

Claim Adjustment Reason Codes and Remittance Advice Remark Codes (CARC and RARC)-- Date of posting: 10/26/2023

| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N280 | MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER. |
| 0202 | BILLING PROVIDER ID IN INVALID FORMAT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N280 | MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER. |
| 0203 | MEMBER I.D. NUMBER MISSING/INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N382 | MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER. |
| 0204 | HOSPITAL DISCHARGE DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N318 | MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE. |
| 0205 | PRESCRIBING PRACTITIONERS LICENSE NO. MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 0207 | MEMBER I.D. NUMBER GREATER THAN 12 CHARACTERS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N382 | MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER. |
| 0208 | PREGNANCY INDICATOR INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N657 | THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES. |
| 0212 | PRESCRIPTION NUMBER IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N388 | MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER. |
| 0213 | DATE PRESCRIBED IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N57 | MISSING/INCOMPLETE/INVALID PRESCRIBING DATE. |
| 0214 | DATE PRESCRIBED IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N57 | MISSING/INCOMPLETE/INVALID PRESCRIBING DATE. |
| 0215 | DATE DISPENSED IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N304 | MISSING/INCOMPLETE/INVALID DISPENSED DATE. |
| 0216 | DATE DISPENSED IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N304 | MISSING/INCOMPLETE/INVALID DISPENSED DATE. |
| 0217 | NDC MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M119 | MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC). |
| 0218 | NDC INVALID FORMAT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M119 | MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC). |
| 0219 | QUANTITY DISPENSED IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N378 | MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY. |
| 0220 | QUANTITY DISPENSED IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N378 | MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY. |
| 0221 | DAYS SUPPLY MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0222 | DAYS SUPPLY INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0223 | PROC CODE REQUIRES DIAGNOSIS CODE, NONE FOUND ON CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0224 | DIAGNOSIS TREATMENT INDICATOR INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0225 | MISSING PRESCRIBING PROVIDER NUMBER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N318 | MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE. |
| 0226 | REFERRAL PROV ID REQUIRED FOR PROCEDURE GROUP | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |

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| 0227 | THIRD PARTY PAYMENT AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA70 | MISSING/INCOMPLETE/INVALID PROVIDER REPRESENTATIVE SIGNATURE. |
| 0229 | SOURCE OF ADMISSION MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA42 | MISSING/INCOMPLETE/INVALID ADMISSION SOURCE. |
| 0231 | RENDERING PROVIDER NUMBER IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 0233 | UNITS OF SERVICE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0234 | PROCEDURE CODE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 0236 | DETAIL DOS DIFFERENT THAN THE HEADER DOS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0237 | OUTPATIENT CLAIMS CANNOT SPAN DATES | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N62 | DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS. |
| 0238 | MEMBER NAME IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA36 | MISSING/INCOMPLETE/INVALID PATIENT NAME. |
| 0239 | THE DETAIL "TO" DATE OF SERVICE IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M59 | MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE. |
| 0240 | THE DETAIL "TO" DATE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0243 | MISSING MEDICARE PAID DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N307 | MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE. |
| 0244 | THIRD DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0245 | MISSING OCCURRENCE CODE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M45 | MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S). |
| 0246 | FOURTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0248 | PLACE OF SERVICE IS MISSING OR BLANK | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0249 | PLACE OF SERVICE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0255 | BILLING PROVIDER LOCATION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0256 | MISSING MEDICARE PAID DATE - DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N307 | MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE. |
| 0257 | PLACE OF SERVICE IS INVALID - DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0258 | PRIMARY DIAGNOSIS CODE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0259 | DATE BILLED IS MISSING/INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA31 | MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED. |

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|----------|--|------------------------|---|-------------|--|
| 0260 | UNITS OF SERVICE NOT IN VALID FORMAT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0261 | TOOTH NUMBER MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N37 | MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER. |
| 0262 | TOOTH NUMBER INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N37 | MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER. |
| 0263 | TOOTH SURFACE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N75 | MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION. |
| 0264 | DETAIL FROM DATE OF SERVICE IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0265 | DETAIL FROM DATE OF SERVICE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0266 | INSUFFICIENT NUMBER OF VALID TOOTH SURFACE CODES | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N75 | MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION. |
| 0268 | BILLED AMOUNT MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M54 | MISSING/INCOMPLETE/INVALID TOTAL CHARGES. |
| 0269 | DETAIL BILLED AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M79 | MISSING/INCOMPLETE/INVALID CHARGE. |
| 0270 | HEADER TOTAL BILLED AMOUNT MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M79 | MISSING/INCOMPLETE/INVALID CHARGE. |
| 0271 | HEADER TOTAL BILLED AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M54 | MISSING/INCOMPLETE/INVALID TOTAL CHARGES. |
| 0272 | PRIMARY DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA63 | MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS. |
| 0273 | TYPE OF BILL MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 0274 | TYPE OF BILL CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 0275 | ADMIT DATE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA40 | MISSING/INCOMPLETE/INVALID ADMISSION DATE. |
| 0276 | ADMIT DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA40 | MISSING/INCOMPLETE/INVALID ADMISSION DATE. |
| 0277 | ADMIT HOUR INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N46 | MISSING/INCOMPLETE/INVALID ADMISSION HOUR. |
| 0278 | ADMIT TYPE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA41 | MISSING/INCOMPLETE/INVALID ADMISSION TYPE. |
| 0279 | INVALID TYPE OF ADMISSION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA41 | MISSING/INCOMPLETE/INVALID ADMISSION TYPE. |
| 0280 | PATIENT STATUS IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA43 | MISSING/INCOMPLETE/INVALID PATIENT STATUS. |
| 0281 | PATIENT STATUS IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA43 | MISSING/INCOMPLETE/INVALID PATIENT STATUS. |
| 0282 | COVERED DAYS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA32 | MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD. |
| 0283 | COVERED DAYS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA32 | MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD. |
| 0284 | PRIMARY CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0285 | SECOND CONDITON CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0286 | THIRD CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0287 | FOURTH CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0288 | FIFTH CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0289 | SIXTH CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0290 | SEVENTH CONDITION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0291 | REVENUE CODE 183 REQUIRES OSC = 74 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M46 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S). |

