY/DATES OF SERVICE DO NOT MATCH EOB	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0982	EOB INDICATES BILLING ERROR, REVIEW OR REBILL TO CARRIER	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.)
N4 (10/16/03)	Missing/incomplete/invalid prior insurance carrier EOB.	0985	ENTER TPL AMT PAID FROM EOB IN PRIOR PMT BOX ON CLAIM FORM	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.)
N5 (08/31/04)	EOB received from previous payer. Claim not on file.	0799	NO CLAIM IN HISTORY FILE MATCHES ADJ/VOID REQUEST	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N5 (07/25/05)	EOB received from previous payer. Claim not on file.	1610	NO MATCH FOUND IN HISTORY FOR HOSPITAL ADJUSTMENT	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.)
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.	0174	CLAIM IS NOT XOVER - RESUBMIT AS INPATIENT HOSPITAL 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.)
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0792	ADJUSTMENT TO CONVERTED CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0794	FINANCIAL CORRECTION REQUIRED	133 (10/16/03)	The disposition of this claim/service is pending further review.
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0795	CLAIM ADJUSTED BY SYSTEM - NEW ICN	121 (10/16/03)	Indemnification adjustment - compensation for outstanding member responsibility.
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0105	FOR TPL/HMO CLAIMS HAVING AN ATTACHMENT CODE 15	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.)
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0217	LTC PROVIDER NOT ELIGIBLE FOR ENTIRE PERIOD:CUTBACK	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0404	DURATION STANDARD EXCEEDED - POSSIBLE CUTBACK	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0433	"POSSIBLE UNDERUTILIZATION; MEP UNIT TO CONTACT MD"	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.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0434	"VERIFY DOSAGE BASED ON WEIGHT"	153 (10/16/03)	Payer deems the information submitted does not support this dosage.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0550	PENDING FOR REVIEW OF DRUG FILE ENTRY	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0610	MANUAL PRICING EXCEEDS BILLED CHARGES	94 (10/16/03)	Processed in Excess of charges.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0617	CALCULATED PAYMENT AMOUNT ZERO	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0643	OUT OF REGION NON-DRG HOSPITAL REQ MAN PRICING FOR DOS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0666	UNABLE TO PRICE CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0791	ADJUSTMENT REQUIRES MANUAL UPDATE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (10/16/03)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	0793	ADJUSTMENT PENDED FOR ARCHIVE CYCLE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N10 (08/03/09)	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	1279	CALCULATED PAYMENT AMOUNT ZERO	92 (08/03/09)	Claim Paid in full.
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.	0323	SERVICE COVERED BY HMO - NO MEDICAID PAYMENT DUE	24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.
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.	0324	HMO COVERED SERVICE - PAYMENT NOT JUSTIFIED BY ATTACHMENT	24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	0325	SERVICE NOT COVERED BY HMO - RECIPIENT INELIG FOR MEDICAID	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
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.	0327	HMO COVERED SERVICE - HMO BENEFITS EXHAUSTION UNDOCUMENTED	24 (10/16/03)	Charges are covered under a capitation agreement/managed care plan.
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.	0328	MHC RECIPIENT-NO M'CAID ELIG SEGMENT FOR THIS 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.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0109	ALLOWABLE AMOUNT IS LESS THAN CO-PAY 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.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0148	RESPITE CARE EXCEEDS MAXIMUM OF 5 DAYS	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0188	CASH DEDUCTIBLE AMOUNT EXCEEDS THE YEARLY MAXIMUM	45 (10/16/03)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0195	CORRECT UNITS-15 MINUTES ANESTHESIA TIME = 1 UNIT OF SERVICE	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0511	OVERRIDE-USE PROVIDER MEDICARE PER DIEM RATE.	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0512	DRUG NOT PAYABLE - NO ADDP REBATE AGREEMENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0513	LTC CROSSOVER CLAIM REQUIRES A MEDICARE PER DIEM RATE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0549	DRUG NOT PAYABLE - NO REBATE AGREEMENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0556	COMPOUND DRUG NOT COVERED	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.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0557	COMPOUND DRUG NOT COVERED FOR PAAD RECIPIENT	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0562	COMP DRUG WITH INGREDIENT NOT COVERED BY REBATE AGREEMENT	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.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0570	DRUG NOT PAYABLE - NO STATE REBATE AGREEMENT	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.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0607	LOW VARIANCE ERROR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0626	PAYMENT REDUCED TO MAC MAXIMUM	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0629	PATIENT LIABILITY CONFLICT - PAYMENT REDUCED	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0630	LTC LEAVE DAYS CUT BACK TO MAXIMUM 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).
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0637	MEDICARE COINSURANCE DAYS USED AS PAYABLE DAYS	22 (10/16/03)	This care may be covered by another payer per coordination of benefits.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0656	MISSING NJ DRG MARKUP FACTOR	133 (10/16/03)	The disposition of this claim/service is pending further review.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0657	MISSING NJ DRG PAYOR FACTOR	133 (10/16/03)	The disposition of this claim/service is pending further review.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0706	30 DAY NEONATAL CARE LIMIT	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0707	60 DAY NEONATAL CARE LIMITATION	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0726	INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0731	THREE YEAR XRAY LIMITATION EXCEEDED	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0738	REFILL EXCEEDS PROGRAM MAXIMUM	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0739	TRANSPORT CLAIM MUST PAY FIRST	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.)
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0747	PROPHYLAXIS LIMIT	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0748	ORAL EXAMINATION LIMIT	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0751	PAYMENT REDUCED - SURGERY/VISIT LIMITATION	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.
