Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0201	BILLING PROVIDER ID NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER
0202	BILLING PROVIDER ID IN INVALID FORMAT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER
0203	MEMBER I.D. NUMBER MISSING/INVALID	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
0204	HOSPITAL DISCHARGE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
0205	PRESCRIBING PRACTITIONERS LICENSE NO. MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
0206	PRESCRIBING PRACTITIONER LICENSE NO. FORMAT INVALID	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N574	OUR RECORDS INDICATE THE ORDERING/REFERRING PROVIDER IS OF A TYPE/SPECIALTY THAT CANNOT ORDER OR REFER. PLEASE VERIFY THAT THE CLAIM ORDERING/REFERRING PROVIDER INFORMATION IS ACCURATE OR CONTACT THE ORDERING/REFERRING PROVIDER.
0208	PREGNANCY INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
0210	BRAND MEDICALLY NECESSARY INDICATOR INVALID	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0211	REFILL INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
0212	PRESCRIPTION NUMBER IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER
0213	DATE PRESCRIBED IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0214	DATE PRESCRIBED IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0215	DATE DISPENSED IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0216	DATE DISPENSED IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0217	NDC MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
0218	NDC INVALID FORMAT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
0219	QUANTITY DISPENSED IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.
0220	QUANTITY DISPENSED IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.
0221	DAYS SUPPLY MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0222	DAYS SUPPLY INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0223	PROC CODE REQUIRES DIAGNOSIS CODE, NONE FOUND ON CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0224	DIAGNOSIS TREATMENT INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0225	MISSING PRESCRIBING PROVIDER NUMBER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
0226	REFERRAL PROV ID REQUIRED FOR PROCEDURE GROUP	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER
0227	THIRD PARTY PAYMENT AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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
0228	BILLING PROVIDER SIGNATURE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA70	MISSING/INCOMPLETE/INVALID PROVIDER REPRESENTATIVE SIGNATURE
0229	SOURCE OF ADMISSION MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA42	MISSING/INCOMPLETE/INVALID ADMISSION SOURCE
0231	RENDERING PROVIDER NUMBER IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER
0233	UNITS OF SERVICE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE
0234	PROCEDURE CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0235	PROCEDURE CODE NOT IN VALID FORMAT	181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0236	DETAIL DOS DIFFERENT THAN THE HEADER DOS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
0237	OUTPATIENT CLAIMS CANNOT SPAN DATES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.
0238	MEMBER NAME IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME
0239	THE DETAIL "TO" DATE OF SERVICE IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE
0240	THE DETAIL "TO" DATE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE
0241	ACCIDENT INDICATOR IS INVALID	95	PLAN PROCEDURES NOT FOLLOWED.	-	-
0242	SECONDARY DIAGNOSIS CODE INVALID FORMAT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0243	MISSING MEDICARE PAID DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
0244	THIRD DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0245	MISSING OCCURRENCE CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
0246	FOURTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0248	PLACE OF SERVICE IS MISSING OR BLANK	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0249	PLACE OF SERVICE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0250	CLAIM HAS NO DETAILS	107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.	-	-
0251	FIRST MODIFIER NOT COVERED	182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
0252	SECOND MODIFIER NOT COVERED	182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
0253	THIRD MODIFIER NOT COVERED	182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
0254	BILLING PROVIDER LOCATION CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0255	BILLING PROVIDER LOCATION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0256	MISSING MEDICARE PAID DATE - DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
0257	PLACE OF SERVICE IS INVALID - DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE
0258	PRIMARY DIAGNOSIS CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0259	DATE BILLED IS MISSING/INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0260	UNITS OF SERVICE NOT IN VALID FORMAT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE
0261	TOOTH NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER
0262	TOOTH NUMBER INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER
0263	TOOTH SURFACE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION
0264	DETAIL FROM DATE OF SERVICE IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE
0265	DETAIL FROM DATE OF SERVICE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE
0266	INSUFFICIENT NUMBER OF VALID TOOTH SURFACE CODES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION
0268	BILLED AMOUNT MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES
0269	DETAIL BILLED AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
0270	HEADER TOTAL BILLED AMOUNT MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0271	HEADER TOTAL BILLED AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
0272	PRIMARY DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
0273	TYPE OF BILL MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
0274	TYPE OF BILL CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
0275	ADMIT DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
0276	ADMIT DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
0277	ADMIT HOUR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N46	MISSING/INCOMPLETE/INVALID ADMISSION HOUR.
0278	ADMIT TYPE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.
0279	INVALID TYPE OF ADMISSION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.
0280	PATIENT STATUS IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
0281	PATIENT STATUS IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
0282	COVERED DAYS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
0283	COVERED DAYS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
0284	PRIMARY CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0285	SECOND CONDITON CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0286	THIRD CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0287	FOURTH CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0288	FIFTH CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0289	SIXTH CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0290	SEVENTH CONDITION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0291	REVENUE CODE 183 REQUIRES OSC = 74	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M46	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S).
0292	REVENUE CODE 185 REQUIRES OSC = 71	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
0301	301 PAYER RESPONSIBILTY/OTHER PAYER COUNT MISMATCH	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
0302	INSURED GROUP NAME (HSN TYPE) IS MISSING OR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
0303	DESTINATION PAYER ID MUST BE 995	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M56	MISSING/INCOMPLETE/INVALID PAYER IDENTIFIER.
0304	PYR RESPONSIB AND INSURED GRP NAME NOT COMPATIBLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
0305	G1 REF REQUIRED WHEN HSN INSURED GROUP IS CA OR MH	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0308	AID CAT MUST BE HB WHEN INSURED GROUP IS BD	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0309	AID CAT MUST BE HC OR HD WHEN INSURED GROUP IS CA	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0310	AID CAT MUST BE HA WHEN INSURED GROUP IS MH	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0315	HSN PARTIAL CLM PAT RESPONSIBILITY AMT NOT PRESENT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0320	INVALID TOB FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
0327	HSN MH CLAIM SUBMISSION >18 MONTHS FROM LDOS	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0330	HSN BD CLAIM SUBMISSION <= 120 DAYS FROM DOS	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0335	OCCURRENCE CODE A2 REQUIRED ON HSN BD CLAIM	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0339	REVENUE CODE IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
0340	REVENUE CODE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
0343	CERTIFICATION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
0347	PAYER PRIOR PAYMENT IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
0350	NO. OF DETAILS NOT EQUAL TO SUBMITTED DETAIL COUNT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0351	REFILL NOT ALLOWED FOR NARCOTIC DRUGS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0355	FIFTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0356	SIXTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0357	SEVENTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0358	EIGHTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0359	NINTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0360	TENTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0361	ELEVENTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0362	TWELFTH DIAGNOSIS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0363	PRINCIPAL ICD9 PROCEDURE CODE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
0365	PRINCIPAL PROCEDURE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0366	FIRST OTHER PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
0368	FIRST OTHER PROCEDURE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0369	SECOND OTHER PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
0371	SECOND OTHER PROCEDURE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0372	THIRD OTHER PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
0375	FOURTH OTHER PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
0378	FIFTH OTHER PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
0382	ATTENDING PHYSICIAN ID INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
0383	FIRST OTHER PHYSICIAN ID INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
0389	REVENUE CODE REQUIRES A CORRESPONDING HCPCS/CPT4	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M20	MISSING/INCOMPLETE/INVALID HCPCS.

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0391	MEDICARE DEDUCTIBLE AMOUNT MISSING-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0392	MEDICARE PAID AMOUNT NOT NUMERIC-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0393	MEDICARE DEDUCTIBLE AMOUNT MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0394	MEDICARE CO-INSURANCE AMOUNT MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE
0396	HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE
0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE
0400	DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0401	PRESENT ON ADMISSION INDICATOR MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.
0402	PRESENT ON ADMISSION INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.
0403	PRESENT ON ADMISSION IND PRESENT WHERE NOT ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.
0405	PAID PAPE WITH 0 ALLOWED UNITS	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
0410	MEDICARE DENIAL ON CROSSOVER CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N8	CROSSOVER CLAIM DENIED BY PREVIOUS PAYER AND COMPLETE CLAIM DATA NOT FORWARDED. RESUBMIT THIS CLAIM TO THIS PAYER TO PROVIDE ADEQUATE DATA FOR ADJUDICATION.
0427	ACCIDENT DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N305	MISSING/INCOMPLETE/INVALID ACCIDENT DATE.
0431	DEDUCTIBLE AMOUNT INVALID-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0432	COINSURANCE AMOUNT INVALID-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0433	MEDICARE DEDUCTIBLE AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0434	MEDICARE COINSURANCE AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0436	TOTAL MEDICARE ALLOWED AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
0437	MEDICARE PSYCH ADJUSTMENT AMOUNT INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0438	TOTAL MEDICARE ALLOWED AMOUNT INVALID-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
0439	PSYCH ADJUSTMENT (PR122) AMOUNT INVALID-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT
0440	MCARE PAID 100% OF CLAIM-HEADER	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0441	MCARE PAID 100% OF CLAIM-DETAIL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0442	MEDICARE PAID AMOUNT NOT NUMERIC-HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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
0443	MEDICARE PAID AMOUNT NOT NUMERIC-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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
0444	MEDICARE APPROVED AMOUNT = 0 - HEADER	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0445	MEDICARE APPROVED AMOUNT = 0 - DETAIL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0450	INVALID QUADRANT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
0452	DTL RENDERING/PERFORMING PROVIDER SERV LOC MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0453	HDR RENDERING/PERFORMING PROVIDER SERV LOC MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0454	INVALID ASSIGNMENT CODE	111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.	-	-
0456	INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
0457	INVALID PRINCIPAL/OTHER PROCEDURE TYPE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0458	DIAGNOSIS CODE 10 - 24 INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
0459	DETAIL DIAGNOSIS TREATMENT INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
0461	VALUE CODE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0462	VALUE CODE AMOUNT IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0463	VALUE CODE AMOUNT IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0471	CONDITION CODE 8-24 INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
0473	ICD9 PROCEDURE 7-24 INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0474	ICD-9 PROCEDURE 7-24 OR DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N302	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0475	ICD9 PROCEDURE 7-24 DATE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N302	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0476	DETAIL ATTENDING PHYSICIAN ID IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
0477	DETAIL FIRST "OTHER PHYSICIAN" ID IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
0478	0478-BILL CPT CODES TO MASSHEALTH ON CMS 1500 FORM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0481	MLOA DAYS GREATER THAN HEADER DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0484	LOA OSC DATES CANNOT SPAN ACROSS DIFFERENT MONTHS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.
0485	TO DATE IS LESS THAN FROM DATE FOR OCCUR SPAN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0486	MLOA DAYS AND DAYS BETWEEN FROM AND TO DOS NOT EQUAL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0487	NMLOA DAYS AND DAYS BETWEEN FROM AND TO DOS NOT SAME	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0488	MLOA OSC DAYS SPANNED > DETAIL FROM AND TO DOS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0489	THE OCCURRENCE SPAN FROM DATE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)
0490	THE OCCURRENCE SPAN TO DATE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0491	DIFFERENT MLOA DAYS CANNOT OVERLAP FROM AND TO DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0492	DIFFERENT NMLOA DAYS CANT OVERLAP FROM AND TO DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0493	MLOA AND NMLOA DAYS CANT OVERLAP FROM AND TO DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0494	OCCURRENCE SPAN LOA DATES NOT WITHIN CLAIM DATES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0495	THIS LTC CLAIM HAS LOA DAYS, BUT PROVIDER TYPE WRONG	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
0496	OCCURRENCE SPAN FROM DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)
0497	OCCURRENCE SPAN TO DATE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S)
0498	THE OCCURRENCE CODE IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M46	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S).

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0500	DATE PRESCRIBED AFTER BILLING DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0503	DATE DISPENSED AFTER BILLING DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0506	ICN DATE PRIOR TO DATE BILLED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0507	THE DETAIL "FROM" DATE IS AFTER THE "TO" DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE
0508	TOTAL CHARGE DOES NOT EQUAL THE SUM OF ALL DETAILS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
0512	CLAIM PAST 12 MONTH FILING LIMIT	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0514	HEADER THRU DATE OF SERVICE AFTER ICN DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD
0518	COVERED DAYS EXCEED STATEMENT PERIOD	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
0519	ADMIT DATE IS AFTER STATEMENT PERIOD "FROM" DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
0520	INVALID REVENUE CODE/PROCEDURE CODE COMBINATION	199	REVENUE CODE AND PROCEDURE CODE DO NOT MATCH.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
0521	THROUGH DOS LATER THAN DISCHARGE DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
0526	HEADER FROM DOS IS AFTER HEADER THROUGH DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
0527	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0529	SURGERY DATE IS BEFORE THE ADMIT DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.
0530	SURGERY DATE IS AFTER THE DISCHARGE DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.
0532	REVENUE CODE/PROVIDER SPECIALTY MISMATCH	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
0542	MEMBER INELIGIBLE SERV DATE	177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	-	-
0545	FINAL DEADLINE EXCEEDED	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0550	ADJUSTMENT FAILED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER
0551	DISPOSITION AMT FOR ADJUSTMENT IS LESS THAN ZERO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE
0552	PROVIDER MAY NOT ADJUST GENERATED ATP/PAPE CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER
0553	ADJUSTMENT NPI TRANSLATION ISSUE	206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
0554	HEADER BILLED DATE IS PRIOR TO DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0555	CLAIM PAST 24 MONTH FILING DEADLINE- DETAIL	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0556	CLAIM PAST 24 MONTH FILING DEADLINE- HEADER	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0557	COINS AND DEDUCT AMT MISSING - DTL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0558	COINSURANCE AND DEDUCT AMT MISSING	96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0559	M-CARE COIN AMT GREATER THAN M-CARE PAID AMT-HDR	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
0560	M-CARE COIN AMT GREATER THAN M-CARE PAID AMT-HDR	96	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
0561	INVALID AMOUNTS FOR CROSSOVER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
0568	HEADER DISCHARGE DATE IS LESS THAN ADMIT DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
0569	HDR DTE OF ACCIDENT GREATER THAN LAST DTE OF SERV	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N305	MISSING/INCOMPLETE/INVALID ACCIDENT DATE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0570	HEADER TOTAL DAYS LESS THAN COVERED DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0571	DETAIL SURGICAL PROCEDURE MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0572	ROOM AND BOARD DAYS CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N153	MISSING/INCOMPLETE/INVALID ROOM AND BOARD RATE.
0574	SERV DATES ARE NOT IN SAME MONTH-HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.
0575	SURGERY DATE CANNOT BE OUTSIDE HDR DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.
0576	CLAIM HAS THIRD-PARTY PAYMENT	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	N598	HEALTH CARE POLICY COVERAGE IS PRIMARY.
0577	SERV DATES ARE NOT IN SAME MONTH-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
0585	ADMIT DATE NOT EQ TO 1ST DATE OF SERV FOR REV/DIAG COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
0589	SUSPEND ADJUSTMENT FOR REVIEW	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0590	DAYS OVERLAPP FISCAL YEAR END/BEGIN DATES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.
0594	UNITS/DOS CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0599	ATTACHMENT CONTROL NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N753	MISSING/INCOMPLETE/INVALID ATTACHMENT CONTROL NUMBER
0600	UNITS NOT EQUAL TO QUADRANTS BILLED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0601	TEETH NOT BILLABLE WITH QUADRANTS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER
0602	UNITS NOT EQUAL TO TEETH BILLED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER
0610	LOC NOT COMPATIBLE WITH LEAVE DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE
0616	COMPONENT OF STAY EXCEEDED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0617	MEMBER AGE/PROGRAM CONFLICT	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
0618	NO OUTLIER DAYS FOR HSNI	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0619	INVALID TYPE OF CLAIM FOR HSNI	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0620	OCCURRENCE CODE 47 FDOS IS INVALID FOR HSNI	69	DAY OUTLIER AMOUNT.	-	-
0621	MISSING/INVALID K3 SEGMENT FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0622	INVALID INSURED GROUP NAME/K3 RECORD TYPE FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
0623	INVALID K3 REFERENCE ID FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0624	INVALID K3 TERMS DISCOUNT FOR HSN RECORD TYPE 06	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0625	INVALID K3 PARTIAL START DATE FOR HSN	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0626	INVALID INSURED GROUP NAME/K3 RECORD TYPE FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA48	MISSING/INCOMPLETE/INVALID NAME OR ADDRESS OF RESPONSIBLE PARTY OR PRIMARY PAYER.