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| 0292 | REVENUE CODE 185 REQUIRES OSC = 71 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S). |
| 0301 | 301 PAYER RESPONSIBLTY/OTHER PAYER COUNT MISMATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M56 | MISSING/INCOMPLETE/INVALID PAYER IDENTIFIER. |
| 0304 | PYR RESPONSIB AND INSURED GRP NAME NOT COMPATIBLE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 0315 | HSN PARTIAL CLM PAT RESPONSIBILITY AMT NOT PRESENT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0320 | INVALID TOB FOR HSN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S). |
| 0340 | REVENUE CODE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S). |
| 0343 | CERTIFICATION CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N657 | THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES. |
| 0347 | PAYER PRIOR PAYMENT IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0356 | SIXTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |

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|----------|--|------------------------|---|-------------|---|
| 0357 | SEVENTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0358 | EIGHTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0359 | NINTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0360 | TENTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0361 | ELEVENTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0362 | TWELFTH DIAGNOSIS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0363 | PRINCIPAL ICD9 PROCEDURE CODE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA66 | MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE. |
| 0365 | PRINCIPAL PROCEDURE DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N301 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0366 | FIRST OTHER PROCEDURE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 0368 | FIRST OTHER PROCEDURE DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N301 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0369 | SECOND OTHER PROCEDURE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 0371 | SECOND OTHER PROCEDURE DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N301 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0372 | THIRD OTHER PROCEDURE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 0375 | FOURTH OTHER PROCEDURE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 0378 | FIFTH OTHER PROCEDURE CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 0382 | ATTENDING PHYSICIAN ID INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N253 | MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER. |
| 0383 | FIRST OPERATING PHYSICIAN ID INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N270 | MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER. |
| 0389 | REVENUE CODE REQUIRES A CORRESPONDING HCPCS/CPT4 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M20 | MISSING/INCOMPLETE/INVALID HCPCS. |
| 0391 | MEDICARE DEDUCTIBLE AMOUNT MISSING-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0392 | MEDICARE PAID AMOUNT NOT NUMERIC-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0393 | MEDICARE DEDUCTIBLE AMOUNT MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0394 | MEDICARE CO-INSURANCE AMOUNT MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0395 | HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0396 | HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0397 | HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M59 | MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE. |
| 0398 | STATEMENT COVERS PERIOD "THROUGH" DATE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M59 | MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE. |
| 0400 | DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0401 | PRESENT ON ADMISSION INDICATOR MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N434 | MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR. |
| 0402 | PRESENT ON ADMISSION INDICATOR INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N434 | MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR. |
| 0403 | PRESENT ON ADMISSION IND PRESENT WHERE NOT ALLOWED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|---|
| 0410 | MEDICARE DENIAL ON CROSSOVER CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N305 | MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE. |
| 0431 | DEDUCTIBLE AMOUNT INVALID-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0432 | COINSURANCE AMOUNT INVALID-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0433 | MEDICARE DEDUCTIBLE AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0434 | MEDICARE COINSURANCE AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 0436 | TOTAL MEDICARE ALLOWED AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 0437 | MEDICARE PSYCH ADJUSTMENT AMOUNT INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M49 | MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S). |
| 0438 | TOTAL MEDICARE ALLOWED AMOUNT INVALID-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 0439 | PSYCH ADJUSTMENT (PR122) AMOUNT INVALID-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N346 | MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE. |
| 0452 | DTL RENDERING/PERFORMING PROVIDER SERV LOC MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0453 | HDR RENDERING/PERFORMING PROVIDER SERV LOC MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N657 | THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES. |
| 0457 | INVALID PRINCIPAL/OTHER PROCEDURE TYPE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |
| 0458 | DIAGNOSIS CODE 10 - 24 INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 0459 | DETAIL DIAGNOSIS TREATMENT INDICATOR INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N755 | MISSING/INCOMPLETE/INVALID ICD INDICATOR. |
| 0461 | VALUE CODE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M49 | MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S). |
| 0462 | VALUE CODE AMOUNT IS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M49 | MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S). |
| 0463 | VALUE CODE AMOUNT IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M49 | MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S). |
| 0471 | CONDITION CODE 8-24 INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M44 | MISSING/INCOMPLETE/INVALID CONDITION CODE. |
| 0473 | ICD9 PROCEDURE 7-24 INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 0474 | ICD-9 PROCEDURE 7-24 OR DATE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N302 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0475 | ICD9 PROCEDURE 7-24 DATE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N302 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0476 | DETAIL ATTENDING PHYSICIAN ID IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N253 | MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER. |
| 477 | DETAIL FIRST OPERATING PHYSICIAN ID IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N270 | MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER. |
| 0478 | 0478-BILL CPT CODES TO MASSHEALTH ON CMS 1500 FORM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 0481 | MLOA DAYS GREATER THAN HEADER DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA31 | MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED. |
| 0482 | MLOA NON-CONTIGUOUS SPAN DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N434 | BED HOLD OR LEAVE DAYS EXCEEDED. |
| 0484 | LOA OSC DATES CANNOT SPAN ACROSS DIFFERENT MONTHS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N300 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S). |
| 0490 | THE OCCURRENCE SPAN TO DATE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N299 | MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S). |
| 0491 | DIFFERENT MLOA DAYS CANNOT OVERLAP FROM AND TO DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N300 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S). |
| 0497 | OCCURRENCE SPAN TO DATE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N300 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S). |
| 0498 | THE OCCURRENCE CODE IS INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M46 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S). |
| 0500 | DATE PRESCRIBED AFTER BILLING DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N57 | MISSING/INCOMPLETE/INVALID PRESCRIBING DATE. |
| 0502 | DATE DISPENSED EARLIER THAN DATE PRESCRIBED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N304 | MISSING/INCOMPLETE/INVALID DISPENSED DATE. |
| 0503 | DATE DISPENSED AFTER BILLING DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N304 | MISSING/INCOMPLETE/INVALID DISPENSED DATE. |
| 0506 | ICN DATE PRIOR TO DATE BILLED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N301 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0507 | THE DETAIL "FROM" DATE IS AFTER THE "TO" DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA32 | MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD. |
| 0518 | COVERED DAYS EXCEED STATEMENT PERIOD | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA40 | MISSING/INCOMPLETE/INVALID ADMISSION DATE. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N318 | MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE. |
| 0526 | HEADER FROM DOS IS AFTER HEADER THROUGH DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M52 | MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE. |
| 0527 | DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N301 | MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S). |
| 0529 | SURGERY DATE IS BEFORE THE ADMIT DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N341 | MISSING/INCOMPLETE/INVALID SURGERY DATE. |
| 0530 | SURGERY DATE IS AFTER THE DISCHARGE DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER. |
| 0551 | DISPOSITION AMT FOR ADJUSTMENT IS LESS THAN ZERO | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M79 | MISSING/INCOMPLETE/INVALID CHARGE. |
| 0552 | PROVIDER MAY NOT ADJUST GENERATED ATP/PAPE CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 0568 | HEADER DISCHARGE DATE IS LESS THAN ADMIT DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N50 | MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION. |
| 0569 | HDR DTE OF ACCIDENT GREATER THAN LAST DTE OF SERV | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N305 | MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE. |
| 0570 | HEADER TOTAL DAYS LESS THAN COVERED DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0571 | DETAIL SURGICAL PROCEDURE MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |
| 0572 | ROOM AND BOARD DAYS CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N153 | MISSING/INCOMPLETE/INVALID ROOM AND BOARD RATE. |
| 0574 | SERV DATES ARE NOT IN SAME MONTH-HEADER | 267 | CLAIM/SERVICE SPANS MULTIPLE MONTHS. | N74 | RESUBMIT WITH MULTIPLE CLAIMS, EACH CLAIM COVERING SERVICES PROVIDED IN ONLY ONE CALENDAR MONTH. |
