		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0201	INVALID PAY-TO PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER.
0203	RECIPIENT I.D. NUMBER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
0204	RECIPIENT ID - OLD FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
0206	PRESCRIBING PROVIDER NUMBER NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
0207	INVALID/MISSING BIRTH WEIGHT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Charge exceeds fee schedule/maximum allowable or	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
0208	PREGNANCY INDICATOR INVALID	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0209	AT LEAST ONE OF THE SUBMITTED DELIVERIES IS MISSING A VALID BIRTHWEIGHT	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
0210	BRAND MEDICALLY NECESSARY INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N229	INCOMPLETE/INVALID CONTRACT INDICATOR.
0211	INVALID REFILL INDICATOR VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invalid prescription quantity.
0212	MISSING PRESCRIPTION NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N388	Missing/incomplete/invalid prescription number.
0213	DATE PRESCRIBED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0214	DATE PRESCRIBED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0215	DATE DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0216	DATE DISPENSED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0217	MISSING DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
0218	INVALID DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0219	QUANTITY DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invalid prescription quantity.
0220	QUANTITY DISPENSED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invalid prescription quantity.
0221	MISSING DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
0222	ESTIMATED DAYS SUPPLY INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
0223	MISSING DIAGNOSIS INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0224	DIAGNOSIS TREATMENT INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
0225	REFERRING PROVIDER - INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
0226	ANESTHESIA CLAIMS REQUIRE REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
0227	THIRD PARTY PAYMENT AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0233	UNITS OF SERVICE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0234	PROCEDURE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0235	PROCEDURE CODE NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0236	NO PROCEDURE FOR REVENUE CODE; MEDICAID HAS NO PAYMENT LIABILITY FOR THIS LINE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0239	DETAIL TO DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invalid "to" date(s) of service.
0240	THE DETAIL "TO" DATE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invalid "to" date(s) of service.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0242	SECONDARY DIAGNOSIS CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0242	IIIVALID	20130713	22331231	13000101	22331231	10	present.	IVIO	diagnosis.
0242	MISSING MEDICADE DAID DATE	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N207	MISSING/INCOMPLETE/INVALID
0243	MISSING MEDICARE PAID DATE	20150715	22991231	19000101	22991231	16	present.	N307	ADJUDICATION OR PAYMENT DATE.
0244	THIRD DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0246	FOURTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
									THE NUMBER OF DAYS OR UNITS OF
0247	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were exceeded.	N362	SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
0248	PLACE OF SERVICE IS MISSING OR BLANK	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0249	PLACE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
0250	CLAIM HAS NO DETAILS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	FIRST MODIFIER INVALID FOR								
0251	DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
0252	SECOND MODIFIER INVALID FOR DATE OF SERVICE THIRD MODIFIER INVALID FOR	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
0253	DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
0255	PATIENT RSN FOR VISIT REQ ON OUTPATIENT HOSP CLAIM	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0256	ADMIT DIAGNOSIS INVALID ON OUTPATIENT HOSP CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0257	PATIENT RSN FOR VISIT INVALID ON INPATIENT CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0258	MISSING DIAGNOSIS CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
0260	UNITS OF SERVICE NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
0261	MISSING TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
0262	INVALID TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0263	INVALID TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.
0264	DETAIL FROM DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0265	DETAIL FROM DATE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0266	MISSING TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.
0267	DUPLICATE TOOTH SURFACES SUBMITTED ON DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0369		20450745	22004224		22004224	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
0268	BILLED AMOUNT INVALID DETAIL BILLED AMOUNT MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M79	Missing/incomplete/invalid charge.
0269	OR INVALID FORMAT	20150715	22991231	19000101	22991231	16	present. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M79	Missing/incomplete/invalid charge.
0270	MISSING TOTAL CLAIM CHARGE	20150715	22991231		22991231		present. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M54	Missing/incomplete/invalid total charges.
0271	INVALID TOTAL CLAIM CHARGE PRIMARY DIAGNOSIS CODE INVALID	20150715	22991231		22991231		present. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete/invalid total charges. Missing/incomplete/invalid principal diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0273	TYPE OF BILL MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.
0274	TYPE OF BILL CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.
0275	ADMIT DATE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.
0276	ADMIT DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.
0277	INVALID ADMISSION HOUR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N46	Missing/incomplete/invalid admission hour.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0278	ADMIT TYPE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA41	Missing/incomplete/invalid admission type.
0279	INVALID TYPE OF ADMISSION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA41	Missing/incomplete/invalid admission type.
0280	PATIENT STATUS IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete/invalid patient status.
0281	PATIENT STATUS IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete/invalid patient status.
0282	MISSING COVERED DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete/invalid number of covered days during the billing period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0283	COVERED DAYS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete/invalid number of covered days during the billing period.
0284	PRIMARY CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0285	SECOND CONDITON CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0286	THIRD CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0287	FOURTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0288	FIFTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0289	SIXTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0290	SEVENTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0295	DATE FOR PRIMARY OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0296	DATE FOR PRIMARY OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

		Checkwrite	Checkwrite	DOS		CARC			
FOR Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
LOB Code	DATE FOR SECOND OCCURRENCE	Effective Date	Liiu Date	Litective	DOS ENU	CODE	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MARC CODE	MISSING/INCOMPLETE/INVALID
0297	CODE MISSING	20150715	22991231	19000101	22991231	16	present.	N299	OCCURRENCE DATE(S).
0298	DATE FOR SECOND OCCURRENCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0299	DATE FOR THIRD OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N 299	MISSING/INCOMPLETE/INVALID
0300	DATE FOR THIRD OCCURRENCE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0301	DATE FOR FOURTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0302	DATE FOR FOURTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0304	CLAIM HAS TOO MANY DIAGNOSIS SEQUENCES	20170101	22991231	19000101	22991231	252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	N485	Missing Physical Therapy Certification.
0305	DIAGNOSIS SEQUENCE CONTAINS AN INVALID CHARACTER	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0306	BOTH ICD-9 AND ICD-10 CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	N657	This should be billed with the appropriate code for these services.
0307	BOTH ICD-9 AND ICD-10 PROC CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	N657	This should be billed with the appropriate code for these services.
0308	BOTH ICD-9 AND ICD-10 DIAG CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	N657	This should be billed with the appropriate code for these services.
0309	ICD PROCEDURE VERSION INVALID FOR COMPLIANCE DATES ICD DIAGNOSIS VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231		22991231		Procedure code was invalid on the date of service. Diagnosis was invalid for the date(s) of service reported.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0311	PRIMARY DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
0312	SECOND DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0313	THIRD DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0314	FOURTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0315	FIFTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0316	SIXTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0317	SEVENTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0318	EIGHTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0319	NINTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0320	DIAGNOSIS 10-24 PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0330	DTP DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0331	DATE LAST MENSTRUAL PERIOD MISSING OR IN FUTURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0332	DATE FIRST PRENATAL VISIT MISSING OR IN FUTURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0339	REVENUE CODE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
0340	REVENUE CODE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0350	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
0355	FIFTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0356	SIXTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0357	SEVENTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0358	EIGHTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0359	NINTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0360	ADMITTING DIAGNOSIS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
0361	ADMITTING DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
0363	PRINCIPAL ICD PROCEDURE CODE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0364	PRINCIPAL ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0365	PRINCIPAL ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.
0366	FIRST OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0367	FIRST OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0368	FIRST OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0369	SECOND OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S)

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0370	SECOND OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0371	SECOND OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0372	THIRD OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0373	THIRD OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0374	THIRD OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0375	FOURTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0376	FOURTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0377	FOURTH OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0378	FIFTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0379	FIFTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0380	FIFTH OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0381	ATTENDING PHYSICIAN PROVIDER NUMBER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0396	HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0400	DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
0411	DATE FOR FIFTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0412	DATE FOR FIFTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0413	DATE FOR SIXTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0414	DATE FOR SIXTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0415	DATE FOR SEVENTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0416	DATE FOR SEVENTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0417	DATE FOR EIGHTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0418	DATE FOR EIGHTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N2 99	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0433	MEDICARE DEDUCTIBLE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0434	MEDICARE COINSURANCE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0436	TOTAL MEDICARE ALLOWED AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0438	COPAY AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0450	INVALID QUADRANT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete/invalid oral cavity designation code.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0455	DENTAL PREDETERMINATION OF	20150715	22004.224	10000101	22004224	0.5	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NZO	Datient in divide for this course
0455	BENEFITS NOT ALLOWED	20150715	22991231	19000101	22991231	96	present.	N30	Patient ineligible for this service.
0456	INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0430	TO PROCEDORE QUALIFIER	20130713	22991231	19000101	22991231	10	present.	INIOT	code(s).
0457	INVALID PRINCIPAL/OTHER PROCEDURE TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0458	THE DIAGNOSIS CODE IN SEQUENCE 10-24 IS IN AN INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0465	DATE FOR OCCURRENCE CODE 9- 24 MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0466	DATE FOR OCCURRENCE CODE 9- 24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N2 99	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0471	CONDITION CODE 8-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0473	ICD PROCEDURE 7-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0474	ICD PROCEDURE 7-24 OR DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
0475	ICD PROCEDURE 7-24 DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0500	DATE PRESCRIBED AFTER BILLING DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED DATE DISPENSED AFTER BILLING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0503	DATE DISPENSED AFTER BILLING	20150715	22991231	19000101	22991231	110	BILLING DATE PREDATES SERVICE DATE.		
0505	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED AMOUNT.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0507	FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
0508	TOTAL CHARGE DOES NOT EQUAL THE SUM OF ALL DETAILS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete/invalid total charges.
0512	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0513	NAME ON CLAIM MUST MATCH NAME ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA36	Missing/incomplete/invalid patient name.
0514	DATE RECEIVED FOR PROCESSING- PRIOR TO DATE OF SERV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invalid "to" date(s) of service.
0519	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.
0526	DETAIL DATES NOT WITHIN HEADER DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
0527	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0537	HDR FROM DATE OF SERVICE >	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
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0555 0557	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT MEPD LATE FILING	20150715 20150715	22991231 22991231	19000101 19000101	22991231 22991231	29 29	The time limit for filing has expired. The time limit for filing has expired.		
0568	DISCHARGE DATE IS LESS THAN ADMIT DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete/invalid discharge information.
0570	TOTAL DAYS LESS THAN COVERED DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete/invalid number of covered days during the billing period.
0571	SURGICAL PROCEDURE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
0573	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete/invalid number of covered days during the billing period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0574	SERVICE DATES ARE NOT IN SAME	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
0575	SURGERY DTE CANNOT BE OUTSIDE HDR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.
0577	DETAIL SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
0595	MANUALLY SUSPEND FOR REVIEW	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	M85	Subjected to review of physician evaluation and management services.
0596	FILE SEPARATE CLAIMS FOR DIFFERENT YEARS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0602	UNITS NOT EQUAL TO TEETH BILLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0606	INVALID OTHER PAYER DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
0620	TPL DEDUCTIBLE AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0621	TPL COINSURANCE AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0622	TPL COPAY AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0623	TPL PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0624	TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
0625	TPL DETAIL PAYER HAS MULTIPLE MATCHING HDR PAYERS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
0626	TPL DETAIL PAYER ID HAS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0627	TPL HDR COINSURANCE <> SUM OF DTL COINSURANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0628	TPL HDR DEDUCTIBLE NOT EQUAL SUM OF DTL DEDUCTIBLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0629	TPL HDR COPAY NOT EQUAL SUM OF DTL COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0630	TPL HDR PAID AMT NOT EQUAL SUM OF DTL PAID AMT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0631	TPL - PATIENT RESPONSIBILITY IS ZERO FOR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0632	TPL HDR PAYER HAS NO DETAIL PAYER INFORMATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
0633	TPL HDR PAYER ID IS DUPLICATE OF ANOTHER HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0634	TPL PAYER RESPONSIBILITY MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0635	TPL PAYER RESPONSIBILITY HIERARCHY IS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0636	TPL TOTAL PAID AMT NOT EQUAL SUM OF HDR PAID AMT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0637	CLAIM WITH TPL AMOUNT MISSING TPL PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0643	INVALID OTHER COVERAGE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

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EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0644	OTHER PAYER PAT RESP AMT IS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0645	OTHER PAYER PAT RESP QUALIFIER IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0646	PT RESPONSIBILITY MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N58	Missing/incomplete/invalid patient liability amount.
0647	OTHER PAYER AMOUNT MUST BE GT ZERO MO Systematic denial of recycled	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
0666	SUSPENSE. ADJ - RECIPIENT ID NOT SUBMITTED	20150715	22991231	19000101	22991231		Coverage/program guidelines were not met. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0676	ADJ - PROVIDER ID NOT	20450745	22004224	40000404	22004224	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N.77	Missing/incomplete/invalid designated
0676	SUBMITTED ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N77	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0678	ADJ - ORIGINAL ICN NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0679	ADJ - REQUEST RECIPIENT ID NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
0680	ADJ - REQUEST PROVIDER DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invalid replacement claim information.

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EOB Code	EOB Description	Effective Date	End Date		DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0681	ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0682	ADJ - ORIGINAL CLAIM HAS ALREADY BEEN ADJUSTED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
0683	ADJ - ORIG CLM ADJUSTMENT ALREADY IN PROGRESS	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
0684	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invalid replacement claim information.
0685	ADJ - ORIGINAL CLAIM NOT IN A PAID STATUS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N142	The original claim was denied. Resubmit a new claim, not a replacement claim.
0686	ADJ - REPLACEMENT CLAIM NOT SAME CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invalid replacement claim information.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0687	CANNOT ADJUST THIS CLAIM DUE TO PROVIDER CHANGES. VOID THIS CLAIM AND RESUBMIT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0688	CANNOT ADJUST THIS CLAIM DUE TO PHP TERMINATION. VOID THIS CLAIM AND RESUBMIT ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED - NCCI	20160501	22991231		22991231		Coverage/program guidelines were not met. Coverage/program guidelines were not met.		
0690	ADJUSTMENT RCO PROVIDER MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.
0691	RCO PROVIDER NOT PRESENT ON ORIGINAL CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.
0692	ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0693	FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING FFS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
0800	DETAIL RATE NOT NUMERIC DTL RATE * DTL UNITS NOT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M79	Missing/incomplete/invalid charge.
0801	EQUAL DTL BILLED AMOUNT MISSING OR INVALID PRESCRIBER ID QUALIFIER	20150715	22991231		22991231		present. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge. MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
0803	DATED EXCEED SOBRA/QMB ELIGIBILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
0804	BILLING PROVIDER CANNOT BE PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
0805	NONCOVERED CHARGE IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0806	MEDICARE PAID AMOUNT MISSING OR INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0807	INVALID TPL ADJUDICATION DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
0808	TPL ADJUDUCATION DATE CANNOT BE A FUTURE DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0809	VERIFY LIFETIME RESERVE AND COINS DAYS TO COV DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete/invalid number of lifetime reserve days.
0810	INVALID DEDUCTIBLE AMT - SKILLED NURSING FACILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0811	HEADER FROM DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
0812	ADMIT DATE IS GREATER THAN ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.
0813	MEDICARE PAID DATE > ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0814	DETAIL TO DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invalid "to" date(s) of service.
0815	SURGICAL ICD REQUIRES OPERATING PHYSICIAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
0816	COINSURANCE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA34	Missing/incomplete/invalid number of coinsurance days during the billing period.
0817	INVALID COINSURANCE DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA34	Missing/incomplete/invalid number of coinsurance days during the billing period.
0818	LIFETIME RESERVE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete/invalid number of lifetime reserve days.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0819	LIFETIME RESERVE DAYS > MAX ALLOWED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete/invalid number of lifetime reserve days.
0820	FROM DOS AND TO DOS MAY NOT SPAN THE FISCAL YEAR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0821	NON-COVERED DAYS MISSING OR NOT NUMERIC SURGICAL REVENUE CODE REQUIRES ICD SURGERY CODE	20150715	22991231	19000101	22991231 22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Revenue code and Procedure code do not match.	MA33 N657	Missing/incomplete/invalid noncovered days during the billing period. This should be billed with the appropriate code for these services.
0823	RECIPIENT CHECK DIGIT IS MISSING OR INVALID UNBORN RECIPIENT PENDING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
0824	ELIGIBILITY VERIFICATION MEDICARE ALLOWED AMOUNT MISSING OR INVALID	20160501	22991231		22991231		Coverage/program guidelines were not met. Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.

		Checkwrite	Checkwrite	DOS		CARC			
FOR Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
LOD COUC	LOD DESCRIPTION	Effective Date	Liid Date	Lifective	DOS LIIG	CODE	CARC DESCRIPTION	NANC CODE	NAME DESCRIPTION
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	TYPE OF BILL INVALID FOR CLAIM						Segment (loop 2110 Service Payment Information REF), if		
0826	TYPE	20150715	22991231	19000101	22991231	16	present.	MA30	Missing/incomplete/invalid type of bill.
									3, 1 , , , , , , , , , , , , , , , , , ,
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	DAYS SUPPLY > 3 FOR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid prescription
0829	EMERGENCY PHARMACY CLAIM	20150715	22991231	19000101	22991231	16	present.	N378	quantity.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	MEDICARE HDR ALLOW AMNT						Segment (loop 2110 Service Payment Information REF), if		
0830	NOT EQUAL SUM OF DTL ALLOW	20150715	22991231	19000101	22991231	16	present.	M79	Missing/incomplete/invalid charge.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	MEDICARE HDR PAID AMNT NOT						Segment (loop 2110 Service Payment Information REF), if		
0831	EQUAL SUM OF DTL PAID	20150715	22991231	19000101	22991231	16	present.	M79	Missing/incomplete/invalid charge.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	OTHER PAYER AMOUNT PAID						Segment (loop 2110 Service Payment Information REF), if		
0832	QUALIFIER INVALID	20150715	22991231	19000101	22991231	16	present.	M79	Missing/incomplete/invalid charge.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0833	CO-INSURANCE AMOUNT DOES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
	MEDICARE DATA NOT FOUND -						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
0835	MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR**	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M79	Missing/incomplete/invalid charge.
0836	MEDICAR CLAIM DATES OVERLAP PLAN EFFECTIVE DATES	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge. Missing/incomplete/invalid beginning and ending dates of the period billed.
0838	COPAY AMOUNT DOES NOT BALANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
0839	REBILL SERVICES ON SEPARATE CLAIMS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0840	ICD-10 CLAIM SPANS ICD-10 START DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0841	ICD-9 CLAIM SPANS ICD-9 END	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N61	Rebill services on separate claims.