0627	INVALID INSURED GROUP NAME/K3 REFERENCE ID FOR HSN	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0628	K3 ESTIMATED AMT DUE FORMAT IS INVALID FOR HSN	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0629	INVALID K3 WRITE-OFF DATE FOR HSN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N229	INCOMPLETE/INVALID CONTRACT INDICATOR
0630	K3 ESTIMATED AMOUNT DUE IS NOT VALID FOR HSN	96	NON-COVERED CHARGE(S).	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT
0631	INVALID K3 TERMS DISCOUNT FOR HSN RECORD TYPE 09	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0632	HSN BD CLM SUBMITTED >90 DAYS AFTER WRITE-OFF DATE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0634	A3 OCC CODE REPORTED, HSN CLAIM MUST BE PRIMARY	59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	-	-
0636	B3 OCC CODE REPORTED, HSN CLAIM MUST BE SECONDARY	59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	-	-
0637	C3 OCC CODE REPORTED, HSN CLAIM MUST BE TERTIARY+	59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	-	-
0643	INVALID OTHER COVERAGE CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
0700	MULTIPLE PRIMARY ENDOSCOPIC FAMILIES CANNOT BE BILLED	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
0701	NO PRIMARY SURGICAL PROCEDURE INDICATED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
0702	ENDOSCOPIC PRICE AMOUNT LESS THAN ZERO.	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
0703	ENDO FAMILY MIXED PRIMARY/SECONDARY	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
0799	INVALID DISPENSE STATUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0800	HCPCS REQUIRES NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
0801	SPECIAL HANDLING EDIT	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0802	SPECIAL HANDLING EDIT WITH CRITICAL ERROR	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0803	GENERIC SPECIAL HANDLING	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0804	GENERIC SPECIAL PAY	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0805	INVALID SPECIAL HANDLING CODE	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0806	NOTE REQUIRED FOR PREEMPTIVE ESC - DETAIL	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N708	MISSING ORDERS.
0807	NOTE REQUIRED FOR PREEMPTIVE ESC - HEADER	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N708	MISSING ORDERS.
0808	CLERK ID REQUIRED FOR PREEMPTIVE ESC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0809	CLERK ID REQUIRED FOR PREEMPTIVE ESC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0810	INVALID SUBMITTER ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
0811	INVALID SUBMITTER ID/BILLING PROVIDER COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
0812	NO PCC SELECTED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
0813	SPECIAL PAY PRICED AT ZERO	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
0814	HIC NUMBER NOT PRESENT ON CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.
0815	TYPE OF BILL MUST MATCH PATIENT STATUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
0816	DISALLOW ROOM AND BOARD FOR LATE CHARGES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
0817	INVALID DISCHARGE DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0818	SPCL HANDLING 90 DAY WAIVER	226	INFORMATION REQUESTED FROM BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	-	-
0819	SUSPEND CLAIM FOR TPL REVIEW	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
0820	NDC GIVEN WITH NO/INVALID UNITS FOR HCPCS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0821	NDC GIVEN WITH NO/INVALID MEASUREMENT FOR HCPCS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
0822	NDC GIVEN WITH NO/INVALID UNIT PRICE FOR HCPCS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
0823	NO PCC SELECTED	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE
0828	CLAIM/ APPEAL IS UNDER REVIEW	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0829	NCCI APPEAL/SPECIAL HANDLE UNDER REVIEW	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0830	GROUPER UNABLE TO ASSIGN DRG TO CLAIM	A8	UNGROUPABLE DRG.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
0831	3M GRP - DIAGNOSIS CODE CANNOT BEUSED AS PRINCIPAL DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
0832	3M GRP - RECORD DOES NOT MEET CRITERIA FOR ANY DRG	A8	UNGROUPABLE DRG.	-	-
0833	3M GRP - INVALID AGE IN YEARS OR ADMISSION AGE IN DAY	96	NON-COVERED CHARGE(S).	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
0834	3M GRP - INVALID SEX	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.
0835	3M GRP - INVALID DISCHARGE STATUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
0836	3M GRP - INVALID BIRTH WEIGHT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
0837	3M GRP - INVALID DISCHARGE AGE IN DAYS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
0838	3M GRP - INVALID PRINCIPAL DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
0839	3M GRP - GESTATIONAL AGE/BIRTH WEIGHT CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
0850	BILLING DEADLINE EXCEEDED - DETAIL	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0851	REBILL: ORIGINAL CLAIM DEADLINE EXCEEDED	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0852	BILLING DEADLINE EXCEEDED - HEADER	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0853	FINAL DEADLINE EXCEEDED - DETAIL	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0854	TIMELY FILING - ORIGINAL ICN NOT FOUND	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0855	FINAL DEADLINE EXCEEDED - HEADER	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0856	DATE OF SERVICE EXCEEDS 36 MONTHS - DETAIL	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0857	DATE OF SERVICE EXCEEDS 36 MONTHS - HEADER	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
0861	MEMBER MUST APPLY BEFORE ADMIN DAYS START	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
0862	EMERGENCY INDICATOR/POS MISMATCH	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0870	INVALID START/STOP TIME	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N443	MISSING/INCOMPLETE/INVALID TOTAL TIME OR BEGIN/END TIME.
0871	VOID / ORIGINAL $ AMOUNT CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
0872	MONTH/YEAR MISMATCH ON ADJUSTMENT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0873	NDC SUBMITTED ON INVALID PROCEDURE	96	NON-COVERED CHARGE(S).	N161	THIS DRUG/SERVICE/SUPPLY IS COVERED ONLY WHEN THE ASSOCIATED SERVICE IS COVERED
0874	PRESCRIPTION INVALID FOR COMPOUND DRUG	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0875	PROCEDURE INVALID FOR COMPOUND DRUG	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED
0876	INVALID PRODUCT QUALIFIER	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0877	INVALID PRESCRIPTION QUALIFIER	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0878	INVALID PRESCRIPTION QUALIFIER/ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0879	INVALID PRESCRIPTION QUALIFIER/ID COMBINATION	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0880	INVALID PRESCRIPTION ID	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0881	INVALID PRESCRIPTION DATE	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0882	PRESCRIPTION DATE GREATER THAN CLAIM DATE	175	PRESCRIPTION IS INCOMPLETE.	N668	INCOMPLETE/INVALID PRESCRIPTION.
0886	ATTACHMENT REQUIRED-PODIATRIC, SUSPEND FOR REVIEW	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
0888	DCN INVALID FOR ATTACHMENT CROSS-REFERENCE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER
0889	CLAIM ATTACHMENT REQUIRED FOR PODIATRIC SERVICE	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
0890	EDI TRANS TYPE IS 31	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0891	EDI TRANS TYPE IS RP	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0900	PROVIDER TYPE/SPECIALTY GROUP EMPTY	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE
0902	PROCEDURE CODE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0903	OCCURRENCE CODE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
0904	VALUE CODE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
0905	REVENUE CODE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
0906	DIAGNOSIS GROUP EMPTY	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
0907	ICD-9 PROCEDURE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
0908	MODIFIER GROUP EMPTY	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
0909	PATIENT STATUS GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
0910	BENEFIT PLAN GROUP EMPTY	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
0911	CLAIM IN PROCESS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0912	PROVIDER LOC GROUP EMPTY	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
0913	SPECIAL HANDLING GROUP EMPTY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0914	TYPE OF BILL GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
0915	COUNTY CODE GROUP EMPTY	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
0916	ZIP CODE GROUP EMPTY	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
0917	PLACE OF SERVICE GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
0918	MEMBER LOC GROUP EMPTY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA37	MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.
0919	ESC GROUP EMPTY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0920	MEMBER AID CATEGORY GROUP EMPTY	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
0921	PROVIDER ID GROUP EMPTY	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
0922	REGION GROUP EMPTY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
0930	2ND OCCURRENCE POSITION NOT = 22	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
0931	2ND OCCURRENCE OCDE = 22 BUT AMOUNT = 0	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
0932	2ND OCCURRENCE AMOUNT > 0 BUT OSC NOT 22	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
0933	INP CLM BUT RATE ID NOT 71 OR ADM TYPE NE ELCTV[3]	147	PROVIDER CONTRACTED/NEGOTIATED RATE EXPIRED OR NOT ON FILE.	-	-
0935	UB92 CLAIM BUT NO PATIENT ACCT NUMBER (MRN)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.
0936	MEMBER ENROL/PCCP CNFLCT	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE
0937	DETAIL CANNOT SPAN DATES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.
0999	CLAIM SELECTED FOR MASSPRO EXTRACT	96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
1000	BILLING PROVIDER I.D. NUMBER NOT ON FILE.	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1001	COB-BENEFIT PLAN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
1002	DTL PERFORMING PROVIDER NOT ELIGIBLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1003	BILLING PROV NOT ELIGIBLE AT SERVICE LOCATION FOR PROGRAM BILLED	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1007	DETAIL RENDERING PROVIDER I.D. NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1010	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP	96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO-PROVIDER.
1012	RENDERING PROV SPECLTY NOT ELIGIBLE TO RENDER PROCEDURE	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	-	-
1013	PROV ASSIGNMENT NOT ACCEPTED	111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.	-	-
1014	INVALID ASSIGNMENT INDICATOR	111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.	-	-
1018	PROVIDER RATE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
1019	NO PROVIDER LEVEL OF CARE RATE ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
1020	ATTENDING PHYSICIAN ID NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1021	FIRST OTHER PHYSICIAN ID NOT ON FILE	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1023	LEVEL OF CARE BILLED NOT ON FILE FOR THIS PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
1024	BILLING PROVIDER NOT LISTED AS MEMBER LTC PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
1026	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1027	HEADER REFERRING PHYSICIAN ID NOT ON FILE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N630	REFERRAL NOT AUTHORIZED BY ATTENDING PHYSICIAN.
1032	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1036	RENDERING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1037	FACILITY PROVIDER NUMBER NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N293	MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY IDENTIFIER.
1040	BILLING PROVIDER ON REVIEW	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE
1041	BILLING PROVIDER ON REVIEW	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE
1050	SERVICE CANNOT BE REFERRED BY THE SAME BILLING PROVIDER	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1051	HEADER RENDERING PROVIDER ID NOT VALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1054	DETAIL ATTENDING PHYSICIAN ID NUMBER NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1055	DETAIL REFERRING PROV NOT ON FILE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N630	REFERRAL NOT AUTHORIZED BY ATTENDING PHYSICIAN.
1058	UNABLE TO CROSSWALK ATTENDING/OTHER1/OTHER2 MEDICARE PROVIDER ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
1060	UNABLE TO CROSSWALK RENDERING MEDICARE PROVIDER ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.
1062	UNABLE TO CROSSWALK DETAIL RENDERING MEDICARE PROV	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.
1063	UNABLE TO CROSSWALK BILLING MEDICARE PROVIDER ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
1064	HEADER REFERRING PROVIDER CANNOT BE SAME AS BILLING	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1065	DETAIL REFERRING PROVIDER CANNOT BE SAME AS BILLING	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1066	BILLING PROVIDER NOT A VALID BILLER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1067	RENDERING EQUALS BILLING AND NOT A VALID BILLER	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1068	REFERRING PROVIDER REQUIRED FOR INDEPENDENT CERTIFICATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1069	REFERRING PROVIDERCANNOT BE SAME AS RENDERING-HEADER	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1070	REFERRING PROVIDER CANNOT BE SAME AS RENDERING-DETAIL	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
1071	PATIENT STILL IN THE HOSPITAL	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
1073	BILLING PROVIDER OUT OF STATE CONTIGUOUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
1074	BILLING PROVIDER OUT OF STATE NON-CONTIGUOUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS.
1100	ADJUST: FORMER TCN INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.
1101	INVALID ADJUSTMENT FORMER TCN	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.
1104	REBILL : ORIGINAL CLAIM PAID	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
1108	THIS ADJUSTMENT CLAIM IS ALREADY ON HOLD	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
1111	ITEM/SERVICE(S) PROVIDED NOT MOST COST EFFECTIVE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
1116	SHOE PRESCRIPTION FORM MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
1117	PROC REQ REPORT/ RPT MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
1119	BILLING RID CONFLICT	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
1120	CLAIM REQUIRES DOCUMENTATION (CAF EDIT)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1121	STERILIZATION FORM INCOMPLETE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1122	STERILIZATION REGS NOT MET	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	-	-
1123	CLAIM NOT LEGIBLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1125	INCIDENTAL PROC NOT COVERED	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
1126	CHARGES NOT ITEMIZED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
1127	HYSTERECTOMY REGS NOT MET	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1130	INVALID STERILIZATION FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1132	CLAIMS REQ SPECIAL HANDLING	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
1134	UR LETTER NOT ACCEPTABLE	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N661	DOCUMENTATION DOES NOT SUPPORT THAT THE SERVICES RENDERED WERE MEDICALLY NECESSARY.
1135	CLAIM CONTAINS MEDICARE PART B COVERED CHARGES	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
1136	NOT AN ACCEPTABLE ATTACHMENT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N713	INCOMPLETE/INVALID REPORT.
1139	INVALID ABORTION FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1140	ABORTION FORM INCOMPLETE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1146	DUPE PREPAY REVIEW CLAIM OR RESUBMISSION ERROR	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
1149	PA# NOT ON FILE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
1150	IDENTIFY/DESCRIBE PROCEDURE WHEN BILLING AN UNLISTED CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE.
1151	COPAY EXEMPT - AGE	96	NON-COVERED CHARGE(S).	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
1152	ASST SURG NOT COV FOR PROC	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N646	REIMBURSEMENT HAS BEEN ADJUSTED BASED ON THE GUIDELINES FOR AN ASSISTANT.
1153	UR DENIED ADMISSION	96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
1514	INCORRECT PROC CODE FOR SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
1515	PROCEDURE CODE/ INVOICE CONFLICT (PHARM)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1516	INCORRECT REVENUE CODE FOR SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
1517	CLAIM MEDICAL NECESSITY FORM ERROR	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
1518	SERVICE PROVIDED REQUIRES A MORE DETAILED REPORT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N713	INCOMPLETE/INVALID REPORT.
1519	INAPPROPRIATE PROCEDURE CODE FOR SERVICE BILLED	96	NON-COVERED CHARGE(S).	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
1520	PAYMENT INCLUDED IN PRIMARY PROCEDURE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
1521	PAYMENT MADE TO ANOTHER PHYSICIAN	B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N472	PAYMENT FOR THIS SERVICE HAS BEEN ISSUED TO ANOTHER PROVIDER.
1522	REPORT NOT LEGIBLE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
1523	HYSTERECTOMY FORM INCOMPLETE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1524	INVALID HYSTERECTOMY FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1525	ABORTION REGS NOT MET	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
1526	MEDICAL RECORD NOT SUBMITTED TO PREPAYMENT REVIEW	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M127	MISSING PATIENT RECORD FOR THIS SERVICE.
1527	MEDICAL RECORD INCOMPLETE AS DETERMINED BY PREPAY REVIEW	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N237	INCOMPLETE/INVALID PATIENT MEDICAL RECORD FOR THIS SERVICE.