N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0762	MENTAL HEALTH SERVICES EXCEED $900	119	Benefit maximum for this time period or occurrence has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0763	INDEPENDENT CLINIC MENTAL HEALTH SERV EXCEED $6000	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0866	CUTBACK/PAYMENT REDUCED BY PRIOR RENTALS	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.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0882	ORTHODONTIC CUTBACK/INITIAL PAYMENT	23 (03/06/08)	The impact of prior payer(s) adjudication including payments and/or adjustments.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0902	MULTIPLE SURGERY-PAID AS SECONDARY PROC, MAX 200% OF PRIMARY	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.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0903	MULT SURG - PRIME PROC FEE REDUCED BY PRIOR PAID CLAIM	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0932	THERAPEUTIC LEAVE EXCEEDS MAXIMUM OF 24 CONSECUTIVE DAYS	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0936	INPATIENT RESPITE CARE EXCEEDS MAXIMUM OF 5 CONSECUTIVE DAYS	35 (10/16/03)	Lifetime benefit maximum has been reached.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0991	STATE APPROVED PAYMENT	45 (03/06/08)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
N14 (04/02/10)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	1330	METRIC QUANTITY INCORRECTLY REPORTED FOR DRUG BILLED	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.)
N14 (08/16/10)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	1388	MEDICARE HMO DEDUCTIBLE EXCEEDS YEARLY MAXIMUM	45 (08/16/10)	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
N14 (12/02/05)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	1615	CUTBACK-OBSERVATION OFFICE VISIT ALREADY PAID	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.
N18 (10/16/03)	Payment based on the Medicare allowed amount.	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	23 (10/16/03)	The impact of prior payer(s) adjudication including payments and/or adjustments.
N18 (04/21/08)	Payment based on the Medicare allowed amount.	1624	PAYMENT AMOUNT WAS REDUCED DUE TO PATIENT LIABILITY	142 (04/21/08)	Monthly Medicaid patient liability amount.
N20 (03/14/05)	Service not payable with other service rendered on the same date.	0865	LTC AND HOSPICE DUPLICATE ERROR	18 (03/14/05)	Duplicate claim/service.
N21 (10/16/03)	Alert: Your line item has been separated into multiple lines to expedite handling.	0284	PRIVATE DUTY NURSING - SPANNING DATES OF SERVICE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N21 (06/18/07)	Alert: Your line item has been separated into multiple lines to expedite handling.	1858	CLAIM CHECK: CLAIM LINES EXCEED THE MAXIMUM	B5 (06/18/07)	Coverage/program guidelines were not met or were exceeded.
N22 (07/09/04)	This procedure code was added/changed because it more accurately describes the services rendered.	0392	PROCEDURE CODE MAPPED TO LOCAL CODE FOR PROCESSING PURPOSES	65 (07/10/04)	Procedure code was incorrect. This payment reflects the correct code.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.	0136	COPAY CLAIM DENIED - NO BENEFICIARY OR PROGRAM LIABILITY	20 (10/16/03)	This injury/illness is covered by the liability carrier.
N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.	0715	MENTAL HEALTH SERVICES OVER $400-NF/BOARDING HOME	B5 (03/06/08)	Coverage/program guidelines were not met or were exceeded.
N23 (10/16/03)	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.	0717	PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
N28 (10/16/03)	Consent form requirements not fulfilled.	0351	RECIP AGE AT THE TIME OF STERILIZATION CONSENT DTE < 21	138 (10/16/03)	Appeal procedures not followed or time limits not met.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0026	CLAIM WITHOUT ATTACHMENT EXCEEDS TIMELY FILING LIMITS	29 (10/16/03)	The time limit for filing has expired.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0027	INPATIENT CLAIM W/O ATTACHMENT EXCEEDS TIMELY FILING LIMITS	29 (10/16/03)	The time limit for filing has expired.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0076	CLAIM W/ATTACH EXCEEDS TIMELY FILING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0077	I/P CLAIM EXCEEDS TIMELY FILING LIMIT	29 (10/16/03)	The time limit for filing has expired.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0239	ALTERED DOCUMENTATION-ORIGINAL PRICE LIST/INVOICE NEEDED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0245	ATTACHMENT REQUIRED OR INCORRECT ATTACHMENT FOR PROCEDURES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0252	PROC/REVENUE CODE/NDC/DIAG REQUIRES 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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0318	MED NEEDY SPENDDOWN RECIP- ATTACHMENT 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.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0320	MED NEEDY SPENDDOWN - INVALID/MISSING ATTACHMENT	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0331	SECOND OPINION REQUIRED	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.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0333	INVALID/MISSING SECOND OPINION INDICATOR	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.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0335	ABORTION CERTIFICATION FORM REQUIRED	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0337	STERILIZATION FORM REQUIRES REVIEW	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0338	HYSTERECTOMY PROC REQ REVIEW OF HYST RECEIPT OF INFO FORM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0341	INSUFFICIENT MEDICAL DOCUMENTATION FOR ABORTION	B12 (10/16/03)	Services not documented in patients' medical records.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0343	INVALID/MISS STERILIZATION CONSENT DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0346	INVALID/MISSING STERILIZATION INTERPRETER INDICATOR	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.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0347	INVALID/MISS STERILIZATION RACE 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.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0354	HYSTERECTOMY REQUIRES ATTACHMENT	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0355	STERILIZATION FORM REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0359	SECOND OPINION DATE AND AGE RESTRICTION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0361	INSUFFICIENT MEDICAL DOCUMENTATION FOR HYSTERECTOMY	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0362	CLAIM IS POSSIBLE STERILIZATION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0366	MISSING/INVALID STERILIZATION TIME REASON	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.