| 0575 | SURGERY DATE CANNOT BE OUTSIDE HDR DATES OF SERVICE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA40 | MISSING/INCOMPLETE/INVALID ADMISSION DATE. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N62 | DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS. |
| 0594 | UNITS/DOS CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0599 | ATTACHMENT CONTROL NUMBER MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N753 | MISSING/INCOMPLETE/INVALID ATTACHMENT CONTROL NUMBER. |
| 0600 | UNITS NOT EQUAL TO QUADRANTS BILLED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0601 | TEETH NOT BILLABLE WITH QUADRANTS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N37 | MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER. |
| 0602 | UNITS NOT EQUAL TO TEETH BILLED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N37 | MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER. |
| 0610 | LOC NOT COMPATIBLE WITH LEAVE DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 HSN | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 0619 | INVALID TYPE OF CLAIM FOR HSN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 0620 | OCCURRENCE CODE 47 FDOS IS INVALID FOR HSN | 69 | DAY OUTLIER AMOUNT. | - | - |
| 0621 | MISSING/INVALID K3 SEGMENT FOR HSN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 0622 | INVALID INSURED GROUP NAME/K3 RECORD TYPE FOR HSN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA92 | MISSING PLAN INFORMATION FOR OTHER INSURANCE. |
| 0623 | INVALID K3 REFERENCE ID FOR HSN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 0624 | INVALID K3 TERMS DISCOUNT FOR HSN RECORD TYPE 06 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|---|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N304 | MISSING/INCOMPLETE/INVALID DISPENSED DATE. |
| 0800 | HCPCS REQUIRES NDC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N257 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER. |
| 0811 | INVALID SUBMITTER ID/BILLING PROVIDER COMBINATION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N257 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER. |
| 0812 | NO PCC SELECTED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 0814 | HIC NUMBER NOT PRESENT ON CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N382 | MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER. |
| 0815 | TYPE OF BILL MUST MATCH PATIENT STATUS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 0816 | DISALLOW ROOM AND BOARD FOR LATE CHARGES | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S). |
| 0817 | INVALID DISCHARGE DATE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N318 | MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0821 | NDC GIVEN WITH NO/INVALID MEASUREMENT FOR HCPCS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 0822 | NDC GIVEN WITH NO/INVALID UNIT PRICE FOR HCPCS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA39 | MISSING/INCOMPLETE/INVALID GENDER. |
| 0835 | 3M GRP - INVALID DISCHARGE STATUS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N50 | MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION. |
| 0836 | 3M GRP - INVALID BIRTH WEIGHT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N207 | MISSING/INCOMPLETE/INVALID WEIGHT. |
| 0837 | 3M GRP - INVALID DISCHARGE AGE IN DAYS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N50 | MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION. |
| 0838 | 3M GRP - INVALID PRINCIPAL DIAGNOSIS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA63 | MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS. |
| 0839 | 3M GRP - GESTATIONAL AGE/BIRTH WEIGHT CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|---|
| 0862 | EMERGENCY INDICATOR/POS MISMATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0870 | INVALID START/STOP TIME | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N443 | MISSING/INCOMPLETE/INVALID TOTAL TIME OR BEGIN/END TIME. |
| 0871 | VOID / ORIGINAL \$ AMOUNT CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M79 | MISSING/INCOMPLETE/INVALID CHARGE. |
| 0872 | MONTH/YEAR MISMATCH ON ADJUSTMENT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA31 | MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS 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 OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |
| 0903 | OCCURRENCE CODE GROUP EMPTY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M45 | MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S). |
| 0904 | VALUE CODE GROUP EMPTY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M49 | MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S). |
| 0905 | REVENUE CODE GROUP EMPTY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA43 | MISSING/INCOMPLETE/INVALID PATIENT STATUS. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 0918 | MEMBER LOC GROUP EMPTY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M45 | MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S). |
| 0931 | 2ND OCCURRENCE OCDE = 22 BUT AMOUNT = 0 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M45 | MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S). |
| 0932 | 2ND OCCURRENCE AMOUNT > 0 BUT OSC NOT 22 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N62 | DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA92 | MISSING PLAN INFORMATION FOR OTHER INSURANCE. |
| 1002 | DTL PERFORMING PROVIDER NOT ELIGIBLE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 SPECCLTY 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 OR HAS SUBMISSION/BILLING ERROR(S). | N65 | PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER. |
| 1019 | NO PROVIDER LEVEL OF CARE RATE ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N253 | MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER. |
| 1021 | FIRST OPERATING 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 1025 | OPERATING PHYSICIAN REQUIRED FOR SURGICAL PROCEDURE | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N262 | MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER |
| 1026 | PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 1028 | NPI REQUIRED FOR OPERATING PHYSICIAN | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N262 | MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER |
| 1029 | OPERATING PHYSICIAN IS NOT ELIGIBLE | B7 | THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE | N262 | MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER |
| 1030 | NPI REQUIRED FOR DETAIL OPERATING PHYSICIAN | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N262 | MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER |
| 1031 | DETAIL OPERATING PHYSICIAN IS NOT ELIGIBLE | B7 | THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE | N262 | MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER |
| 1032 | BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 1036 | RENDERING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 1037 | FACILITY PROVIDER NUMBER NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 1042 | SUPERVISING PHYSICIAN ID INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA102 | MISSING/INCOMPLETE/INVALID NAME OR PROVIDER IDENTIFIER FOR THE RENDERING/REFERRING/ORDERING/SUPERVISING PROVIDER |
| 1043 | NPI REQUIRED FOR SUPERVISING PHYSICIAN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 1044 | SUPERVISING PHYSICIAN ID NOT ON FILE | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 1045 | SUPERVISING PHYSICIAN IS NOT ELIGIBLE | B7 | THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 1046 | DETAIL SUPRVISING PHYSICIAN ID INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA102 | MISSING/INCOMPLETE/INVALID NAME OR PROVIDER IDENTIFIER FOR THE RENDERING/REFERRING/ORDERING/SUPERVISING PROVIDER |
| 1047 | NPI REQUIRED FOR DETAIL SUPERVISING PHYSICIAN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 1048 | DETAIL SUPRVISING PHYSICIAN NOT ON FILE | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 1049 | DETAIL SUPERVISING PHYSICIAN NOT ELIGIBLE | B7 | THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE | N297 | MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 1053 | DETAIL FIRST OPERATING PHYSICIAN ID NUMBER NOT ON FILE | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N270 | MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER. |
| 1054 | DETAIL ATTENDING PHYSICIAN ID NUMBER NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 1059 | ATTENDING PROV PREVENTS SUBCAP | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N/A | N/A |
| 1060 | UNABLE TO CROSSWALK RENDERING MEDICARE PROVIDER ID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N277 | MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER. |
| 1062 | UNABLE TO CROSSWALK DETAIL RENDERING MEDICARE PROV | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N277 | MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER. |
| 1063 | UNABLE TO CROSSWALK BILLING MEDICARE PROVIDER ID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 1069 | REFERRING PROVIDER CANNOT 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 OR HAS SUBMISSION/BILLING ERROR(S). | N258 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS. |
| 1074 | BILLING PROVIDER OUT OF STATE NON-CONTIGUOUS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N258 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS. |
| 1080 | ORDERING PROVIDER REQUIRED | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N265 | MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER. |
| 1081 | NPI REQUIRED FOR ORDERING PROVIDER | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N265 | MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER. |
| 1082 | ORDERING PROVIDER NPI NOT ON FILE | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N265 | MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER. |
| 1083 | MULT SAK PROV LOCS FOR ORDERING PROVIDER | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N265 | MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER. |
| 1084 | ORDERING PROVIDER NOT ACTIVELY ENROLLED | 184 | THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED. | N265 | MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER. |
| 1085 | ORDERING PROVIDER NOT AUTHORIZED TO ORDER SERVICES | 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. |
| 1092 | ATTENDING PROVIDER NPI NOT ON FILE. | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N253 | MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER. |
| 1094 | ATTENDING PROVIDER NOT ACTIVELY ENROLLED | 283 | ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE | - | - |
| 1100 | ADJUST: FORMER TCN INCORRECT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER. |
| 1101 | INVALID ADJUSTMENT FORMER TCN | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS CONTROL NUMBER. |
| 1103 | ICN ADJUSTMENT ALREADY IN PROGRESS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M47 | MISSING/INCOMPLETE/INVALID PAYER CLAIMS 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/CH ART. |
| 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/CH ART. |
| 1119 | BILLING RID CONFLICT | 31 | PATIENT CANNOT BE IDENTIFIED AS OUR INSURED. | - | - |
| 1120 | CLAIM REQUIRES DOCUMENTATION (CAF EDIT) | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