0842	ES CLAIM REQUIRES DELIVERY	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M51	Missing/incomplete/invalid procedure code(s).
0843	EMERG CLAIMS REQUIRE A CERTIFIED EMERGENCY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with precertified/authorized services.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
0844	HOSPICE CLAIM ONLY ONE LINE ALLOWED PER CLAIM ITEM.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0846	FACILITY PROVIDER NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA134	Missing/incomplete/invalid provider number of the facility where the patient resides.
0924	SYSTEM ERROR - ADJ - ORIGINAL CLAIM NOT FOUND	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0927	DRG GROUP NOT FOUND	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N587	Policy benefits have been exhausted.
0928	BIRTH WEIGHT CDE VALUE GROUP NOT FOUND	20150715	22991231		22991231		Coverage/program guidelines were not met or were exceeded.		,
1000	NO PAY-TO PROVIDER RECORD	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1001	BILLING PROVIDER NOT ENROLLED FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete/invalid group practice information.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
	·						This provider was not certified/eligible to be paid for this		·
							procedure/service on this date of service. Note: Refer to the 835		
	PERFORMING PROV NOT ELIGIBLE						Healthcare Policy Identification Segment (loop 2110 Service		
1002	FOR DOS	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	PROVIDER INELIGIBLE ON DATE						Healthcare Policy Identification Segment (loop 2110 Service		
1003	OF SERVICE	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BILLING PROVIDER NOT						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid group
1004	ENROLLED FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	present.	MA112	practice information.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		MISSING/INCOMPLETE/INVALID
	RENDERING PROVIDER IDENTIFIER						Segment (loop 2110 Service Payment Information REF), if		RENDERING PROVIDER PRIMARY
1007	NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	N290	IDENTIFIER.
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	PERFORMING PROVIDER NOT IN						Healthcare Policy Identification Segment (loop 2110 Service		
1010	BILLING GROUP	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Procedure code or procedure rate count
	HOSPICE SNF RATE NOT ON FILE						Segment (loop 2110 Service Payment Information REF), if		cannot be determined, or was not on file,
1017	OR INVALID SNF SVC LOCATION	20150715	22991231	19000101	22991231	16	present.	N65	for the date of service/provider.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Procedure code or procedure rate count
1010	CLINIC RATE NOT ON FILE FOR	0045057		40005:5			Segment (loop 2110 Service Payment Information REF), if		cannot be determined, or was not on file,
1018	HOSPITAL	20150715	22991231	19000101	22991231	16	present.	N65	for the date of service/provider.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
LOD COUC	LOD Description	Effective Bute	Liid Date	Litective	DOS LIIG	CODE	CARG DESCRIPTION	TUANC CODE	nate Bescription
	MULTIPLE RATES FOR LEVEL OF								
	CARE - RATE CHANGE OVERLAPS						Claim spans eligible and ineligible periods of coverage. Rebill		The rate changed during the dates of
1019	SERVICE DATES; SPLIT BI	20150715	22991231	19000101	22991231	239	separate claims.	N144	service billed.
İ							Claim/service lacks information or has submission/billing error(s)		
1							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		MISSING/INCOMPLETE/INVALID
	ATTENDING PHYSICIAN ID NOT						Segment (loop 2110 Service Payment Information REF), if		ATTENDING PROVIDER PRIMARY
1020	ON FILE	20150715	22991231	19000101	22991231	16	present.	N253	IDENTIFIER.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		MISSING/INCOMPLETE/INVALID
	FIRST OTHER (OPERATING)						Segment (loop 2110 Service Payment Information REF), if		OPERATING PROVIDER PRIMARY
1021	PROVIDER ID NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	N262	IDENTIFIER.
	BILLING PROVIDER NOT LISTED AS						Services not provided by network/primary care providers. Notes:		
1024	RECIPIENT LTC PROV	20150715	22991231	19000101	22991231	242	This code replaces deactivated code 38.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	PRESCRIBING PHYSICIAN LICENSE						Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPLETE/INVALID
1026	NUMBER NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	N31	PRESCRIBING PROVIDER IDENTIFIER.
							Payment is denied when performed/billed by this type of		
							provider. Note: Refer to the 835 Healthcare Policy Identification		
	PROVIDER TYPE - CLAIM INPUT						Segment (loop 2110 Service Payment Information REF), if		
1032	CONFLICT	20150715	22991231	19000101	22991231	170	present.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
	DEA NOT ON FILE 500						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		NAISCING (INCOMPLETE (INCAMP
1020	DEA NOT ON FILE FOR	20150715	22004224	10000101	22004224	1.0	Segment (loop 2110 Service Payment Information REF), if	N24	MISSING/INCOMPLETE/INVALID
1038	PRESCRIBER	20150715	22991231	19000101	22991231	16	present.	N31	PRESCRIBING PROVIDER IDENTIFIER.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End	_	CARC DESCRIPTION	RARC CODE	RARC Description
1039	PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1040	PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1041	PRESCRIBER PRACTICE TYPE NOT VALID FOR DRUG SCHED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1051	RENDERING PROVIDER NOT ON PROVIDER DATABASE (HDR)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.
1054	ORDERING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1065	PROVIDER NAME MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

		Checkwrite	Checkwrite	DOS		CARC			1
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1070	ATTENDING PROVIDER ID NOT ON FILE - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1071	OPERATING PROVIDER ID NOT ON FILE - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1072	ATTENDING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1073	OPERATING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1074	PRESCRIBING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1079	ORDERING PROV NOT ENROLLED SVC LOCATION	20150715	22991231	19000101	22991231	184	Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1081	REFERRING PROV NOT ENROLLED SVC LOC HDR-PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1082	REFERRING PROV NOT ENROLLED SVC LOC DTL-PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1083	REFERRING PROV NOT ENROLLED AT SVC LOC - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1084	ATTENDING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1085	OPERATING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1086	REFERRING PROV - NOT ENROLLED AT SVC LOC - DTL-UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1087	ATTENDING PROV - NOT ENROLLED AT SVC LOC - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1088	OPERATING PROV - NOT ENROLLED AT SVC LOC - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1089	PRESCRIBING PROV - NOT ENROLLED AT SVC LOC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1091	REFER PROV STATUS NOT VALID FOR DOS HDR-PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1092	REFER PROV STATUS NOT VALID FOR DOS DTL-PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1093	REFERRING PROV STATUS NOT VALID FOR DOS - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1094	ATTENDING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1095	OPERATING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1096	REFERRING PROV - STATUS NOT VALID FOR DOS - DTL-UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1097	ATTENDING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1098	OPERATING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1099	PRESCRIBING PROV - STATUS NOT VALID FOR DOS ORDERING PROV - STATUS NOT	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service		
1100	VALID FOR DOS	20150715	22991231	19000101	22991231	184	Payment Information REF), if present.		
1200	MATERNITY DISTRICT PROVIDER NOT ON FILE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1201	MATERNITY DISTRICT PROVIDER MISSING OR SPACES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure code is inconsistent with the provider	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1202	MATERNITY PROVIDER NOT A DISTRICT PROVIDER	20150715	22991231	19000101	22991231	8	type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N95	This provider type/provider specialty may not bill this service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1203	MATERNITY DISTRICT PROVIDER NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1204	MATERNITY DISTRICT PROV STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1205	MATERNITY DISTRICT PROV NOT AN NPI	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1206	MATERNITY DISTRICT PAYER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1207	MATERNITY DISTRICT PAYER - MORE THAN ONE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1208	MATERNITY CLAIM FREQUENCY NOT 1 OR 8	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1209	MATERNITY CLAIM NOT AN ENCOUNTER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1210	MATERNITY ENCOUNTER - INVALID CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1211	MATERNITY ENCOUNTER - DUPLICATE CLAIM	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
1212	MATERNITY ENCOUNTER - VOID CLAIM	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
1220	SUBMITTER DOES NOT BEGIN WITH TPIDRCO FOR ENCOUNTER CLAIMS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1221	SUBMITTER BEGINS WITH TPIDRCO FOR NON-ENCOUNTER CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1225	BILLING PROVIDER TYPE IS RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1226	ENCOUNTER INDICATOR IS NOT Y	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1227	CLAIM IS FFS BUT SHOULD BE COVERED BY RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1228	ENCOUNTER IS PHARMACY OR DENTAL CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1229	MATERNITY CARE ENCOUNTER SERVICE NOT COVERED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invalid "from" date(s) of service.
1230	ENCOUNTER PROVIDER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1231	ENCOUNTER PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1232	ENCOUNTER PROVIDER NPI NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1233	ENC PROVIDER NOT ENROLLED AT SERVICE LOCATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
1234	ENCOUNTER PROVIDER STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1235	ENCOUNTER PROVIDER MULTIPLE SERVICE LOCATIONS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1236	RCO PROVIDER NOT A VALID RCO PROVIDER TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1237	FQHC FFS RCO CLAIM MISSING RCO PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1238	FQHC FFS RCO CLAIM RCO PAID AMT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
1239	FQHC SUBMITTED RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1240	ENCOUNTER CLAIM RECIPIENT IS NOT IN AN RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1241	ENCOUNTER CLAIM DATES OF SERVICE NOT ALL IN RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1242	ENCOUNTER RECIPIENT CHANGES RCO DURING DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1243	ENCOUNTER CLAIM RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1250	NO ENCOUNTER PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1251	MORE THAN ONE ENCOUNTER PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1252	ENCOUNTER TCN MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1253	ENCOUNTER ADJUDICATION DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
1254	ENCOUNTER ADJUDICATION DATE CANNOT BE IN FUTURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1255	ENCOUNTER MISSING DETAIL PAYER INFORMATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
1256	ENCOUNTER COPAY NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1257	ENCOUNTER PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1258	ENCOUNTER SUM OF DTL COPAY NOT EQUAL HDR COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1259	ENCOUNTER SUM OF DTL PAID NOT EQUAL HDR PAID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1260	ENCOUNTER COINSURANCE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1261	ENCOUNTER DEDUCTIBLE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1262	ENCOUNTER PAID AMOUNT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1280	RCO DENIED CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1281	RCO DENIED CLAIM - TPL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
1282	RCO DENIED CLAIM - TIMELY FILING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1283	RCO DENIED CLAIM - NOT AN RCO COVERED SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1284	RCO DENIED CLAIM - MISSING AUTHORIZATION OR REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
1803	BILLING PROVIDER MUST BE GROUP PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1804	VERIFY PERFORMING PROVIDER NOT GROUP PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject		
1805	BILLING PROVIDER SPECIALTY NOT FOUND FOR CLAIM DOS	20150715	22991231	19000101	22991231	16	Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1806	EPSDT REFERRED SVCS RESTRICTED TO RECIPIENTS UNDER	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1807	CROSSOVER ONLY PROVIDER CANNOT BILL CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1808	REFERRING PROVIDER IS MISSING OR NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1809	REFERRING PROVIDER-NO SCREENING SPECIALTY FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1810	PERFORMING PROVIDER SPECIALTY NOT FOUND FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1812	RECIPIENT / ADMIT AGE GREATER	20150715	22991231		22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		·
1813	PROVIDER SUSPENDED FOR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER.
1814	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1815	PERF PROV ENROLL STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1816	MATERNITY CARE MUST BE PERFORMED BY DISTRICT PROV	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1817	MATERNITY CARE PROV CAN ONLY BILL MATERNITY SVCS	20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N95	This provider type/provider specialty may not bill this service.
1818	WAIVER PROVIDER MISMATCH	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38. The procedure code/bill type is inconsistent with the place of		
1819	INVALID POS FOR FQHC PROVIDER	20150715	22991231	19000101	22991231	5	service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1820	PATIENT FIRST CLAIM REQUIRES A REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1821	MEDICAL LOCKIN - RECIPIENT LOCKED IN TO OTHER PROVIDER	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1822	MEDICAL LOCKIN - LOCKIN DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
1823	WAIVER ASSIGNMENT DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
1824	LTC ASSIGNMENT DATES OVERLAP CLAIM DATES	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
1825	COBA DENIAL - DO NOT CROSSOVER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1826	SERVICE FOR MATERNITY WAIVER/CARE RECIPIENT MUST BE BILLED WITH GLOBAL SERVICE	20150715	22991231		22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1827	NON-MEPD CLAIM FOR MEPD RECIPIENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
1828	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1829	PERF PROV ENROLL STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1830	PROCEDURE REQUIRES BOTH ORDERING AND REF PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1831	PROCEDURE REQUIRE EITHER ORDERING OR REF PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1832	PROCEDURE REQUIRES REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
	PROCEDURE REQUIRES ORDERING						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
1833	PROVIDER SUBMITTER ID/EVVM PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N265	IDENTIFIER. MISSING/INCOMPLETE/INVALID BILLING
1834	CONFLICT PROVIDER UNDER REVIEW - BILLING	20150715	22991231	19000101	22991231		The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N256	PROVIDER/SUPPLIER NAME. Consent form requirements not fulfilled.
1836	PROVIDER UNDER REVIEW - PERFORMING	20150715	22991231		22991231		The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.
1900	TAXONOMY IS INVALID BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
LOD COUC	TAXONOMY IS INVALID	Enclave Bate	Elia Dute	Litective	POS ENA	CODE	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MAIL CODE	MISSING/INCOMPLETE/INVALID
1901	PREFORMING PROVIDER	20150715	22991231	19000101	22991231	16	present.	N288	RENDERING PROVIDER TAXONOMY.
1906	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1907	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1912	TAXONOMY IS MISSING: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1913	TAXONOMY IS MISSING: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1919	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1921	TAXONOMY IS MISSING: DTL PERFORMING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1925	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1927	BILLING PROVIDER - NPI MISSING OR INVALID - AN NPI NUMBER IS REQUIRED AND WAS N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1928	NPI REQUIRED HEALTHCARE=Y PREMING PROV NPI REQUIRED HEALTHCARE=Y	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
1929	REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1931	NPI REQUIRED HEALTHCARE=Y RENDERING PROV	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1934	DTL NPI REQUIRED HEALTHCARE=Y PERFORMING PROV DTL NPI REQUIRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER. MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
1935	HEALTHCARE=Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	IDENTIFIER.
1936	INVALID BILLING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1937	INVALID PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1938	INVALID REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
1939	INVALID FACILITY PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1940	INVALID RENDERING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1941	INVALID OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1942	INVALID DTL OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1943	INVALID DTL PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1944	INVALID DTL REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1945	MULTIPLE SERVICE LOCATIONS FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N2 59	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
1946	MULTIPLE SERVICE LOCATIONS FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.
1949	MULTIPLE SERVICE LOCATIONS FOR RENDERING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1952	MULTIPLE SERVICE LOCS FOR DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1960	NPI REQUIRED: ATTENDING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1961	NPI REQUIRED: OPERATING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1962	NPI REQUIRED: REFERRING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1963	ATTENDING PROVIDER - NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1964	OPERATING PROVIDER- NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
1965	ATTENDING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1966	OPERATING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1968	NPI REQUIRED: ORDERING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1969	INVALID DTL ORDERING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1970	INVALID ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N25 3	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1971	INVALID DTL ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1972	INVALID OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N27 0	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1973	INVALID DTL OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1974	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1975	TAXONOMY IS INVALID: DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1976	TAXONOMY IS INVALID: DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1977	TAXONOMY IS NOT VALID FOR DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1978	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1979	TAXONOMY IS NOT VALID FOR DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
1980	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1981	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1982	TAXONOMY IS NOT VALID FOR REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
1983	TAXONOMY IS NOT VALID FOR FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1984	TAXONOMY IS NOT VALID FOR OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1985	TAXONOMY IS INVALID: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
1986	TAXONOMY IS INVALID: PERFORMING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID:						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPLETE/INVALID
1987	TAXONOMY IS INVALID: FACILITY PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N295	MISSING/INCOMPLETE/INVALID SERVICE FACILITY SECONDARY IDENTIFIER.
1989	TAXONOMY IS INVALID: OTHER PROVIDER 2	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1995	MMIS FACILITY PROVIDER ID NOT ENROLLED THE RENDERING PROVIDER IS NOT ENROLLED IN THE MEDICAID PROGRAM.	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1999	PROVIDER ID IS INVALID, IS NOT ON FILE OR NAME/NUMBER DISAGREE.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
2001	RECIPIENT IS NOT ON ELIGIBILITY FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
2002	RECIPIENT NOT ELIGIBLE FOR HEADER DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2002	ITEMIZED SERVICE DATE NOT IN	20130713	22331231	13000101	22331231	20	Expenses meaned prior to coverage.	1130	Tutterit mengiore for this service.
2003	ELIGIBILITY SPAN	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2009	RECIPIENT INELIGIBLE ON DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2042	PATIENT LIABILITY SEGMENT OVERLAP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
2045	ITEM NOT PAYABLE IN LONG TERM CARE FACILITY	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.
2046	RECIPIENT PATIENT STATUS INVALID FOR CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete/invalid patient status.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
2047	ADMIT REASON/SOURCE OF ADMISSION MISSING/INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA42	Missing/incomplete/invalid admission source.
2048	RECIPIENT DISCHARGE RSN MISSING/INVALID(SUSPEND)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete/invalid discharge information.
2050	ADMIT DATE MUST EQUAL HDR FIRST SVC DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
2056	RECIPIENT ELIGIBILITY - CHIP OVERLAP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
2057	RECIPIENT PARTIALLY ELIGIBILE - HEADER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject		
2077	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES	20150715	22991231	19000101	22991231	16	Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
2500	RECIPIENT COVERED BY MEDICARE A (NO ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2501	RECIPIENT COVERED BY MEDICARE A (WITH ATTACHMENT	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2502	RECIPIENT COVERED BY MEDICARE B (NO ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2503	RECIPIENT COVERED BY MEDICARE B (WITH ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2504	FILE SHOWS OTHER INSURANCE, SUBMIT TO OTHER CARRIER	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
2505	RECIPIENT COVERED BY PRIVATE INSURANC(W/ATTACHMNT)	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
2507	THIS PATIENT HAS TWO COVERAGE TYPES	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
2508	RECIPIENT COVERED BY PRIVATE INSURANCE (PHARMACY)	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
2550	MEDICAID HAS NO LIABILITY BILL MEDICARE ADV. PLAN	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2603	RECIPIENT LOCK-IN TO SPECIFIC PRESCRIBING PROVIDER	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
2800	STERILIZATION DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREME	20150715	22991231	19000101	22991231	251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.