1528	MLOA DAYS NOT INDICATED ON CLAIM FORM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
1530	INVALID PRESCRIBING PROVIDER TRANS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1662	BILLING PROVIDER I.D. NUMBER NOT 0N FILE	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1801	NEED REFERRING PROVIDER FOR RADIOLOGY SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1802	MEDICARE ANCILLARY SERVICES PRICED AT ZERO	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
1803	RECYCLE MEDICARE PART A CLAIMS WITH TOB 111 OR 114	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
1804	DENY MEDICARE PART A INTERIM STAY CLAIMS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
1805	BILLING PROVIDER ID WAS TRANSLATED	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1806	CROSSOVER PRICING PERFORMED - HEADER (PAY)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
1807	CROSSOVER PRICING PERFORMED - DETAIL (PAY)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
1808	UNABLE TO PERFORM CROSSOVER PRICING - HEADER (DENY)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
1809	UNABLE TO PERFORM CROSSOVER PRICING - DETAIL (DENY)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
1900	INVALID TAXONOMY CODE - BILLING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1901	INVALID TAXONOMY CODE-HEADER PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1906	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - BILLING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1907	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - HEADER PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1912	TAXONOMY CODE MISSING - BILLING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1913	TAXONOMY CODE MISSING - HEADER PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1919	INVALID TAXONOMY CODE - DETAIL PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1921	INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - DETAIL PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1925	TAXONOMY CODE MISSING - DETAIL PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1927	NPI REQUIRED HEALTHCARE=Y BILLING PROV	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)
1928	NPI REQUIRED HEALTHCARE=Y PERFORMING PROV	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)
1929	NPI DEACTIVATION DUE TO FRAUD	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1930	NPI DEACTIVATION DUE TO DEATH, DISBANDMENT, OR OTHER	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1934	DTL NPI REQUIRED HEALTHCARE=Y PERFORMING PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)
1936	INVALID BILLING PROVIDER SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
1937	INVALID PERFORMING PROVIDER SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1943	INVALID DTL PERFORMING PROVIDER SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1945	MULT SAK PROV LOCS FOR BILLING PROV SPEC	226	INFORMATION REQUESTED FROM BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	-	-
1946	MULT SAK PROV LOCS FOR PERFORMING PROV SPEC	226	INFORMATION REQUESTED FROM BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	-	-
1949	MULT SAK PROV LOCS FOR RENDERING PROV SPEC	226	INFORMATION REQUESTED FROM BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	-	-
1950	NPI SUBMISSION ERROR	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1952	MULTIPLE SAK PROVIDER LOCATIONS FOR DETAIL PERFORMING PROVIDER SPEC	226	INFORMATION REQUESTED FROM BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	-	-
1954	BILLING PROV ID NOT NPI BUT THERE IS NPI ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI)
1960	BILLING PROVIDER ON REVIEW	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
1961	RENDERING PROVIDER ON REVIEW - HEADER	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
1962	RENDERING PROVIDER ON REVIEW - DETAIL	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
1995	RENDER/DISPENS/PERFORM PROV ID IN OLD FORMAT - HDR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1997	UNABLE TO POPULATE DTL PERFORMING PROV ID WITH HDR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1999	HEADER BILLING PROVIDER ID IN OLD FORMAT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
2000	INVALID SEX	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2001	MEMBER ID NUMBER NOT ON FILE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2002	MEMBER NOT ELIGIBLE FOR HEADER DATE OF SERVICE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2003	MEMBER INELIGIBLE ON DETAIL DATE OF SERVICE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2004	MULTIPLE AID CATEGORY CODES COVER HEADER SERVICE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2005	MULTIPLE AID CATEGORY CODES COVER DETAIL SERVICE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2006	CLAIMS SUBMITTED WITH LEGACY MEMBER ID	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2007	QMB MEMBER- BILL MEDICARE FIRST	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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.
2008	MEMBER LEVEL OF CARE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
2009	ERROR WITH HSN ELIGIBILITY WEB SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
2011	PHARMCY MEDICAL/NON-MEDICAL SUPPL. AND ROUTINE DME	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2014	MENTAL HLTH/SUBSTANCE ABUSE ONLY, BILL PARTNERSHIP	109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2017	MEMBER SERVICES COVERED BY MCO PLAN	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2018	MEMBER IS ENROLLED IN HOSPICE	B9	PATIENT IS ENROLLED IN A HOSPICE.	-	-
2037	MEMBER ID IS INACTIVE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2041	MEMBER# ON CLAIM AND PA MISMATCH	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.
2043	MEMBER IS ON REVIEW	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2044	CLAIM INDICATES MEMBER EXPIRED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N330	MISSING/INCOMPLETE/INVALID PATIENT DEATH DATE.
2049	LTC/HOSPICE CONFLICT	B9	PATIENT IS ENROLLED IN A HOSPICE.	-	-
2051	MEMBER NOT CODED FOR LTC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON TH-E ASSIGNMENT REQUEST.
2052	LEVEL OF CARE/AID CAT CONFLICT	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
2053	LTC/CASE MIX CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
2055	SUPPLEMENTAL ADULT SERVICE/LTC RECIPIENT CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
2056	MEMBER NOT CODED FOR CASEMIX	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
2057	DOS SPAN MONTHS-FILE SEPARATE CLAIMS FOR EACH MNTH	96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.
2500	MEMBER IS COVERED BY OTHER INSURANCE-PAY	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2501	MEMBER IS COVERED BY OTHER INSURANCE - PAY AND CHASE	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2502	MEMBER IS COVERED BY OTHER INSURANCE - DENY	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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.
2503	MEMBER IS COVERED BY OTHER INSURANCE - PAY & CHASE	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2504	MEMBER IS COVERED BY OTHER INSURANCE - SUSPEND	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2505	MEMBER COVERED BY MEDICARE-DENY	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2509	MEMBER COVERED BY MEDICARE B (PHARMACY) - PROVIDER SHOULD BILL THROUGH POPS	109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N418	MISROUTED CLAIM.
2510	MEMBER MEDICAL SUPPORT BYPASS – DTL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2511	CANNOT DETERMINE TPL PRICING METHOD	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
2512	DUPLICATE CAS AT HEADER AND DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
2513	TPL ADJUDICATION DATE NOT PRESENT- DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
2514	TPL ADJUDICATION DATE NOT PRESENT-HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
2515	OTHER INSURER REQUIRES ADDITIONAL DATA	109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N36	CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS BEFORE WE CAN CONSIDER PAYMENT
2516	MEDICAID IS ALWAYS FINAL PAYOR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA64	OUR RECORDS INDICATE THAT WE SHOULD BE THE THIRD PAYER FOR THIS CLAIM. WE CANNOT PROCESS THIS CLAIM UNTIL WE HAVE RECEIVED PAYMENT-INFORMATION FROM THE PRIMARY AND SECONDARY PAYERS.
2516	MEDICAID IS ALWAYS FINAL PAYOR	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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.
2517	TPL REVIEW - CLM/EOB DIFFER	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2518	OTHER PAYER HAS BUNDLED DETAILS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
2519	CLAIM POTENTIALLY COVERED BY MEDICARE	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2520	MEMBER IS COVERED BY OTHER INSURANCE-PAY,HEADER	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2521	MEMBER IS COVERED BY OTHER INSURANCE - PAY AND REPORT	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2522	MEMBER IS COVERED BY OTHER INSURANCE - DENY (HDR)	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2523	MEMBER IS COVERED BY OTHER INSURANCE - PAY, CHASE, HDR	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2524	MEMBER IS COVERED BY OTHER INSURANCE - SUSPEND, HDR	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-
2525	MEMBER COVERED BY MEDICARE - DENY (HDR)	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2526	ZERO TPL AMOUNT AND NO ADJ RSN CODE - HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
2527	ZERO TPL AMOUNT AND NO ADJ RSN CODE-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
2528	LTC - POTENTIAL MEDICARE IN FIRST 100 DAYS	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2529	TPL AT HEADER AND NOT AT DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
2530	INVALID TPL CARRIER CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
2531	MEDICARE COVERAGE INDICATED ON CLAIM, NOT ON FILE	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	N197	THE SUBSCRIBER MUST UPDATE INSURANCE INFORMATION DIRECTLY WITH THE PAYER.
2532	HEBREW REHAB LTC TPL	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2533	CARRIER IS 000 AND TPL AMOUNT > 0 - HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2534	CARRIER IS 000 AND TPL AMOUNT > 0 -DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA04	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.
2535	INCORRECT TPL BILLING	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2536	MEDICARE# ON CLAIM/FILE CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.
2537	INVALID BUNDLED LINE NO ASSIGNED BY OTHER PAYER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2538	EOB DATE SHOULD EQUAL LAST DOS FOR O/R COB CLAIMS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
2539	EOB DATE SHOULD EQUAL LAST DOS FOR O/R COB CLAIMS - DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
2540	MEDICARE PAID > MEDICAID ALLOWED - HEADER	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT	-	-
2541	MEDICARE PAID > MEDICAID ALLOWED - DETAIL	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT	-	-
2542	MEDICARE PAYMENT OR PATIENT RESPONSIBILITY IS > 0	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2543	MEDICARE PAYMENT OR PATIENT RESPONSIBILITY IS > 0	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
2544	BENEFITS EXHAUSTED REPRICING	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2545	HEADER AND DETAIL COB PAYMENTS DO NOT BALANCE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2546	DETAIL COB PAYMENTS DO NOT BALANCE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2547	HEADER COB PAYMENTS DO NOT BALANCE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2548	NON COVERED AMOUNT IS NOT EQUAL TO BILLED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
2549	REMAINING PATIENT LIABILITY PRESENT AT HEADER	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2550	REMAINING PATIENT LIABILITY PRESENT AT DETAIL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2551	CLAIM HAS NON-COVERED AMOUNT, HDR IS NOT ELIGIBLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
2552	CROSSOVER CLAIM MISSING MEDICARE CARRIER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
2554	CLAIM HAS A PIP CARRIER	P22	PAYMENT ADJUSTED BASED ON MEDICAL PAYMENTS COVERAGE (MPC) OR PERSONAL INJURY PROTECTION (PIP) BENEFITS JURISDICTIONAL REGULATIONS OR PAYMENT POLICIES, USE ONLY IF NO OTHER CODE IS APPLICABLE.	-	-
2555	INVALID FILING INDICATOR/CARRIER COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
2556	LTC - POTENTIAL MEDICARE C IN FIRST 100 DAYS	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2557	LTC - POTENTIAL PRIVATE INSURANCE IN FIRST 100 DAYS	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA04	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
2558	OTHER PAYER DENIAL ARC IS NOT ON TABLE - HEADER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2559	OTHER PAYER DENIAL ARC IS NOT ON TABLE - DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
2561	TPL DATA CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
2562	BENEFITS EXHAUSTED TPL REPRICING - DETAIL	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT.
2563	DETAIL ADJUSTMENT REASON CODE IS NOT ON ARC XREF	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE
2564	MEMBER HAS MEDICARE SUPP INS DTL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
2565	CLAIM REQUIRES TPL REVIEW	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	-	-

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2566	MEMBER HAS MEDICARE SUPPLEMENTAL INSURANCE-DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
2567	INVALID SUBMITTER FOR COB CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N521	MISMATCH BETWEEN THE SUBMITTED PROVIDER INFORMATION AND THE PROVIDER INFORMATION STORED IN OUR SYSTEM.
2568	CLAIM HAS NON-COVERED AMOUNT, DETAIL IS NOT ELIGIBLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
2569	MEMBER HAS SELF-REPORTED OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
2570	HEADER FOR EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2571	HEADER FOR EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2572	HEADER FOR EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2573	HEADER FOR EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2574	HEADER FOR EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2575	DETAIL EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2576	DETAIL EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2577	DETAIL EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2578	DETAIL EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2579	DETAIL EDIT FROM COB OVERRIDE TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2580	DETAIL, PROFESSIONAL OVERRIDE EDIT	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2581	HEADER, INSTITUTIONAL OVERRIDE EDIT	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2582	DETAIL, INSTITUTIONAL OVERRIDE EDIT	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2583	NON COVERED AMT AND CAS PRESENT FOR PAYER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
2584	MEMBER MEDICAL SUPPORT BYPASS - HEADER	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2585	EOB DATE AT HEADER AND DETAIL	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
2586	MEDICARE EMERGENCY SERVICE COB OVERRIDE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2587	NON-CERTIFIED PROVIDER COB OVERRIDE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2588	HEADER/COMMERCIAL/SUSPEND EDIT FROM THE TPL DENY TABLE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
2589	HEADER/MEDICARE/SUSPEND EDIT FROM THE TPL DENY TABLE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
2590	DETAIL/COMMERCIAL/PAY EDIT FROM THE TPL DENY TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2591	DETAIL/MEDICARE/PAY EDIT FROM THE TPL DENY TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2592	DETAIL/COMMERCIAL/DENY EDIT FROM THE TPL DENY TABLE	96	NON-COVERED CHARGE(S).	M41	WE DO NOT PAY FOR THIS AS THE PATIENT HAS NO LEGAL OBLIGATION TO PAY FOR THIS.
2593	DETAIL/MEDICARE/DENY EDIT FROM THE TPL DENY TABLE	96	NON-COVERED CHARGE(S).	M41	WE DO NOT PAY FOR THIS AS THE PATIENT HAS NO LEGAL OBLIGATION TO PAY FOR THIS.
2594	DETAIL/COMMERCIAL/SUSPEND EDIT FROM THE TPL DENY TABLE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
2595	DETAIL/MEDICARE/SUSPEND EDIT FROM THE TPL DENY TABLE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
2596	HEADER/COMMERCIAL/PAY EDIT FROM THE TPL DENY TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
2597	HEADER/MEDICARE/PAY EDIT FROM THE TPL DENY TABLE	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2598	HEADER/COMMERCIAL/DENY EDIT FROM THE TPL DENY TABL	96	NON-COVERED CHARGE(S).	M41	WE DO NOT PAY FOR THIS AS THE PATIENT HAS NO LEGAL OBLIGATION TO PAY FOR THIS.
2599	HEADER/MEDICARE/DENY EDIT FROM THE TPL DENY TABLE	96	NON-COVERED CHARGE(S).	M41	WE DO NOT PAY FOR THIS AS THE PATIENT HAS NO LEGAL OBLIGATION TO PAY FOR THIS.
2608	MEMBER LOCKED-IN TO SPECIFIC NDC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2610	NON-COVERED DAYS > 0	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE BILLING PERIOD.
2612	DMH OR DPH SUBCONTRACTOR NOT AUTHORIZED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2613	MANAGED CARE SERVICE	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2614	MANAGED CARE SERVICE SHOULD BE PAID BY RMC	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2615	SENIOR PHARMACY MUST BE BILLED THROUGH POPS	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2616	SERV NOT REIMBURSABLE BY MED ASSISTANCE PROGRAM	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
2617	PROC CODE REQUIRES REVIEW OF REPORT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N713	INCOMPLETE/INVALID REPORT.
2620	REVENUE CODE REQ REVIEW	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2621	BILL EXTENDED BENEFITS	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	N598	HEALTH CARE POLICY COVERAGE IS PRIMARY.
2622	SERVICE NOT AUTHORIZED BY HMO	197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.	-	-
2623	PREPAYMENT TECHNICAL DENIAL	96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
2625	MODIFIER INAPPROPRIATE/INCORRECT FOR SERV BILLED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
2626	REQUEST FOR 90 DAY WAIVER DENIED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2627	SERVICE COVERED BY CASE MANAGER	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
2628	PREPAYMENT FULL DENIAL	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
2629	PREPAYMENT PARTIAL DENIAL	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
2630	NO PAS APPROVAL FOUND IN PREPAYMENT	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
2631	MCARE/BILL ALLOW PAID CONFLICT	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
2632	BENEFIT CONFLICT	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
2633	PREPAY PREVIOUSLY APPROVED	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
2634	PREPAY PREVIOUSLY DENIED	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
2635	PREPAY DECISION OVERTURNED	216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION	-	-
2640	NO RESPONSE TO OUR CAF	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N714	MISSING REPORT.
2800	MEMBER NOT TIED TO HOSPICE ON DOS	96	NON-COVERED CHARGE(S).	N143	THE PATIENT WAS NOT IN A HOSPICE PROGRAM DURING ALL OR PART OF THE SERVICE DATES BILLED.