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|----------|---|------------------------|--|-------------|--|
| 1123 | CLAIM NOT LEGIBLE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 1150 | IDENTIFY/DESCRIBE PROCEDURE WHEN BILLING AN UNLISTED CODE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N350 | MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE. |
| 1151 | COPY 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. |
| 1200 | REFERRING PROVIDER REQUIRED | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1201 | NPI REQUIRED FOR REFERRING PROVIDER - HDR | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1202 | NPI REQUIRED FOR REFERRING PROVIDER 2 - HDR | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1203 | NPI REQUIRED FOR REFERRING PROVIDER - DTL | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1204 | NPI REQUIRED FOR REFERRING PROVIDER 2 - DTL | 206 | NATIONAL PROVIDER IDENTIFIER - MISSING. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1205 | REFERRING PROVIDER NPI NOT ON FILE - HDR | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1206 | REFERRING PROVIDER 2 NPI NOT ON FILE - HDR | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1207 | REFERRING PROVIDER NPI NOT ON FILE - DTL | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1208 | REFERRING PROVIDER 2 NPI NOT ON FILE - DTL | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1209 | REFERRING PROVIDER IS MAPPED TO MULTIPLE SERV LOC | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |

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|----------|---|------------------------|--|-------------|--|
| 1210 | REFERRING PROVIDER 2 IS MAPPED TO MULTIPLE SRV LOC | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1211 | REFERRING PROVIDER DTL MAPPED TO MULTIPLE SERV LOC | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1212 | REFERRING PROVIDER 2 DTL MAPPED TO MULTIPLE SRV LOC | 208 | NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1213 | REFERRING PROVIDER NOT ACTIVELY ENROLLED - HDR | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1214 | REFERRING PROVIDER 2 NOT ACTIVELY ENROLLED - HDR | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1215 | REFERRING PROVIDER NOT ACTIVELY ENROLLED - DTL | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1216 | REFERRING PROVIDER 2 NOT ACTIVELY ENROLLED - DTL | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. | N286 | MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER. |
| 1217 | REFERRING PROVIDER NOT AUTHORIZED TO REFER - HDR | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER 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. |
| 1218 | REFERRING PROVIDER 2 NOT AUTHORIZED TO REFER - HDR | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER 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. |
| 1219 | REFERRING PROVIDER NOT AUTHORIZED TO REFER - DTL | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER 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. |
| 1220 | REFERRING PROVIDER 2 NOT AUTHORIZED TO REFER - DTL | 183 | THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER 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. |
| 1514 | INCORRECT PROC CODE FOR SERVICE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 1516 | INCORRECT REVENUE CODE FOR SERVICE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE. |
| 1530 | INVALID PRESCRIBING PROVIDER TRANS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N31 | MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER. |
| 1662 | BILLING PROVIDER I.D. NUMBER NOT ON 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 1807 | CROSSOVER PRICING PERFORMED - DETAIL (PAY) | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 1808 | UNABLE TO PERFORM CROSSOVER PRICING - HEADER (DENY) | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 1809 | UNABLE TO PERFORM CROSSOVER PRICING - DETAIL (DENY) | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 1900 | INVALID TAXONOMY CODE - BILLING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N255 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY. |
| 1901 | INVALID TAXONOMY CODE-HEADER PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1906 | INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - BILLING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N255 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY. |
| 1907 | INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - HEADER PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1912 | TAXONOMY CODE MISSING - BILLING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N255 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY. |
| 1913 | TAXONOMY CODE MISSING - HEADER PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1919 | INVALID TAXONOMY CODE - DETAIL PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1921 | INVALID TAXONOMY FOR PROVIDER TYPE/SPECIALTY - DETAIL PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1925 | TAXONOMY CODE MISSING - DETAIL PERFORMING PROVIDER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N288 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY. |
| 1927 | NPI REQUIRED HEALTHCARE=Y BILLING PROV | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N433 | RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI). |