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0458	OCCURRENCE CODE INDICATES ACCIDENT REVIEW REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0460	INSURANCE ATTACHMENT INVALID/MISSING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (03/28/05)	Missing documentation/orders/notes/summary/report/chart.	0464	HIPAA CLAIM DENIED NO ATTACHMENT SUBMITTED	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.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0608	PEND FOR MANUAL PRICING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0642	RESUBMIT CLM WITH INVOICE OR MANUFACTURER'S PRICE LIST	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0710	UNABLE TO DETERMINE LEAVE PERIOD- ADJUSTMENT MAY BE REQUIRED	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0832	EARLY REFILL - DIFFERENT PROVIDER WITH NO ATTACHMENT 08	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0843	ADJUSTMENT REQUEST NEEDS TO BE MORE SPECIFIC	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.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0844	ADJUSTMENT CLAIM MISSING PAYOR CODE AND/OR PRIOR PAYMENT	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.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0845	ADJUSTMENT DENIED/ EOMB REQUIRED	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.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0846	ADJUSTMENT MUST HAVE RA ATTACHED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0848	ADJUST CLM MISSING PAYER/CARRIER CODE AND/OR TPL PAYMENT	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.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0891	EARLY REFILL-SAME PROVIDER WITH NO ATTACHMENT 08	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0898	EARLY REFILL-DIFFERENT PROVIDER WITH NO ATTACHMENT 08	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0908	UNABLE TO PRICE MULTIPLE SURGERY CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0909	REQUIRES MATCHING EPSDT CLAIM FOR PAYMENT	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0925	UTILIZATION REVIEW APPROVAL MISSING/INCORRECT/DENIED	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0989	INVALID APPROPRIATION CODE ASSIGNMENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	133 (10/16/03)	The disposition of this claim/service is pending further review.
N29 (10/16/03)	Missing documentation/orders/notes/summary/report/chart.	0996	NO APPROP CODES ASSIGNED FOR CREDIT RECORD	133 (10/16/03)	The disposition of this claim/service is pending further review.
N30 (10/16/03)	Patient ineligible for this service.	0263	NON-COVERED SERVICE FOR SPECIAL PROGRAM 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.
N30 (10/16/03)	Patient ineligible for this service.	0285	HOSPICE RECIPIENT IS NOT MEDICARE ELIGIBLE	B9 (10/16/03)	Patient is enrolled in a Hospice.
N30 (10/16/03)	Patient ineligible for this service.	0301	RECIPIENT INELIG ON DATES OF SERVICE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N30 (10/16/03)	Patient ineligible for this service.	0303	RECIPIENT IS SERVICE OR PROVIDER RESTRICTED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N30 (10/16/03)	Patient ineligible for this service.	0304	PRESUMPTIVELY ELIGIBLE RECIPIENT (NON-COVERED)	A7 (10/16/03)	Presumptive Payment Adjustment
N30 (10/16/03)	Patient ineligible for this service.	0308	INELIGIBLE SERVICES UNDER MEDICALLY NEEDY PROGRAM	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N30 (10/16/03)	Patient ineligible for this service.	0310	GSHP RECIPIENT - NOT ELIGIBLE FOR LTC SERVICES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N30 (10/16/03)	Patient ineligible for this service.	0321	RECIPIENT NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N30 (10/16/03)	Patient ineligible for this service.	0326	LTC RECIPIENT NOT ON FILE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N30 (10/16/03)	Patient ineligible for this service.	0332	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N30 (10/16/03)	Patient ineligible for this service.	0350	GENERAL ASSISTANCE-SERVICE NOT COVERED.	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.
N30 (10/16/03)	Patient ineligible for this service.	0365	GA RECIPIENT NOT ON RECIP HISTORY MASTER FILE	31 (10/16/03)	Patient cannot be identified as our insured.
N30 (11/03/03)	Patient ineligible for this service.	0370	PLAN H - BENEFICIARY - NON-COVERED 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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N30 (10/16/03)	Patient ineligible for this service.	0373	CSOCI - NON-COVERED 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.
N30 (10/16/03)	Patient ineligible for this service.	0385	NON-COVERED SERVICE FOR PROGRAM STATUS 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.
N30 (10/16/03)	Patient ineligible for this service.	0386	KID-CARE UNABLE TO DETERMINE COVERAGE	31 (10/16/03)	Patient cannot be identified as our insured.
N30 (10/16/03)	Patient ineligible for this service.	0402	NOT COVERED BY GA - BILL ADDP	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
N30 (10/16/03)	Patient ineligible for this service.	0432	THIS LEGEND DRUG NOT COVERED BY PAAD/SG	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.
N30 (10/16/03)	Patient ineligible for this service.	0450	DRUG NOT COVERED FOR ESRD RECIPIENT	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N30 (10/16/03)	Patient ineligible for this service.	0451	MEDICAL SUPPLY OR SERVICE(S) NOT COVERED FOR ESRD RECIPIENT	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N30 (10/16/03)	Patient ineligible for this service.	0456	LAB NOT COVERED FOR ESRD RECIPIENT	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N30 (10/16/03)	Patient ineligible for this service.	0506	RECIPIENT INELIGIBLE TO RECEIVE LTC SERVICES	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
N30 (10/16/03)	Patient ineligible for this service.	0532	NON LEGEND DRUG NOT COVERED FOR PAAD/SR GOLD BENEFICIARIES	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.
N30 (10/16/03)	Patient ineligible for this service.	0534	DRUG NOT PAYABLE FEDERAL/IRS DESI	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.
N30 (10/16/03)	Patient ineligible for this service.	0552	ADDP-SERVICE NOT COVERED.	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.