2802	NO BENEFIT PROGRAM FOR MEMBER FOUND	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
2803	PROCEDURE IS AGE RESTRICTED	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
2804	PROCEDURE IS INVALID FOR PATIENT SEX	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	-	-
2805	MULTIPLE PPA SEGMENTS ON MEMBER FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG-TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
2900	SPAD CLAIM HAS CONTIGUOUS AID CATEGORY COVERAGE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
3000	PER UNIT PRICE ON CLAIM DOES NOT MATCH PRIOR AUTHORIZATION	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3001	PA NOT FOUND ON DATABASE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3002	NDC REQUIRES PA	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3003	PROCEDURE CODE REQUIRES PA	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3004	INVALID PA/PASNUMBER	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3005	INVALID PA/PAS NUMBER	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3006	PA DOLLARS EXCEEDED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3009	PA/PAS NUMBER NOT ON THE DATABASE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3010	OUT OF STATE PROVIDER REQUIRES REVIEW	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3013	PA NUMBER NOT ON THE DATABASE	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3015	MODIFIER ON CLAIM AND PA MISMATCH	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3022	SELECT FOR MASSPRO PRE-PAYMENT REVIEW	96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
3023	INVALID RATE ID/PYMNT TYPE COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
3024	LINE ITEM NOT FOUND FOR PAS NUMBER	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3025	MULTIPLE ACTIVE LINE ITEMS FOR PAS	96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
3026	PAS NOT FOUND ON DATABASE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3027	INVALID PAS NUMBER	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3028	NOT ENOUGH UNITS ON PAS	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3029	MEMBER ID FOR CLAIM AND PAS DONT MATCH	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3030	ADMISSION DATE FOR CLAIM AND PAS DONT MATCH	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3031	PROVIDER ID FOR CLAIM AND PA/PAS DO NOT MATCH	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3032	PAS IS REQUIRED	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3033	PA/PAS IS NOT READY	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3034	DUPLICATE CLAIM IN PRE-PAYMENT REVIEW	18	EXACT DUPLICATE CLAIM/SERVICE.	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
3035	CLAIM SELECTED FOR PRE-PAYMENT REVIEW	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
3036	RANDOM PRE-PAYMENT REVIEW PROCESS	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
3037	PARTIAL DENIAL-PAY TPD	216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION	-	-
3038	PAS NOT REVIEWED BY PRO	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3039	PAS NOT APPROVED	39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS REQUESTED.	-	-
3040	SURGERY/ASSIST USING SAME SERV PROVIDER NUMBER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
3041	MEMBER# OR PROV# ON CLAIM AND PA MISMATCH	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3101	PA STATUS IS VOID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
3102	PA STATUS IS DENIED	39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS REQUESTED.	-	-
3103	PROCEDURE NOT ON PA	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3104	REVENUE CODE / PA CONFLICT	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3105	MEMBER# ON CLAIM AND PA MISMATCH	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3106	SERV DATE BEFORE PA EFFECTIVE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3107	SERV DATE AFTER PA EXPIRED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.
3108	PA INSUFFICIENT AVAIL UNITS	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3109	PA UNITS PRESENTLY EXHAUSTED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3110	PA EXHUSTED - CANNOT BE USED IN PRICING	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3111	PRIOR AUTH PROCEDURE/MODIFIER MISMATCH	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3120	REFERRAL REQUIRED ON CLAIM	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3121	REFERRAL NUMBER INVALID	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
3122	NO MORE UNITS AVAILABLE ON REFERRAL	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3124	RENDERING PROVIDER DOES NOT MATCH REFERRAL AUTHORIZATION	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	-	-
3125	MEMBER IN CLAIM DOES NOT MATCH REFERRAL	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
3126	SERVICE DATE IS OUTSIDE REFERRAL AUTHORIZATION	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.
3300	JCODE GIVEN WITH INVALID NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
3301	LTC CLAIM REQUIRES A PATIENT LIABILITY AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
3302	UNABLE TO DETERMINE RATE ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
3303	INVALID PROCEDURE/TOOTH SURFACE COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
3304	MANUFACTURERS INVOICE REQUIRED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M53	MISSING INVOICE.
3305	INVALID PATIENT PAY AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
3306	SPAD RATE NOT ALLOWED FOR TRANSFER PATIENT STATUS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
3307	NO PATIENT LIABILITY ON FILE OR ON THE CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
3310	CURRENT SUPPLIERS INVOICE REQUIRED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M53	MISSING INVOICE.
3311	ACQUISTION COST MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M23	MISSING INVOICE.
3312	MAX FEE RELATIVE VALUE MUST BE > 0 ON DOS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
3314	POS INVALID FOR RADIOLOGY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
3315	ICD9-CM STERILIZATION PROC REQUIRES ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
3316	ICD9-CM HYSTERECTOMY PROC REQUIRES ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
3317	ICD9-CM ABORTION PROC REQUIRES ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
3318	NON COVRD DAYS MUST BE NUMERIC FOR PROV TYPE 70/74	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
3319	BENEFIT PLAN AGE RESTRICTION ON PRIMARY DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3320	BENEFIT PLAN AGE RESTRICTION ON SECOND DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3321	BENEFIT PLAN AGE RESTRICTION ON THIRD DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3322	BENEFIT PLAN AGE RESTRICTION ON FOURTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3323	BENEFIT PLAN AGE RESTRICTION ON FIFTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3324	BENEFIT PLAN AGE RESTRICTION ON SIXTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3325	BENEFIT PLAN AGE RESTRICTION ON SEVENTH+ DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3326	BENEFIT PLAN AGE RESTRICTION ON ADMIT DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
3327	TYPE OF BILL CANNOT BE CROSS WALKED TO A PLACE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
3335	NO VALID DERIVED RATE ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
3602	CLAIM AND EOB DIFFER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
4001	BENEFIT PLAN BILLING PROVIDER TYPE RESTRICTION ON DIAGNOSIS	12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4002	NDC INDICATES A NON-COVERED DRUG ON DOS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
4003	ATTACH REV ON STERIL/HYST DIAG	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
4004	NDC NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
4007	NON-COVERED NDC DUE TO CMS TERMINATION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
4008	HEALTH PROGRAM MISMATCH ON MULTIPLE DETAILS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4009	ALLOWED AMOUNT LESS THAN DRUG CHARGE VARIANCE	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT	-	-
4010	MODIFIER REQUIRES MEDICAL REVIEW	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
4011	INVALID MODIFIER/MODIFIER COMBINATION	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
4012	ABORTION PROCEDURE INDICATED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
4013	PROCEDURE CODE IS NOT COVERED FOR DATE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4014	NO PRICING SEGMENT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4015	MULTIPLE PRICING MODIFIERS ON CLAIM	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
4016	BENEFIT PLAN PERF PR TYP RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4017	BENEFIT PLAN BILL PR TYP RESTRICTION ON DRG	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
4018	BENEFIT PLAN PERF PR TYP RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4019	PROCEDURE CODE REQUIRES ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
4020	PROV CONTRACT UNIT RESTRICTION ON PROCEDURE	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4021	PROCEDURE NOT COVERED FOR BENEFIT PLAN	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4022	ABORTION DIAGNOSIS INDICATED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
4023	GENDER IS NOT ALLOWED FOR COVERED NDC	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	-	-
4024	MAXIMUM NUMBER OF REFILLS HAS BEEN REACHED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4025	NDC VS. AGE RESTRICTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4026	NDC VS. DAYS SUPPLY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
4027	DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4028	BENEFIT PLAN GENDER RESTRICTION ON DIAGNOSIS	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4029	BENEFIT PLAN POS RESTRICTION ON DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4030	BENEFIT PLAN AGE RESTRICTION ON DIAGNOSIS	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4031	PROV CONTRACT GENDER RESTRICTION ON DIAGNOSIS	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4032	PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4033	INVALID PROC MOD COMBINATION	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4034	BENEFIT PLAN AGE RESTRICTION ON PROCEDURE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4035	BENEFIT PLAN GENDER RESTRICTION ON PROCEDURE	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	-	-
4036	PROV CONTRACT POS RESTRICTION ON PROCEDURE	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
4037	PROCEDURE CODE VS. DIAGNOSIS RESTRICTION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4038	SERVICE NOT COVERED FOR LIMITED BP	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4039	DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
4040	PRIMARY DIAGNOSIS CODE NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
4041	SECONDARY DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4042	THIRD DIAGNOSIS CODE NOT ON FILE OR INACTIVE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4043	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4044	REIMBURSEMENT RULE AGE RESTRICTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4045	REIMBURSEMENT RULE/BENEFIT PLAN RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4046	NO REIMBURSEMENT RULE FOR RATE ID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
4047	FIFTH DIAGNOSIS CODE NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4048	SIXTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4049	SEVENTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4050	EIGHTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4051	NINTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4052	TENTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4053	PRINCIPAL PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4054	FIRST OTHER PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4055	SECOND OTHER PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4056	THIRD OTHER PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4057	FOURTH OTHER PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4058	FIFTH OTHER PROCEDURE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4059	REVENUE CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
4060	ELEVENTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4061	REIMBURSEMENT RULE CLAIM TYPE RESTRICTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4062	REIMBURSEMENT RULE COND CODE RESTRICTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4063	ICD-9-CM PROCEDURE CODE/AGE RESTRICTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4064	BENEFIT PLAN GENDER RESTRICTION ON ICD9 PROC	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	-	-
4065	ICD9-CM PROCEDURE REQUIRES ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
4066	ICD9-CM PROCEDURE/DIAGNOSIS RESTRICTION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4067	NON-COVERED ICD-9-CM PROCEDURE CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4068	REIMBURSEMENT RULE/PROV CONTRACT RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
4069	REIMBURSEMENT RULE RESTRICTION ON DIAGNOSIS ROLE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4070	REIMBURSEMENT RULE MODIFIER RESTRICTION	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
4071	REIMBURSEMENT RULE PAYER RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
4072	REIMBURSEMENT RULE TAXONOMY RESTRICTION	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4076	TWELFTH DIAGNOSIS CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4077	NON-COVERED REVENUE CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
4085	INPATIENT PSYCH HOSP FOR MEMBERS AGE 22-64	204	THE SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4095	REIMBURSEMENT RULE UNIT RESTRICTION	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
4096	MODIFIER 99 NOT ALLOWED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4097	INVALID PROCESSING MODIFIER/RATE NOT FOUND	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4098	FUND CODE FOR AID CAT/LOC NOT FOUND	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4099	DRG NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N208	MISSING/INCOMPLETE/INVALID DRG CODE.
4113	UNIT DOSE PACKAGING COVERED FOR LTC RESIDENTS ONLY	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4115	NO RBRVS CONVERSION FACTOR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.		
4117	ICD9 PROCEDURE IS NOT VALID FOR DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
4120	PROCEDURE CODE REQUIRES QUADRANT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
4128	ICD9 PROCEDURE 7-24 NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
4132	DRG GROUPER UNABLE TO ASSIGN DRG	A8	UNGROUPABLE DRG.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4135	APC GROUPER UNABLE TO GROUP/PRICE	P7	THE APPLICABLE FEE SCHEDULE/FEE DATABASE DOES NOT CONTAIN THE BILLED CODE. PLEASE RESUBMIT A BILL WITH THE APPROPRIATE FEE SCHEDULE/FEE DATABASE CODE(S) THAT BEST DESCRIBE THE SERVICE(S) PROVIDED AND SUPPORTING DOCUMENTATION IF REQUIRED.	-	-
4136	BENEFIT PLAN BILLING PROVIDER TYPE RESTRICTION ON ICD9 PROC	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4137	BENEFIT PLAN PERF PR TYP RESTRICTION ON ICD9 PROC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4138	BILLING PROVIDER TYPE SPECIALTY NOT VALID FOR COVERED-NDC	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4139	PERFORMING PROVIDER TYPE SPECIALTY NOT VALID FOR COVERED-NDC	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4140	BENEFIT PLAN BILLING PROVIDER TYPE RESTRICTION ON PROCEDURE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
4141	BENEFIT PLAN PERFORMING PROVIDER TYPE RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4142	BENEFIT PLAN BILLING PROVIDER TYPE RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4143	BENEFIT PLAN PERFORMING PROVIDER TYPE RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4144	PROV CONTRACT PERFORMING PROVIDER TYPE RESTRICTION ON DIAGNOSIS	12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4145	PROVIDER CONTRACT BILLING PROVIDER TYPE RESTRICTION ON DRG	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4146	PROVIDER CONTRACT PERFORMING PROVIDER TYPE RESTRICTION ON DRG	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4147	PROVIDER CONTRACT PERFORMING PROVIDER TYPE RESTRICTION ON ICD9 PROC	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4148	PERF PROV TYPE SPEC NOT VALID FOR CONTRACT-NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4149	PROVIDER CONTRACT BILLING PROVIDER TYPE RESTRICTION ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4150	PROVIDER CONTRACT PERFORMING PROVIDER TYPE RESTRICTION ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4151	PROVIDER CONTRACT BILL PROVIDER TYPE RESTRICTION ON REVENUE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4152	PROVIDER CONTRACT PERFORMING PROVIDER TYPE RESTRICTION ON REVENUE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4153	PRIMARY NDC ON MEDICAL REVIEW FOR PROV. CONTRACT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4155	REIMBURSEMENT RULE POS RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4156	REIMBURSEMENT RULE PROV LOCAT RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
4157	PROVIDER CONTRACT/PROVIDER CONTRACT RESTRICTION ON DIAGNOSIS	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4158	PROVIDER CONTRACT/PROVIDER CONTRACT RESTRICTION ON DRG	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4159	PROVIDER CONTRACT/PROVIDER CONTRACT RESTRICT ON ICD9 PROCEDURE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4160	PROVIDER CONTRACT RESTRICTION FOR CONTRACT NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4161	PROVIDER CONTRACT/PROVIDER CONTRACT RESTRICT ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4162	PROVIDER CONTRACT/PROVIDER CONTRACT RESTRICT ON REVENUE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4164	INACTIVE DRUG	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4165	MAX DAY RESTRICTION FOR COVERED NDC	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
4166	REIMBURSEMENT RULE MEMB LOCAT RESTRICTION	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4167	PROV CONTRACT UNIT RESTRICTION ON REVENUE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
4168	BENEFIT PLAN UNIT RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4170	UNITS BILLED GREATER THAN ALLOWED	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
4171	UNITS BILLED LESS THAN ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
4177	PROVIDER CONTRACT BILLING PROVIDER TYPE RESTRICTION ON ICD9 PROCEDURE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4180	SECOND DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4181	THIRD DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4182	FOURTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4183	FIFTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4184	SIXTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4185	7 - 24 DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4186	ADMITTING DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA65	MIAAING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS
4187	EMERGENCY DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4188	DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4189	SECOND DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4190	THIRD DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4191	FOURTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4192	FIFTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4193	SIXTH DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4194	7 - 24 DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE(DTL)	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS
4200	CLAIM PRICED AT ZERO	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4203	MODIFIER IS NOT COVERED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4207	CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
4208	INVALID CLIA CERTIFICATION/PROCEDURE CODE COMBINAT	B23	PROCEDURE BILLED IS NOT AUTHORIZED PER YOUR CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) PROFICIENCY TEST.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
4209	NO PRICING SEGMENT FOR PROCEDURE/MODIFIER COMBINAT	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4210	MILEAGE RATE NOT ON FILE FOR DATE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
4211	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
4212	INVALID CLIA LAB CODE/PROC CODE/MODIFIER COMBINAT	B23	PROCEDURE BILLED IS NOT AUTHORIZED PER YOUR CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) PROFICIENCY TEST.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
4214	SERVICE DATE PRIOR TO CLIA CERTIFICATION DATE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
4215	CLIA NUMBER TERMINATED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
4222	NDC REQUIRES REVIEW	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4223	BENEFIT PLAN REVIEW RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4224	BENEFIT PLAN UNIT RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4227	REVENUE NOT COVERED FOR BENEFIT PLAN	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4229	BENEFIT PLAN REVIEW RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4231	MAXIMUM UNIT RESTRICTION FOR BILLED NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4232	MAXIMUM DAY RESTRICTION FOR BILLED NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4233	DIAGNOSIS REQUIRES ADDITIONAL DOCUMENTATION	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