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|----------|---|------------------------|---|-------------|--|
| 1928 | NPI REQUIRED HEALTHCARE=Y PERFORMING PROV | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N433 | RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER IDENTIFIER (NPI). |
| 1936 | INVALID BILLING PROVIDER SPECIFIED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA92 | MISSING PLAN INFORMATION FOR OTHER INSURANCE. |
| 1937 | INVALID PERFORMING PROVIDER SPECIFIED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 1943 | INVALID DTL PERFORMING PROVIDER SPECIFIED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 1997 | UNABLE TO POPULATE DTL PERFORMING PROV ID WITH HDR | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 1999 | HEADER BILLING PROVIDER ID IN OLD FORMAT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N257 | MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER. |
| 2000 | INVALID SEX | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA39 | MISSING/INCOMPLETE/INVALID GENDER. |
| 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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. | - | - |
| 2020 | TREATMENT NOT ALLOWED FOR LIMITED 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. |
| 2021 | TREATMENT NOT ALLOWED FOR LIMITED BENEFIT PLAN | 49 | THIS IS A NON-COVERED SERVICE BECAUSE IT IS A ROUTINE/PREVENTIVE EXAM OR A DIAGNOSTIC/SCREENING PROCEDURE. | 429 | THIS IS NOT COVERED SINCE IT IS CONSIDERED ROUTINE. |
| 2030 | HIPPS CODE DOES NOT MATCH MEMBER FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | N188 | THE APPROVED LEVEL OF CARE DOES NOT MATCH THE PROCEDURE CODE SUBMITTED |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 2057 | DOS SPAN MONTHS-FILE SEPARATE CLAIMS FOR EACH MNTH | 96 | NON-COVERED CHARGE(S). | N61 | REBILL SERVICES ON SEPARATE CLAIMS. |
| 2060 | REVENUE 0022 AND REVENUE 100 MUST BE TOGETHER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S) |
| 2061 | HIPPS CODE INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | N471 | MISSING/INCOMPLETE/INVALID HIPPS RATE CODE |
| 2062 | HIPPS CODE ON INVALID REVENUE CODE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | N471 | MISSING/INCOMPLETE/INVALID HIPPS RATE CODE |
| 2063 | UNITS MISMATCH ON HIPPS AND ACCOM REV | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE |
| 2064 | HIPPS MISSING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) | M53 | MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|---|
| 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 2513 | TPL ADJUDICATION DATE NOT PRESENT- DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N307 | MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE. |
| 2514 | TPL ADJUDICATION DATE NOT PRESENT- HEADER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N4 | MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB. |
| 2527 | ZERO TPL AMOUNT AND NO ADJ RSN CODE-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N4 | MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB. |
| 2530 | INVALID TPL CARRIER CODE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 2534 | CARRIER IS 000 AND TPL AMOUNT > 0 -DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2536 | MEDICARE# ON CLAIM/FILE CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N382 | MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER. |
| 2537 | INVALID BUNDLED LINE NO ASSIGNED BY OTHER PAYER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|---|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2546 | DETAIL COB PAYMENTS DO NOT BALANCE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2547 | HEADER COB PAYMENTS DO NOT BALANCE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2548 | NON COVERED AMOUNT IS NOT EQUAL TO BILLED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 2552 | CROSSOVER CLAIM MISSING MEDICARE CARRIER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2559 | OTHER PAYER DENIAL ARC IS NOT ON TABLE - DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N4 | MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB. |
| 2561 | TPL DATA CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 2564 | MEMBER HAS MEDICARE SUPP INS DTL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |
| 2566 | MEMBER HAS MEDICARE SUPPLEMENTAL INSURANCE-DETAIL | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA92 | MISSING PLAN INFORMATION FOR OTHER INSURANCE. |
| 2567 | INVALID SUBMITTER FOR COB CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N34 | INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE. |
| 2569 | MEMBER HAS SELF-REPORTED OTHER INSURANCE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |
| 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. |
| 2605 | MIDSTAY PRICING REQUIRES REVIEW | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 2606 | MIDSTAY RULES APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA33 | MISSING/INCOMPLETE/INVALID NON-COVERED DAYS DURING THE BILLING PERIOD. |
| 2611 | INVALID MA/MB USAGE | 16 | CLAIM LACKS PRIOR PAYER PAYMENT INFORMATION | N245 | INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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/PRE-TREATMENT 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 | 29 | THE TIME LIMIT FOR FILING HAS EXPIRED. | - | - |
| 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. | - | - |
| 2639 | PIP CARRIER IS NOT PRIMARY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2640 | NO RESPONSE TO OUR CAF | 252 | AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. | N714 | MISSING REPORT. |
| 2641 | TPL REPRICING METHOD B | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2642 | TPL REPRICING METHOD D | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2643 | TPL REPRICING METHOD E | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2646 | HDR-TPL REPRICING METHOD B | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2647 | HDR-TPL REPRICING METHOD E | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|---|
| 2648 | HDR-TPL REPRICING METHOD D | 169 | ALTERNATE BENEFIT HAS BEEN PROVIDED. | N219 | PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT |
| 2650 | CP: RENDERING CANNOT BE DIFFERENT FROM BILLING | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N32 | CLAIM MUST BE SUBMITTED BY THE PROVIDER WHO RENDERED THE SERVICE |
| 2651 | CP: MISSING/INVALID CP ASSIGNMENT FOR DOS | A1 | CLAIM/SERVICE DENIED. AT LEAST ONE REMARK CODE MUST BE PROVIDED | N160 | THE PATIENT MUST CHOOSE AN OPTION BEFORE A PAYMENT CAN BE MADE FOR THIS PROCEDURE/ EQUIPMENT/ SUPPLY/ SERVICE |
| 2652 | CP: MISSING/INVALID ACO/MCO ASSIGNMENT FOR DOS | A1 | CLAIM/SERVICE DENIED. AT LEAST ONE REMARK CODE MUST BE PROVIDED | N160 | THE PATIENT MUST CHOOSE AN OPTION BEFORE A PAYMENT CAN BE MADE FOR THIS PROCEDURE/ EQUIPMENT/ SUPPLY/ SERVICE |
| 2653 | CP: INVALID DOS FOR QUALIFYING ACTIVITY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION | N56 | PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED |
| 2654 | COMMERCIAL PAYER CANNOT BE PRIMARY FOR CBHC | 274 | FEE/SERVICE NOT PAYABLE PER PATIENT CARE COORDINATION ARRANGEMENT | 242 | SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS |
| 2655 | NO PRIMARY PAYER INDICATED CBHC | D16 | CLAIM LACKS PRIOR PAYER PAYMENT INFORMATION | MA87 | MISSING/INCOMPLETE/INVALID INSURED'S NAME FOR THE PRIMARY PAYER |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3001 | PA NOT FOUND ON DATABASE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3002 | NDC REQUIRES PA | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3003 | PROCEDURE CODE REQUIRES PA | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3004 | INVALID PA/PASNUMBER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3005 | INVALID PA/PAS NUMBER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3006 | PA DOLLARS EXCEEDED | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3009 | PA/PAS NUMBER NOT ON THE DATABASE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3010 | OUT OF STATE PROVIDER REQUIRES REVIEW | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|---|
| 3026 | PAS NOT FOUND ON DATABASE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3027 | INVALID PAS NUMBER | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3028 | NOT ENOUGH UNITS ON PAS | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3029 | MEMBER ID FOR CLAIM AND PAS DONT MATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3030 | ADMISSION DATE FOR CLAIM AND PAS DONT MATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3031 | PROVIDER ID FOR CLAIM AND PA/PAS DO NOT MATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3032 | PAS IS REQUIRED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3033 | PA/PAS IS NOT READY | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. | - | - |