N30 (10/16/03)	Patient ineligible for this service.	0555	PAAD RECIP INELIGIBLE FOR MEDICAID SERVICES	150 (10/16/03)	Payer deems the information submitted does not support this level of service.
N30 (10/16/03)	Patient ineligible for this service.	0561	COMPOUND DRUG NOT COVERED FOR LTC RECIPIENT	96 (10/16/03)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N30 (10/16/03)	Patient ineligible for this service.	0600	LTC RECIPIENT NOT ELIGIBLE ON DATE(S) 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.)
N30 (10/16/03)	Patient ineligible for this service.	0675	SPLIT CLAIM NJ HIV OUTLIER CLAIM-SNF/ICF DAYS NOT PAYABLE	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.)
N30 (10/16/03)	Patient ineligible for this service.	0682	SERVICE/PRODUCT NOT ELIGIBLE UNDER MEDICAID PROGRAM	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N30 (10/01/08)	Patient ineligible for this service.	1318	DOC RECIPIENT INELIG ON DATE OF SERVICE	133 (10/01/08)	The disposition of this claim/service is pending further review.
N30 (10/01/08)	Patient ineligible for this service.	1319	DOC RECIPIENT NOT ON FILE	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.)
N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.	0004	INV/MISS PRESCRIBER'S MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.	0005	INV/MISS ATTENDING PHYSICIAN MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.	0200	ATTENDING PHYSICIAN NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (10/16/03)	Missing/incomplete/invalid prescribing provider identifier.	0218	REFERRING/OTHER PHYSICIAN PROVIDER NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	1233	NPI MISSING FOR PRESRIBING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	1234	NPI INVALID FOR PRESCRIBING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	1267	NPI NOT CROSSWALKED - PRESCRIBING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N31 (05/23/07)	Missing/incomplete/invalid prescribing provider identifier.	1268	PROVIDER NOT MATCHED-PRESCRIBING	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.)
N31 (07/01/08)	Missing/incomplete/invalid prescribing provider identifier.	1272	PRESCRIBING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N32 (06/18/07)	Claim must be submitted by the provider who rendered the service.	1862	CLAIM CHECK: MISSING PROVIDER ON CLAIM	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.)
N35 (10/16/03)	Program integrity/utilization review decision.	0203	PROVIDER ON REVIEW - STATE PEND	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0223	PROVIDER ON REVIEW-DENY PAYMENT	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N35 (10/16/03)	Program integrity/utilization review decision.	0281	POS VOID TRANSACTION FOR PROVIDER-ON-REVIEW	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0282	POS PROVIDER ON REVIEW-NO Z NO OVERRIDE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N35 (10/16/03)	Program integrity/utilization review decision.	0315	RECIPIENT ON 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.)
N35 (10/16/03)	Program integrity/utilization review decision.	0371	CSOCI - UNABLE TO DETERMINE COVERAGE	31 (10/16/03)	Patient cannot be identified as our insured.
N35 (10/16/03)	Program integrity/utilization review decision.	0375	SPECIAL STATE AUTO PEND	133 (10/16/03)	The disposition of this claim/service is pending further review.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N35 (10/16/03)	Program integrity/utilization review decision.	0379	SPEC PGM UNABLE TO DETERMINE COVERAGE	31 (10/16/03)	Patient cannot be identified as our insured.
N35 (10/16/03)	Program integrity/utilization review decision.	0390	REFERRING PROV CNTY/RECIP CNTY OF RES NOT IN 1 TO 21 RANGE.	31 (10/16/03)	Patient cannot be identified as our insured.
N35 (10/16/03)	Program integrity/utilization review decision.	0645	MISSING NEW YORK EXEMPT FACILITY RATE DATE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0646	MISSING NEW YORK REGIONAL BAD DEBT MULTIPLIER	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0647	MISSING PENNSYLVANIA DRG EXEMPT PER DIEM RATE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0649	MISSING NEW YORK EXEMPT UNIT RATE DATA	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0650	MISSING PENNSYLVANNIA HOSPITAL FISCAL YEAR DATA	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0651	MISSING PENNSYLVANNIA DRG RATE DATA	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0652	MISSING NEW YORK DRG RATE DATA	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0653	MISSING NY DRG SERVICE INTENSITY WEIGHT	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0654	MISSING NY DRG OUTLIER PERCENT	133 (03/01/08)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0655	MISSING NEW YORK DRG ALC PER DIEM RATE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N35 (10/16/03)	Program integrity/utilization review decision.	0888	CLAIM VOIDED DUE TO STATE AUDIT - SEE REMITTANCE MESSAGE 624	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
N35 (10/16/03)	Program integrity/utilization review decision.	0890	EARLY REFILL-SAME PROVIDER - DENIED AFTER REVIEW	151 (10/16/03)	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
N35 (10/16/03)	Program integrity/utilization review decision.	0897	EARLY REFILL-DIFFERENT PROVIDER-DENIED AFTER REVIEW	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N35 (10/16/03)	Program integrity/utilization review decision.	0942	CLAIM VOIDED DUE TO POST-PAYMENT REVIEW BY MUNICIPALITY.	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.)
N37 (10/16/03)	Missing/incomplete/invalid tooth number/letter.	0102	INV/MISS TOOTH SURFACE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0116	INVALID LEAVE OF ABSENCE DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0117	LEAVE OF ABSENCE DATE(S) OUTSIDE DATES 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.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0118	LEAVE OF ABSENCE FROM/THRU DATE CONFLICT	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.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0121	MCARE BED HOLD BEGIN DATE OUTSIDE DATES 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.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0122	MCARE BED HOLD END DATE OUTSIDE DATES 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.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0508	PROVIDER NOT MEDICARE CERTIFIED - BED HOLD NOT ALLOWED	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.