4235	IMPROPER MODIFIER FOR PROCEDURE BILLED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4236	INVALID USE OF E DIAGNOSIS CODE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4237	INVALID TYPE OF LEAVE FOR LTC CLAIM	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4240	PROCEDURE MUST BE BILLED SEPARATELY FOR EACH DOS	96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4244	DIAGNOSIS NOT COVERED FOR BENEFIT PLAN	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4245	FOURTH MODIFIER NOT COVERED	182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4246	ADJUSTMENT PAID AMOUNT EXCEEDS THE CASH RECEIPT BA	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
4248	MISSING MODIFIER FOR THIS PROCEDURE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4250	REIMBURSEMENT RULE PROVIDER TYPE RESTRICTION	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4252	DX CODE 6-24 NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4253	BENEFIT PLAN REVIEW RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4254	BENEFIT PLAN AGE RESTRICTION ON REVENUE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4256	BENEFIT PLAN MODIFIER RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4257	PROVIDER CONTRACT MODIFIER RESTRICTION ON PROCEDURE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4258	SECONDARY DIAGNOSIS RESTRICTION FOR BILLED NDC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
4260	MEMBER NOT CODED FOR LTC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
4261	MEMBER NOT CODED FOR CASEMIX	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
4310	PROVIDER CONTRACT ADMIT DIAG RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4311	PROVIDER CONTRACT EMERG DIAG RESTRICTION ON PROC	96	NON-COVERED CHARGE(S).	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4312	PROVIDER CONTRACT PRIM DTL DIAG RESTRICT ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4313	PROVIDER CONTRACT PRIM/SEC DTL DIAG RESTRICT ON PROC	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4314	BENEFIT PLAN CLAIM TYPE RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4315	PROVIDER CONTRACT HDR DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4316	PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4317	PROVIDER CONTRACT ADMITTING DIAGNOSIS RESTRICTION ON ICD9	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4318	PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON ICD9	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4319	PROVIDER CONTRACT HEADER DIAGNOSIS RESTRICTION ON ICD9	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4320	PROVIDER CONTRACT ADMITTING DIAGNOSIS RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4321	PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4322	PROVIDER CONTRACT PRIM/SEC DTL DIAG RESTRICT ON REV	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4362	PROVIDER CONTRACT TOB RESTRICTION ON DIAGNOSIS	96	NON-COVERED CHARGE(S).	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4363	PROVIDER CONTRACT TOB RESTRICTION ON DRG	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4364	PROVIDER CONTRACT TOB RESTRICTION ON ICD9 PROC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4365	PROVIDER CONTRACT TOB RESTRICTION ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4371	BENEFIT PLAN CLAIM TYPE RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4373	NDC COVERED BENEFIT CLAIM TYPE RESTRICTION	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
4374	BENEFIT PLAN CLAIM TYPE RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4376	BENEFIT PLAN CLAIM TYPE RESTRICTION ON ICD9 PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4711	PROVIDER CONTRACT AGE RESTRICTION ON ADMITTING DIAGNOSIS	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4712	PROV CONTRACT AGE RESTRICTION ON DRG	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4714	PROVIDER CONTRACT AGE RESTRICTION ON ICD9 PROCEDURE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4715	PROVIDER CONTRACT AGE RESTRICTION ON REVENUE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4716	AGE RESTRICTION FOR BILLED ICD9	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4721	PROVIDER CONTRACT PRIM/SEC DTL DIAG RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4723	BENEFIT PLAN DETAIL DIAGNOSIS RESTRICTION ON ICD9	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4724	BENEFIT PLAN PRIMARY/SECONDARY DETAIL DIAGNOSIS RESTRICTION ON ICD9	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4726	BENEFIT PLAN ADMIT DIAG RESTRICTION ON ICD9	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4730	REIMBURSEMENT RULE RESTRICTION ON DIAGNOSIS	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4731	BENEFIT PLAN DETAIL DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4732	BENEFIT PLAN ADMITTING DIAGNOSIS RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4733	PROVIDER CONTRACT ADMITTING DIAGNOSIS RESTRICTION ON DRG	96	NON-COVERED CHARGE(S).	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4734	PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4736	BENEFIT PLAN DETAIL DIAGNOSIS RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4741	BENEFIT PLAN ADMITTING DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4742	BENEFIT PLAN EMERGENCY DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4743	BENEFIT PLAN PRIMARY/SECONDARY DETAIL DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4744	BENEFIT PLAN PRIMARY/SECONDARY DETAIL DIAGNOSIS RESTRICTION ON REVENUE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
4745	BENEFIT PLAN HEADER DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4746	BENEFIT PLAN PRIM DETAIL DIAGNOSIS RESTRICTION ON PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4751	PROVIDER CONTRACT TOB RESTRICTION ON REVENUE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4760	PROVIDER CONTRACT REVIEW RESTRICTION ON ICD9 PROC	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4762	PROVIDER CONTRACT POS RESTRICTION ON ICD9 PROC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4765	ICD9 PROCEDURE NOT COVERED FOR BENEFIT PLAN	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4766	BENEFIT PLAN AGE RESTRICTION ON ICD9 PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4767	BENEFIT PLAN POS RESTRICTION ON ICD9 PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4768	BENEFIT PLAN REVIEW RESTRICTION ON ICD9 PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4776	PROVIDER CONTRACT BILLING PROVIDER TYPE RESTRICTION ON DIAGNOSIS	12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4801	PROCEDURE NOT COVERED BY PROVIDER CONTRACT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4802	DIAGNOSIS NOT COVERED BY PROVIDER CONTRACT	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4804	REVENUE NOT COVERED BY PROVIDER CONTRACT	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4805	DRG NOT COVERED BY PROVIDER CONTRACT	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4806	ICD9 PROCEDURE NOT COVERED BY PROVIDER CONTRACT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4812	PROVIDER CONTRACT REVIEW RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4813	PROVIDER CONTRACT REVIEW RESTRICTION ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4814	PROVIDER CONTRACT REVIEW RESTRICTION ON REVENUE	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4821	BENEFIT PLAN POS RESTRICTION ON PROCEDURE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4822	PROVIDER CONTRACT POS RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4825	MIXED HOLIDAY/WEEKEND/WEEKDAY DATES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
4831	NO REIMBURSEMENT RULE FOR SERVICE	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4845	PROVIDER CONTRACT REVIEW RESTRICTION ON DRG	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4863	NDC COVERED FOR A PORTION OF THE DOS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4866	BENEFIT PLAN POS RESTRICTION ON REVENUE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
4867	PROVIDER CONTRACT POS RESTRICTION ON REVENUE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
4871	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON PROCEDURE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4872	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON DIAGNOSIS	12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4874	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON REVENUE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4875	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON DRG	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4876	PROVIDER CONTRACT CLAIM TYPE RESTRICTION ON ICD9 PROC	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
4881	PROVIDER CONTRACT POS RESTRICTION ON DRG	96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4882	DRG NOT COVERED FOR BENEFIT PLAN	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
4883	BENEFIT PLAN REVIEW RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4884	BENEFIT PLAN AGE RESTRICTION ON DRG	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
4886	BENEFIT PLAN CLAIM TYPE RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4887	BENEFIT PLAN POS RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4890	PROVIDER CONTRACT AGE RESTRICTION ON PRIMARY DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4891	PROVIDER CONTRACT AGE RESTRICTION ON SECONDARY DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4892	PROVIDER CONTRACT AGE RESTRICTION ON THIRD DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4893	PROVIDER CONTRACT AGE RESTRICTION ON FOURTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4894	PROVIDER CONTRACT AGE RESTRICTION ON FIFTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4895	PROVIDER CONTRACT AGE RESTRICTION ON SIXTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4896	PROVIDER CONTRACT AGE RESTRICTION ON SEVENTH DIAG	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
4900	BENEFIT PLAN/BENEFIT PLAN RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4901	BENEFIT PLAN CONDITION CODE RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4902	BENEFIT PLAN OCCURENCE CODE RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4903	BENEFIT PLAN RESTRICTION ON DIAGNOSIS ROLE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4910	PROVIDER CONTRACT/BENEFIT PLAN RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4911	PROVIDER CONTRACT CONDITION CODE RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4912	PROVIDER CONTRACT OCCURENCE CODE RESTRICTION ON DIAGNOSIS	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4913	PROVIDER CONTRACT RESTRICTION ON DIAGNOSIS ROLE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4920	BENEFIT PLAN/BENEFIT PLAN RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4921	BENEFIT PLAN COND CODE RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4922	BENEFIT PLAN OCCUR CODE RESTRICTION ON DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4930	BENEFIT PLAN RESTRICTION FOR CONTRACT DRG	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
4931	PROVIDER CONTRACT COND CODE RESTRICTION ON DRG	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4935	BENEFIT PLAN GENDER RESTRICTION ON DRG	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4936	PROVIDER CONTRACT GENDER RESTRICTION ON DRG	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4940	BENEFIT PLAN/BENEFIT PLAN RESTRICTION ON ICD9 PROC	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4941	BENEFIT PLAN COND CODE RESTRICTION ON ICD9 PROC	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4942	BENEFIT PLAN OCCUR CODE RESTRICTION ON ICD9 PROC	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4944	PROVIDER CONTRACT GENDER RESTRICTION ON ICD9 PROCEDURE	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4950	PROVIDER CONTRACT/BENEFIT PLAN RESTRICT ON ICD9 PROC	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4951	PROVIDER CONTRACT CONDITION CODE RESTRICTION ON ICD9 PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
4952	PROVIDER CONTRACT OCCURENCE CODE RESTRICTION ON ICD9 PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4963	PROVIDER CONTRACT GENDER RESTRICTION ON PROCEDURE	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4964	PROVIDER CONTRACT GENDER RESTRICTION ON REVENUE	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4967	BENEFIT PLAN GENDER RESTRICTION ON REVENUE	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
4970	BENEFIT PLAN/BENEFIT PLAN RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4971	BENEFIT PLAN COND CODE RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4972	BENEFIT PLAN OCCUR CODE RESTRICTION ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4975	PROVIDER CONTRACT/BENEFIT PLAN RESTRICT ON REVENUE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4976	PROVIDER CONTRACT CONDITION CODE RESTRICTION ON REVENUE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4977	PROVIDER CONTRACT OCCURENCE CODE RESTRICTION ON REVENUE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
4980	BENEFIT PLAN/BENEFIT PLAN RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4981	BENEFIT PLAN CONDITION CODE RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4982	BENEFIT PLAN OCCURENCE CODE RESTRICTION ON PROCEDURE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
4990	PROVIDER CONTRACT/BENEFIT PLAN RESTRICT ON PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	-	-
4991	PROVIDER CONTRACT COND CODE RESTRICTION ON PROCEDURE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
4992	PROVIDER CONTRACT OCCUR CODE RESTRICTION ON PROCEDURE	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
4999	THIS DRUG NOT COVERED BY MEDICARE PART D	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5000	EXACT DUPLICATE - INPATIENT CLAIM	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5001	SUSPECT DUPLICATE - INPATIENT CLAIM- DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5002	CONFLICT - INPATIENT VS OUTPATIENT	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
5003	CONFLICT - INPATIENT VS LONG TERM CARE	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
5004	EXACT DUPLICATE - INPATIENT/LTC CROSSOVER A	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5005	SUSPECT DUPLICATE - INPATIENT/LTC CROSSOVER A	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5006	EXACT DUPLICATE - PHYSICIAN CROSSOVER	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5007	SUSPECT DUPLICATE - PHYSICIAN CROSSOVER- DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5008	CONFLICT- PHYSICIAN VS CROSSOVER B	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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5009	CONFLICT-LONG TERM CARE VS CROSSOVER A	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5010	EXACT DUPLICATE-OUTPATIENT CLAIM	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5011	SUSPECT DUPLICATE-OUTPATIENT CLAIM-DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5012	EXACT DUPLICATE - OUTPATIENT/HOMEHEALTH CROSSOVER C	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5013	SUSPECT DUPLICATE - OUTPATIENT/HOMEHEALTH CROSSOVER C	18	EXACT DUPLICATE CLAIM/SERVICE.	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
5014	EXACT DUPLICATE-OUTPATIENT LAB SERVICES	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5015	SUSPECT DUPLICATE OUTPATIENT LAB SERVICES DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5016	EXACT DUPLICATE OUTPATIENT RADIOLOGICAL SERVICES	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5017	SUSPECT DUPLICATE-OUTPATIENT RADIOLOGY SERVICES	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5018	SUSPECT DUPLICATE OUTPATIENT SURGICAL SERVICES (OPERATION ROOM / AMB SURG CTR)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5019	SUSPECT DUPLICATE OUTPATIENT SERGICAL SERVICES (OPER ROOM/AMB SWG CTR)-DIFFEREN	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5020	SUSPECT DUPLICATE OUTPATIENT PROCEDURE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5021	SUSPECT DUPLICATE OUTPATIENT PROCEDURE(OPER ROOM/AMB SURG CTR) DIFFERENT PROVID	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5022	SUSPECT DUPLICATE OUTPATIENT PROCEDURES (OPER ROOM/ AMB SURG CTR)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5023	SUSPECT DUPLICATE OUTPATIENT PROCEDURE (OPER ROOM/ AMB SURG CTR) DIFFERENT PROV	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5024	SUSPECT DUPLICATE OUTPATIENT SERGICAL SERVICES	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5025	SUSPECT DUPLICATE OUTPATIENT SERGICAL SERVICES (EMERG ROOM/ CLINIC) DIFFERENT P	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5026	SUSPECT DUPLICATE OUTPATIENT SERGICAL SERVICES EMERGENCY ROOM/ CLINIC	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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5027	SUSPECT DUPLICATE OUTPATIENT SURGICAL SERVICES- EMERG ROOM/CLINIC- DIFFERENT PR	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5028	OPD EXACT DUP CRITERIA=E- CLAIM TYPE O-UB04 INV 03	18	EXACT DUPLICATE CLAIM/SERVICE.	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
5029	OPD SUSPECT DUP CRITERIA=E- CLAIM TYPE O -UB4 INV 03	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5030	XACT DUPLICATE OUTPATIENT PROCEDURES (OPER ROOM/AMB SURG CTR/EMERG ROOM/CLINIC)	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5031	SUSPECT DUPLICATE OUTPATIENT PROCEDURE (OR/AMB SURG CTR/ER/CLINIC) -DIFFERENT P	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5032	EXACT DUPLICATE-OUTPATIENT PROCEDURES (OPER ROOM / EMERG ROOM/ CLINIC)	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5033	SUSPECT DUPLICATE OUTPATIENT PROCEDURES- DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5034	OPD EXACT DUP CRITERIA=E1-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5035	OPD SUSPECT DUP CRITERIA=E1- CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5036	OPD EXACT DUP CRITERIA=F- CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5037	OPD SUSPECT DUP CRITERIA=F- CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5038	OPD EXACT DUP CRITERIA=F1-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5039	OPD SUSPECT DUP CRITERIA=F1- CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5040	OPD EXACT DUP CRITERIA=G-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5041	OPD SUSPECT DUP CRITERIA=G - CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5042	OPD EXACT DUP CRITERIA=H-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5043	OPD SUSPECT DUP CRITERIA=H - CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5044	EXACT DUPLICATE - PHYSICAN CLAIM	18	EXACT DUPLICATE CLAIM/SERVICE.	N702	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OR SERVICES.
5045	SUSPECT DUPLICATE-PHYSICIAN CLAIM- DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5046	EXACT DUPLICATE OUTPATIENT PROCEDURES (CLINIC)	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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5047	SUSPECT DUPLICATE OUTPATIENT PROCEDURES (CLINIC)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5048	SUSPECT DUPLICATE OUTPATIENT PROCEDURES (CLINIC)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5049	SUSPECT DUPLICATE OUTPATIENT PROCEDURE (CLINIC)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5050	EXACT DUPLICATE HOME HEALTH CLAIM	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5051	SUSPECT DUPLICATE- HOME HEALTH -DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5052	EXACT DUPLICATE - LONG TERM CARE	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5053	SUSPECT DUPLICATE-LONG TERM CARE-DIFFERENT PROVIDER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5054	OPD EXACT DUP CRITERIA=M-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5055	OPD SUSPECT DUP CRITERIA=M-CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5056	DUPLICATE SERVICE (DENTAL ONLY)	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5057	DUPLICATE SERVICE (PHARMACY ONLY)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5058	OPD EXACT DUP CRITERIA=M1-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5059	OPD SUSPECT DUP CRITERIA=M1-CLAIM TYP O -UB4 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5060	OPD EXACT DUP CRITERIA=N-CLAIM TYPE O-UB04 INV 03	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5061	OPD SUSPECT DUP CRITERIA=N-CLAIM TYP O -UB04 INV 3	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5062	EXACT DUPLICATE OUTPATIENT PROCEDURES (TREATMENT ROOM)	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5063	SUSPECT DUPLICATE OUTPATIENT PROCEDURES (TREATMENT ROOM)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5064	CONFLICT: INPATIENT VS. CROSSOVER A	96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
5065	CONFLICT: HOME HEALTH VS. OUTPATIENT	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5066	CONFLICT: HOME VS. PHYSICIAN	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
5067	CONFLICT: HOME VS. CROSSOVER B	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5068	CONFLICT: HOME HEALTH VS. CROSSOVER A	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5069	CONFLICT: HOME HEALTH VS. CROSSOVER C	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5070	CONFLICT: OUTPATIENT VS. CROSSOVER C	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5071	PA IS REQUIRED FOR BASIC MEMBERS	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
5072	CONFLICT: LTC VS. PROV TYPE 58 59 62 63 64 66 68	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5073	CONFLICT: HOSPICE VS. LONG TERM CARE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5074	EXACT DUPLICATE - DIFFERENT PHYSICIAN CLAIM	18	EXACT DUPLICATE CLAIM/SERVICE.	N702	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OR SERVICES.