| 3037 | PARTIAL DENIAL-PAY TPD | 216 | BASED ON THE FINDINGS OF A REVIEW ORGANIZATION. | - | - |
| 3038 | PAS NOT REVIEWED BY PRO | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N290 | MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. |
| 3041 | MEMBER# OR PROV# ON CLAIM AND PA MISMATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3050 | PCA SCREENING MUST OCCUR BEFORE PCA PRIOR AUTH | 62 | CO COVERAGE/PROGRAMGUIDELINES WERE NOT MET OR WERE EXCEEDED. | N758 | ADJUSTED BASED ON THE PRIOR AUTHORIZATION DECISION. |
| 3051 | PCA CASE MANAGEMENT MUST CONCUR WITH PRIOR AUTH | 62 | CO COVERAGE/PROGRAMGUIDELINES WERE NOT MET OR WERE EXCEEDED. | N758 | ADJUSTED BASED ON THE PRIOR AUTHORIZATION DECISION. |
| 3060 | FAMILY ASSISTANCE READMISSION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N321 | MISSING/INCOMPLETE/INVALID LAST ADMISSION PERIOD |
| 3063 | OVERLAPPING FA OCCURRENCE CODES | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N300 | MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S) |
| 3101 | PA STATUS IS VOID | 2wqasz | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3104 | REVENUE CODE / PA CONFLICT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3105 | MEMBER# ON CLAIM AND PA MISMATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3106 | SERV DATE BEFORE PA EFFECTIVE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3107 | SERV DATE AFTER PA EXPIRED | 302 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT TIME LIMIT HAS EXPIRED | N351 | SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES. |
| 3108 | PA INSUFFICIENT AVAIL UNITS | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3109 | PA UNITS PRESENTLY EXHAUSTED | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3110 | PA EXHUSTED - CANNOT BE USED IN PRICING | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3111 | PRIOR AUTH PROCEDURE/MODIFIER MISMATCH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 3112 | PA DATES DO NOT FULLY COVER DTL | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED | N351 | SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES |
| 3120 | REFERRAL REQUIRED ON CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3121 | REFERRAL NUMBER INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 3122 | NO MORE UNITS AVAILABLE ON REFERRAL | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT 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/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N54 | CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES. |
| 3126 | SERVICE DATE IS OUTSIDE REFERRAL AUTHORIZATION | 198 | PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED. | N351 | SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES. |
| 3300 | JCODE GIVEN WITH INVALID NDC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M119 | MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC). |
| 3301 | LTC CLAIM REQUIRES A PATIENT LIABILITY AMOUNT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 3302 | UNABLE TO DETERMINE RATE ID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N58 | MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT. |
| 3306 | SPAD RATE NOT ALLOWED FOR TRANSFER PATIENT STATUS | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N65 | PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER. |
| 3307 | NO PATIENT LIABILITY ON FILE OR ON THE CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 | ACQUISITION 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 3335 | NO VALID DERIVED RATE ID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M119 | MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC). |
| 4005 | TELEHEALTH CLAIM DTL DOES NOT MEET POS/MOD REQ | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N519 | INVALID COMBINATION OF HCPCS MODIFIERS. |
| 4006 | SUBSEQUENT DTL PAYS UNDER DIFF PLAN THAN 1ST DTL | 96 | NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON CODE. | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE |
| 4007 | NON-COVERED NDC DUE TO CMS TERMINATION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N65 | PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER. |
| 4014 | NO PRICING SEGMENT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4042 | THIRD DIAGNOSIS CODE NOT ON FILE OR INACTIVE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4043 | FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 4045 | REIMBURSEMENT RULE/BENEFIT PLAN RESTRICTION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 4046 | NO REIMBURSEMENT RULE FOR RATE ID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4049 | SEVENTH DIAGNOSIS CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4050 | EIGHTH DIAGNOSIS CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4051 | NINTH DIAGNOSIS CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4052 | TENTH DIAGNOSIS CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4053 | PRINCIPAL PROCEDURE CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M50 | MISSING/INCOMPLETE/INVALID REVENUE CODE(S). |
| 4060 | ELEVENTH DIAGNOSIS CODE NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 4069 | REIMBURSEMENT RULE RESTRICTION ON DIAGNOSIS ROLE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|---|-------------|--|
| 4071 | REIMBURSEMENT RULE PAYER RESTRICTION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4077 | NON-COVERED REVENUE CODE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | | |
| 4117 | ICD9 PROCEDURE IS NOT VALID FOR DATES OF SERVICE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M67 | MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S). |
| 4120 | PROCEDURE CODE REQUIRES QUADRANT | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N346 | MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE. |
| 4128 | ICD9 PROCEDURE 7-24 NOT ON FILE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N657 | THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES. |
| 4155 | REIMBURSEMENT RULE POS RESTRICTION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 4156 | REIMBURSEMENT RULE PROV LOCAT RESTRICTION | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M77 | MISSING/INCOMPLETE/INVALID PLACE OF SERVICE. |
| 4167 | PROV CONTRACT UNIT RESTRICTION ON REVENUE | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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 | MISSING/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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 4211 | TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA120 | MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER. |
| 4215 | CLIA NUMBER TERMINATED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA120 | MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER. |
| 4222 | NDC REQUIRES REVIEW | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N657 | THIS SHOULD BE BILLED WITH THE APPROPRIATE CODE FOR THESE SERVICES. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|---|
| 4232 | MAXIMUM DAY RESTRICTION FOR BILLED NDC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M64 | MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS. |
| 4260 | MEMBER NOT CODED FOR LTC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 4317 | PROVIDER CONTRACT ADMITTING DIAGNOSIS RESTRICTION ON ICD9 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M76 | MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION. |
| 4318 | PROVIDER CONTRACT DETAIL DIAGNOSIS RESTRICTION ON ICD9 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M76 | MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION. |
| 4319 | PROVIDER CONTRACT HEADER DIAGNOSIS RESTRICTION ON ICD9 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M76 | MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION. |
| 4364 | PROVIDER CONTRACT TOB RESTRICTION ON ICD9 PROC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M76 | MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION. |
| 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. |
| 4500 | UNEXPECTED GPCS ERROR | 96 | NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE |
| 4501 | ERROR 403, POSSIBLE EXPIRED TOKEN | 96 | NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE |
| 4502 | ERROR IN THE GPCS REQUEST/RESPONSE | 96 | NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE |
| 4503 | ERROR IN THE GPCS NETWORK REQUEST | 96 | NON-COVERED CHARGE(S). AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE REMITTANCE ADVICE REMARK CODE OR NC-PDP REJECT REASON | 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 OR HAS SUBMISSION/BILLING ERROR(S). | M76 | MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA30 | MISSING/INCOMPLETE/INVALID TYPE OF BILL. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
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| 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. |
| 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. |