N43 (10/16/03)	Bed hold or leave days exceeded.	0698	COINSURANCE DAYS EXCEED MEDICARE MAXIMUM OF 30 DAYS	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0699	LIFETIME RESERVE DAYS EXCEED MEDICARE MAXIMUM OF 60 DAYS	149 (10/16/03)	Lifetime benefit maximum has been reached for this service/benefit category.
N43 (10/16/03)	Bed hold or leave days exceeded.	0718	HOSPITAL LEAVE OF ABSENCE EXCEEDS LIMIT	B5 (03/06/08)	Coverage/program guidelines were not met or were exceeded.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N43 (10/16/03)	Bed hold or leave days exceeded.	0719	THERAPEUTIC LEAVE OF ABSENCE EXCEEDS LIMIT	62 (10/16/03)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
N43 (10/16/03)	Bed hold or leave days exceeded.	0720	TARGETED CASE MANAGEMENT LIMIT 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.
N43 (10/16/03)	Bed hold or leave days exceeded.	0746	MASS ADJ: BILLED CHARGES MODIFIED TO PERMIT ADJ-SEE REC-569	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.)
N43 (10/16/03)	Bed hold or leave days exceeded.	0834	TBI COUNSELING EXCEEDS $600/MNTH	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0835	TBI TRANSPORTATION EXCEEDS $100/WK	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0836	TBI ENVIRONMENTAL MOD EXCEEDS $5000/MNTH	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0857	WEEKLY PERSONAL CARE ASSISTANCE/MENTAL HEALTH HRS EXCEED 25	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0858	WEEKLY PERSONAL CARE ASSISTANT (PCA) SVCS HOURS EXCEED 40	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0863	CUTBACK FOR UNITS EXCEEDING 6 CONSECUTIVE RENTALS	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.
N43 (10/16/03)	Bed hold or leave days exceeded.	0864	CUTBACK/10 CONSECUTIVE RENTALS 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.
N43 (10/16/03)	Bed hold or leave days exceeded.	0872	FAMILYCARE THERAPY SERVICE LIMITS	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0930	BED-HOLD EXCEEDS MAXIMUM OF 10 CONSECUTIVE DAYS	35 (10/16/03)	Lifetime benefit maximum has been reached.
N43 (10/16/03)	Bed hold or leave days exceeded.	0934	BED-HOLD CUTBACK TO 10 DAY MAXIMUM	35 (10/16/03)	Lifetime benefit maximum has been reached.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N43 (10/16/03)	Bed hold or leave days exceeded.	0938	VOIDED CLAIM EXCEEDS PROGRAM LIMITS	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N43 (07/01/07)	Bed hold or leave days exceeded.	1248	NO BED HOLD/THERAPEUTIC LEAVE PAYMT, DUE TO OCCUPANCY < 90%	150 (07/01/07)	Payer deems the information submitted does not support this level of service.
N45 (10/16/03)	Payment based on authorized amount.	0276	UTILIZATION EXCEEDS ESTABLISHED PARAMETERS	35 (10/16/03)	Lifetime benefit maximum has been reached.
N45 (12/27/04)	Payment based on authorized amount.	0427	FQHC DELIVERY HCPCS MINUS ENCOUNTER RATE.	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.
N45 (12/15/03)	Payment based on authorized amount.	0447	DAILY DOSE EXCEEDS REC.LIMITS FOR DRUG FOUND IN COMBO PROD.	B5 (12/15/03)	Coverage/program guidelines were not met or were exceeded.
N45 (10/16/03)	Payment based on authorized amount.	0525	LTC PASARR APPROVAL TERMINATED	30 (10/16/03)	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
N45 (10/16/03)	Payment based on authorized amount.	0526	PA-3L INCOME GREATER THAN PATIENT PAYMENT AMOUNT PA-3L USED	142 (10/16/03)	Monthly Medicaid patient liability amount.
N45 (10/16/03)	Payment based on authorized amount.	0535	DAILY QUANTITY EXCEEDED - 30 DAY EXTENSION PERIOD AUTHORIZED	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
N45 (10/16/03)	Payment based on authorized amount.	0536	DAILY QUANTITY POSSIBLY EXCEEDED	B5 (10/16/03)	Coverage/program guidelines were not met or were exceeded.
N45 (10/16/03)	Payment based on authorized amount.	0538	DAILY METRIC QUANTITY EXCEEDS DUR STANDARD/AGE	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
N45 (01/01/07)	Payment based on authorized amount.	1209	DOS SPANS PROVIDER FISCAL YR, MULTIPLE RATE USED FOR PRICING	141 (01/01/07)	Claim spans eligible and ineligible periods of coverage.
N45 (01/01/08)	Payment based on authorized amount.	1258	SERVICES PAID AT CHILDREN'S RATE	144 (01/01/08)	Incentive adjustment, e.g. preferred product/service.
N45 (07/01/08)	Payment based on authorized amount.	1605	FQHC PAID HIGHEST DELIVERY, OB/GYN OR ENCOUNTER CLAIM	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.
N45 (09/06/05)	Payment based on authorized amount.	1611	PARTIAL PR-1 DEDUCTION APPLIED	142 (09/06/05)	Monthly Medicaid patient liability amount.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N45 (09/06/05)	Payment based on authorized amount.	1612	PARTIAL PATIENT PAYMENT AMOUNT APPLIED	142 (09/06/05)	Monthly Medicaid patient liability amount.
N46 (10/16/03)	Missing/incomplete/invalid admission hour.	0063	INV/MISS ADMISSION HOUR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N46 (09/07/10)	Missing/incomplete/invalid admission hour.	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N50 (10/16/03)	Missing/incomplete/invalid discharge information.	0115	INVALID GENERAL STATUS / DISCHARGE 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.)