5075	EXACT DUPLICATE - DIFFERENT HOME HEALTH CLAIM	18	EXACT DUPLICATE CLAIM/SERVICE.	N702	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OR SERVICES.
5076	EXACT DUPLICATE - DIFFERENT CROSSOVER B CLAIM	18	EXACT DUPLICATE CLAIM/SERVICE.	N702	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OR SERVICES.
5077	LTC MLOA CLAIM SUSP W INP / PART A	96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
5078	S5160 & S5161 CAN NOT BE BILLED WITH LTC SAME DOS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5079	CONFLICT: LTC VS PHYSICIAN(S5160 & S5161) SAME DOS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5080	SURG/ASSIST SURG SAME DOS SAME PROVIDER	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N646	REIMBURSEMENT HAS BEEN ADJUSTED BASED ON THE GUIDELINES FOR AN ASSISTANT.
5081	CONFLICT: ASC FACILITY VS OPD FACILITY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5082	ONE PRIMARY SURGERY PER DAY	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5083	LIMIT 1 SURGICAL CODE WITH DIFFERENT MOD PER DAY	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
5084	ASST SURGERY BILATERAL LIMIT MOD 80	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
5085	ONE PRIMARY ASSIST SURGERY PER DAY	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N646	REIMBURSEMENT HAS BEEN ADJUSTED BASED ON THE GUIDELINES FOR AN ASSISTANT.
5086	ASST SURGERY BILATERAL LIMIT MOD 82	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
5087	ASST SURGERY BILATERAL LIMIT MOD 81	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
5088	CONFLICT: ASC FACILITY VS. OPD FACILITY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5089	CONFLICT: ASC FACILITY VS. HLHC HOSPITAL	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5090	CONFLICT: ASC FACILITY VS. HLHC FACILITY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5091	DIFFERENT PROVIDER FROM SAME GROUP NOT ALLOWED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
5092	CONFLICT:HOME HEALTH VS. INPATIENT	96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
5093	CONFLICT:HOME HEALTH VS. LTC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5094	MODIFIER 'SG' REQUIRED FOR ALL PROCEDURE CODES	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
5095	BILATERAL SURGERY 1 OF SAME PROCEDURE CODE PER DAY (WITH OR WITHOUT MOD 50)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5096	NCCI CONFLICT WITH ADJUSTED OTH SERV PREV PAID	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
5097	SERVICE HAS BEEN PAID ON AN INSTITUTIONAL CROSSOVER	18	EXACT DUPLICATE CLAIM/SERVICE.	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
5200	PAPE SERVICES SHOULD BE ON SINGLE CLAIM	107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.	-	-
5210	ATP SERVICES SHOULD BE ON SINGLE CLAIM	107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.	-	-
5906	SERVICE INCLUDED IN COMPREHENSIVE CODE	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
5907	COMPREHENSIVE SERVICE ALREADY PAID FOR COMPONENT	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
5908	COMPREHENSIVE SERVICE REQUIRES REVIEW	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
5924	CONTENT OF SERVICE - CURRENT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
5925	CONTENT OF SERVICE - PRO-RATED (CURRENT/HISTORY)	96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
5926	COMPREHENSIVE SERVICE IS ALREADY PAID FOR COMPONEN	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
5927	NCCI - ANOTHER SERVICE PREV PAID – SAME CLAIM	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
5928	NCCI – ANOTHER SERVICE PREV PAID – OTHER CLAIM	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
5929	NCCI – CONFLICT WITH OTHER SERVICE PREV PAID	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
5930	MUE UNITS EXCEEDED	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
5935	LABORATORY PANELS DENIED	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
6000	MANUAL PRICING REQUIRED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6001	MANUAL PRICING NOT ALLOWED ON ADJUSTMENT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6002	INVALID UNIT CODE FOR ANESTHESIA	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
6003	PAID AMOUNT IS LESS THAN MINIMUM THRESHOLD - HDR	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6004	PAID AMOUNT EXCEEDS THRESHOLD - HDR	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT	-	-
6005	COPAY REVIEW AMOUNT WAS REACHED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6007	PAID AMOUNT LESS THAN MINIMUM THRESHOLD - DTL	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6008	AMOUNT EXCEEDS MAXIMUM THRESHOLD - DTL	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT	-	-

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
6010	MULTIPLE SURGERIES OR VISITS WITHIN THE GLOBAL TIME PERIOD	P14	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS BEEN PPERFORMED THE SAME DAY.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE
6011	UNABLE TO PRICE RBRVS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6012	REND PROV ON B CLAIM - CONTRACT NOT FOUND	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6013	REND PROV ON B CLAIM - REIMBURS RULE NOT FOUND	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6014	REND PROV ON B CLAIM - PRICING/RATE TYP NOT FOUND	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6018	EXCESSIVE MLOA DAYS TAKEN	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6019	EXCESSIVE MLOA DAYS TAKEN	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
6020	MLOA DAYS EXCEEDS MAX	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
6021	ATP ELIGIBLE CODE	B10	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.	-	-
6022	ATP BUNDLED CLAIM	B10	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.	-	-
6023	ATP PROCEDURE NOT ON MAX FEE TABLE (PROFESSIONAL)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6024	ATP PROCEDURE NOT ON MAX FEE TABLE (OUTPATIENT)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6025	ATP PROCEDURE NOT ON ATP CODE TABLE (PROFESSIONAL)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6026	ATP PROCEDURE NOT ON ATP CODE TABLE (OUTPATIENT)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6027	NO TPL PRICING METHOD FOUND FOR ATP PRICING FOR PROFESSIONAL CLAIM	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6028	NO TPL PRICING METHOD FOUND FOR ATP PRICING FOR OUTPATIENT CLAIM	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
6030	PROVIDER PRICING METHOD NOT FOUND (OUTPATIENT)	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
6031	PAPE ELIGIBLE PROCEDURE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
6032	SYSTEM GENERATED CLAIM PAYING PAPE PRICE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
6040	NMLOA AUDIT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6041	NMLOA AUDIT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6125	RETURN MONEY VOID / MATCHED CLM ADJUSTED OR VOIDED	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
6126	MODIFIER MANUALLY PRICED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	-	-
6140	CLAIM WAS MANUALLY PRICED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6760	CLAIM SUSPENDED FOR ATTACHMENT REVIEW	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
6761	DCN IS INVALID AND ATTACHMENT REQUIRED FOR SERVICE	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N706	MISSING DOCUMENTATION.
6762	ATTACHMENT MISSING FOR PODIATRIC SERVICES	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N706	MISSING DOCUMENTATION.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
7000	CLAIM FAILED A PRODUR ALERT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7001	INFORMATIONAL PRODUR ALERT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7002	CLAIM DENIED FOR PRODUR REASONS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7003	CLAIM DENIED - FORCED VOID TRANSACTION	A1	CLAIM/SERVICE DENIED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7024	LTC MEMBER - NON-COMPOUND DRUG BILLED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7026	LTC DRUG ONLY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7027	DRUG QUANTITY PER DAY HAS BEEN EXCEEDED	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7028	POS PROCESSING ERROR	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7030	TIER 2 NSAID NO RECORD OF TIER 1 S ON FILE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7033	INACTIVE DRUG	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7035	DRUG NOT APPROVED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7036	SUBMIT PAPER CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
7050	STEP THERAPY REQUIREMENTS NOT MET FOR THIS DRUG	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7062	PDUR INGREDIENT DUPLICATION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7063	PDUR THERAPUTIC DUPLICATION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7064	PDUR DRUG - DRUG INTERATION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7065	PDUR HIGH DOSE PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7066	PDUR LOW DOSE PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7067	PDUR PREGNANCY PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7068	PDUR DURATION OF THERAPY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7069	PDUR LATE REFILL PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7070	DRUG DISEASE MARKER	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7071	DISEASE STATE MANAGEMENT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7072	PDUR DRUG AGE PEDIATRIC PRECAUTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
7073	PDUR DRUG AGE GERIATRIC PRECAUTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
7074	PDUR OVERUTILIZATION PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7075	PDUR DRUG/DISEASE PRECAUTION	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7100	SERVICE REPLACED DUE TO X-RAY RECODING	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7101	MISSING PROCEDURE CODE REPROCESS AN ENCOUNTER LEVEL PAYMENT	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
7102	UNIQUE PRODUCT COULD NOT BE IDENTIFIED FOR CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFITY.
7103	ENTR PMT DENIED - NO OTHER VALID SERVICES BILLED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
7104	SHARE OF COST HAS NOT BEEN MET	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	-	-
7105	RESUBMIT WITH D8999 FOR BAL AND LAST DATE ELIGIBLE.	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)
7106	PA TRANSACTION SUSPENDED	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
7107	PATIENT DID NOT MEET WAITING PERIOD FOR SERVICE	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
7108	SERVICE REPLACED BY ALTERNATIVE BENEFIT	B10	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.	-	-
7109	AMALGAM/RESIN CODE REPLACED	B10	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.	-	-
7110	CODE/SUBCODE SWITCH PERFORMED	B10	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.	-	-
7111	MEMBER ADDRESS NOT FOUND	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA37	MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.
7112	INSURER NOT FOUND	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
7114	INVALID OR UNREALISTIC DATE OF BIRTH	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N329	MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE.
7115	PROVIDER LOCATION RESTRICTION FOR BILLED PROCEDURE	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID/INAPPROPRIATE PLACE OF SERVICE.
7116	SERVICE DENIED DUE TO DOWNCODING	B10	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.	-	-
7117	SERVICE REPLACED DUE TO DOWNCODING	B10	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.	-	-
7118	SERVICE REPLACED DUE TO QUANTITY RECODING	B10	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.	-	-
7119	DATE OF SERVICE BEFORE SMILE FOR CHILDREN 07/01/2005	109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE.
7120	PLAN NOT EFFECTIVE, BILL PRIOR ADMINISTRATOR	26	EXPENSES INCURRED PRIOR TO COVERAGE.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7121	INVALID DATE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
7123	SERVICE REQUIRES 1ST PROCEDURE BEFORE EACH ADDITIONAL PROCEDURE BILLED	95	PLAN PROCEDURES NOT FOLLOWED.	-	-
7125	SERVICE DENIED - NOT COVERED OVER RESTORATIONS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7126	SERVICE NOT BILLABLE AFTER DENTURES	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7700	FINAL EDIT PROVIDER RATE NOT ON FILE	A1	CLAIM/SERVICE DENIED.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
7710	MEMBER NOT ELIGIBLE (DTL) - FINAL	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
7711	MEMBER NOT ELIGIBLE (DTL) - FINAL	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	-	-
7715	FINAL EDIT LTC PROV/MEMBER CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
7720	FINAL EDIT MEMBER NOT CODED FOR LTC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
7725	FINAL EDIT MEMBER NOT CODED FOR CASE MIX	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
7730	FINAL EDIT - RECYCLE PA/PAS NOT READY	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
7733	MEMBER HAS SELF REPORTED OTHER INSURANCE - NOT VERIFIED	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
7736	FINAL EDIT - MEMBER LEVEL OF CARE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
7739	FINAL EDIT - HOLD MEDICARE CLAIMS WITH TOB 111 OR 114	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
7740	FINAL EDIT PROCEDURE NOT COVERED BY PROVIDER CONTRACT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
7750	PAPER CLAIM NOT ALLOWED	96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
7751	DENIED AFTER REVIEW OF NCCI/MUE REQUEST	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	MA46	THE NEW INFORMATION WAS CONSIDERED BUT ADDITIONAL PAYMENT WAS NOT ISSUED.
7752	INSUFFICIENT INFORMATION FOR NCCI/MUE REQUEST	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
7753	DUPLICATE NCCI/MUE REQUEST	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
7754	DENIED AS PPC	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
7760	PRE-PAYMENT SELECTION BYPASSED BY USER	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8000	1 CASE CONSULT IN 3 MONTHS = 2 UNITS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8001	LIMIT 1 PROC CODE PER MEMBER PER DAY-VARIOUS CODES	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8002	ESRD RELATED SERVICES 1 PER MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8003	PA IS REQUIRED FOR BASIC MEMBERS	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8004	MODIFIER 26 REQUIRED IN HOSPITAL SETTING	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8005	CONTRACEPTIVE INJECTABLE 3MTH. DEPRO-PROVERA	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8006	CONTRACEPTIVE INJECTABLE LUNELLE 1 PER MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8007	T1028, 1 ASSESSMENT = 3 COMPONENTS/UNITS PER YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8008	T1024, 3 TEAM MEETINGS = 9 UNITS/COMPONENTS PER YR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8009	1 ASSIST AT SURGERY/PER MEMB/PER DAY	54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N646	REIMBURSEMENT HAS BEEN ADJUSTED BASED ON THE GUIDELINES FOR AN ASSISTANT.
8010	LIMIT 1 ANESTHESIA CODE PER MEMBER PER DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8011	2 MONURAL CODE V5241 DISPENSING FEES IN 5 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8012	8 VISITS 99402 ALLOWED FOR CHC/FP PER YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8013	2 REEVALUATIONS (99456-TS) PER YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8014	PHARMACY CODES - MAX 31 UNITS PER MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8015	ORTHOTICS - 1 UNIT IN 1 YEAR FROM DOS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8016	ORTHOTICS 2 UNITS IN 1 YEAR FROM DOS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N412	THIS SERVICE IS ALLOWED 2 TIMES IN A 12-MONTH PERIOD.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8017	ORTHOTICS 4 UNITS IN 1 YEAR FROM DOS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N414	THIS SERVICE IS ALLOWED 4 TIMES IN A 12-MONTH PERIOD.
8018	ORTHOTICS 3 UNITS IN 6 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8019	ORTHOTICS 6 UNITS IN 1 YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8020	ORTHOTICS 8 UNITS IN 1 YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8021	ORTHOTIC 1 UNIT IN 3 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N416	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD.
8022	PROSTHETICS 12 UNITS IN 1 YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8023	2 STOCKINGS IN 7 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8024	1 LITHIUM ION BATTERY CHARGER IN 2 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8025	HOME HEALTH PT LIM 20 VIS (120 UNITS) 12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8026	HOME HEALTH OT LIM 20 VIS (120 UNITS) 12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8027	HOME HEALTH ST LIM 35 VIS (140 UNITS)12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8028	DME 1 UNIT IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8029	DME 2 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8030	DME 3 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8031	DME 4 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8032	DME 10 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8033	DME LIMIT 6 UNITS IN 1 MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8034	DME 12 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8035	DME 18 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8036	DME LIMIT 20 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8037	DME LIMIT 30 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8038	DME LIMIT 31 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8039	DME LIMIT 35 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8040	DME LIMIT 40 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8041	DME LIMIT 60 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8042	DME LIMIT 93 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8043	DME LIMIT 100 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8044	DME LIMIT 120 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8045	DME LIMIT 250 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8046	DME LIMIT 720 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8047	DME LIMIT 1000 UNITS IN 1 CALENDAR MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8048	DME LIMIT 1 UNIT IN 3 CALENDAR MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8049	DME LIMIT 2 UNIT IN 3 CALENDAR MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8050	DME LIMIT 3 UNITS IN 3 MONTHS MOD=KS ONLY	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8051	DME LIMIT 4 UNITS IN 3 CALENDAR MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8052	DME LIMIT 5 UNITS IN 3 MTHS MODIFR KS ONLY	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8053	DME LIMIT 6 UNITS IN 3 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8054	DME LIMIT 15 UNITS IN 3 MTHS MOD KX ONLY	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8055	DME LIMIT 8 UNITS IN 3 MTHS MOD KX ONLY	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8056	DME LIMIT 9 UNITS IN 3 CALENDAR MTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8057	DME LIMIT 10 UNITS IN 6 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8058	DME LIMIT 1 UNIT IN 6 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N411	THIS SERVICE IS ALLOWED ONE TIME IN A 6-MONTH PERIOD.