2801	HYSTERECTOMY DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREMEN	20150715	22991231	19000101	22991231	251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The attachment/other documentation that was received was		
	ABORTION DENIED BECAUSE						incomplete or deficient. The necessary information is still needed		
	DOCUMENTATION DOES NOT						to process the claim. At least one Remark Code must be provided		
	MEET HHS/MEDICAID						(may be comprised of either the NCPDP Reject Reason Code, or		
2802	REQUIREMENTS.	20150715	22991231	19000101	22991231	251	remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	DETAILS COVERED BY MORE						Segment (loop 2110 Service Payment Information REF), if		
2804	THAN ONE PLAN CODE	20150715	22991231		22991231		present.	N61	Rebill services on separate claims.
2805	DOS PRIOR TO DOB	20150715	22991231	19000101	22991231	14	The date of birth follows the date of service.		
2806	PREGNANCY INDICATOR IS INVALID FOR RECIPIENT SEX	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
2807	COBA-NO MEDICAID ID FOR MEDICARE ID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
2808	COBA - MEDICARE ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
2809	OFFICE VISIT REQUIRES GESTATIONAL AGE DIAGNOSIS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
2810	DETAIL HAS MORE THAN ONE GESTATIONAL DIAGNOSIS CODE	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
2811	MORE THAN ONE GESTATIONAL DIAGNOSIS CODE SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3000	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with precertified/authorized services.
3001	PA NOT FOUND ON DATABASE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid treatment
3002	NDC REQUIRES PA	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
3003	PROCEDURE REQUIRES PRIOR AUTHORIZATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3003	AUTHORIZATION	20150715	22991231	19000101	22991231	10	present.	IVIOZ	authorization code.
	PRIOR AUTH UNITS/AMOUNTS						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
3006	USED	20150715	22991231	19000101	22991231	16	present.	M54	Missing/incomplete/invalid total charges.
3019	PA CUTBACK PERFORMED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N123	This is a split service and represents a portion of the units from the originally submitted service.
3100	CLAIM AND PA PRESCRIBING PROV DON'T MATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
3101	ONLINE PA DENIED BY HID, NDC	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3101	ONLINE PA PROCESS TIMEOUT OR	20130/13	22331231	12000101	22771251	10	present.	IVIUZ	authorization code.
3102	INTERFACE PROBLEM	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
3103	ONLINE PA PROCESS RESPONSE FROM HID HAD ERRORS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3104	PA REQUIRED FOR CERTAIN TRANSPORTATION SERVICES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3105	DAW 1 - BRAND WITH GENERIC EQUIVALENT REQUIRES OVERRIDE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3300	NEONATAL REVENUE - DIAGNOSIS CODE MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
3301	BILL EMERGENCY PROCEDURE/REVENUE TOGETHER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
3302	PROCEDURE AND REVENUE CODE COMBINATION NOT VALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
3303	MEDICARE PAID AMOUNT EQUAL 100%	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invalid value code(s) or amount(s).
3304	NON-COVERED SVC FOR RECIPIENT < 6 MONTHS OLD	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
3305	NO BASE VALUE FOR ANESTHESIA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
	HEADER PAID AMOUNT EXCEEDS								
3306	SPECIFIED DOLLAR AMOUNT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
3307	FQHC/PBRHC FFS/ENCOUNTER PROCEDURE CONFLICT	20150715	22991231	10000104	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
3308	PROCEDURE CODE/MODIFIER NOT ON RATE FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
3309	PROCEDURE CODE - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.
3311	REFILL NUMBER EXCEEDS MAXIMUM ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
3312	DAYS SUPPLY IS GREATER THAN MAXIMUM DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
3313	NDC DRUG, PRODUCT IS NOT PREFERRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	PHARMACY ONLY - OTC DRUG						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid/ deactivated/withdrawn National Drug
3314	NOT COVERED FOR LTC RECIP	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC). THE NUMBER OF DAYS OR UNITS OF
3315	NURSERY DAYS EXCEED LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N362	SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
3316	PHARMACY ONLY - NDC IS NOT PAYABLE BY ALABAMA MEDICAID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
3317	CLAIM QUANTITY EXCEEDS NDC MAX UNITS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invalid prescription quantity.
3320	SERVICE INCLUDED IN FACILITY FEE NO PRICING SEGMENT ON FILE - CONTACT MYERS AND STAUFFER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3321	AT 1-800-591-1183.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
3322	DAW CODE NOT ALLOWED WITH NDC SUMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
3323	PROCEDURE RESTRICTION - MODIFIER REQUIRED	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
3324	PROCEDURE RESTRICTION - NOT	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
3325	QUANTITY MUST BE DIVISIBLE BY PACKAGE SIZE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
3326	PHARMACY MAINTENANCE SUPPLY REQUIRED FOR DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
3327	NDC HAS INVALID THERAPEUTIC CLASS VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
3328	RCO HDR PAID CLAIM PROCEDURE ALREADY PRESENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
3351	PRIMARY DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
3352	SECOND DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3353	THIRD DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3354	FOURTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3355	FIFTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3356	SIXTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
3357	SEVENTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3358	EIGHTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3359	NINTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3360	DIAGNOSIS 10-42 REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
3375	TCM SVCS NOT ALLOWED FOR SAIL / E AND D WAIVERS	20160501	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3376	FQHC ENCOUNTER EXCLUSION DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
3599	MANUAL PRICING REQUIRED	20160501	22991231		22991231	272	Coverage/program guidelines were not met.		
	SERVICE COVERAGE HAS NOT								
3800	BEEN DETERMINED	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	BPA-RR-REV - OTHER HDR						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid other
3998	DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.
3999	BPA-RR-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4001	BPA-RP-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	12	The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
4002	BPA-RP-NDC - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4004	NDC IS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
	PROCEDURE CODE IS NO LONGER						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid procedure
4013	VALID	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
4014	NO PRICING SEGMENT IS ON FILE.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4016	BPA-RP-DIAG - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	12	The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
4021	BPA-RP-PROC - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4023	BPA-RP-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure/revenue code is inconsistent with the patient's	MA39	Missing/incomplete/invalid gender.
4025	BPA-RP-NDC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4027	DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	146	Diagnosis was invalid for the date(s) of service reported.		
4028	BPA-RP-DIAG - GENDER RESTRICTION	20150715	22991231	19000101	22991231	10	The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s)		,
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-DIAG - PLACE OF SERVICE						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid/inappropriate
4029	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M77	place of service.
							The diagnosis is inconsistent with the patient's age. Note: Refer		
							to the 835 Healthcare Policy Identification Segment (loop 2110		
4030	BPA-RP-DIAG - AGE RESTRICTION	20150715	22991231	19000101	22991231	9	Service Payment Information REF), if present.		
							The diagnosis is inconsistent with the patient's gender. Note:		
	BPA-PC-DIAG - GENDER						Refer to the 835 Healthcare Policy Identification Segment (loop		This should be billed with the appropriate
4031	RESTRICTION	20150715	22991231	19000101	22991231	10	2110 Service Payment Information REF), if present.	N657	code for these services.
							, , , , , , , , , , , , , , , , , , , ,		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	PROCEDURE CODE IS						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid procedure
4032	MISSING/NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
							The procedure/revenue code is inconsistent with the patient's		
							age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
4034	BPA-RP-PROC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
1031	BITTING THE RESTRICTION	20130713	22331231	15000101	22331231		The procedure/revenue code is inconsistent with the patient's		
							gender. Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-PROC - GENDER						Segment (loop 2110 Service Payment Information REF), if		
4035	RESTRICTION	20150715	22991231	19000101	22991231	7	present.		
							The procedure code/bill type is inconsistent with the place of		
							service. Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-PROC - PLACE OF SERVICE						Segment (loop 2110 Service Payment Information REF), if		
4036	RESTRICTION	20150715	22991231	19000101	22991231	5	present.		
							Claim/carvice lacks information as has submission/hilling access?		
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	PATIENT REASON FOR VISIT						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4038	DIAGNOSIS NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.

EOB Code EO				DOS		CARC			
	OB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
1	RIMARY DIAGNOSIS CODE NOT IN FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
	ECONDARY DIAGNOSIS CODE IOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
тн	HIRD DIAGNOSIS CODE NOT ON						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4042 FIL	ILE OR INACTIVE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	OURTH DIAGNOSIS CODE NOT N FILE OR INACTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
BP.	PA-RR-DIAG - NO RULE FOR						The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110		
		20150715	22991231	19000101	22991231	9	Service Payment Information REF), if present.		
4045 PLA		20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met. Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Procedure code billed is not correct/valid
	ATE OF SERVICE BEFORE ROCEDURE IS PAYABLE	20150715	22991231	19000101	22991231	96	Segment (loop 2110 Service Payment Information REF), if present.	N56	for the services billed or the date of service billed.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4047	FIFTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4048	SIXTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4049	SEVENTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4050	EIGHTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4051	NINTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4052	ADMITTING DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4053	PRINCIPAL PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4054	FIRST OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	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	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	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	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4057	FOURTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	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	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	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	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4061	BPA-RR - NO RULE FOR CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4062	BPA-RR - NO RULE FOR COND CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

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FOR Cada	FOR Description	Checkwrite	Checkwrite	DOS	DOC End	CARC	CARC DESCRIPTION	DADC CODE	DARC Description
FOR Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-ICD - GENDER						Segment (loop 2110 Service Payment Information REF), if		
4064	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA39	Missing/incomplete/invalid gender.
4004	RESTRICTION	20130713	22331231	13000101	22331231	10	This provider was not certified/eligible to be paid for this	IVIASS	iviissing/incomplete/invalid gender.
							procedure/service on this date of service. Note: Refer to the 835		
	BPA-RR - NO RULE CURR BILL						Healthcare Policy Identification Segment (loop 2110 Service		
4068	PROV CONTRACT	20150715	22991231	19000101	22991231	B7	Payment Information REF), if present.		
1000		20130713		13000101	22331231		The procedure code is inconsistent with the modifier used or a		
							required modifier is missing. Note: Refer to the 835 Healthcare		
	BPA-RR-PROC - MODIFIER						Policy Identification Segment (loop 2110 Service Payment		
4070	RESTRICTION	20150715	22991231	19000101	22991231	4	Information REF), if present.		
							" 1		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RR-PROC - TOOTH NUMBER						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid tooth
4071	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N37	number/letter.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RR-DRG - NO RULE FOR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid other
4072	ADMIT OR HDR DIAGNOSIS	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-DIAG - FAMILY PLANNING						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid principal
4073	IND RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4075	BPA-RP-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4076	BPA-RP-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid revenue
4093	NON-COVERED REVENUE CODE BPA-RP-DIAG - DIAG ROLE RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50 M76	Missing/incomplete/invalid diagnosis or condition.
4094	BPA-PC-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4104	BPA-RP-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4106	BPA-RP-REV - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4109	BPA-PC-DIAG - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4112	BPA-PC-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4117	BPA-PC-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4118	BPA-PC-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4120	ORAL CAVITY DESIGNATION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete/invalid oral cavity designation code.
4128	ICD PROCEDURE 7-24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4136	BPA-RP-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4138	BPA-RP-NDC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4140	BPA-RP-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4141	BPA-RP-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4142	BPA-RP-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4143	BPA-RP-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4144	BPA-PC-DIAG - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4149	BPA-PC-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4150	BPA-PC-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4151	BPA-PC-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4152	BPA-PC-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4154	BPA-PC-REV - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4155	BPA-RR-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835	M77	Missing/incomplete/invalid/inappropriate place of service.
4157	BPA-PC-DIAG - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	BPA-PC-ICD - CURR PROV						Healthcare Policy Identification Segment (loop 2110 Service		
4159	CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	BPA-PC-NDC - CURR PROV						Healthcare Policy Identification Segment (loop 2110 Service		
4160	CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	BPA-PC-PROC - CURR PROV						Healthcare Policy Identification Segment (loop 2110 Service		
4161	CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							This provider was not certified/eligible to be paid for this		
							procedure/service on this date of service. Note: Refer to the 835		
	BPA-PC-REV - CURR PROV						Healthcare Policy Identification Segment (loop 2110 Service		
4162	CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	Payment Information REF), if present.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Missing/incomplete/invalid/
							Segment (loop 2110 Service Payment Information REF), if		deactivated/withdrawn National Drug
4164	INACTIVE DRUG	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).
4104	INVENTE BROG	20130713	22331231	13000101	22331231	10	present.	111113	code (NDC).
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							1		Missing /incomplete /invalid /
	DDA DD NDC NO DUUE FOD						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Missing/incomplete/invalid/
44.66	BPA-RR-NDC - NO RULE FOR	20450745	22004224	40000404	22004224	4.6	Segment (loop 2110 Service Payment Information REF), if		deactivated/withdrawn National Drug
4166	BENEFIT PLAN	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).
							Claim/samiles lacks information on her submission /hillion and de		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject	1	
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RR-REV - NO RULE FOR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid revenue
4167	BENEFIT PLAN	20150715	22991231	19000101	22991231	16	present.	M50	code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4177	BPA-PC-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4194	BPA-RP-PROC - OTHER DTL DIAG RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
							Charge exceeds fee schedule/maximum allowable or		Based on policy this payment constitutes
4200	CLAIM PRICED AT ZERO	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
4207	CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invalid CLIA certification number.
4208	CLIA NUMBER NOT EFFECTIVE FOR ENTIRE SVC PERIOD	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invalid CLIA certification number.
4210	BPA-RR-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4211	INVALID TOOTH NUMBER FOR THIS PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
4212	BILLING OUT OF CLIA CERTIFICATE TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invalid CLIA certification number.
4215	BPA-RP-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
4219	BPA-RR-REV - NO RULE FOR TYPE OF BILL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.
4224	BPA-RP-PROC - QUANTITY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4225	INVALID INPATIENT REVENUE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4226	DIAGNOSIS MUST BE BILLED AT THE HIGHEST SUBDIVISION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.
4227	BPA-RP-REV - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4231	BPA-PC-NDC - MAX UNIT RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4240	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N62	Dates of service span multiple rate periods. Resubmit separate claims.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4244	BPA-RP-DIAG - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4245	FOURTH MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
4250	BPA-RR - NO RULE FOR PRIMARY PT/PS BILL/PERF	20160501	22991231		22991231		Coverage/program guidelines were not met.		
4251	DECIMAL UNITS NOT BILLABLE FOR PROCEDURE.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4252	DIAGNOSIS CODE 10-24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure/revenue code is inconsistent with the patient's	M64	Missing/incomplete/invalid other diagnosis.
4254	DDA DD DEV AGE DESTRICTION	20150715	22991231	10000101	22991231	£	age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
4254	BPA-RP-REV - AGE RESTRICTION BPA-RP-PROC - MODIFIER RESTRICTION	20150715	22991231		22991231		present. The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4257	BPA-PC-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4260	NDC REQUIRED FOR PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	м119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4261	INVALID UNIT OF MEASURE VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4262	NDC QUANTITY UNITS IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4263	NDC QUANTITY UNITS IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4264	NDC NOT ON THE DRUG FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4265	INVALID HCPCS/NDC COMBINATION FOR PRIMARY NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4266	NDC NOT COVERED - PRIMARY NDC NOT ACTIVE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4267	NDC NOT COVERED - SECONDARY NDC NOT ACTIVE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4268	NDC NOT COVERED - NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4269	NDC NOT COVERED - SECOND NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4270	NDC NOT COVERED - NDC RATED LESS THAN EFFECTIVE	20150715	22991231		22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4271	DUPLICATE NDC FOR CLAIM DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4272	NDC NOT COVERED - OBSOLETE OR TERMINATED ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4273	INVALID NDC QUALIFIER CODE, MUST EQUAL N4	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
	INVALID PRESCRIPTION QUALIFIER								
4274	CODE, MUST EQUAL XZ	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.
	DRUG UNIT PRICE IS NOT								
4275	NUMERIC	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.
4276	DRUG UNIT PRICE IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4277	PROCEDURE REQUIRES NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4278	NDC NOT COVERED - NDC NOT EFFECTIVE ON THE DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4279	NDC NOT COVERED - NDC INACTIVE ON THE DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4280	NDC NOT COVERED - NDC IN REJECT REGARDLESS ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4281	NDC NOT COVERED - REPACKAGED NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4282	PROCEDURE MUST BE SUBMITTED ON PAPER WITH APPROPRIATE NDC, DRUG DESCRIPTION, AN MANUAL PRICE NON-CLASSIFIED PROCEDURE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 'Not otherwise classified' or 'unlisted' procedure code (CCPT/HCPCS) was billed when there is a specific procedure code for this procedure/service.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4310	BPA-PC-PROC - ADMIT DIAG RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4311	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4312	BPA-PC-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4313	BPA-PC-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4314	BPA-RP-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4315	BPA-PC-PROC - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4316	BPA-PC -ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4317	BPA-PC-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4318	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4319	BPA-PC-ICD - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4320	BPA-PC-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4321	BPA-PC-REV - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4322	BPA-PC-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4362	BPA-PC-DIAG - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4364	BPA-PC-ICD - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.
4371	BPA-RP-PROC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4372	BPA-PC-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4373	BPA-RP-NDC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4374	BPA-RP-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4376	BPA-RP-ICD - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4400	BPA-RP-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4401	BPA-PC-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4402	BPA-RR-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4403	BPA-RP-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4404	BPA-PC-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4405	BPA-RR-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4406	BPA-RP-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4407	BPA-PC-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4408	BPA-RR-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-PROC - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4409	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
4410	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	10000101	22991231	16	Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4410	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	10	present.	IVI76	condition.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
	BPA-RR-PROC - PRIMARY HDR						ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid procedure
4411		20150715	22991231	19000101	22991231	16	present.	M51	code(s).