N50 (10/16/03)	Missing/incomplete/invalid discharge information.	0119	INV/MISS LEAVE OF ABSENCE 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.)
N50 (10/16/03)	Missing/incomplete/invalid discharge information.	0514	NURSING FACILITY LEAVE/RETURN RESTRICTED	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.
N51 (10/16/03)	Electronic interchange agreement not on file for provider/submitter.	0271	SUBMITTER NOT APPROVED FOR 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.)
N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date of service.	0300	HMO-COVERED 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.)
N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date of service.	0393	PAAD/SR GOLD PAYMENT BASED ON PENDING MEDICARE ENROLLMENT	22 (10/16/03)	This care may be covered by another payer per coordination of benefits.
N52 (10/16/03)	Patient not enrolled in the billing provider's managed care plan on the date of service.	0394	MEDICARE ENROLLMENT REQUIRED TO RECEIVE PAAD/SR GOLD PAYMENT	31 (10/16/03)	Patient cannot be identified as our insured.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.	0453	PA/CERT DATES OR RECIPIENT ID# CONFLICT WITH CLAIM	133 (10/16/03)	The disposition of this claim/service is pending further review.
N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.	0522	INCORRECT PROVIDER FOR LTC SPECIAL PROGRAM	38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.
N54 (10/16/03)	Claim information is inconsistent with pre-certified/authorized services.	0874	ADJ/VOID AND MATCHING HISTORY CLAIM MUST BOTH BE MEDIA 7	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.)
N54 (07/06/07)	Claim information is inconsistent with pre-certified/authorized services.	1600	CLAIM EXCEEDS BEDS LICENSED TO PROVIDER FOR THE MONTH	62 (07/06/07)	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0205	SERVICING PROVIDER IS GROUP 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.)
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0209	GROUP MUST BILL FOR MEMBER OF GROUP	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0211	SERVICING PROVIDER IS GROUP-GROUP HAS NO MEMBERS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0225	BILLING PROVIDER IS NOT A GROUP	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0277	REFERRING PROVIDER NUMBER REQUIRED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N55 (10/16/03)	Procedures for billing with group/referring/performing providers were not followed.	0993	CLAIM DENIED AT PROVIDER REQUEST	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N56 (10/16/03)	Procedure code billed is not correct/valid for the services billed or the date of service billed.	0721	CONFLICTING TARGETED CASE MANAGEMENT SERVICE	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N56 (10/16/03)	Procedure code billed is not correct/valid for the services billed or the date of service billed.	0723	LAB PANEL PROCEDURE CODE NOT ON FILE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	0025	INV/MISS DISPENSED 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.)
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	0131	INV/MISS PRESCRIPTION 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.)
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	0137	CURRENT EXAM GREATER THAN DATE DISPENSED	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	0395	INITIAL PRESCRIPTION LIMITED TO A 34 DAY SUPLY	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
N57 (10/16/03)	Missing/incomplete/invalid prescribing date.	0396	REFILL RX LIMITED TO 34 DAYS / 100 UNITS	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.	0411	GSHP PRIOR AUTHORIZATION NOT REQUIRED..	15 (10/16/03)	The authorization number is missing, invalid, or does not apply to the billed services or provider.
N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.	0413	2 PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.	0414	1 PRESCRIPTION REMAINS WITHOUT NEED FOR PRIOR AUTHORIZATION	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.	0415	NO PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION	153 (10/16/03)	Payer deems the information submitted does not support this dosage.
N59 (10/16/03)	Please refer to your provider manual for additional program and provider information.	0539	THIS LIVERY SVC IS ONLY VALID IN COUNTIES 07, 09 AND 90	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N62 (10/16/03)	Dates of service span multiple rate periods. Resubmit separate claims.	0220	CLAIM SPANS FISCAL YEAR	141 (10/16/03)	Claim spans eligible and ineligible periods of coverage.
N64 (10/16/03)	The "from" and "to" dates must be different.	0859	CLAIM OVERLAPS CALENDAR WORK WEEK-SUN.12:00AM TO SAT.11:59PM	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0270	ROUTINE IMMUNIZATION FOR HEPTITIS "A" IS NON-COVERED 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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0565	OTC DRUG NO UNIT PRICE ON FILE	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0566	OTC DRUG NO PACKAGE PRICE ON FILE	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0567	TEAMCARE DRUG NO UNIT PRICE ON FILE	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0568	TEAMCARE DRUG NO PACKAGE PRICE ON FILE	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0569	LEGEND DRUG NO PACKAGE PRICE ON FILE	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.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0591	PROVIDER NOT ON PROVIDER RATE FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0592	CAPITATION CATEGORY NOT ON GSHP RATE FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0593	CAPITATION CATEGORY RATE NOT IN EFFECT FOR DATE OF SERVICE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0595	REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0596	PHARMACY CAPITATION RATE LEVEL NOT IN EFFECT FOR DOS	154 (10/16/03)	Payer deems the information submitted does not support this day's supply.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0612	PER DIEM INPATIENT RATE NOT FOUND ON PROVIDER RATE FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0618	VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE	133 (10/16/03)	The disposition of this claim/service is pending further review.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0619	VALID RATE FOR LEVEL-OF-CARE NOT FOUND ON RATE FILE	147 (10/16/03)	Provider contracted/negotiated rate expired or 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.	0621	DRG CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0624	NO VALID PRICE FOR DATE OF SERVICE ON USUAL & CUSTOMARY FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0644	OUT OF REG NON-DRG HOSP REQ MAN PRICING-NO PROV RATE RECORD	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0671	MEDICARE RATE NOT ON FILE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N66 (12/27/04)	Missing/incomplete/invalid documentation.	0426	NO FQHC ENCOUNTER WITH DELIVERY HCPCS CLAIM PAID AT NON-ZERO	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.)