8059	DME LIMIT 2 UNITS IN 6 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8060	DME LIMIT 16 UNITS IN 6 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8061	DME LIMIT 1 UNIT IN 12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8062	DME LIMIT 2 UNITS IN 12 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8063	DME LIMIT 4 UNITS IN 12 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8064	DME LIMIT 8 UNITS IN 12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8065	DME LIMIT 12 UNITS IN 12 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8066	DME LIMIT 1 UNIT IN 24 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8067	DME LIMIT 1 UNIT IN 3 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N416	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD.
8068	DME LIMIT 2 UNITS IN 3 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8069	DME LIMIT 1 UNIT IN 5 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N417	THIS SERVICE IS ALLOWED 1 TIME IN A 5-YEAR PERIOD.
8070	LIMIT 27 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8071	DME LIMIT 36 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8072	DME LIMIT 12 PER MNTH PER WOUND=108 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8073	DME LIMIT 30 PER MTH PER WOUND=27O UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8074	DME LIMIT 31 PER MTH PER WOUND=279 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8075	DME LIMIT 45 PER MTH PER WOUND=405 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8076	DME LIMIT 60 PER MTH PER WOUND=540 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8077	DME LIMIT 80 PER MTH PER WOUND=720 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8078	DME LIMIT 100 PER MTH PER WOUND=900 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8079	DME LIMIT 160 PER MTH PER WOUND=1440 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8080	DME LIMIT 200 PER MTH PER WOUND=1800 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8081	DME LIMIT 240 PER MTH PER WOUND=2160 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8082	DME LIMIT 100 PER WOUND IN 3 MTHS =900 UNITS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8083	DME LIMIT 11 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8084	DME LIMIT 150 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8085	DME LIMIT 124 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8086	DME LIMIT 15 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8087	DME LIMIT 90 UNITS PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8088	SCREENING/INTAKE 8 UNITS T1023 PER MBR PER 12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8089	DAY HABILITATION LIMIT 1 PER DAY EXCEPT MOD-22	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8090	PA REQUIRED FOR MOBILITY REPAIR OVER $1,000	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8091	MODIFIER 26 OR TC REQUIRED FOR PROCEDURE CODES IN GROUP 4113	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8092	ORTHOTIC AND PROSTHETIC LIMIT - 4 UNITS PER MEMBER PER YEAR FROM LAST DOS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8093	ORTHOTIC AND PROSTHETIC LIMIT - 6 UNITS PER MEMBER PER YEAR FROM LAST DOS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8094	ORTHOTIC AND PROSTHETIC LIMIT - 8 UNITS PER MEMBER PER YEAR FROM LAST DOS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8095	ORTHOTIC AND PROSTHETIC LIMIT - 12 UNITS PER MEMBER PER YEAR FROM LAST DOS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8096	ORTHOTIC LABOR AND REPAIR CODES REQUIRE PA IF OVER $1000.00 PER MONTH	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8097	PROSTHETIC LABOR AND REPAIR CODES REQUIRE PA IF OVER $1000.00 PER MONTH	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8098	MODIFIER REQUIRED FOR VARIOUS CAPPED RENTAL/PURCHASE CODES. MODIFIERS VALUES KH	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8099	MODIFIER REQUIRED FOR VARIOUS OXYGEN CODES.MODIFIERS VALUES QF QG RR U2.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8100	TOOTH PREVIOUSLY EXTRACTED	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8101	MODIFIER REQUIRED FOR CHRONIC THERAPY SERVICES	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8102	DME SURGICAL CODES REQUIRE ONE OF THE A1 THROUGH A9 MODIFIERS.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8103	HIT NURSING VISIT CODES 99601 AND 99602 REQUIRE MODIFIER SD.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8104	DIABETIC SUPPLIES/INFUSION SUPPLIES REQR MODIFIER	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8105	PROFESSIONAL COMPONENT NOT ALLOWED FOR THIS SERVICE.	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8106	ENTERAL PROCEDURE CODES REQUIRE A MODIFIER	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8107	ORTHOTIC AND PROSTHETIC CODES REQUIRE LT/RT MODIFIER	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8108	PA REQUIRED FOR MONAURAL HEARING AIDS IF COSTS EXCEEDS $550.00	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8109	PA IS REQUIRED FOR BINAURAL, CROS AND BICROS HEARING AIDS IF COSTS EXCEEDS $1,1	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
8110	ORTHOTIC AND PROSTHETIC LIMIT - 1 UNIT PER MEMBER IN 1 YEAR FROM LAST DOS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8111	ORTHOTIC - PROSTHETIC - LIMIT 2 UNITS PER MEMBER PER YEAR FROM DOS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8112	LIMIT 10 UNITS PER DAY PROC 80100	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8113	LIMIT 13 UNITS PER DAY PROC 80101	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8114	LIMIT 1 UNIT PER DAY - VARIOUS CODES	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8115	DME LIMIT 2 UNITS IN 5 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8116	LIMIT 4 UNITS PER DAY PROC 80102	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8117	LIMIT ONE DIAPER CODES PER MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8118	LIMIT 1 CESAREAN PER DAY (SURG)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8119	DME LIMIT 225 UNITS IN 1 MONTH	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8120	LIMIT 1 LAPAROSCOPIC CHOLECYSTECTOMY PER DAY(SURG)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8121	ADULT DAY CARE SERVICE LIMIT 1 PER DAY	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8122	FIRST MONTHS RENTAL OF VARIOUS CAPPED RENTAL CODES LIMIT 1 IN 5 YEARS WITH MODI	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8123	SECOND AND THIRD MONTHS RENTAL OF VARIOUS CAPPED RENTAL CODES LIMIT 2 IN 5 YEAR	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8124	10 MONTHS CAPPED RENTAL ALLOWED IN 5 YEARS FOR VARIOUS CAPPED RENTAL CODES LIMI	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8125	VARIOUS REPAIR/MOBILITY CODES REQUIRE A MOD. MOD VALUES NU RP RR UB UC UE U1.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8126	MODIFIER REQUIRED FOR CODES A4450, A4452 AND A5120. MODIFIER VALUES AU AV AW.	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8127	TRANSPORTATION T2003 LIMIT - 2 ONE WAY TRIPS / DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
8128	AFC CODE S5140 TF/U5 LIMIT 14 UNITS PER CAL YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
8129	PHARMACY PLACE OF SERVICE 01 NOT ALLOWED	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	Missing/incomplete/invalid place of service.
8130	T4536 T4538 T4539 NOT ALLOWED W DIAPER CODE BILLED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8131	DME LIMIT 1 UNIT PER MONTH (RENTAL ONLY)	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8132	DME LIMIT 13 UNITS IN 3 YEARS (MOD RR ONLY)	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8133	DME CONFLICT: PURCHASE VS RENTAL IN 3 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8134	LIMIT 1 IN 3 YEARS ON 1ST MONTH OF CAPPED RENTAL	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8135	2ND & 3RD MONTHS CAPPED RENTAL-LIMIT 2 IN 3 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8136	LIMIT 10 IN 3 YEARS FOR 10 MONTHS OF CAPPED RENTAL	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8137	DME RENTAL NOT ALLOWED AFTER PURCHASE IN 3 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8138	DME LIMIT 13 UNITS IN 5 YEARS (MOD RR ONLY)	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8139	DME CONFLICT: PURCHASE VS RENTAL IN 5 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8140	DME RENTAL NOT ALLOWED AFTER PURCHASE IN 5 YEARS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8141	DME CONFLICT: PURCHASE VS RENTAL IN 1 YEAR	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8142	DME CONFLICT: PURCHASE VS RENTAL IN 24 MONTHS	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
8143	DME LIMIT 13 UNITS IN 24 MONTHS (MOD RR ONLY)	108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8144	NDC CODE - UNITS - & UNIT DESCRIPTOR REQUIRED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
8145	MAX UNITS 1 PER DAY FOR NON-SCHOOL BASED PROVIDERS	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8146	MAX UNITS 3 PER DAY FOR NON-SCHOOL BASED PROVIDERS	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8147	MAX UNITS 4 PER DAY FOR NON-SCHOOL BASED PROVIDERS	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8148	MAX UNITS 6 PER DAY FOR NON-SCHOOL BASED PROVIDERS	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8149	MAX UNITS 7 PER DAY FOR NON-SCHOOL BASED PROVIDERS	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8150	NEW AND DELETED CODES CANNOT BE BILLED ON SAME DAY	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
8153	PA REQUIRED FOR LAB CODES 80100-80101 OVER 8 UNITS	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	-	-
8156	MODIFIER REQUIRED FOR CODE 96110-NOT PRESENT	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	-	-
8158	THE SERVICE CANNOT BE BILLED ON A PROFESSIONAL CROSSOVER CLAIM	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
8175	SERVICE PROVIDED ON THE SAME DAY OF A GLOBAL SURGICAL PROCEDURE IS INCLUDED IN FEE AMT	P14	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS BEEN PPERFORMED THE SAME DAY.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE
8176	SERVICE PROVIDED ON THE DAY OF & DURING 10 DAY GLOBAL SURGICAL PROCEDURE INCLUDED	P14	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS BEEN PPERFORMED THE SAME DAY.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE
8177	SERVICE PROVIDED DAY BEFORE & DURING 90 DAY GLOBAL SURGICAL PROCEDURE INCLUDED	P14	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS BEEN PPERFORMED THE SAME DAY.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE
8185	MASS ADJUSTMENT - RETROACTIVE RATE CHANGE.	147	PROVIDER CONTRACTED/NEGOTIATED RATE EXPIRED OR NOT ON FILE.	-	-
8200		96	NON-COVERED CHARGE(S).	N657	THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES.
8242	ATP/PAPE ADJUSTMENT/VOID	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	-	-
8250	INVALID COMBINATION OF PROCEDURES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
8251	SPEECH THERAPY LIMIT 35 VISITS IN 12 MONTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8252	INVALID COMBINATION OF PROCEDURES	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8253	VISIT & SURGERY NOT ALLOWED SAME DAY/SAME POS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
8254	MULTIPLE VISITS NOT ALLOWED SAME DAY	B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
8255	CHIROPRACTOR MANIPULATION / VISIT = 1 PER DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8256	CHIROPRACTOR MANIPULATION / VISIT 20 PER YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8257	CONFLICT ACUPUNCTURE WITH METHADONE ADMINIST	96	NON-COVERED CHARGE(S).	N431	NOT COVERED WITH THIS PROCEDURE.
8258	MONTHLY ESRD CONFLICTS WITH DAILY ESRD	96	NON-COVERED CHARGE(S).	N431	NOT COVERED WITH THIS PROCEDURE.
8259	MONTHLY ESRD 1 PER MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8260	1 LEVEL OF MUNICIPAL MEDICAID STUDENT/DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8261	10 HOURS PDN PER DAY FOR 22 SCHOOL DAYS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
8262	MUNI MEDICAID PROCS CONFLICT WITH THERAPY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
8263	LAB UNRINALYSIS CONFLICT W/ EACH OTHER ON SAME DAY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
8264	OTHER LAB TESTS CONF W/GENERAL HEALTH LAB TESTS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
8265	OTHER LAB TESTS CONFLICT W/ OBSTETRIC PANEL	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
8266	LIPID PANEL CONFLICTS WITH OTHER LAB TESTS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
8267	LAB HEMATOLOGY CONFLICT W/EACH OTHER ON SAME DOS	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
8268	PHYSICAL THERAPY CODES LIMIT 1 HR (4 UNITS) PER DY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8269	OCCUPATIONAL THERAPY LIMIT 1 HR (4 UNITS) PER DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8270	SPEECH THERAPY CODES LIMIT 1 HR (4 UNITS) PER DAY	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8271	ANTEPARTUM CARE LIMIT 1 OF EITHER CODE PER YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8272	AMBULANCE ALS CONFLICTS WITH BLS SAME DAY	234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
8273	2 PAIRS SHOES DURING 12 MONTH PERIOD	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8274	2 MONAURAL HEARING AIDS IN 5 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8275	1 BINAURAL HEARING AID IN 5 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8276	1 DISPENSING FEE IN 5 YRS (BILATERAL)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8277	EVAL & MANGMNT CONFLICTS W/TREATMENT PROC SAME DAY	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
8278	DELIVERY CONFLICTS WITH FETAL STRESS TEST	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
8279	1 NEW PATIENT VISIT WITHIN 3 YEARS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8280	CONSULTATION CONFLICTS W/ REFRACTION	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
8281	DIAPERS LIMIT 248 PER MEMB/PER CAL MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8282	4 STOCKINGS IN 6 MONTHS PER MEMBER	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8283	OUTPATIENT HOSP SPEECH THERAPY LIMIT 35 VIS 12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8284	OUTPATIENT HOSP PHYSICAL THERAPY LIM 20 VIS/12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8285	OUTPATIENT HOSP OCCUPTNL THERAPY LIM 20 VIS/12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8286	PHYSICIAN PHYSICAL THERAPY LIMIT 20 VISITS/12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8287	PHYSICIAN OCCUPATIONAL THERAPY LIMIT 20 VIS/12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8288	PHYSICIAN SPEECH THERAPY LIMIT 35 VISITS/12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8289	SPEECH AND HEARING CENTER SPEECH THERAPY LIMIT 35	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8290	CHRONIC HOSP SPEECH THERAPY LIM 35 VIS OF 1 UNIT	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8291	CHRONIC HOSP SPEECH THERAPY LIM 35 VIS IN 12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8292	CHRONIC HOSP OCCUPATIONAL THERAPY 20 VISITS/12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8293	CHRONIC HOSP PHYSICAL THERAPY LIM 20 VISITS/12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8294	REHAB CENTER PHYSICAL THERAPY LIMIT 20 VIS 12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8295	REHAB CENTER OCCUPTNL THERAPY LIMIT 20 VIS 12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8296	REHAB CENTER SPEECH THERAPY LIMIT 35 VISITS 12 MTHS	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8297	PSYCH INPATIENT LIMIT 30 CONSECUTIVE DAYS PER EPISODE	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8298	PSYCH INPATIENT LIMIT 60 DAYS PER CALENDAR YEAR	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8299	OPERATING ROOM CONFLICTS W/AMBULATORY SURGERY	96	NON-COVERED CHARGE(S).	N431	NOT COVERED WITH THIS PROCEDURE.
8300	INDEPENDENT PHYSICAL THERAPY LIMIT 20 VIS 12 MONTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8301	INDEPENDENT OCCUPATIONAL THERAPY LIM 20 VIS 12 MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8302	ADULT & GROUP FOSTER CARE - LIMIT 31 UNITS PER MTH	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8303	PA REQUIRED FOR EQUIPMENT REPAIR OVER $1,000	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
8400	NMLOA ALL LOC MAX 15 CUMULATIVE DAYS IN 1 DOS YEAR	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
8401	NMLOA ALL LOC MAX 10 CUMULATIVE DAYS IN 1 DOS YEAR	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
8500	2 CLAVICULECTOMIES IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8501	2 CLAVICULECTOMIES IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8502	2 CLAVICULECTOMIES IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8503	2 CLAVICULECTOMIES IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8504	2 AMPUTATIONS-WRIST IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8505	2 AMPUTATIONS-WRIST IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.