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-ICD - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4412	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-PC-ICD - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4413	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/sanisa lasks information or has submission/hilling array(s)		
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RR-ICD - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4414	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
								-	
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-REV - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4415	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-PC-REV - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4416	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
1110		20130713	22331231	13000101			presenti		- Contraction
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RR-REV - PRIMARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4417	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	BPA-RP-PROC - SECONDARY HDR						Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4418	DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
4410	DIVIDIA OUR OF UTSTUICTION	20130/13	~~JJ1~J1	10000101	22331231	10	present.	14170	condition.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4419	BPA-PC-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4420	BPA-RR-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4421	BPA-RP-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4422	BPA-PC-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4423	BPA-RR-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4424	BPA-RP-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4425	BPA-PC-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4426	BPA-RR-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4427	BPA-RP-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4428	BPA-PC-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4429	BPA-RR-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4430	BPA-RP-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4431	BPA-PC-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4432	BPA-RR-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4433	BPA-RP-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4434	BPA-PC-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4435	BPA-RR-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4436	BPA-RP-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4437	BPA-PC-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4438	BPA-RR-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4439	BPA-RP-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4440	BPA-PC-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4441	BPA-RR-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4442	BPA-RP-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4443	BPA-PC-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4444	BPA-RR-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4445	BPA-RR-PROC - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4446	BPA-RP-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4447	BPA-PC-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4448	BPA-RR-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4449	BPA-RP-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4450	BPA-PC-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4451	BPA-RR-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4479	BPA-RP-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4480	BPA-PC-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4481	BPA-RR-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4482	BPA-RP-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4483	BPA-PC-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4484	BPA-RR-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4485	BPA-RP-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4486	BPA-PC-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4487	BPA-RR-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4500	BPA-RR-NDC - ALGI RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4501	BPA-RR-NDC - NO RULE FOR DISP AS WRITTEN IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4502	BPA-RP-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4503	BPA-PC-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4504	BPA-RP-NDC - ALGI RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4505	BPA-RR-PROC - NO RULE FOR URBAN/RURAL IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4506	BPA-PC-DIAG - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4508	BPA-PC-PROC - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4509	BPA-PC-REV - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4511	BPA-RP-DIAG - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4514	BPA-RP-PROC - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4515	BPA-RP-REV - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4516	BPA-PC-DIAG - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4517	BPA-PC-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4518	BPA-PC-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4519	BPA-PC-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4520	BPA-PC-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4521	BPA-RP-DIAG - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4522	BPA-RP-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4523	BPA-RP-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4524	BPA-RP-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4525	BPA-RP-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4526	BPA-PC-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4529	BPA-RP-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4530	BPA-RR-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4532	BPA-RR-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4533	BPA-RP-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4535	BPA-RP-ICD - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4536	BPA-RP-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description		End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4538	BPA-RP-REV - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4539	BPA-PC-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4540	BPA-PC-PROC - MIN UNIT RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invalid days or units of service.
4560	BPA-RP-ICD - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4561	BPA-RP-REV - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4562	BPA-RP-REV - GENDER RESTRICTION BPA-RR - NO RULE CURR PERF	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service	MA39	Missing/incomplete/invalid gender.
4563	PROV CONTRACT	20150715	22991231	19000101	22991231	B7	Payment Information REF), if present.		
4564	BPA-RR-PROC - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4565	BPA-RR-ICD - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4566	BPA-RR-REV - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4580	BPA-RP-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4581	BPA-PC-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4711	BPA-PC-DIAG - AGE RESTRICTION	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure/revenue code is inconsistent with the patient's		
4713	BPA-PC-NDC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure/revenue code is inconsistent with the patient's		
4714	BPA-PC-PROC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4715	BPA-PC-REV - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4716	BPA-PC-ICD - AGE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4723	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4724	BPA-RP-ICD - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4726	BPA-RP-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4731	BPA-RP-PROC - ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4732	BPA-RP-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4733	BPA-RP-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4736	BPA-RP-REV - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4741	BPA-RP-PROC - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.
4742	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4743	BPA-RP-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4744	BPA-RP-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4745	BPA-RP-PROC - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4746	BPA-RP-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4747	BPA-PC-ICD - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4748	BPA-PC-REV - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4751	BPA-PC-REV - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4755	BPA-PC-PROC - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
	BPA-PC-DIAG - CURRENT BENEFIT						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid diagnosis or
4756	PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
4757	BPA-PC-REV - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4762	BPA-PC-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
4765	BPA-RP-ICD - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4766	BPA-RP-ICD - AGE RESTRICTION	20150715	22991231		22991231		The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4767	BPA-RP-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
4775	BPA-PC-NDC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4776	BPA-PC-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4801	BPA-PC-PROC - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4802	BPA-PC-DIAG - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4803	BPA-PC-NDC - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4804	BPA-PC-REV - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4806	BPA-PC-ICD - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4821	BPA-PC-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
4822 4831	BPA-PC-DIAG - PLACE OF SERVICE RESTRICTION BPA-RR - NO REIMB RULE	20150715 20160501	22991231 22991231		22991231 22991231	_	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Coverage/program guidelines were not met.	M77	Missing/incomplete/invalid/inappropriate place of service.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4835	BPA-PC-PROC - OTHER DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4871	BPA-PC-PROC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4872	BPA-PC-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4873	BPA-PC-NDC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4874	BPA-PC-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4876	BPA-PC-ICD - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4900	BPA-RP-DIAG - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4901	BPA-RP-DIAG - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4902	BPA-RP-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4905	BPA-RP-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4906	BPA-RP-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4910	BPA-PC-DIAG - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4911	BPA-PC-DIAG - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4912	BPA-PC-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4913	BPA-XX-DIAG - DIAG ROLE RESTRICTION -PC and RR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
4923	BPA-PC-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4927	BPA-RP-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4928	BPA-RP-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4929	BPA-RP-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4933	BPA-PC-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4937	BPA-PC-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4938	BPA-PC-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4939	BPA-PC-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4940	BPA-RP-ICD - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4941	BPA-RP-ICD - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4942	BPA-RP-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4943	BPA-PC-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4944	BPA-PC-ICD - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
4947	BPA-RR-NDC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4948	BPA-RR-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4949	BPA-RR-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4950	BPA-PC-ICD - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4951	BPA-PC-ICD - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4952	BPA-PC-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4960	BPA-RP-NDC - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4961	BPA-RP-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4962	BPA-PC-NDC - GENDER RESTRICTION	20150715	22991231	10000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
	BPA-PC-PROC - GENDER						Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
4964	RESTRICTION BPA-PC-REV - GENDER RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender. Missing/incomplete/invalid gender.
4965	BPA-PC-NDC - BENEFIT PLAN RESTRICTION	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4966	BPA-RR - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4970	BPA-RP-REV - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4971	BPA-RP-REV - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4972	BPA-RP-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4973	BPA-RR-PROC - ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4975	BPA-PC-REV - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4976	BPA-PC-REV - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4977	BPA-PC-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4980	BPA-RP-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4981	BPA-RP-PROC - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	-	CARC DESCRIPTION	RARC CODE	RARC Description
4982	BPA-RP-PROC - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4990	BPA-PC-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete/invalid procedure code(s).
4991	BPA-PC-PROC - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
4992	BPA-PC-PROC - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4993	BPA-RR-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
4994	BPA-RP-NDC - SPECIFIC THERA CLASS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
4999	RECIPIENT IS PART D ELIGIBLE - CLAIM NOT COVERED. IF A RECIPIENT HAS MEDICAREP	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.
5000	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5001	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5002	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5003	ENCOUNTER EXACT DUPLICATE	20150715	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVALID CERTIFICATE OF MEDICAL NECESSITY.
5005	DENTAL DUPLICATE EXACT	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5006	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5010	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5011	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5012	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
									·
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
	SERVICE FOR THE DATE(S) OF						except where state workers' compensation regulations requires		
5013	SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	CO).		
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
5044	SERVICE FOR THE DATE(S) OF	20450745	22004224	40000404	22004224	40	except where state workers' compensation regulations requires		
5014	SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	CO).		
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
	SERVICE FOR THE DATE(S) OF						except where state workers' compensation regulations requires		
5015	SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	CO).		
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
	SERVICE FOR THE DATE(S) OF						except where state workers' compensation regulations requires		
5016	SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	CO).		
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
5017	SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	10000101	22991231	10	except where state workers' compensation regulations requires CO).		
3017	SERVICE BILLED IS A DOPLICATE.	20150715	22991231	19000101	22991231	10	(CO).		
	OUR RECORDS SHOW THIS						Exact duplicate claim/service (Use only with Group Code OA		
	SERVICE FOR THE DATE(S) OF						except where state workers' compensation regulations requires		
5018	SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	co).		
							These are non-covered services because this is not deemed a		
							'medical necessity' by the payer. Note: Refer to the 835		
							Healthcare Policy Identification Segment (loop 2110 Service		INCOMPLETE/INVALID CERTIFICATE OF
5019	ENCOUNTER EXACT DUPLICATE	20150715	22991231	19000101	22991231	50	Payment Information REF), if present.	N227	MEDICAL NECESSITY.
							Exact duplicate claim/service (Use only with Group Code OA		
F020	SUSPECT DUPLICATE OF ANOTHER		22004224	10000101	22004224	10	except where state workers' compensation regulations requires		
5020	PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	CO). Exact duplicate claim/service (Use only with Group Code OA		
	EXACT DUPLICATE OF ANOTHER						except where state workers' compensation regulations requires		
5021	PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	CO).		
3021	The district CE divis	20130713	ZZSSIZSI	15000101	22331231	10			
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	DUPLICATE RX NUMBER FOR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5022	SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT						for another service/procedure that has already been adjudicated.		Contract of the state of
5200	BE BILLED ON THE SAME DAY AS	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
3200	AN OFFICE VISIT AND/OR	20130/13	22331731	19000101	22991231	31	(loop 2110 Service Payment Information REF), if present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5201	AN OFFICE VISIT AND/OR	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	CHEMOTHERAPY						The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5202	THIS PROCE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	CHEMOTHERAPY						The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED ON THES AME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5203	THIS PROCE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	VENUELINGTURE AND LAR COREC						The benefit for this service is included in the payment/allowance		
	VENIPUNCTURE AND LAB CODES						for another service/procedure that has already been adjudicated.		Consider and annually with other consider
5204	ARE NOT ALLOWED ON THE SAME DAY.	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3204	DAT.	20130713	22991231	19000101	22991231	97	(100p 2110 Service Payment information REF), it present.	NZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	VENIPUNCTURE AND LAB CODES						for another service/procedure that has already been adjudicated.		
	ARE NOT ALLOWED ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5205	DAY.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	THIS SERVICE IS INCLUDED IN THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5206	FACILITY FEE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The handit for this consider is included in the neumant/allowence		
							The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	THIS SERVICE IS INCLUDED IN THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5207	FACILITY FEE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							,		
							The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5208	THIS PROCEDURE CODE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	ADMINISTRATION FEE MAY NOT BE BILLED ON THE SAME DAY AS						for another service/procedure that has already been adjudicated.		Comice not povehle with other comice
5209	THIS PROCEDURE CODE.	20150715	22991231	19000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3203	THIS PROCEDURE CODE.	20130/13	22331231	13000101	22331231	31	Thoop 2110 Service Payment information KEP), it present.	INZU	rendered on the same date.
	OUTPATIENT CHEMOTHERAPY						The benefit for this service is included in the payment/allowance		
	AND EMERGENCY DEPARTMENT						for another service/procedure that has already been adjudicated.		
	SERVICE CODES MAY NOT BE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5210	BILLE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	OUTPATIENT CHEMOTHERAPY						The benefit for this service is included in the payment/allowance		
	AND EMERGENCY DEPARTMENT						for another service/procedure that has already been adjudicated.		
F244	SERVICE CODES MAY NOT BE	20450765	22004224	4000010:	2200122		Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5211	BILLE	20150715	22991231	19000101	22991231	9/	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CODE CANNOT BE						for another service/procedure that has already been adjudicated.		
	BILLED ON THE SAME DAY WITH						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5213	PROCEDURE CODES Z5181-Z518	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
ı							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT ALLOWED		22224	40000404			Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5214	ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
1							The benefit for this service is included in the payment/allowance		
ı							for another service/procedure that has already been adjudicated.		
	COMBINATION VACCINES/SINGLE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5216	COMPONENT CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
1							The benefit for this service is included in the payment/allowance		
	SINGLE						for another service/procedure that has already been adjudicated.		
	COMPONENT/COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5217	VACCINES CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	CURRLY CORE CANINGT RE BULLER						for another service/procedure that has already been adjudicated.		Control of the Manual Control
F340	SUPPLY CODE CANNOT BE BILLED	20150715	22004224	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
5218	WITH LAB OR OFFICE VISIT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N2U	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SUPPLY CODE HAS BEEN PAID IN						for another service/procedure that has already been adjudicated.		
	HISTORY, CANNOT BILL A LAB OR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5219	OFFICE VISIT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
ı							The benefit for this service is included in the payment/allowance		
	SUBSEQUENT PROCEDURE						for another service/procedure that has already been adjudicated.		
	INCLUDED IN PRIMARY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5230	ANESTHESIA CHARGE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The housest for this consists in its local to the common test allowers		
	SUBSEQUENT PROCEDURE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	INCLUDED IN PRIMARY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5231	ANESTHESIA CHARGE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3231	ALLEST TESTA CHARGE	20130713	ZZSSIZSI	13000101	22331231	3,	(100) 2110 Service Fayment information KET), it presents	1420	rendered on the same date.
	DAILY MANAGEMENT OF AN						The benefit for this service is included in the payment/allowance		
	EPIDURAL OR SUBARACHNOID						for another service/procedure that has already been adjudicated.		
	CATHETER MAYNOT BE BILLED ON						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5232	тн	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	DAILY MANAGEMENT OF AN						The benefit for this service is included in the payment/allowance		
	EPIDURAL OR SUBARACHNOID						for another service/procedure that has already been adjudicated.		
F222	CATHETER MAYNOT BE BILLED ON	20450745	22004224	4000040	2200122	0.7	Note: Refer to the 835 Healthcare Policy Identification Segment	Nac	Service not payable with other service
5233	TH	20150715	22991231	19000101	22991231	9/	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
	ADDITIONAL PAIN CONTROL								·
	PROCEDURES PAID AT 50% OF						Charge exceeds fee schedule/maximum allowable or		Based on policy this payment constitutes
5234	MEDICAID ALLOWED.	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
	ADDITIONAL PAIN CONTROL								
	PROCEDURES PAID AT 50% OF						Charge exceeds fee schedule/maximum allowable or		Based on policy this payment constitutes
5235	MEDICAID ALLOWED.	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	QUALIFYING PROCEDURE LIMIT						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5236	HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
	ANESTHESIA NOT PAYABLE WITH						for another service/procedure that has already been adjudicated.		THIS SERVICE/PROCEDURE/SUPPLY AND A
	OTHER ANESTHESIA ON SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		RELATED SERVICE/PROCEDURE/SUPPLY
5237	DATE OF SERVICE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
							The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
	PHYSICIAN VISIT CODES/PRIMARY						for another service/procedure that has already been adjudicated.		THIS SERVICE/PROCEDURE/SUPPLY AND A
	ANESTHESIA CODES MAY NOT BE						Note: Refer to the 835 Healthcare Policy Identification Segment		RELATED SERVICE/PROCEDURE/SUPPLY
5238	BILLED WITHIN 3 DAYS	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
							The board Co Co obtains the test of ded to the consequence of the		TIME FRANCE REQUIREMENTS RETAILED.
	D. W.C. C. A. A. W.C. T. C. C. T. C.						The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
	PHYSICIAN VISIT CODES/PRIMARY						for another service/procedure that has already been adjudicated.		THIS SERVICE/PROCEDURE/SUPPLY AND A
F220	ANESTHESIA CODES MAY NOT BE	20450745	22004224	40000404	22004224	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NOE7	RELATED SERVICE/PROCEDURE/SUPPLY
5239	BILLED WITHIN 3 DAYS	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
							The housest for this consists in its short and in the common tell according		
	THE PROCEDURE IS DART OF						The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE IS PART OF						for another service/procedure that has already been adjudicated.		Consider and according with other consider
5240	ANOTHER PROCEDURE PERFORMED ON THE SAME DAY.	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
3240	PERFORMED ON THE SAME DAY.	20130713	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N2U	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE IS PART OF						for another service/procedure that has already been adjudicated.		
	ANOTHER PROCEDURE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5241	PERFORMED ON THE SAME DAY.	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3241	PERFORIVIED ON THE SAIVIE DAT.	20130713	22991231	19000101	22331231	37		INZU	rendered on the same date.
	OUR RECORDS SHOW THIS NON-						Exact duplicate claim/service (Use only with Group Code OA		
	EMERGENCY TRANSPORT SERVICE						except where state workers' compensation regulations requires		
5242	HAS ALREADY BEEN PAID FOR	20150715	22991231	19000101	22991231	18	CO).		
3444	TIAS ALICADI DEEN FAID FOR	20130713	22331231	13000101	22331231	10			
	BATTERIES MAY NOT BE						The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
	PURCAHSED WITHIN 60 (SIXTY)						for another service/procedure that has already been adjudicated.		THIS SERVICE/PROCEDURE/SUPPLY AND A
	DAYS OF PURCHASE OF HEARING						Note: Refer to the 835 Healthcare Policy Identification Segment		RELATED SERVICE/PROCEDURE/SUPPLY
5260	AI	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
	I	1-3100,10				1	10-1-1 === 3 del 1.00 i d'inicite information nei j, il présente		

BURCHASED WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING			Checkwrite	Checkwrite	DOS		CARC			
PURCHASE D WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING 20150715 22991231 3000010 229	EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
PURCHASE D WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING 20150715 22991231 3000010 229										
PURCHASED WTHINLE OLISKTY DAYS OF PURCHASE OF HEARING DAYS OF PURCHASE OF HEARING 20150715 22991231 39000101 22991231 97 Note: Refer to the 835 Healthcare Policy destrikation on REP, if present. 14357 HAVE NOT BEEN MET. 14000101		BATTERIES MAY NOT BE						The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
AL 20150715 22991231 19000101 22991231 97 (loop 2110 Service Payment Information REF), if present. N357 HAVE NOT BEEN MIT. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. On THE SAME DAY BYTHE 20150715 22991231 19000101 22991231 97 (loop 2110 Service Payment Information REF), if present. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment. N20 rendered		PURCAHSED WITHIN 60 (SIXTY)						1		THIS SERVICE/PROCEDURE/SUPPLY AND A
PROCEDURE CODE NOT COVERED PR		DAYS OF PURCHASE OF HEARING						Note: Refer to the 835 Healthcare Policy Identification Segment		RELATED SERVICE/PROCEDURE/SUPPLY
PROCEDURE CODE NOT COVERED DAY WHEN BILLED ON THE SAME DAY DOTED THE S	5261	Al	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
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PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY 22991231 19000101 22991231 PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY PROCEDURE CODE NOT COVERED	3202	THE STATE OF THE STATE DATE	20130713		15000101		,	100 p 2220 del lec i dyment information nei j, ii present	0	rendered on the same date.
PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY 20150715 22991231 19000101 22991231 PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service/procedure that has already been adjudicated.								The benefit for this service is included in the payment/allowance		
WHEN BILLED ON THE SAME DAY 20150715 22991231 19000101 22991231 97 (loop 2110 Service Payment Information REF), if present. N20 rendered on the same date. The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service.								for another service/procedure that has already been adjudicated.		