N66 (10/16/03)	Missing/incomplete/invalid documentation.	0472	FQHC ENCOUNT BILLED UNITS GT PAID HCPCS UNITS ON HIST	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.)
N66 (10/16/03)	Missing/incomplete/invalid documentation.	0665	PROCEDURE DESCRIPTION DOES NOT MATCH PRICE LIST	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N66 (10/16/03)	Missing/incomplete/invalid documentation.	0838	PROVIDER-PRODUCED EOB INCOMPLETE	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.)
N66 (10/16/03)	Missing/incomplete/invalid documentation.	0839	ADJUSTMENT MUST HAVE CORRECTED CLAIM WITH ATTACHMENTS	121 (10/16/03)	Indemnification adjustment - compensation for outstanding member responsibility.
N66 (10/16/03)	Missing/incomplete/invalid documentation.	0948	EOB MISSING FOR CARRIER/PAYOR REPORTED ON 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.
N66 (02/09/11)	Missing/incomplete/invalid documentation.	1362	LTC XOVER MISSING MCARE PAID &/OR MCARE COV DAYS &/OR COINS	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.)
N66 (07/01/08)	Missing/incomplete/invalid documentation.	1604	NO FQHC DELIVERY, OB/GYN OR ENCOUNTER MATCHING CLAIM	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.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N70 (10/16/03)	Consolidated billing and payment applies.	0149	CONTINUOUS HOME CARE BILLED LESS THAN 8 HOURS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N75 (10/16/03)	Missing/incomplete/invalid tooth surface information.	0582	MISSING/INVALID TOOTH SURFACE	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.	0091	INV/MISS EPSDT LABORATORY INDICATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.	0092	INV/MISS EPSDT IMMUNIZATION STATUS 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.)
N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.	0093	INV/MISS EPSDT SCREENING INFORMATION INDICATORS	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.	0094	INV/MISS OR CONFLICTING EPSDT PHYSICAL DATA INDICATOR	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N78 (10/16/03)	The necessary components of the child and teen checkup (EPSDT) were not completed.	0095	INV/MISS EPSDT RACE 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.)
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.	0289	PAYMENT BASED ON THE PLACE 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.)
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0210	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0219	PROVIDER NOT AUTHORIZED PARTIAL CARE/PARTIAL HOSPITALIZATION	38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0221	PROVIDER NOT CERTIFIED/BONDED AT TIME OF SERVICE	38 (10/16/03)	Services not provided or authorized by designated (network/primary care) providers.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0237	PROCEDURE/PROVIDER SPECIALTY RESTRICTION	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0242	SPECIAL PROGRAM/PROCEDURE CODE RESTRICTION	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0243	PROVIDER NOT AUTHORIZED-TARGETED CASE MANAGEMENT	39 (10/16/03)	Services denied at the time authorization/pre-certification was requested.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0266	NOT AN SAI COVERED 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.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0278	PROVIDER NOT AUTHORIZED THIS PROCEDURE	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0283	PROVIDER LIMITED TO NON-DYFS BENEFICIARIES	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0297	SERVICE PROVIDER NOT ENROLLED IN CLIA	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0298	SERVICE PROVIDER NOT CLIA ELIGIBLE ON 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.)
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0299	SERVICE PROVIDER NOT ELIGIBLE TO PERFORM THIS PROCEDURE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0380	CLAIM SUBMITTED FFS - SERVICE IS IN-PLAN (MANAGED CARE)	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.)
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0381	CLAIM SUBMITTED FFS-UNABLE TO DETERMINE IN-PLAN/OUT-OF-PLAN	133 (10/16/03)	The disposition of this claim/service is pending further review.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0387	BILLING PROVIDER NOT ENROLLED IN CLIA	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.

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0388	BILLING PROVIDER NOT CLIA ELIGIBLE ON DATE OF SERVICE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0389	BILLING PROVIDER NOT ELIGIBLE TO PERFORM THIS PROCEDURE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0546	PAAD/SR GOLD CLAIM SUBMITTED BY OUT-OF-STATE PROVIDER	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0583	PAYMENT DENIED; VACCINE AVAILABLE FROM THE VFC PROGRAM	109 (10/16/03)	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
N95 (08/31/04)	This provider type/provider specialty may not bill this service.	0590	PROC CODE BILLED IS ONLY PAYABLE TO A SPECIALIST	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0639	REFERRING PROVIDER MUST BE NURSING FACILITY	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N95 (01/28/05)	This provider type/provider specialty may not bill this service.	0690	PROVIDER NOT PARTICIPATING IN REQUIRED PROGRAM.	38 (01/28/05)	Services not provided or authorized by designated (network/primary care) providers.
N95 (01/28/05)	This provider type/provider specialty may not bill this service.	0691	PROVIDER NOT PARTICIPATING IN REQUIRED PGM ON DATE OF SERVIC	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.
N95 (07/17/09)	This provider type/provider specialty may not bill this service.	1322	SERVICE/PROCEDURE INCLUDED IN COMPOSITE RATE	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.)
N95 (04/02/10)	This provider type/provider specialty may not bill this service.	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	16 (04/02/10)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N95 (07/01/09)	This provider type/provider specialty may not bill this service.	1327	HMO RESPONSIBLE FOR FACILITY COSTS	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.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
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.	0029	MEDICARE CROSSOVER CLAIM EXCEEDS TIMELY FILING LIMIT	29 (10/16/03)	The time limit for filing has expired.