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8506	2 AMPUTATIONS-WRIST IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8507	10 AMPUTATIONS-METACARPAL IN LIFE (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8508	10 AMPUTATIONS-METACARPAL IN LIFE (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8509	10 AMPUTATIONS-METACARPAL IN LIFE (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8510	10 AMPUTATIONS-METACARPAL IN LIFE (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8511	2 AMPUTATIONS-ANKLE IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8512	2 AMPUTATIONS-ANKLE IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8513	2 AMPUTATIONS-ANKLE IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8514	2 AMPUTATION-FOOT (MID) IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8515	2 AMPUTATION-FOOT (MID) IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8516	2 AMPUTATION-FOOT (MID) IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8517	2 AMPUTATION-FOOT (TRN) IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8518	2 AMPUTATION-FOOT (TRN) IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8519	2 AMPUTATION-FOOT (TRN) IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8520	1 EPIGLOTTIDECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8521	1 EPIGLOTTIDECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8522	1 EPIGLOTTIDECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8523	1 EPIGLOTTIDECTOMY IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8524	1 COLPECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8525	1 COLPECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8526	1 COLPECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8527	1 TRACHELECTOMY (CERVIECTOMY) IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8528	1 TRACHELECTOMY (CERVIECTOMY) IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8529	1 TRACHELECTOMY (CERVIECTOMY) IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8530	1 TRACHELECTOMY (CERVIECTOMY) IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8531	1 THYROIDECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8532	1 THYROIDECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8533	1 THYROIDECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8534	1 EVALUATION (99456) PER PROVIDER IN LIFETIME	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8535	2 MASTECTOMIES IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8536	2 MASTECTOMIES IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8537	2 MASTECTOMIES IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8538	2 MASTECTOMIES IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8539	1 MASTECTOMY IN LIFETIME-MOD 50 (INACTIVE)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8540	1 MASTECTOMY IN LIFETIME-MOD 50 (INACTIVE)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8541	10 AMPUTATIONS-FINGER IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8542	10 AMPUTATIONS-FINGER IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8543	10 AMPUTATIONS-FINGER IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8544	2 AMPUTATIONS-ARM IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8545	2 AMPUTATIONS-ARM IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8546	2 AMPUTATIONS-ARM IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8547	2 AMPUTATIONS FOREARM-THRU RADIUS & ULNA (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8548	2 AMPUTATIONS FOREARM-THRU RADIUS & ULNA (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8549	2 AMPUTATIONS FOREARM-THRU RADIUS & ULNA (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8550	2 AMPUTATIONS-LEG IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8551	2 AMPUTATIONS-LEG IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8552	2 AMPUTATIONS-LEG IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8553	2 AMPUTATIONS LEG- TIBIA & FIBULA-LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8554	2 AMPUTATIONS LEG- TIBIA & FIBULA-LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8555	2 AMPUTATIONS LEG- TIBIA & FIBULA-LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8556	1 LARYNGECTOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8557	1 LARYNGECTOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8558	1 LARYNGECTOMY IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8559	1 HEMILARYNGECTOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8560	1 HEMILARYNGECTOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8561	1 HEMILARYNGECTOMY IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8562	1 TOTAL PNEUMONECTOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8563	1 TOTAL PNEUMONECTOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8564	1 TOTAL PNEUMONECTOMY IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8565	1 GLOSSECTOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8566	1 GLOSSECTOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8567	1 GLOSSECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8568	1 APPENDECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8569	1 APPENDECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8570	1 APPENDECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8571	1 TOTAL GASTRECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8572	1 TOTAL GASTRECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8573	1 TOTAL GASTRECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8574	1 AMPUTATION-PENIS IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8575	1 AMPUTATION-PENIS IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8576	1 AMPUTATION-PENIS IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8577	1 CIRCUMCISION IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8578	1 CIRCUMCISION IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8579	1 CIRCUMCISION IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8580	1 CIRCUMCISION IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8581	2 ORCHIECTOMIES-UNILAT IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8582	2 ORCHIECTOMIES-UNILAT IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8583	2 ORCHIECTOMIES-UNILAT IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8584	2 ORCHIECTOMIES-UNILAT IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8585	1 ORCHIECTOMY- BILATERAL IN LIFETIME (INACTIVE)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8586	1 ORCHIECTOMY- BILATERAL IN LIFETIME (INACTIVE)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8587	1 PROSTATECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8588	1 PROSTATECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8589	1 PROSTATECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8590	1 VULVECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8591	1 VULVECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8592	1 VULVECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8593	1 VULVECTOMY IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8594	1 EXCISION OF CERVICAL STUMP IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8595	1 EXCISION OF CERVICAL STUMP IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8596	1 EXCISION OF CERVICAL STUMP IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8597	1 TRACHELECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8598	1 TRACHELECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8599	1 TRACHELECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
8600	1 TRACHELECTOMY IN LIFETIME (ASC FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8601	1 HYSTERECTOMY IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8602	1 HYSTERECTOMY IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8603	1 HYSTERECTOMY IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8604	2 ADRENALECTOMIES IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8605	2 ADRENALECTOMIES IN LIFETIME (ASSIST SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8606	2 ADRENALECTOMIES IN LIFETIME (OPD FACILITY)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8607	1 ADRENALECTOMY IN LIFETIME (INACTIVE)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8608	2 COMPLETE IRIDECTOMIES IN LIFETIME (SURG)	149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	POLICY BENEFITS HAVE BEEN EXHAUSTED.
8609	2 COMPLETE IRIDECTOMIES IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8610	2 COMPLETE IRIDECTOMIES IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8611	2 COMPLETE IRIDECTOMIES IN LIFETIME (ASC FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8612	1 PALATOPLASTY FOR CLEFT PALATE IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8613	1 PALATOPLASTY FOR CLEFT PALATE IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8614	1 PALATOPLASTY FOR CLEFT PALATE IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8615	1 PALATOPLASTY FOR CLEFT PALATE IN LIFETIME (ASC FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8616	AFC ASSESSMENT T1028 - LIMIT 1 PER MEMBER IN LIFETIME	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8617	1 SPLENECTOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8618	1 SPLENECTOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8619	1 SPLENECTOMY IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8620	1 PANCREATECOMY IN LIFETIME (SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8621	1 PANCREATECOMY IN LIFETIME (ASSIST SURG)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8622	1 PANCREATECOMY IN LIFETIME (OPD FACILITY)	96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
8623	4 ALVEOPLASTY EDENTULOUS IN LIFETIME (SURG)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8624	4 ALVEOPLASTY EDENTULOUS IN LIFETIME (ASSIST SURG)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
8625	4 ALVEOPLASTY EDENTULOUS IN LIFETIME(OPD FACILITY)	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
9000	PHARMACY ALLOWED AMOUNT IS LESS THAN BILLED AMOUNT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9001	REIMBURSEMENT REDUCED BY THE RECIPIENT'S CO-PAYMENT AMOUNT.	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9002	PRICING METHOD MISSING/INVALID FOR CLAIM TYPE	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
9005	CLAIM PAYMENT AMOUNT LESS THAN COPAY AMOUNT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9010	MEMBER HAS MET COPAY CAP	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9011	CO-PAYMENT INCLUSION CRITERIA NOT MET	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
9013	MEMBER CALENDAR COINSURANCE LIMIT EXCEEDED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9015	AT LEAST ONE DETAIL IS IN DENIED STATUS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9016	CLAIM DENIED BECAUSE ALL DETAILS DENIED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9020	CRITICAL EDIT IS RECYCLED TO A PAY EDIT	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.	-	-
9022		16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER.
9050	COLLECTION FROM TITLE 18(MEDICARE PART-A) FOR SERVICES PREVIOUSLY PAID BY MCARE	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
9051	COLLECTION FROM TITLE 18(MEDICARE PART-B) FOR SERVICES PREVIOUSLY PAID BY MCARE	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
9052	COLLECTION FROM ANY HEALTH INSURANCES	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	-	-
9053	COLLECTION FROM CASUALTY INSURANCE, WORKMANS COMP, OR TORT LIABILITY CLAIMS	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	-	-
9054	COLLECTION FROM ESTATE OF DECEASED MEMBER	272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET.	-	-
9055	MANUAL ADJUSTMENT	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	-	-
9056	GENERAL MASS ADJUSTMENT	172	PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS SPECIALTY.	-	-
9057	PAID TO WRONG PROVIDER	B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N472	PAYMENT FOR THIS SERVICE HAS BEEN ISSUED TO ANOTHER PROVIDER.
9058	PAID FOR WRONG MEMBER	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.
9059	PROVIDER BILLED SERVICE PRIOR TO SERVICE DATE/SERVICE NOT DELIVERED	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
9060	DUPLICATE PAYMENT RETURNED DUE TO AN ERRONEOUS DUPLICATE PAYMENT FOR SAME DATE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
9061	DUPLICATE PAYMENT - PROVIDER BILLED TWICE	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9062	COLLECTION FROM CREDIT BALANCE ON MEMBERS ACCOUNTS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9063	PROVIDER PAID MORE THAN BILLED	94	PROCESSED IN EXCESS OF CHARGES	-	-
9064	PROVIDER ONLY PERFORMED COMPONENT OF SERVICE BILLED	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9065	PM:PAY-REVIEWED AND ACCEPTED TO PAY	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9066	PATIENT PAID AMOUNT DISCREPANCY	178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.	-	-
9067	COLLECTION FROM TITLE 18 WHEN PART A OR B CANNOT BE DETERMINED	96	NON-COVERED CHARGE(S).	MA67	CORRECTION TO PRIOR CLAIM.
9068	LEAVE OF ABSENCE DAYS WERE EITHER NOT INDICATED OR INCORRECT	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
9069	OUTPATIENT CLAIM WAS BILLED DURING AN INPATIENT STAY	96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARCs and RARCs)--Effective 01/04/2017

EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
9070	OUTPATIENT CLAIM WAS BILLED DURING AN INPATIENT STAY - SAME FACILITY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9071	LONG TERM CARE CLAIM WAS BILLED DURING A HOSPICE SEGMENT	B9	PATIENT IS ENROLLED IN A HOSPICE.	-	-
9072	CLAIM WAS PAID AN INCORRECT PRICE	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
9073	MEDICAL RECORD WAS NOT SUBMITTED FOR POST-PAYMENT REVIEW	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
9074	MEDICAL NECESSITY WAS NOT DETERMINED BY POST-PAYMENT REVIEW	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
9075	CLAIM WAS VOIDED AFTER MEDICAL REVIEW	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
9076	ADJUSTMENT DUE TO RETROACTIVE MANAGED CARE ENROLLMENT	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	-	-
9077	CLAIM REJECTED BY MH	95	PLAN PROCEDURES NOT FOLLOWED.	-	-
9078	PROVIDER BILLED INCORRECTLY	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
9079	REST HOME BILLED DURING A NURSING HOME STAY	96	NON-COVERED CHARGE(S).	N47	CLAIM CONFLICTS WITH ANOTHER INPATIENT STAY.
9080	SERVICE ALREADY PERFORMED ON DOS-SAME PROVIDER	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9081	SERVICE ALREADY PERFORMED ON DOS-DIFFERENT PROVIDER	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9082	MAXIMUM UNITS EXCEEDED	96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
9083	CROSSOVER PREVIOUSLY PAID FOR SAME MEMBER PROVIDER AND DOS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9084	MANUAL ADJUSTMENT BY BATCH	96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
9085	COST REPORT ISSUES	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9086	DENIED AFTER REVIEW	216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
9087	INSUFFICIENT INFORMATION	226	INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9088	DUPLICATE APPEAL REQUEST	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9089	THE REQUEST DOES NOT MEET THE CRITERIA 450.323(A)	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9090	CROSSOVER CLAIM ADJUSTED FOR COORDINATION OF BENEFITS PAYMENT	169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	-	-
9091	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
9092	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9093	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-

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EOB CODE	EOB CODE DESCRIPTION	ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION
9094	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9095	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
9096	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
9097	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
9098	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
9099	NCCI REPROCESSING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	-	-
9100	90 DAY WAIVER DENIED. THE MASSHEALTH REMITTANCE ADVICE REFERENCED IN YOUR LETTER IS MISSING	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9102	THE 90 DAY WAIVER REQUEST FORM IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N706	MISSING DOCUMENTATION.
9103	90 DAY WAIVER DENIED. THE MASSHEALTH REMITTANCE ADVICE PROVIDED DOES NOT PERTAIN TO THE CLAIMS SUBMITTED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9106	90 DAY WAIVER DENIED. THE MASSHEALTH REMITTANCE ADVICE PROVIDED BELONGS TO A CLAIM THAT IS IN SUSPENSE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9109	90 DAY WAIVER DENIED. THE MASSHEALTH REMITTANCE ADVICE PROVIDED BELONGS TO A CLAIM THAT HAS ALREADY PAID	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9112	90 DAY WAIVER DENIED. THE EXPLANATION OF BENEFITS (EOB) FROM THE OTHER INSURER	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9115	90 DAY WAIVER DENIED. A COPY OF THE RETROACTIVE ENROLLMENT NOTICE IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9118	90 DAY WAIVER DENIED. DOCUMENTATION PROVIDED DOES NOT MATCH THE NAME(S) AND/OR DATES OF SERVICE(S) ON THE CLAIMS	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9121	90-DAY WAIVER DENIED. A COPY OF THE REGISTRATION/ADMISSION FORM THAT REFLECTS MASSHEALTH INFORMATION WAS NOT PROVIDED ON THE SERVICE DATE, IS MISSING, OR IS INCOMPLETE.	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9124	90 DAY WAIVER DENIED. A COPY OF A STATEMENT/BILL SENT TO THE MEMBER IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N705	INCOMPLETE/INVALID DOCUMENTATION.

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9127	90 DAY WAIVER DENIED. A COPY OF THE RETROACTIVE PRIOR AUTHORIZATION NOTICE IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9130	90 DAY WAIVER DENIED. A COPY OF THE RETROACTIVE PRE-ADMISSION SCREENING NOTICE IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9133	90 DAY WAIVER DENIED. A COPY OF THE NOTIFICATION OF BIRTH (NOB) OR ENROLLMENT NOTICE IS MISSING	163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N705	INCOMPLETE/INVALID DOCUMENTATION.
9136	90 DAY WAIVER DENIED. A COPY OF THE PIP EXHAUSTION NOTICE IS MISSING	163	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9139	90 DAY WAIVER DENIED. THE SERVICE DATE EXCEEDS ONE YEAR	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
9142	90 DAY WAIVER DENIED. THE SERVICE DATE EXCEEDS 18 MONTHS	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	-	-
9145	90 DAY WAIVER DENIED. 90 DAY WAIVER IS NOT REQUIRED BECAUSE THIS IS AN ADJUSTMENT TO A PREVIOUSLY PAID CLAIM. REFER TO THE BILLING INSTRUCTIONS FOR INFORMATION REGARDING THE SUBMISSION OF ADJUSTMENT CLAIMS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9148	90 DAY WAIVER DENIED. 90 DAY WAIVER IS NOT REQUIRED BECAUSE THIS IS A RESUBMITTAL CLAIM. REFER TO THE BILLING INSTRUCTIONS FOR INFORMATION REGARDING THE RESUBMISSION OF CLAIMS	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9151	90 DAY WAIVER DENIED. A COPY OF THE ELIGIBILITY VERIFICATION PRINTOUT REFERENCED IN YOUR LETTER IS MISSING	A1	CLAIM/SERVICE DENIED.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/ CHART
9154	90 DAY WAIVER DENIED. REQUEST DOES NOT COMPLY WITH MASSHEALTH REGULATIONS	A1	CLAIM/SERVICE DENIED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9157	90 DAY WAIVER DENIED. THE MEMBERS RID WAS NOT CHANGED	193	ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.	-	-
9160	90 DAY WAIVER DENIED. THE ORIGINAL EDI CLAIM(S) WERE NOT RECEIVED TIMELY	193	ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.	-	-
9163	90 DAY WAIVER DENIED. THE ORIGINAL EDI CLAIM(S) WERE RECEIVED TIMELY AND CAN BE RESUBMITTED	193	ORIGINAL PAYMENT DECISION IS BEING MAINTAINED.	-	-
9166	90 DAY WAIVER DENIED. THE ORIGINAL EDI CLAIM(S) REFERENCED IN YOUR LETTER COULD NOT BE LOCATED. PLEASE RESUBMIT TO THE 90 DAY WAIVERS UNIT WITH ADDITIONAL DOCUMENTATION	A1	CLAIM/SERVICE DENIED.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
9169	90 DAY WAIVER DENIED. NO CHANGE TO THE PROVIDER NUMBER ON THE NEW CLAIM FORM	A1	CLAIM/SERVICE DENIED.	N77	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
9700	CLAIM WAS DENIED DUE TO A POS REVERSAL	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

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9701	MEMBER LINKING CLAIM ADJUSTMENT	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.