The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. PROCEDURE CODE NOT COVERED The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service		PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
for another service/procedure that has already been adjudicated. PROCEDURE CODE NOT COVERED for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service	5283	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
for another service/procedure that has already been adjudicated. PROCEDURE CODE NOT COVERED for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other service								The bounds for Complete and the standard dead to the complete and the		
PROCEDURE CODE NOT COVERED Note: Refer to the 835 Healthcare Policy Identification Segment Service not payable with other services								1		
		PROCEDURE CODE NOT COVERED								Service not payable with other service
5284 WHEN BILLED ON THE SAME DAY 20150715 22991231 19000101 22991231 97 (loop 2110 Service Payment Information REF), if present. N20 rendered on the same date.	5284		20150715	22991231	19000101	22991231	97	,	N20	1

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	DME HUMIDIFIER OR CPAP/CPAP						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5285	CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	DAME COAD OR LILIAMOREIGO/COAD						for another service/procedure that has already been adjudicated.		Comition and an able with other comition
5286	DME CPAP OR HUMIDIFIER/CPAP CONTRA	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
3200	CONTRA	20130713	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N2U	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	DME CATHETER CONTRA FOR						Note: Refer to the 835 Healthcare Policy Identification Segment		
5287	A4221	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	DME HUMIDIFIER OR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5288	BIPAP/BIPAP CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	DME BIPAP OR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5289	HUMIDIFIER/BIPAP CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The housest for this consists in its local to the common test allowers		
							The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	REPLACEMENT/REPAIR INCLUDED						Note: Refer to the 835 Healthcare Policy Identification Segment		
5291	IN WARRANTY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
3231	III WAMANTI	20130713	22331231	13000101	22331231	37	(100) 2110 Service Fayment information KET), it present.		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5300	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5301	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	DILL D THED ADV COMPUNIATION						for another service/procedure that has already been adjudicated.		Sonvice not navable with other comit-
5302	PULP THERAPY COMBINATION NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
J3U2	INOT ALLOWED IN THIS CASE	20130/13	22331721	19000101	22991231	91	[100p 2110 Service Payment information KEF], it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5303	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	,	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5304	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3304	NOT ALLOWED IN THIS CASE	20130713	22331231	19000101	22331231	31	(100) 2110 Service Payment information KET), it present.	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5305	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5306	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The housest for this consists in included in the manuscript (all annual controls to the constant of the consta		
							The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5307	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3307	NOT ALLOWED IN THIS CASE	20130713	LESSIESI	13000101	22331231	3,	(100) 2110 Service Fayment information KET), it presents	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5308	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	DUL D TUEDA DV COMBINATION						for another service/procedure that has already been adjudicated.		Comition and an able with other comition
E300	PULP THERAPY COMBINATION NOT ALLOWED IN THIS CASE	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5309	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(100p 2110 Service Payment Information REF), it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5310	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5311	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The honefit for this comise is included in the answered follows		
							The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5312	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
						1	Note and the state of the state	0	on the dame date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5313	NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5314	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3314	NOTALLOWED	20130713	22331231	13000101	22331231	3,	(100) 2110 Service Fayment information KET), it present.	11/20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5315	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5316	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	DI II D THEDADY COMBINIATION						for another service/procedure that has already been adjudicated.		Consider and an able with other consider
5317	PULP THERAPY COMBINATION NOT ALLOWED	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3317	NOT ALLOWED	20130713	22991231	19000101	22991231	37		INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5318	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5319	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5320	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3320	NOT ALLOWED	20130713	LESSIESI	13000101	22331231	3,	(100) 2110 Service Fayment information KET), it presents	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5321	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
_									
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PULP THERAPY COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5322	NOT ALLOWED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The base 60 feetbers are to trade to the state of the sta		
							The benefit for this service is included in the payment/allowance		
	PULP THERAPY COMBINATION						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5323	NOT ALLOWED	20150715	22991231	19000101	22001221	97	,	N20	rendered on the same date.
JJ Z J	INOT ALLOWED	20130/13	22331231	12000101	22331231	31	Moob 2110 Service rayment information her), it present.	INZU	renuered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	WHEN PROPHYLAXIS AND						The benefit for this service is included in the payment/allowance		
	FLUORIDE ARE PERFORMED ON						for another service/procedure that has already been adjudicated.		
5224	THE SAME DAY, THE COMBINED	20450745	22004224	40000404	22004224	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5324	CODE M	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	WHEN PROPHYLAXIS AND						The benefit for this service is included in the payment/allowance		
	FLUORIDE ARE PERFORMED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY, THE COMBINED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5325	CODE M	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	CORE BUILDUP NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5326	WITH OTHER RESTORATION	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
F227	CORE BUILDUP NOT COVERED	20450745	22004224	40000404	22004224	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5327	WITH OTHER RESTORATION	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	TWO RESTORATIONS NOT						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
	COVERED FOR THE SAME TOOTH						Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5328	NUMBER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	TWO RESTORATIONS NOT						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
	COVERED FOR THE SAME TOOTH						Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5329	NUMBER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
	TIMO DESTORATIONS NOT						The benefit for this service is included in the payment/allowance		CEDVICE DEVICE DECALICE DAVAGENT
	TWO RESTORATIONS NOT						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
5330	COVERED FOR THE SAME TOOTH NUMBER SAME DATE OF SERVICE.	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	M86	ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
3330	NOWBER SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	IVIOU	PROCEDURE WITHIN SET TIME FRAME.
							The benefit for this service is included in the payment/allowance		
	TWO RESTORATIONS NOT						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
	COVERED FOR THE SAME TOOTH						Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5331	NUMBER SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	THIS X-RAY PROCEDURE MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED WITHIN 30 (THIRTY)						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5332	DAYS OF A ROOT CANAL	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS X-RAY PROCEDURE MAY NOT						for another service/procedure that has already been adjudicated.		Coming and any able to the control of
5333	BE BILLED WITHIN 30 (THIRTY) DAYS OF A ROOT CANAL	20150715	22991231	19000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service rendered on the same date.
JJ33	DATS OF A ROUT CANAL	20130/13	22331731	19000101	22991231	31	(loop 2110 Service Payment Information REF), if present.	IN∠U	renuereu on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	DALLIATIVE						The base Co Could be a second of the second		
	PALLIATIVE (EMERGENCY)TREATMENT MAY						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH DEFINITIVE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5334	TREATMENT OR	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3334	THE ATTRICKT ON	20130713	EESSTEST	15000101	22331231	3,	(100) 2110 Service Fayment information NET J, it presents	1420	rendered on the same date.
	PALLIATIVE						The benefit for this service is included in the payment/allowance		
	(EMERGENCY)TREATMENT MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH DEFINITIVE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5335	TREATMENT OR	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	DENITAL DECEMENT OF COOLING						The benefit for this service is included in the payment/allowance		TIME FRAME REQUIREMENTS BETWEEN
	DENTAL RECEMENT OF CROWNS NOT ALLOWED WITHIN 180 DAYS						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY
5336	OF CROWN.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N357	HAVE NOT BEEN MET.
3330	ORAL EXAM EVALUATIONS ARE	20130713	22331231	19000101	22331231	31	Benefit maximum for this time period or occurrence has been	14337	HAVE NOT BEEN WILL.
5338	LIMITED TO ONE PER DAY.	20150715	22991231	19000101	22991231	119	reached.		
									SERVICE DENIED BECAUSE PAYMENT
	ORAL EVALUATION < 3 YRS						Benefit maximum for this time period or occurrence has been		ALREADY MADE FOR SAME/SIMILAR
5340	(D0145) CONTRA	20150715	22991231	19000101	22991231	119	reached.	M86	PROCEDURE WITHIN SET TIME FRAME.
	DENITAL FLOUDING CANAL DOC						Description of the state of the		SERVICE DENIED BECAUSE PAYMENT
5342	DENTAL FLOURIDE SAME DOS CONTRA	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	M86	ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
3342	CONTRA	20130713	22331231	19000101	22331231	119	leached.	IVIOU	PROCEDURE WITHIN SET TIME FRANCE.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	NO EXTRACTION CODE IN						Note: Refer to the 835 Healthcare Policy Identification Segment		This service/report cannot be billed
5350	HISTORY IN 180 TIME FRAME.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.
							The benefit for this service is included in the payment/allowance		
	DUILD CAD NOT ALLOWED FOR						for another service/procedure that has already been adjudicated.		This can be for a second to be bolled
E2E1	PULP CAP NOT ALLOWED FOR	20150715	22001221	10000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N390	This service/report cannot be billed
5351	THIS TOOTH/DATE OF SERVICE.	20150715	22991231	12000101	22991231	31	(loop 2110 Service Payment Information REF), if present.	INDEU	separately.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	CLAIMS HISTORY SHOWS TOOTH						Note: Refer to the 835 Healthcare Policy Identification Segment		
5352	HAS BEEN EXTRACTED.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
F2F2	CLAIMS HISTORY SHOWS TOOTH	20450715	22004224	4000010:	2200122		Note: Refer to the 835 Healthcare Policy Identification Segment		
5353	HAS BEEN EXTRACTED.	20150715	22991231	19000101	22991231	9/	(loop 2110 Service Payment Information REF), if present.	Ì	

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	TEMPORARY FILLING NOT PAYABLE ON SAME DATE OF						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5354	SERVICE AS DEFINITIVE FILLING	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5355	TEMPORARY FILLING NOT PAYABLE ON SAME DATE OF SERVICE AS DEFINITIVE FILLING	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5400	PROCEDURE CANNOT BE BILLED ON THE SAME DAY BY THE PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5401	PROCEDURE CANNOT BE BILLED ON THE SAME DAY BY THE PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5402	SCREENING PROVIDER MAY NOT BILL FOR SCREENING EXAM AND INCLUSIVE MEDICAL SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5403	SCREENING PROVIDER MAY NOT BILL FOR SCREENING EXAM AND INCLUSIVE MEDICAL SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5404	EPSDT VISIT HAS BEEN PAID FOR THIS RECIPIENT FOR THE SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5410	MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5411	MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5412	PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DAY OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CODE V2020 AND						for another service/procedure that has already been adjudicated.		
	V2025 CANNOT BE BILLED ON THE			40000404			Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5413	SAME DAY OF SERVICE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	EPSDT VISION SCREEN AND						The benefit for this service is included in the payment/allowance		
	EXTERNAL OCULAR						for another service/procedure that has already been adjudicated.		
	PHOTOGRAPHY NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5414	ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							(N, N		
	EPSDT VISION SCREEN AND						The benefit for this service is included in the payment/allowance		
	EXTERNAL OCULAR						for another service/procedure that has already been adjudicated.		
	PHOTOGRAPHY NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5415	ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	VISUAL FIELDS/TONOMETRY IS						for another service/procedure that has already been adjudicated.		
	COVERED IN THE COMPLETE EYE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5416	EXAM	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	VISUAL FIELDS/TONOMETRY IS						for another service/procedure that has already been adjudicated.		
	COVERED IN THE COMPLETE EYE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5417	EXAM	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							(N, N		
							The benefit for this service is included in the payment/allowance		
	AN INITIAL VISIT WILL NOT BE						for another service/procedure that has already been adjudicated.		
	PAID ON SAME DATE OF SERVICE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5430	ASAN ANNUAL, PERIODIC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	AN INITIAL VISIT WILL NOT BE						for another service/procedure that has already been adjudicated.		
E 424	PAID ON SAME DATE OF SERVICE	20450745	22004224	40000404	22004224	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5431	ASAN ANNUAL, PERIODIC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PRENATAL VISIT NOT COVERED						for another service/procedure that has already been adjudicated.		
	FOR THE SAME DATE OF SERVICE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5432	OF FAMILY PLANNING.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
						1	The property of the property o		and the same date.
							The benefit for this service is included in the payment/allowance		
	PRENATAL VISIT NOT COVERED						for another service/procedure that has already been adjudicated.		
	FOR THE SAME DATE OF SERVICE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5433	OF FAMILY PLANNING.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5434	PROCEDURE LIMITED TO ONE SERVICE DURING 60 (SIXTY) DAY POSTPARTUM PERIOD.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5436	SALPINGECTOMY WILL NOT BE PAID ON THE SAME DAY AS A TUBAL LIGATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5437	SALPINGECTOMY WILL NOT BE PAID ON THE SAME DAY AS A TUBAL LIGATION COMPREHENSIVE EPSDT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The benefit for this service is included in the payment/allowance	N20	Service not payable with other service rendered on the same date.
5438	SCREENING AND FP VISIT MAY NOT BE BILLED ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5439	COMPREHENSIVE EPSDT SCREENING AND FP VISIT MAY NOT BE BILLEDON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5440	FAMILY PLANNING VISIT NOT PAYABLE AFTER STERILIZATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5441	FAMILY PLANNING VISIT NOT PAYABLE AFTER STERILIZATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5442	FP-LEVONORGESTREL-CONTRA (J7302-5 YR)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5443	FP-LEVONORGESTREL-CONTRA (Q0090-3 YR)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5451	HOME HEALTH PROVIDERS CANNOT BILL INPATIENT AND OUTPATIENT SERVICES ON THE SAME	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5455	LIGGRICE ONE DED DAY CONTRA	20450745	22004224	10000101	22004224	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
5455	HOSPICE ONE PER DAY CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5456	HOSPICE ROUTINE CARE DOD REQUIRED FOR RN/SW ADD-ON	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5457	HOSPICE CONTINUOUS CARE VS RN/SW ADD-ON PAYMENT CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5460	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5461	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5462	THIS SERVICE IS INCLUDED IN THE FACILITY FEE (REVENUE CODE 450).	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5464	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5465	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5470	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE PERFORMED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5471	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE PERFORMED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	CHEMISTRY PROFILE AND						for another service/procedure that has already been adjudicated.		
	CHEMICAL PANEL CANNOT BE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5472	BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The handit for this consider is included in the neumant/allowence		
	CHEMISTRY PROFILE AND						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	CHEMICAL PANEL CANNOT BE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5473	BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3473	BILLED GIV THE SAUVE BATT	20130713	22331231	13000101	EESSIESI	,	(100) 2110 Service Fuyment information NET /, it present.	1120	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5474	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5475	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The base Co Could be an in the test of sheet all the base and the base		
	COMPONENTS OF A CBC MAY						The benefit for this service is included in the payment/allowance		
	NOT BE BILLED ON THE SAME DAY						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5476	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3470	AS A COMMETTE CBC	20130713	22331231	13000101	22331231	37	(100) 2110 Service Fayment information KEF), it present.	1120	Tendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5477	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A URINALYSIS						for another service/procedure that has already been adjudicated.		
	MAY NOT BE BILLED ON THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5478	SAME DAY AS URINALYSIS	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The handit for this consider is included in the neumant/allowence		
	COMPONENTS OF A URINALYSIS						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	MAY NOT BE BILLED ON THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5479	SAME DAY AS URINALYSIS	20150715	22991231	19000101	22991231	97	,	N20	rendered on the same date.
3473	SAME DAT AS GIMMALISIS	20130713	22331231	13000101	22331231	37	(100) 2110 Service Fayment information KEF), it present.	1120	Tendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5480	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	_	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
L	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5481	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
E402	NOT BE BILLED ON THE SAME DAY	20150715	22004224	10000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	Nao	Service not payable with other service
5482	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5483	AS A COMPLETE CBC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	LAB SERVICES MUST BE BILLED						for another service/procedure that has already been adjudicated.		
	WITH COMBINATION CODE. SEE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5484	CPT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	CHEMISTRY PROFILES MUST BE						for another service/procedure that has already been adjudicated.		
	BILLED USING ONE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5486	MULTICHANNEL TEST CODE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The board Co Co other control of the deal to the control of the		
	COMPONENTS OF A CREMANY						The benefit for this service is included in the payment/allowance		
	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5488	AS A COMPLETE CBC	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3400	AS A COMPLETE CBC	20130713	22991231	19000101	22331231	31	(100) 2110 Service Payment information KEI), ii present.	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	LAB-CHLAMYDIA/GONORRHEA						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5490	CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5500	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	DROCEDURE CODE NOT COVERED						for another service/procedure that has already been adjudicated.		Comition and annually with other continu
5501	PROCEDURE CODE NOT COVERED	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
5501	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N2U	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5502	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
		3=55.20				1	The second secon		and the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5503	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	POSTPARTUM VISIT WILL NOT BE						for another service/procedure that has already been adjudicated.		
	PAID ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5504	PRENATAL VISIT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	POSTPARTUM VISIT WILL NOT BE						for another service/procedure that has already been adjudicated.		
	PAID ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5505	PRENATAL VISIT	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5505	PRENATAL VISIT	20150715	22991231	19000101	22991231	97	(100p 2110 Service Payment information REF), it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	SERVICE NOT PAYABLE WITH						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5506	OTHER SERVICE ON SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3300	S THE ROLL OF STATE BY	20130713		13000101	22331231	J.	(100) 2110 Service Fayment information NET // in present		remacrea on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	SERVICE NOT PAYABLE WITH						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5507	OTHER SERVICE ON SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	SECONDARY SURGICAL						, , , , , , , , , , , , , , , , , , , ,		
	PROCEDURE WITHIN THE SAME								Please refer to your provider manual for
	INCISION PAID AT 50% OF						Charge exceeds fee schedule/maximum allowable or		additional program and provider
5508	MEDICAID A	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N59	information.
	SECONDARY SURGICAL								
	PROCEDURE WITHIN THE SAME								Please refer to your provider manual for
	INCISION PAID AT 50% OF						Charge exceeds fee schedule/maximum allowable or		additional program and provider
5509	MEDICAID A	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N59	information.
	PROCEDURE CODE IS LIMITED TO								SERVICE DENIED BECAUSE PAYMENT
	ONE PER RECIPIENT WITHIN SIXTY						Benefit maximum for this time period or occurrence has been		ALREADY MADE FOR SAME/SIMILAR
5510	DAYS OF DELIVERY	20150715	22991231	19000101	22991231	119	reached.	M86	PROCEDURE WITHIN SET TIME FRAME.
	PROCEDURE CODE IS LIMITED TO								SERVICE DENIED BECAUSE PAYMENT
	ONE PER RECIPIENT WITHIN 60						Benefit maximum for this time period or occurrence has been		ALREADY MADE FOR SAME/SIMILAR
FF11		20150715	22001221	10000101	22001221	110	'	NAGE	· · · · · · · · · · · · · · · · · · ·
5511	DAYS OF DELIVERY.	20150715	22991231	19000101	22991231	119	reached.	M86	PROCEDURE WITHIN SET TIME FRAME.
							The benefit for this service is included in the payment/allowance		
	PRENATAL VISIT NOT BE COVERED						for another service/procedure that has already been adjudicated.		
	ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5512	POSTPARTUM VISIT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3312		20130713		15000101		,	100 p 2220 del rice rayment information ner j, il present	0	. c. sec. cu on the same date.