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.	0189	EXPIRATION OF CCF TIME LIMIT OR NO CHANGE INDICATED ON CCF	16 (10/16/03)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
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.	0484	ESRD POSSIBLY ELIGIBLE FOR MEDICARE	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.
N109 (10/16/03)	This claim/service was chosen for complex review and was denied after reviewing the medical records.	0881	URO/DRG AUDIT ADJUST - REQUEST DENIED	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.)
N109 (08/31/04)	This claim/service was chosen for complex review and was denied after reviewing the medical records.	0944	PROCEDURE CODE AND/OR CHARGES ON CLAIM DO NOT MATCH EOB	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.
N109 (10/16/03)	This claim/service was chosen for complex review and was denied after reviewing the medical records.	0958	DENIED ACCORDING TO MEDICAID/MEDICAL REVIEW GUIDELINES	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.)
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.	0405	POSSIBLE THERAPEUTIC CLASS DUPLICATION	18 (10/16/03)	Duplicate claim/service.
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.	1895	CLAIM CHECK: DUPLICATE PROCEDURE	18 (06/18/07)	Duplicate claim/service.
N131 (06/18/07)	Total payments under multiple contracts cannot exceed the allowance for this service.	1830	CLAIM CHECK: NUMBER OF PROCEDURES IS GREATER THAN 100	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.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N133 (05/27/05)	Alert: Services for predetermination and services requesting payment are being processed separately.	0878	NO EMERGENCY CLAIM FOR ALIEN TRANSPORTATION CLAIM	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.)
N182 (03/03/08)	This claim/service must be billed according to the schedule for this plan.	1616	FQHC HCPCS WITH NO ENCOUNTER FOUND	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.)
N185 (07/01/06)	Alert: Do not resubmit this claim/service.	1207	PAYMENT PENDING SFY 11 APPROPRIATION	133 (07/01/06)	The disposition of this claim/service is pending further review.
N247 (06/18/07)	Missing/incomplete/invalid assistant surgeon taxonomy.	1882	CLAIM CHECK: ASSISTANT SURGEON DENIED	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.
N247 (06/18/07)	Missing/incomplete/invalid assistant surgeon taxonomy.	1883	CLAIM CHECK: ASSISTANT AT SURGERY DENIED	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.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1223	NPI IS MISSING FOR ATTENDING PROVIDER	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.)
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1224	NPI IS INVALID FOR ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1281	UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1295	UB04 OPERATING 2 NPI. SAME AS BILLING/SERVICE NPI.	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.	1243	NPI NOT CROSSWALKED - ATTENDING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.	1244	PROVIDER NOT MATCHED - ATTENDING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N259 (05/23/07)	Missing/incomplete/invalid billing provider/supplier secondary identifier.	1240	NPI NOT CROSSWALKED - BILLING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N259 (05/23/07)	Missing/incomplete/invalid billing provider/supplier secondary identifier.	1241	PROVIDER NOT MATCHED - BILLING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1227	NPI IS MISSING FOR OPERATING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1228	NPI INVALID - UB04 OPERATING 1 PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.	1261	NPI NOT CROSSWALKED - OPERATING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.	1262	PROVIDER NOT MATCHED - UB04 OPERATING 1 PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.	1282	NPI NOT CROSSWALKED-UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1229	NPI IS MISSING FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1230	NPI IS INVALID FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	1231	NPI IS MISSING FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	1232	NPI IS INVALID FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	1271	OTHER NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.	1264	NPI NOT CROSSWALKED - OTHER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.	1265	PROVIDER NOT MATCHED - OTHER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	1226	NPI IS INVALID FOR REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.	1270	REFERRING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.	1246	NPI NOT CROSSWALKED - UB04 REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.	1247	PROVIDER NOT MATCHED - REFERRING	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.	1219	TAXONOMY CODE IS MISSING FOR SERVICING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N288 (05/23/07)	Missing/incomplete/invalid rendering provider taxonomy.	1220	TAXONOMY CODE IS INVALID FOR SERVICE PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	1221	NPI IS MISSING FOR SERVICE/RENDERING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N290 (05/23/07)	Missing/incomplete/invalid rendering provider primary identifier.	1222	NPI IS INVALID FOR SERVICE/RENDERING PROVIDER	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	1236	ZIP CODE IS MISSING OR INVALID	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	1237	NPI NOT CROSSWALKED - SERV/REND	16 (05/23/07)	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	1238	PROVIDER NOT MATCHED - SERV/REND	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.)
N327 (06/18/07)	Missing/incomplete/invalid other insured birth date.	1809	CLAIM CHECK: DOB CANNOT BE GREATER THAN DATE OF SERVICE	14 (06/18/07)	The date of birth follows the date of service.
N329 (12/12/07)	Missing/incomplete/invalid patient birth date.	1824	CLAIM CHECK: AGE CANNOT BE GREATER THAN 124 YEARS	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.

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	NJMMIS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N345 (06/18/07)	Date range not valid with units submitted.	1819	CLAIM CHECK: SERVICE DAYS EXCEED NUMBER OF UNITS	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.)
N345 (06/18/07)	Date range not valid with units submitted.	1823	CLAIM CHECK: NUMBER OF UNITS EXCEED NUMBER OF SERVICE DAYS	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.)
N350 (06/18/07)	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.	1807	CLAIM CHECK: PROCEDURE CODE IS COSMETIC AND UNLISTED	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.
N351 (09/14/07)	Service date outside of the approved treatment plan service dates.	1623	OUTPATIENT ACUTE ADULT PARTIAL HOSPITALIZATION TIME EXCEEDED	119 (09/14/07)	Benefit maximum for this time period or occurrence has been reached.