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| 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. |

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|----------|---|------------------------|--|-------------|---|
| 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. |
| 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. |

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|----------|--|------------------------|--|-------------|---|
| 5044 | EXACT DUPLICATE - 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. |
| 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. |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 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. |
| 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. |

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|----------|---|------------------------|--|-------------|--|
| 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. |
| 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. |
| 5114 | LIMIT ONE SNF PPS REVENUE CODE PER CLAIM | 119 | BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURANCE HAS BEEN REACHED | N362 | THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPATABLE MAXIMUM |
| 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. | - | - |

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|----------|---|------------------------|--|-------------|--|
| 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 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

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|----------|--|------------------------|--|-------------|--|
| 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). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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. |

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|----------|--|------------------------|---|-------------|--|
| 6041 | NMLOA AUDIT | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 6050 | NF 100 DAY LIMIT FOR FAM ASST | 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. |
| 6051 | CRDH 100 DAY LIMIT FOR FAM ASST | 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

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|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |
| 7102 | UNIQUE PRODUCT COULD NOT BE IDENTIFIED FOR CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M81 | YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY. |
| 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. |
| 7104 | SHARE OF COST HAS NOT BEEN MET | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | - | - |
| 7105 | RESUBMIT WITH D8999 FOR BAL AND LAST DATE ELIGIBLE. | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M51 | MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S). |
| 7106 | PA TRANSACTION SUSPENDED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|---|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | MA37 | MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS. |
| 7112 | INSURER NOT FOUND | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | MA92 | MISSING PLAN INFORMATION FOR OTHER INSURANCE. |
| 7114 | INVALID OR UNREALISTIC DATE OF BIRTH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | N329 | MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE. |
| 7115 | PROVIDER LOCATION RESTRICTION FOR BILLED PROCEDURE | 5 | THE PROCEDURE CODE/TYPE OF BILL 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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). | 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. |

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|----------|---|------------------------|---|-------------|---|
| 7720 | FINAL EDIT MEMBER NOT CODED FOR LTC | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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). | 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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). | 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. |

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|----------|---|------------------------|--|-------------|--|
| 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. |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
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| 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. |
| 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. |

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|----------|--|------------------------|--|-------------|--|
| 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=270 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. |
| 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. |

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|----------|---|------------------------|--|-------------|--|
| 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 8097 | PROSTHETIC LABOR AND REPAIR CODES REQUIRE PA IF OVER \$1000.00 PER MONTH | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. |

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|----------|--|------------------------|--|-------------|--|
| 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. |
| 8108 | PA REQUIRED FOR MONAURAL HEARING AIDS IF COSTS EXCEEDS \$550.00 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

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|----------|--|------------------------|--|-------------|--|
| 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/TYPE OF BILL 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, RETURNED 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. |
| 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, RETURNED 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, RETURNED 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, RETURNED 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, RETURNED 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, RETURNED 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

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| 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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 CROSSEVER CLAIM | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 8215 | CBHC LIMIT 59485 1 UNIT PER DAY | 151 | PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES. | N362 | THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM. |
| 8216 | CBHC LIMIT 59485 1 UNIT PER DAY | 18 | EXACT DUPLICATE CLAIM/SERVICE. | N362 | THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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 OR HAS SUBMISSION/BILLING ERROR(S). | N56 | PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED. |
| 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. |

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| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |
| 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. |

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| 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 | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | M62 | MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE. |
| 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. |
| 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. |

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| 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. |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| 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). | N65 | PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF SERVICE/PROVIDER. |
| 9041 | RETROACTIVE MDS CHANGE | 186 | LEVEL OF CARE CHANGE ADJUSTMENT | N144 | THE RATE CHANGED DURING THE DATES OF SERVICE BILLED |
| 9042 | MEMBER LINKING MDS ADJUSTMENT | 186 | LEVEL OF CARE CHANGE ADJUSTMENT | N144 | THE RATE CHANGED DURING THE DATES OF SERVICE BILLED |
| 9043 | HIPPS DTL ZERO PAID | 186 | LEVEL OF CARE CHANGE ADJUSTMENT | N144 | THE RATE CHANGED DURING THE DATES OF SERVICE BILLED |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | N382 | MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER. |
| 9059 | PROVIDER BILLED SERVICE PRIOR TO SERVICE DATE/SERVICE NOT DELIVERED | 16 | CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S). | 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. | - | - |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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. |
| 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 OR HAS SUBMISSION/BILLING ERROR(S). | 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|--|------------------------|--|-------------|--|
| 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. | - | - |
| 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. |

| EOB CODE | EOB CODE DESCRIPTION | ADJUSTMENT REASON CODE | ADJUSTMENT REASON CODE DESCRIPTION | REMARK CODE | REMARK CODE DESCRIPTION |
|----------|---|------------------------|--|-------------|--|
| 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. |
| 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/CH ART. |
| 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. |
| 9701 | MEMBER LINKING CLAIM ADJUSTMENT | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |

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|----------|---|------------------------|--|-------------|--|
| 9702 | PROVIDER RECOUPED CLAIM | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9800 | MAXIMUM PAYMENT ALLOWED FOR HMO/COV | 24 | CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN. | - | - |
| 9801 | SUB-CAP CLAIM | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9802 | SUB-CAP PRICING, APEC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9803 | SUB-CAP PRICING, NON-APEC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9810 | INPATIENT DISCHARGE ADD-ON | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9811 | BH ADD-ON INCENTIVE A | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9812 | BH ADD-ON INCENTIVE B | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9813 | BH ADD-ON INCENTIVE C | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9814 | BH ADD-ON INCENTIVE D | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9820 | OUTPATIENT INCENTIVE ADD-ON | 144 | INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE. | N663 | ADJUSTED BASED ON AN AGREED AMOUNT. |
| 9830 | BILLING PROVIDER IS PCC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9831 | BILLING PROVIDER IS BILLER FOR PCC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9832 | BILLING PROVIDER IS AFFILIATED WITH PCC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9833 | BILLING PROVIDER IS COVERING FOR PCC | 131 | CLAIM SPECIFIC NEGOTIATED DISCOUNT | N/A | N/A |
| 9875 | NON-MEDICAL LEAVE DAYS LIMIT EXCEEDED | 96 | NON-COVERED CHARGE(S). | N43 | BED HOLD OR LEAVE DAYS EXCEEDED. |
| 9901 | REIMBURSEMENT LIMITED TO ONE SET OF FRAMES PER YEAR FOR RECIPIENTS 18 YEARS OF AGE AND YOUNGER UNLESS REPAIRS OR REPLACEMENT IS DUE TO EXTENUATING CIRCUMSTANCES BEYOND THE RECIPIENT CONTROL. DOCUMENTATION RECEIVED DOES NOT INDICATE EXTENUATING CIRCUMSTANCES | 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. |
| 9902 | A PRICING USING COV+NCOV-LEAVE X PERDIEM | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 9903 | A PRICING USING COV X PERDIEM | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 9904 | A PRICING USING BILLED-LEAVE X PERCENT RATE | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 9905 | PRICE REDUCED TO SPAD PAYMENT | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9907 | TPL AMOUNT APPLIED | 23 | THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS. | - | - |
| 9908 | PHARMACY PRICING APPLIED | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9909 | 50 PERCENT OF AMOUNT BILLED APPLIED | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9910 | PHARMACY DISPENSING FEE APPLIED | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9911 | PRICING ADJUSTMENT - LONG TERM CARE PRICING APPLIED | 119 | BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED. | N45 | PAYMENT BASED ON AUTHORIZED AMOUNT. |

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| 9916 | UCC RATE PRICING APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9917 | MEDICARE EQUIVALENT PRICING APPLIED | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9918 | PRICING ADJUSTMENT - MAX FEE PRICING APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9919 | PROVIDER LEVEL OF CARE PRICING APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9920 | RBRVS (RESOURCE-BASED RELATIVE VALUE SCALE) PRICING APPLIED | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9921 | PA (PRIOR AUTHORIZATION) PRICING APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9922 | SPENDDOWN DEDUCTIBLE APPLIED | 97 | THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. | - | - |
| 9926 | CLAIM HAS CUTBACK AMOUNT | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9928 | COB-TPL COST SAVINGS | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9932 | PRICING ADJUSTMENT - DRG PRICING APPLIED | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9933 | AMOUNT CUTBACK DUE TO APC PRICING | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |
| 9938 | INCLUSIVE RATE MID STAY REPRICING | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 9939 | PERDIEM RATE MID STAY REPRICING | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | N669 | ADJUSTED BASED ON THE MEDICARE FEE SCHEDULE |
| 9950 | PM: SUSPEND | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9951 | PM: PASS | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9952 | PM: PASS | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9955 | NETREVEAL CANNOT PARSE MMIS MESSAGE | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9956 | NETREVEAL CANNOT SCORE SYSTEM ERROR | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9957 | NETREVEAL SWITCH IS OFF | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9958 | MMIS CANNOT CONNECT TO NETREVEAL | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |

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|----------|---|------------------------|--|-------------|--|
| 9959 | TIMEOUT FROM NETREVEAL CALL | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9960 | TIMEOUT FROM NETREVEAL RESPONSE | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9963 | TRIAGE TEAM DELAY | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9964 | FURTHER REVIEW TEAM DELAY | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9965 | PM:PAY-REVIEWED AND ACCEPTED TO PAY | 216 | BASED ON THE FINDINGS OF A REVIEW ORGANIZATION. | - | - |
| 9966 | PM:DENY-SERVICES NOT DOCUMENTED/SUPPORTED BY DOCUMENTATION | B12 | SERVICES NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS. | - | - |
| 9968 | PM:DENY-NON-COMPLIANCE WITH SERVICE RESTRICTIONS/LIMITS | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9969 | PM:DENY-SERVICES NOT MEDICALLY NECESSARY | 50 | THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER. | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9971 | PM:DENY-DUPLICATE OF A CLAIM ALREADY SUBMITTED | 96 | NON-COVERED CHARGE(S). | M86 | SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME. |
| 9973 | PM:DENY-SERVICE NOT PAYABLE WITH OTHER SERVICE ON SAME DATE | 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. |
| 9974 | PM:DENY-SERVICE NOT COVERED/PAYABLE BY MASSHEALTH | 50 | THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER. | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9979 | PHYSICIAN CLAIM (S5160 & S5161) WAS BILLED DURING A LTC/INPATIENT STAY | 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. |
| 9997 | PERSONAL RESOURCES DEDUCTED FROM THE CLAIM ARE A RESULT OF PREVIOUS | 96 | NON-COVERED CHARGE(S). | N130 | CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE. |
| 9998 | CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT HEALTH COVERAGE PROGRAM POLICIES. | 45 | CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGMENT. | - | - |