							The benefit for this service is included in the payment/allowance		
	PRENATAL VISIT NOT BE COVERED						for another service/procedure that has already been adjudicated.		
	ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5513	POSTPARTUM VISIT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE CANNOT BE						for another service/procedure that has already been adjudicated.		
	BILLED IN ADDITION TO THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5514	DELIVERY CODE BILLED	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE CANNOT BE						for another service/procedure that has already been adjudicated.		
	BILLED IN ADDITION TO THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5515	DELIVERY CODE BILLED	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3313	DELIVERY CODE BILLED	20130713	22331231	19000101	22331231	31	(100) 2110 Service Payment information KET), if present.	1420	rendered on the same date.
	ANTEPARTUM, POSTPARTUM						The benefit for this service is included in the payment/allowance		
	CARE/VAGINAL DELIVERY MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH GLOBAL OB						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5516	c	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	ANTEPARTUM, POSTPARTUM						The benefit for this service is included in the payment/allowance		
	CARE/VAGINAL DELIVERY MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH GLOBAL OB						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5517	С	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	l						The benefit for this service is included in the payment/allowance		
	LOCAL ANESTHESIA PROCEDURES						for another service/procedure that has already been adjudicated.		
	ARE COVERED IN THE TOTAL OB	20150715		40000404			Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5518	COST AND MAY NOT BE BIL	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	LOCAL ANESTHESIA PROCEDURES						for another service/procedure that has already been adjudicated.		
	ARE COVERED IN THE TOTAL OB						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5519	COST AND MAY NOT BE BIL	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5515	000171112111111111111111111111111111111	20130713		13000101	22331231	,	(100p 2220 del vice i dymene información nel), in presenti	1120	Please refer to your provider manual for
	REGIONAL ANESTHESIA PAYMENT						Charge exceeds fee schedule/maximum allowable or		additional program and provider
5520	IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N59	information.
									Please refer to your provider manual for
	REGIONAL ANESTHESIA PAYMENT						Charge exceeds fee schedule/maximum allowable or		additional program and provider
5521	IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N59	information.
	ROUTINE PRENATAL LAB,						The benefit for this service is included in the payment/allowance		
	OFFICE/HOSPITAL VISITS MAY	1					for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH GLOBAL OB			4000			Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5522	P	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	ROUTINE PRENATAL LAB,						The benefit for this service is included in the payment/allowance		
	OFFICE/HOSPITAL VISITS MAY						for another service/procedure that has already been adjudicated.		
	NOT BE BILLED WITH GLOBAL OB						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5523	D BILLED WITH GLOBAL OB	20150715	22991231	19000101	22991221	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
JJ23	I ^r	20130/13	2231Z31	12000101	22331231	31	Moob 2110 service rayment information ker), if present.	INZU	renuered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
5524	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5525	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5526	MATERNITY GLOBAL/ANESTHESIA NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5527	MATERNITY GLOBAL/DELIVERY NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5528	MATERNITY GLOBAL/ULTRASOUND NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5529	MATERNITY GLOBAL/URINALYSIS NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5530	MATERNITY GLOBAL/BLOOD TEST NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5531	MATERNITY GLOBAL/ANTEPARTUM CARE NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5600	PROCEDURE CANNOT BE BILLED ON THE SAME DAY AS CRITICAL CARE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	DDGGGDUDE CANDOT DE DULED						The benefit for this service is included in the payment/allowance		
	PROCEDURE CANNOT BE BILLED						for another service/procedure that has already been adjudicated.		Control of the Manual Control
E601	ON THE SAME DAY AS CRITICAL	20150715	22001221	10000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5601	CARE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5602	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5603	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
= = = =	PROCEDURE IS INCLUSIVE IN						Note: Refer to the 835 Healthcare Policy Identification Segment		Procedure code incidental to primary
5604	PRIMARY PROCEDURE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N19	procedure.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE IS INCLUSIVE IN						Note: Refer to the 835 Healthcare Policy Identification Segment		Procedure code incidental to primary
5605	PRIMARY PROCEDURE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N19	procedure.
5005	· ····································	20130713	22331231	13000101	22331231	,	Troop 2220 Service i dymene information NET y ii presenti	1123	procedurer
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PAYMENT MADE FOR SIMILAR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5606	PROCEDURE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
F.CO.7	PAYMENT MADE FOR SIMILAR	20450745	22004224	40000404	22004224	0.7	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5607	PROCEDURE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SAME PROVIDER CANNOT BILL						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
	APPLICATION/REMOVAL/REPAIR						Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5608	OF CAST FOR THE SAME RECIP	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
- 555	T. D. O. C.	_3133,13				1	Note ==== section agricultural material agricultural material material agricultural material		
							The benefit for this service is included in the payment/allowance		
	SAME PROVIDER CANNOT BILL						for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
	APPLICATION/REMOVAL/REPAIR						Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5609	OF CAST FOR THE SAME RECIP	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CODES 95115, 95117						for another service/procedure that has already been adjudicated.		
	OR Z4998 SHALL NOT BE PAID ON						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5610	THE SAME DAY AS PROC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	PROFESSIONAL SERVICES ARE						for another service/procedure that has already been adjudicated.		
	INCLUDED IN THE PROVISION OF						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5611	THE EXTRACT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The hanefit for this service is included in the neumant/ellowence		
	PROCEDURE CODES 95120-95134						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	WILL NOT BE PAID ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5612	DAY AS PROCEDURE CODES	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3012	DATA AS TROCEDORE CODES	20130713	ZZJJIZJI	13000101	22331231	,	(100) 2110 Service Fayment information KET), it presents	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CODES 95120-95134						for another service/procedure that has already been adjudicated.		
	WILL NOT BE PAID ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5613	DAY AS PROCEDURE CODES	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE NOT COVERED						for another service/procedure that has already been adjudicated.		
	WHEN BILLED WITH PROCEDURE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5614	CODES 90918-90947	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE NOT COVERED						for another service/procedure that has already been adjudicated.		
	WHEN BILLED WITH PROCEDURE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5615	CODES 90918-90947	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
							The benefit for this service is included in the payment/allowance		
	CRITICAL CARE CANNOT BE BILLED						for another service/procedure that has already been adjudicated.		
	ON THE SAME DAY AS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5616	PROCEDURE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CANNOT BE BILLED						for another service/procedure that has already been adjudicated.		
F617	ON THE SAME DAY AS CRITICAL CARE	20150715	22001221	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	N20	Service not payable with other service
5617	CARE	20130713	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THE SAME PHYSICIAN MAY NOT						for another service/procedure that has already been adjudicated.		
	BILL INTUBATION AND NEWBORN						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5618	RESUSCITATION ON THE SAM	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	THE SAME PHYSICIAN MAY NOT						for another service/procedure that has already been adjudicated.		
	BILL INTUBATION AND NEWBORN						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5619	RESUSCITATION ON THE SAM	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	STANDBY/RESUCITATION/ATTEND						for another service/procedure that has already been adjudicated.		Coming and an abla with other con-
E620	ANCE AT DELIVERY CANNOT BE BILLEDTOGETHER.	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service rendered on the same date.
5620	סוגגבטוטטבוחבל.	20130/15	22331731	19000101	22331231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5621	STANDBY/RESUCITATION/ATTEND ANCE AT DELIVERY CANNOT BE BILLED TOGETHER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5622	ELECTROSHOCK THERAPY MAY NOT BE ON THE SAME DAY AS A HOSPITAL VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5623	ELECTROSHOCK THERAPY MAY NOT BE ON THE SAME DAY AS A HOSPITAL VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5624	EMERGENCY ROOM VISIT/INITIAL HOSPITAL VISIT MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5625	EMERGENCY ROOM VISIT/INITIAL HOSPITAL VISIT MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5626	PROFESSIONAL COMPONENTS AND HOSPITAL VISITS MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5627	PROFESSIONAL COMPONENTS AND HOSPITAL VISITS MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5628	THE PAYMENT FOR THIS SERVICE WAS PREVIOUSLY MADE TO ANOTHER PROVIDER OR TO ANOT	20150715	22991231	19000101	22991231	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.		
5629	THE PAYMENT FOR THIS SERVICE WAS PREVIOUSLY MADE TO ANOTHER PROVIDER OR TO ANOT	20150715	22991231	19000101	22991231	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.		
5630	INCIDENTAL SURGERY MAY NOT BE BILLED WITH DEFINITIVE SURGERY ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
									-
							The benefit for this service is included in the payment/allowance		
	INCIDENTAL SURGERY MAY NOT						for another service/procedure that has already been adjudicated.		
	BE BILLED WITH DEFINITIVE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5631	SURGERY ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The handit for this convice is included in the neumant/allowence		
	EXPLORATORY LAP/LYSIS OF						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	ADHESIONS MAY NOT BE BILLED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5632	ON THE SAME DAY WITH OTHER	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3032	ON THE SAME BAT WITH OTHER	20130713	ZZJJIZJI	13000101	EESSIESI	,	(100) 2110 Service Fayment information NET), it presents	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	INCIDENTAL SURGERY NOT						for another service/procedure that has already been adjudicated.		
	COVERED WITH DEFINITIVE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5633	SURGERY ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THE SAME PHYSICAIN MAY NOT						for another service/procedure that has already been adjudicated.		
	BILL HOSPITAL VISIT AND						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5634	DISCHARGE VISIT ON THE SAME	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THE SAME PHYSICAIN MAY NOT						for another service/procedure that has already been adjudicated.		
	BILL HOSPITAL VISIT AND						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5635	DISCHARGE VISIT ON THE SAME	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3033		20130713	22332232	13000101		J.	The present of the pr	1120	rendered on the same date.
	HYSTERECTOMY ANCILLARY						The benefit for this service is included in the payment/allowance		
	CODES MAY NOT BE PAID IN						for another service/procedure that has already been adjudicated.		
	ADDITION TO THE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5636	HYSTERECTOMY P	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	HYSTERECTOMY ANCILLARY						The benefit for this service is included in the payment/allowance		
	CODES MAY NOT BE PAID IN						for another service/procedure that has already been adjudicated.		
F627	ADDITION TO THE HYSTERECTOMY P	20150715	22001221	10000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5637	HYSTERECTORY P	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	HOSPITAL ADMISSION/VISITS						for another service/procedure that has already been adjudicated.		
	MAY NOT BE BILLED ON OR AFTER						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5638	OB GLOBAL	20150715	22991231	19000101	22991231	97	,	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	HOSPITAL ADMISSION/VISITS						for another service/procedure that has already been adjudicated.		
	MAY NOT BE BILLED ON OR AFTER						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5639	OB GLOBAL	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SUBSEQUENT HOSPITAL CARE						for another service/procedure that has already been adjudicated.		Coming and an abla with other con-
E640	MAY NOT BE BILLED ON SAME DAY AS INITIAL HOSPITAL CARE	20150715	22991231	19000101	22001221	07	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service rendered on the same date.
5640	DAT AS INITIAL HUSPITAL CARE	20130/13	22331731	19000101	22331231	31	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	SUBSEQUENT HOSPITAL CARE						for another service/procedure that has already been adjudicated.		
	MAY NOT BE BILLED ON SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5641	DAY AS INITIAL HOSPITAL CARE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
						-	, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	ROUTINE ANCILLARY SERVICES						for another service/procedure that has already been adjudicated.		
	ASSOCIATED WITH AN ABORTION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5642	ARE COVERED IN THE TOTAL	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	DOLITING ANGULARY CERVICES						The benefit for this service is included in the payment/allowance		ļ
	ROUTINE ANCILLARY SERVICES ASSOCIATED WITH AN ABORTION						for another service/procedure that has already been adjudicated.		Carries not navable with other convice
5643	ARE COVERED IN THE TOTAL	20150715	22991231	10000101	22991231	07	Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3043	ARE COVERED IN THE TOTAL	20130713	22331231	19000101	22991231	37	(100p 2110 Service Payment information KEP), it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	HOSPITAL VISITS AND						for another service/procedure that has already been adjudicated.		
	SUBSEQUENT CRITICAL CARE MAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5644	NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	HOSPITAL VISITS AND						for another service/procedure that has already been adjudicated.		
	SUBSEQUENT CRITICAL CARE MAY			40000404			Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5645	NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	POST-OPERATIVE CARE IS						for another service/procedure that has already been adjudicated.		
	INCLUDED IN THE SURGERY FEE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5646	AND CANNOT BE BILLED SEPARAT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	POST-OPERATIVE PHYSICIAN						The benefit for this service is included in the payment/allowance		
	SERVICES FOR THE SAME						for another service/procedure that has already been adjudicated.		
	DIAGNOSIS MAY NOT BE BILLED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5647	WITH	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PROCEDURE CODES NOT						for another service/procedure that has already been adjudicated.		
	ALLOWED ON THE SAME DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5648	(95130- 95134)	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	,	-				1	, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	ONLY ONE OUTPATIENT						for another service/procedure that has already been adjudicated.		
	OBSERVATION VISIT MAY BE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5650	BILLED PER DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	ONLY ONE INITIAL NICU								SERVICE DENIED BECAUSE PAYMENT
	PROCEDURE MAY BE BILLED PER						Benefit maximum for this time period or occurrence has been		ALREADY MADE FOR SAME/SIMILAR
5652	HOSPITAL STAY.	20150715	22991231	19000101	22991231	119	reached.	M86	PROCEDURE WITHIN SET TIME FRAME.
JUJ2	MOSI MALSTAT.	20130/13	~~331 ~ 31	13000101	~~331 ~ 31	113	reactica.	14100	I ROCEDONE WITHIN SET THE FRANCE.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	SURGERY/CASTING & STRAPPING						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5653	CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	CASTING & STRAPPING/SURGERY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5654	CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		SERVICE DENIED BECAUSE PAYMENT
							Note: Refer to the 835 Healthcare Policy Identification Segment		ALREADY MADE FOR SAME/SIMILAR
5655	MULTIPLE SURGERY CONTRAS	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	M86	PROCEDURE WITHIN SET TIME FRAME.
							The housest for this consists in its short and in the common tell according		
	THIS PROCEDURE IS PART OF						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	ANOTHER PROCEDURE						Note: Refer to the 835 Healthcare Policy Identification Segment		Comics not navable with other comics
5656	PERFORMED ON THE SAME DAY	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3030	PERFORIVIED ON THE SAIVIE DAT	20130713	22991231	19000101	22331231	37		INZU	rendered on the same date.
	A CARDIOLOGIST OR A						The benefit for this service is included in the payment/allowance		
	RADIOLOGIST CANNOT BILL THIS						for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5658	DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
	ONLY ONE HOSPITAL ADMISSION								SERVICE DENIED BECAUSE PAYMENT
	MAY BE BILLED PER HOSPITAL						Benefit maximum for this time period or occurrence has been		ALREADY MADE FOR SAME/SIMILAR
5660	STAY	20150715	22991231	19000101	22991231	119	reached.	M86	PROCEDURE WITHIN SET TIME FRAME.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	SUBSEQUENT CRITICAL CARE NOT						Note: Refer to the 835 Healthcare Policy Identification Segment		This service/report cannot be billed
5661	VALID WITHOUT INITAL CARE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.
	INITIAL OFFICE VISIT CANNOT BE								
	BILLED ANYTIME WITHIN 3 YEARS			40055:-			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
5664	OF A PRIOR VISIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PRIOR VISIT CANNOT BE BILLED						Description of the state of the		5 and a short to a
FCCF	WITHIN 3 YEARS PRIOR TO AN	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or occurrence has been	NC40	Exceeds number/frequency
5665	INITIAL OFFICE VISIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
5666	NEW PATIENT/EXISTING PATIENT	20150715	22991231	19000101	22991231	110	reached.	N640	approved/allowed within time period.
3000	INLW FATIENT/EXISTING PATIENT	20130/13	22331231	13000101	22331231	113	reactieu.	11040	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
5667	EXISTING PATIENT/NEW PATIENT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
				10000101		1	1	1.70.0	I-FF Ca/anonea main and period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The bonefit for this case is a included in the mountaint following		
	SERVICE CANNOT BE BUILD ON						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	SERVICE CANNOT BE BILLED ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5710	PROVIDER	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3710	PROVIDER	20130713	22331231	19000101	22991231	37	(100) 2110 Service Payment information KEF), it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICE CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5711	PROVIDER	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5712	PROVIDER	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5713	PROVIDER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5714	PROVIDER	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The handit for this service is included in the neumant/ellowence		
	SERVICES CANNOT BE BILLED ON						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5715	PROVIDER	20150715	22991231	10000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3713	PROVIDER	20130713	22331231	19000101	22991231	37	(100) 2110 Service Payment information KEF), it present.	INZU	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY FOR THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5716	RECIPIENT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							, , , , , , , , , , , , , , , , , , , ,		
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY FOR THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5717	RECIPIENT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY FOR THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5718	RECIPENT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		<u> </u>
F710	THE SAME DAY FOR THE SAME	20150745	22004224	10000101	22004224	0.7	Note: Refer to the 835 Healthcare Policy Identification Segment	NO	Service not payable with other service
5719	RECIPENT	20150715	22991231	19000101	22991231	9/	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5720	PROVIDER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							(
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5721	PROVIDER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY FOR THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5722	RECIPIENT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	CEDVICES CANINGT DE DILLED ON						The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON THE SAME						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5723	RECIPIENT.	20150715	22991231	19000101	22001231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3723	RECIFICITY.	20130713	22331231	13000101	22331231	37	(100) 2110 Service Fayment information KEr J, it present.	11/20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS SERVICE IS NOT ALLOWED						for another service/procedure that has already been adjudicated.		
	ON THE SAME DAY AS DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5726	TREATMENT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS SERVICE IS NOT ALLOWED						for another service/procedure that has already been adjudicated.		
	ON THE SAME DAY AS DAY						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5727	TREATMENT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	SERVICES CANNOT BE BILLED ON						The benefit for this service is included in the payment/allowance		
	THE SAME DAY BY THE SAME						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5728	PROVIDER.	20150715	22991231	19000101	22001231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3720	T NOVIDEN.	20130713	22331231	13000101	22331231	37	(100) 2110 Service Fayment information KEF), it present.	1420	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	SERVICES CANNOT BE BILLED ON						for another service/procedure that has already been adjudicated.		
	THE SAME DAY BY THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5729	PROVIDER.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE CODE IS NOT						for another service/procedure that has already been adjudicated.		
	COVERED WHEN BILLED WITH						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5730	MEDICAL PSYCHOTHERAPY CODES	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The base 60 feet by a second of the second o		
	THE PROCEDURE COSE IS NOT						The benefit for this service is included in the payment/allowance		
	THIS PROCEDURE CODE IS NOT COVERED WHEN BILLED WITH						for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment		Sangsa not navable with other conde-
5731	MEDICAL PSYCHOTHERAPY CODES	20150715	22991231	19000101	22001221	97	(loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
2/31	INITIONE LA LONGIA LE CODES	20130/13	2231Z31	13000101	~~JJ1<	31	Thoob 2110 Service rayment information her), if present.	11420	rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
F722	THE SAME PROVIDER MAY NOT BILL HOSPITAL VISITS/PSYCHOTHERAPY ON THE	20450745	22004 224	40000404	22004224	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment	Nac	Service not payable with other service
5732	SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5733	THE SAME PROVIDER MAY NOT BILL HOSPITAL VISITS/PSYCHOTHERAPY ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5734	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERAPY/OFFICE VISITS ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5735	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERAPY/OFFICE VISITS ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5736	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5738	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5750	PROCEDURE NOT COVERED WHEN BILLED WITH 76805, 76810 OR 76816 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5751	PROCEDURE NOT COVERED WHEN BILLED WITH 76805, 76810 OR 76816 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5752	PROCEDURE NOT COVERED WHEN BILLED WITH 76805 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5753	PROCEDURE NOT COVERED WHEN BILLED WITH 76805 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
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							The benefit for this service is included in the payment/allowance		
	OUR RECORDS INDICATE THAT						for another service/procedure that has already been adjudicated.		
	THIS SERVICE HAS ALREADY BEEN						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5754	PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	OUR RECORDS INDICATE THAT						for another service/procedure that has already been adjudicated.		
	THIS SERVICE HAS ALREADY BEEN						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5755	PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3733	FERI ORIVIED ON THIS PATIE	20130713	22331231	13000101	22331231	31	Charge exceeds fee schedule/maximum allowable or	INZU	Based on policy this payment constitutes
5760	ESWL PRICING	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
3700	LSVVL 1 MICHAG	20130723	ZZJJIZJI	13000101	22331231	73	contracted/regislated ree arrangement.	11324	payment in rail.
							The benefit for this service is included in the payment/allowance		
	INDEPENDENT RURAL HEALTH						for another service/procedure that has already been adjudicated.		
	CLINICS CANNOT BE PAID FOR						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5770	MORE THAN ONE SERVICE PER D	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PHYSICAL THERAPY ELECTRIC						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5790	STIMULATION CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PROCEDURE CODE NOT COVERED						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5791	WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PHYSICAL THERAPY APPLIANCES						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5792	CONTRA	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	RESIDENTIAL SERVICES AND						The benefit for this service is included in the payment/allowance		
	RESPITE , PERSONAL						for another service/procedure that has already been adjudicated.		
	CARE/COMPANION CARE NOT						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5800	ALLOWED FOR	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
				7777707			, a present	1	
	RESIDENTIAL SERVICES AND						The benefit for this service is included in the payment/allowance		
	RESPITE ,PERSONAL						for another service/procedure that has already been adjudicated.		
	CARE/COMPANION CARE NOT						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5801	ALLOWED FOR	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	PREVOCATIONAL SERVICES AND						for another service/procedure that has already been adjudicated.		
	SUPPORTED EMPLOYMENT SHALL						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5802	NOT BE PAID ON THE SAME D	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
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							The benefit for this service is included in the payment/allowance		
	PREVOCATIONAL SERVICES AND						for another service/procedure that has already been adjudicated.		
	SUPPORTED EMPLOYMENT SHALL						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5803	NOT BE PAID ON THE SAME D	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
							The benefit for this service is included in the payment/allowance		
	ONLY ONE TYPE OF RESPITE CARE						for another service/procedure that has already been adjudicated.		
	IS ALLOWED FOR A GIVEN DATE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5804	OF SERVICE.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	OUR RECORDS SHOW THIS								
	WAVIER SERVICE HAS ALREADY						Exact duplicate claim/service (Use only with Group Code OA		
	BEEN PAID FOR THE DATE OF						except where state workers' compensation regulations requires		
5805	SERV	20171001	22991231	20171001	22991231	18	CO).		
							The procedure code is inconsistent with the modifier used or a		
							required modifier is missing. Note: Refer to the 835 Healthcare		
	HEARING AND VISION SCREENING						Policy Identification Segment (loop 2110 Service Payment		
5811	REQUIRE EP MODIFIER.	20150715	22991231	19000101	22991231	4	Information REF), if present.		
	POST-CATARACT FOLLOW-UP						The procedure code is inconsistent with the modifier used or a		
	CARE HAS BEEN PAID TO THE						required modifier is missing. Note: Refer to the 835 Healthcare		
	SURGEON ORPOST-CATARACT						Policy Identification Segment (loop 2110 Service Payment		
5812	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		
	POST-CATARACT FOLLOW-UP						The procedure code is inconsistent with the modifier used or a		
	CARE HAS BEEN PAID TO THE						required modifier is missing. Note: Refer to the 835 Healthcare		
	SURGEON ORPOST-CATARACT						Policy Identification Segment (loop 2110 Service Payment		
5813	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		
							The board of the state of the s		
							The benefit for this service is included in the payment/allowance		
	DDOCEDURE NOT COVERED WITH						for another service/procedure that has already been adjudicated.		This
5044	PROCEDURE NOT COVERED WITH	20450745	22004224	40000404	22004224	07	Note: Refer to the 835 Healthcare Policy Identification Segment	Naco	This service/report cannot be billed
5814	SPECIFIC CODES.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.
							The benefit for this service is included in the payment/allowance		
	VISION AND HEARING SCREENING						for another service/procedure that has already been adjudicated.		
	MUST BE BILLED WITH A						Note: Refer to the 835 Healthcare Policy Identification Segment		This service/report cannot be billed
5815	REGULAR SCREENING AND ARE LI	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.
3013	NEGODINI SCREENING / IND / INE EI	20130713	22331231	13000101	22331231	,	(100) 2110 Service Fayment information NET), it presents	14330	separately.
							The benefit for this service is included in the payment/allowance		
	HIV CODES MUST BE BILLED IN						for another service/procedure that has already been adjudicated.		
	CONJUNCTION WITH FAMILY						Note: Refer to the 835 Healthcare Policy Identification Segment		This service/report cannot be billed
5816	PLANNING CODES.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.
	REVENUE CODES 170 -171 MUST						7 1		
	NOT EXCEED 10 UNITS UNDER						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
5817	MOTHER'S NUMBER.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	THERAPY CODE PAYABLE ONLY						Note: Refer to the 835 Healthcare Policy Identification Segment		This service/report cannot be billed
5818	WITH THERAPEUTIC TREATMENT.	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N390	separately.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5819	OBSERVATION MUST BE BILLED IN CONJUNCTION WITH FACILITY FEE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
3613	I CC.	20130713	22331231	19000101	22331231	31	(100) 2110 Service Payment information KET), it present.	14330	separatery.
5820	LTC VENT CANNOT BE BILLED WITHOUT LTC STAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5821	ADD - ON CODE CANNOT BE PAID WITHOUT PAID PRIMARY CODE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5822	AVASTIN J9035 NEGATIVE CONTRA	20150715	22991231	19000101	22991231	49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5823	PACE NH DEPENDENT ON PACE NON-NH BILLING	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5825	FP OUTPT LARC REQIURES INPT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5830	PROCEDURE IS NOT PAYABLE WHEN BILLED WITHOUT A PAID ROOT CANAL FOR THE SAME TOO	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5831	MEDICAID'S RECORD DO NOT SHOW A ROOT CANAL PAYMENT THEREFORE THIS PROCEDURE COD	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5832	MEDICAID'S RECORD DO NOT SHOW A ROOT CANAL PAYMENT THEREFORE THIS PROCEDURE COD	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5900	NCCI-MUE - UNITS OF SERVICE EXCEED MUE. RECIPIENT CANNOT BE BILLED.	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were exceeded.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5910	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON THIS CLAIM. RECIPIENT CANNOT	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5911	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5912	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5920	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON THIS CLAIM. RECIPIENT CANNOT	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5921	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5922	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5930	NCCI- SVC IS A DUPE OF A PREVIOUSLY DENIED NCCI SVC. RECIPIENT CANNOT BE BILLED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5940	NCCI -SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON THIS CLAIM. RECIPIENT CANNOT	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
5941	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
5942	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.		
6001	THIS AMBULANCE SERVICE PROCEDURE CODE IS LIMITED TO FOUR UNITS PER CALENDAR MON INPATIENT/OUTPATIENT/ASC VISITS HAVE BEEN EXCEEDED FOR		22991231		22991231		Benefit maximum for this time period or occurrence has been reached. Benefit maximum for this time period or occurrence has been	N640	Exceeds number/frequency approved/allowed within time period. Exceeds number/frequency
6020	THE CALENDAR YEAR HEARING AID REPAIR IS LIMITED TO TWO EVERY SIX MONTHS.	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640 N640	approved/allowed within time period. Exceeds number/frequency approved/allowed within time period.
6021	MONAURAL HEARING AID BATTERIES ARE LIMITED TO ONE PACKAGE EVERY TWO MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6022	MONAURAL EARMOLDS ARE LIMITED TO ONE EVERY FOUR MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6023	HEARING AID REPAIR IS LIMITED TO ONCE EVERY SIX MONTHS THE PURCHASE OF A HEARING	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6024	AID STETHOSCOPE IS LIMITED TO ONE EVERY TWO YEARS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6025	EARMOLDS ARE LIMITED TO TWO EVERY FOUR MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6026		20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6030	NEW PATIENT CODE Z5147 MAY ONLY BE BILLED ONCE PER LIFETIME PER RECIPIENT	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6040	PERIAPICAL XRAYS - LIMIT 5 PER CAL YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
	THE CALENDAR YEAR LIMIT HAS								
	BEEN EXCEEDED FOR THIS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6041	PROCEDURE	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE LIMITED TO ONCE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6042	EVERY 30 DAYS.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
-	THE CALENDAR YEAR LIMIT HAS								
	BEEN EXCEEDED FOR THIS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6043	PROCEDURE	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	EMERGENCY ORAL EXAM (D0140)								
CO44	LIMITED TO ONCE PER CALENDAR	20150715	22001221	10000101	22004224	110	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6044	YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DENTAL SERVICE LIMITED TO								This service is paid only once in a
6045	ONCE PER TOOTH/PER LIFETIME.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	patient's lifetime.
	PROCEDURE CODE LIMITED TO						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6046	ONCE EVERY SIX MONTHS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DDODLINI AVIC IC LIMITED TO						Danafit and income for this time and all an analysis has been		Francisco de acuado a desagra de acuado a
6047	PROPHYLAXIS IS LIMITED TO ONCE EVERY 6 MONTHS	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0047	SHEE EVERT SIMESTIFIS	20130713	EESSTEST	15000101	22331231	113	rederied.	140-10	approved, anowed within time period.
	FLUORIDE IS LIMITED TO ONCE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6048	EVERY 6 MONTHS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6040	PROCEDURE LIMITED TO TWO	20450745	22004224	40000404	22004224	110	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6049	PER LIFETIME PER TOOTH. PROCEDURE CODE IS LIMITED TO	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	ONE OCCURANCE EVERY SIX						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6050	MONTHS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	FULL SERIES/PANORAMIC X-RAYS								
	ARE LIMITED TO ONE EVERY						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6051	THREE CALENDAR YEARS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
	CODE, SERVICE, PROCEDURE, NDC						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
6052	OR STAY REQUIRES PRIOR AUTHORIZATION	20150715	22991231	10000101	22991231	16	Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
0032	AUTHORIZATION	20130/13	22331231	13000101	22JJ1231	10	present.	IVIUZ	authorization code.
	COMPREHENSIVE DENTAL EXAM								
	MAY ONLY BE BILLED ONCE PER								
6053	LIFETIME PER PROVIDER.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
	0041514411451611								_ , , , , ,
6054	ORAL EVALUATION < 3 YRS	20150715	22001221	10000101	22001224	110	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6054	(D0145)	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6056	FLOURIDE VARNISH < 3YRS - LIMIT 3 PER CAL YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6057	FLOURIDE VARNISH < 3YRS - LIMIT 6 TOTAL	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6058	FLOURIDE VARNISH > 3YRS - LIMIT 1 PER CAL YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6059	FLOURIDE VARNISH FREQ < 3 YRS - LIMIT 1 PER 90 DAYS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6060	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6061	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6062	DENTAL CROWNS LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6063	DENTAL CORE LIMITED TO 6 PER	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6064	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6065	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6066	DENTAL RESTORATION LIMIT 1 PER 6 MONTHS SAME TOOTH	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6067	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6070	DENTAL PERIAPICAL X-RAYS LIMITED WHEN USED WITH BITEWING	20150715	22991231	20150715	22991231	117	Transportation is only covered to the closest facility that can provide the necessary care.	N115	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
6100	DME PROCEDURE LIMITED TO 60 PER CALENDAR MONTH	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	DAME DROCEDURE LINUT TO 30						Description of the state of the		5 and a short san
6101	DME PROCEDURE LIMIT TO 20 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0101	PER CALENDAR MONTH	20130713	22331231	19000101	22991231	119	reactieu.	10040	approved/anowed within time period.
	DME PROCEDURE LIMITED TO 1						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6102	PER 5 CALENDAR YEARS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6103	PROCEDURE IS LIMITED TO	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency
0103	THIRTY (30) PER MONTH.	20150715	22991231	19000101	22991231	119	reached.	10040	approved/allowed within time period.
	DME PROCEDURE LIMITED TO 700						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6104	PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6405	DME CLOSED POUCH TOTAL LIMIT	20150515					Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6105	OF 60 PER CAL MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE IS LIMITED TO 30						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6106	(THIRTY) PER MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DME PROCEDURE LIMITED TO 40						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6107	PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DME WC PRESSURE PAD TOTAL						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6108	LIMIT OF 1 PER CAL YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE CODE IS LIMTED TO						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6109	100 PER MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE LIMIT OF TWO UNITS PER								_ , , , , ,
6110	MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE	20150715	22991231	19000101	22001221	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0110	THIS PROCEDURE	20130713	22991231	19000101	22991231	119	reactieu.	10040	approved/allowed within time period.
	THE LIMIT OF THREE UNITS PER								
	MONTH HAS BEEN EXCEEDED FOR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6111	THIS PROCEDURE.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE LIMIT OF TWO UNITS PER						Description in the state of the		5 and a phase of an area
6112	MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE.	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0112	THIST ROCEDONE.	20130713	22331231	13000101	22331231	113	reaction.	14040	approved/anowed within time period.
	DME CODES LIMITED TO THIRTY-						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6113	ONE UNITS PER MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
				1					
C114	DME PROCEDURE LIMITED TO 2	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or occurrence has been	NC40	Exceeds number/frequency
6114	PER CALENDAR YEAR MEDICAL SUPPLIES LIMIT IS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	\$1,800.00 PER WAIVER YEAR,						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6115	02/22-02/21. THE LIMIT HA	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
									·
	DME PROCEDURE LIMITED TO 1			1			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6116	PER 4 CALENDAR YEARS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6117	DME PROCEDURE LIMITED TO 3 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6118	THE LIMIT OF TWO UNITS PER MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6120	THIS PROCEDURE CODE IS LIMITED TO ONE PER MONTH.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6121	DME PROCEDURE LIMITED TO 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6122	LEG BAGS ARE LIMITED TO TWO PER MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6123	DME PROCEDURE LIMITED TO 8 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6124	DME PROCEDURE LIMITED TO 1 PER 3 CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6125	DME PROCEDURE LIMITED TO 2 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6126	DME PROCEDURE LIMITED TO 120 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6127	DME PROCEDURE LIMITED TO 400 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6128	DME PROCEDURE LIMITED TO 1 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6129	DME PROCEDURE LIMITED TO 4 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6130	DME PROCEDURE LIMITED TO 5 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6131	DME PROCEDURE LIMITED TO 10 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6132	DME PROCEDURE LIMITED TO 12 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6133	DME PROCEDURE LIMITED TO 50 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6134	DME PROCEDURE LIMITED TO 90 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6135	DME PROCEDURE LIMITED TO 100 PER CALENDAR MONTH		22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6136	DME PROCEDURE LIMITED TO 500 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6137	DME PROCEDURE LIMITED TO 1000 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6138	DME PROCEDURE LIMITED TO 1 PER 2 CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6139	DME PROCEDURE LIMITED TO 4 PER CALENDAR YEAR DME PROCEDURE RENTAL	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6140	LIMITED TO 1 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6141	DME PROCEDURE RENTAL LIMITED TO 2 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6142	DME PROCEDURE RENTAL LIMITED TO 31 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6143	DME BATTERY CHARGER TOTAL LIMIT OF 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6144	DME BATTERY TOTAL LIMIT OF 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6145	DME NON-INSULIN PROC LIMIT OF 2 PER 3 CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6146	DME NON-INSULIN PROC LIMIT OF 1 PER 3 CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6147	DME INSULIN PROC LIMIT OF 4 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6148	DME INSULIN PROC LIMIT OF 3 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6149	DME INSULIN PROC LIMIT OF 2 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	VISION AND HEARING SCREENING	20450745	22004224	40000404	22004224	440	Benefit maximum for this time period or occurrence has been	NC40	Exceeds number/frequency
		20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	INITIAL SCREENING IS LIMITED TO ONCE PER LIFETIME	20150715	22991231	10000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
0151	ONCE PER LIFETIIVIE	20150715	22991231	19000101	22991231	33	Lifetime benefit maximum has been reached.	IN11/	patient's metime.
	EPSDT SCREENING LIMIT HAS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
		20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	EPSDT SCREENING LIMIT HAS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6153	BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	MAXIMUN UNIT LIMIT HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6154	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	EDODE CODEENING LINATUAC						Description of the state of the		5 de
	EPSDT SCREENING LIMIT HAS	20150715	22001221	10000101	22991231	110	Benefit maximum for this time period or occurrence has been	NG40	Exceeds number/frequency
6155	BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE ALLOWED EYE EXAM						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
	LIMITATION HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
0173	ENVITATION TIME BEEN EXCEEDED.	20130713	22331231	13000101	LLJJJILJI	113	reaction.	140-10	approved, and wear within time period.
	THE ALLOWED LENS LIMITATION						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6180	HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE ALLOWED LENS LIMITATION						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6181	HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE ALLOWED FRAMES		22224224	40000404			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6182	LIMITATION HAS BEEN EXCEEDED	20150/15	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE ALLOWED EYE EXAM						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
	LIMITATION HAS BEEN EXCEEDED.	20150715	22991231	19000101	22001231	119	reached.	N640	approved/allowed within time period.
0103	ENVITATION HAS BEEN EXCELBED.	20130713	22331231	13000101	22331231	113	reacted.	14040	approved/anowed within time period.
	THE ALLOWED FITTING						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
	LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6185	EYE LENS LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6186	EYE FRAME LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Dansfit manifestation of the state of the st		Francisco de acuado a desagra de la composição de la comp
6107	EVE EVANALINAIT LESS THAN 24	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been	N640	Exceeds number/frequency
6187	EYE EXAM LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	113	reached.	11040	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6188	EYE FITTING LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
									Territoria in the period.
	EYE EXAM LIMIT 1 PER 3 YR (21						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6189	AND OLDER)	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6190	EYE REFRACTION LIMIT 1 PER 3 YR (21 AND OLDER)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6191	EYE REFRACTION LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6192	EYE REFRACTION LIMIT 1 PER 2 YEARS (21 AND OLDER)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6193	EYE EXAM LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6194	EYE REFRACTION LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6195	EYE FRAME LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6196	EYE LENS LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6197	EYE FITTING LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6200	THIS PROCEDURE IS LIMITED TO SIXTEEN (16) UNITS PER CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6201	FAMILY PLANNING PERIODIC FOLLOW-UP IS LIMITED TO FOUR (4) VISITS PER YEAR.	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6202	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED		22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency
	THIS PROCEDURE IS LIMITED TO						Benefit maximum for this time period or occurrence has been		approved/allowed within time period. Exceeds number/frequency
6203	ONE PER POSTPARTUM PERIOD. INITIAL VISIT IS LIMITED TO ONE PER RECIPIENT, PER PROVIDER,	20150715	22991231		22991231		reached.	N640	approved/allowed within time period.
6204	PER LIFETIME THIS PROCEDURE CODE IS LIMITED TO ONE EVERY	20150715	22991231		22991231		Lifetime benefit maximum has been reached. Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6205 6206	PROCEDURE CODE 11795 IS LIMITED TO ONE EVERY 365 DAYS AND PROCEDURE CODE 11977	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640 N640	Exceeds number/frequency approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	THESE NORPLANT SERVICES MUST						The benefit for this service is included in the payment/allowance		
	BE BILLED USING THE						for another service/procedure that has already been adjudicated.		
	APPROPRIATE COMBINATION						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6207	CODE O	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	PROCEDURE IS LIMITED TO ONE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6208	SERVICE EVERY 70 DAYS.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE LIMITED TO ONE								
6200	SERVICE DURING 60 (SIXTY) DAY	20450745	22004224	40000404	22004224	110	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6209	POSTPARTUM PERIOD.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	RADIOLOGY - LEVONORGESTREL						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6210	IU LIMIT - 1 PER 5 YRS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
0210	DEPO-PROVERA INJECTION	20130713		13000101	22331231	113	redoriedi		approved, anomed within time period.
	LIMITED TO ONE PER EVERY 70						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6211	DAYS.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	FP-LEVONORGESTREL-IU LIMIT-1						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6212	PER 3 YRS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DDOCEDIUSE WALLA MODIFIED IS						Book Character of Could State of Country and Country a		5 and a what for an
6242	PROCEDURE W/UA MODIFIER IS	20474004	22004224	20474004	22004224	110	Benefit maximum for this time period or occurrence has been	N640	Exceeds number/frequency
6213	PROCEDURE W/UB, UC, UD	20171001	22991231	201/1001	22991231	119	reached.	N640	approved/allowed within time period.
	MODIFIER IS LIMITED TO 12						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6214	EVERY CALENDAR MONTHS	20171001	22991231	20171001	22991231	119	reached.	N640	approved/allowed within time period.
							The benefit for this service is included in the payment/allowance		
	MORE THAN ONE MEDICAL						for another service/procedure that has already been adjudicated.		
	ENCOUNTER (Z5298) CANNOT BE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6230	PAID ON THE SAME DATE OF SERV	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	MAGDE THAN ONE DENTAL						The beautiful for this consists in its shoulded in the consum on the literature		
	MORE THAN ONE DENTAL ENCOUNTER (D9430)CANNOT BE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.		
	PAID ON THE SAME DATE OF						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6231	SERVIC	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
0231	SERVIC	20130713	LESSIESI	13000101	ZZJJIZJI	,	(100) 2110 Service rayment information KEr J, ii present.	1420	rendered on the same date.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6240	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6241	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Book Character of Control Control		5 and a subsetting
6242	HDO HANT HAS DEEN SYCEEDED	20150715	22001221	10000101	22004224	110	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6242	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6243	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6244	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6245	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency
0243	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reactied.	11040	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6246	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6247	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
ca 40			22224224	40000404			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6248	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6249	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
02.15	NEO EN IN O BEEN EXCEPTED	20130713	22331231	13000101	22331231	113	readired	110.10	approved, and wear wearn time periodi
	NUMBER OF HOME HEALTH						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6260	VISITS EXCEED LIMIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6270	HOSPICE ONE (1) UNIT PER DAY	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE LIMIT FOR THESE SERVICES								
	HAS BEEN REACHED FOR THE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6280	CALENDAR YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	OUTPATIENT VISITS HAVE BEEN EXCEEDED FOR THIS CALENDAR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6281	YEAR.	20150715	22991231	19000101	22991231	110	reached.	N640	approved/allowed within time period.
0201	INPATIENT DAYS HAVE BEEN	20130713	22331231	13000101	22331231	113	reaction.	11040	approved/anowed within time period.
	EXEEDED FOR THIS CALENDAR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6282	YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	REVENUE CODES 170 -171 MUST								
	NOT EXCEED 10 UNITS PER								
	NEWBORN UNDER MOTHER'S						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6283	NUMB	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							Book Character on Country of the		5 and a whatfur
6204	MEDD FISCAL VEAD DOLLAR LINAST	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or occurrence has been	NE 40	Exceeds number/frequency
6284	MEPD FISCAL YEAR DOLLAR LIMIT	20150/15	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	HOSPITAL EMERG LIMIT 3 DAYS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6285	PER ADMIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
						Ť			, , , , , , , , , , , , , , , , , , , ,
							The benefit for this service is included in the payment/allowance		
	MULTIPLE URINALYSIS TESTS						for another service/procedure that has already been adjudicated.		
	CANNOT BE BILLED ON THE SAME						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6290	DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6291	SPECIMEN COLLECTION FEE IS LIMITED TO ONE PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6292	LAB DRUG SCREENING LIMIT OF 1 PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6293	LAB ?DRUG SCREENING LIMIT OF 1 EVERY 7 DAYS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6300	THIS PROCEDURE IS LIMITED TO 12 UNITS EVERY 24 MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6301	MORE THAN ONE OBSTETRICAL DELIVERY CODE MAY NOT BE BILLED W ITHIN SIX MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6302	MORE THAN THREE OFFICE VISITS MAY NOT BE BILLED WITH PREGNANCY DIAGNOSIS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6303	MORE THAN ONE OBSTETRICAL DELIVERY CODE MAY NOT BE BILLED WITHIN SIX MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6304	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6305	ES - VAGINAL DELIVERY LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6306	ES - C-SECTION LIMIT LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6307	PRENATAL OFFICE VISIT LIMIT PERINATOLOGIST	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6308	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6309	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY THE QUANTITY DISPENSED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6310	EXCEEDS THE MAXIMUM QUANTITY ALLOWED FOR THE DRUG CODE P	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
							Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject		
6311	QTY DISPENSED EXCEEDS MAX QTY BASED ON PA	20150715	22991231	19000101	22991231	16	Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
6312	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6313	MONTHLY SCRIPT LIMIT EXCEEDED - BRANDED DRUG	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6314	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6315	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6316	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6317	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6318	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6319	MONTHLY TOTAL SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6320	MONTHLY MAXIMUM SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6330	RECIPIENT HAS RESERVE MEDICINE THAT EXCEEDS LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6331	PHARMACY STABLE THERAPY REQUIREMENT NOT MET PHARMACY STABLE THERAPY	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
6332	REQUIREMENT NOT MET	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		5 do do
6340	DRUG SCREEN DAILY MAX FOR PRESENCE OF DRUGS	20171001	22991231	20171001	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6341	DRUG SCREEN DAILY MAX FOR G- CODE(S) IS LIMITED TO 1 PER DAY	20171001	22991231	20171001	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	DAME CECTATIONIAL INCLUING LINGE						Describe and the state of the s		Francisco de acuado a officio e constante de la constante de l
6350	DME GESTATIONAL INSULIN LIMIT 4 BOXES PER MONTH	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0330	4 BOXES PER MONTH	20130713	22331231	19000101	22991231	119	leached.	11040	approved/allowed within time period.
	DME GESTATIONAL INSULIN LIMIT						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6351	2 BOXES PER MONTH	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	SPECIMEN COLLECTION FEE IS						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6400	LIMITED TO ONE PER DAY	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	OB ULTRASOUND LIMIT HAS BEEN								!
	REACHED FOR THIS RECIPIENT.						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6401	ANY FURTHER WILL REQUI	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	SCREENING MAMMOGRAPHY IS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6402	LIMITED TO ONE PER YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE LIMIT FOR THESE SERVICES								
	HAS BEEN REACHED FOR THE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6403	CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE IS LIMITED TO ONCE								
	EVERY THIRTY(30) DAYS BY THE						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6404	SAME BILLING PROVIDER	20150715	22991231	10000101	22991231	110	reached.	N640	Exceeds number/frequency approved/allowed within time period.
0404	PROCEDURE CODE IS LIMITED TO	20130713	22331231	19000101	22991231	119	reached.	11040	approved/anowed within time period.
	ONE OCCURENCE EVERY SIX						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6405	MONTHS	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	NEWBORN CODE MAY NOT BE								This service is paid only once in a
6406	BILLED MORE THAN ONCE	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	patient's lifetime.
									ļ .
	THE SAME PROVIDER MAY NOT								
c -	BILL MORE THAN ONE NEW		22224	40000404			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6407	PATIENT OFFICE VISIT PER RECIP	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	PHYSICIAN IS LIMITED TO ONE						Note: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
6408	VISIT PER DAY PER RECIPIENT	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
	REQUESTED INPATIENT HOSPITAL						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6409	SERVICES EXCEED LIMIT OF 16	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6440	PHYSICIAN OFFICE VISIT	20450745	22004224	40000464	22004224	440	Benefit maximum for this time period or occurrence has been	NC 40	Exceeds number/frequency
6410	LIMITATION HAS BEEN EXCEEDED	20150/15	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	INITIAL CRITICAL CARE LIMITED						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6411	TO ONE PER DAY	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
0-11	10 OHLILI DAI	20130/13		10000101		117	rederied.	11070	approved/anowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
6412	ER AND CRITICAL CARE CODE ONE PER CLAIM.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6413	REQUESTED INPATIENT HOSPITAL SERVICES EXCEED LIMIT OF 16	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6416	EMG PROCEDURE LIMIT TO 4 PER CAL YR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6418	OB ULTRASOUND YEARLY LIMIT PERINATOLOGISTS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6510	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6511	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6512	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6513	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6514	THIS PROCEDURE IS LIMITED TO 5 UNITS PER YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6515	THIS PROCEDURE IS LIMITED TO ONE EPISODE A YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6516	THIS PROCEDURE IS LIMITED TO 52 UNITS PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6517	THIS PROCEDURE IS LIMITED TO 10 (TEN) UNITS PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6518	PROCEDURE CODE IS LIMITED TO 104 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6519	PROCEDURE CODE IS LIMITED TO 104 TIMES PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6520	PROCEDURE CODE IS LIMITED TO 104 TIMES A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6521	THIS PROCEDURE IS LIMITED TO 365 EPISODES A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6522	THIS PROCEDURE IS LIMITED TO 52 UNITS A YEAR.	20150715	22991231	19000101	22001231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0322	32 ONTS A TEAN.	20130713	22991231	19000101	22991231	119	reactieu.	11040	approved/anowed within time period.
	BENEFITS HAVE BEEN EXCEEDED FOR THE CALDEAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	BENEFITS HAVE BEEN EXCEEDED FOR THE CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6525	BENEFITS HAVE BEEN EXCEEDED FOR THE CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6526	BENEFITS HAVE BEEN EXCEEDED FOR THE CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	BENEFITS HAVE BEEN EXCEEDEF	20150715	22331231	13000101	22331231	113	Benefit maximum for this time period or occurrence has been	110.10	Exceeds number/frequency
6527	FOR THE CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6528	BENEFITS HAVE BEEN EXCEEDED FOR THE CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROCEDURE IS LIMITED TO 260						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6529	UNITS A YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
6530	PROCEDURE IS LIMITED TO 8 UNITS A YEAR.	20150715	22991231	10000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0330	UNITS A TEAN.	20130713	22991231	19000101	22991231	119	reactied.	11040	approved/allowed within time period.
6531	PROCEDURE CODE IS LIMITED TO 312 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROCEDURE IS LIMITED TO 1040 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6533	PROCEDURE IS LIMITED TO 1040 UNITS A YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6534	PROCEDURE IS LIMITED TO 2016 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	Commence of the title						1.22	1.0.0	
6535	PROCEDURE IS LIMITED TO 130 UNITS A CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6536	PROCEDURE IS LIMITED TO 104 TIMES A CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROCEDURE IS LIMITED TO 365						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency approved/allowed within time period.
	TIMES A CALENDAR YEAR. PROCEDURE IS LIMITED TO 365 TIMES A CALENDAR YEAR.	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640 N640	Exceeds nun

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	YEARLY LIMIT FOR CRISIS								
5=00	INTERVENTION HAS BEEN	20150515	22224				Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6538	EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6539	PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PSYCHOTHERAPY SERVICES ARE								
	LIMITED TO 12 (TWELVE) PER						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6540	CALENDAR YEAR AT PLACE OF	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DIAGNOSTIC ASSESSMENTS ARE								
	LIMITED TO ONE ENCOUNTER PER						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6541	CALENDAR YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PROCEDURE IS LIMITED TO 4160						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6542	UNITS A YEAR.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
CE 42	PSYCHOLOGY/REHAB -	20150715	22004224	10000101	22001221	110	Benefit maximum for this time period or occurrence has been	NC40	Exceeds number/frequency
6543	PSYCHOLOGY DX TESTING	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PSYCHOLOGY/REHAB -						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6544	· ·	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PSYCHOLOGY/REHAB -						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6546	PPSYCHOLOGY LIMIT 52 A YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DEVCHOLOCY/DEHAD						Danafit maximum for this time paried or assurrance has been		Eucoode number/fraguency
6547	PSYCHOLOGY/REHAB - INDIVIDUAL THERAPY 1 PER WEEK	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0347	INDIVIDUAL TILLOW TITER WEEK	20130713	22331231	15000101	LLJJJILJI	113	reacted.	110-10	approved/anowed within time period.
	PSYCHOLOGY/REHAB - GROUP						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6548	THERAPY 1 PER WEEK	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	MENTAL HEALTH NON-								
	EMERGENCY TRANSPORATION						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6549	LIMIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE IS LIMITED TO 2						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6550		20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
									1.2.2.
	RADIOLOGY & CARDIOLOGY -						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6600	PROCEDURE REQUIRES PA	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DIALYSIS ULTRAFILTRATION								
6610	CODES Z5256 AND Z5266 ARE	20150715	22001221	10000101	22991231	110	Benefit maximum for this time period or occurrence has been	NE40	Exceeds number/frequency
6610	LIMITED TO A TOTAL OF 3 PER	20150715	22991231	19000101	22991231	113	reached.	N640	approved/allowed within time period.
	PROCEDURE CODE IS LIMITED TO						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6611		20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE CODE IS LIMITED TO								
	ONE UNIT PER CALENDAR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6612	MONTH.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
LOD COUC	PROCEDURE CODE IS LIMITED TO	Lifective Date	Liid Date	LITECTIVE	DOS LIIG	CODE	CARC DESCRIPTION	ITARC CODE	INANC DESCRIPTION
6613	12 UNITS PER LIFETIME.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
0013	THIS PROCEDURE CODE IS	20130713	22331231	15000101	22331231	-	Ellectric Seller Having in the Seen Teached		
	LIMITED TO ONE PER CALENDAR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6630	MONTH.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS							1	
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6640	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS								
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6641	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS								
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6642	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS	İ							
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6643	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS								
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6644	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS								
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6645	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS								
	PROCEDURE HAS BEEN						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6646	EXCEEDED.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE YEARLY LIMIT FOR THIS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6647	PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	THE LIMIT FOR THESE SERVICES								
	HAS BEEN REACHED FOR THIS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6650	CONTRACT YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	UNITS BILLED FOR PROCEDURE								
	CODE EXCEED MAXIMUM UNITS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6651	ALLOWED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	UNITS BILLED FOR PROCEDURE								
	CODE EXCEED MAXIMUM UNITS						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6652	ALLOWED	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	PROCEDURE LIMITED TO 1080							1	
	HOURS,PER WAIVER YEAR						Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6653	OCTOBER 1 - SEPTEMBER 30.	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
								1	
	LAHWV - LIMITED \$1000 PER			4000			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6654	WAIVER YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
		1						1	- , , , ,
	LAHWV-TRANSPORTATION			4000045:			Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6655	LIMITED \$1000 PER WAIVER YEAR	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.
	DEDCOMAL CARE SACUE OSS						Description of the state of the	1	5 and a phase of the
CCEC	PERSONAL CARE BACHELORS	20450715	22004224	4000010:	2200122	440	Benefit maximum for this time period or occurrence has been	NGAO	Exceeds number/frequency
6656	DEGREE LIMIT	20150715	22991231	19000101	22991231	119	reached.	N640	approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6657	PERSONAL CARE MASTERS DEGREE LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6658	SPEECH/HEARING THERAPY LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6659	WAIVER SERVICE LIMITED TO \$1800 PER WAIVER YEAR	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6660	WAIVER SERVICE LIMITED TO \$5000 PER WAIVER YEAR	20151215	22991231	19000101		119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6661	PACE GLOBAL FEE LIMITED TO ONE PER MONTH	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6662	WAIVER SERVICE LIMITED TO \$1000 PER WAIVER YEAR	20151215	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6663	WAIVER SERVICE LIMITED TO \$2000 PER WAIVER YEAR	20151215	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6664	WAIVER - PROF & TECH THERAPEUTIC BEHAVIOR LIMITED TO 1200 UNITS	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6665	WAIVER - PROFESSIONAL THERAPEUTIC BEHAVIOR LIMITED TO 800 UNITS	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6670	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6671	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS RECIP	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6672	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	20150715	22991231		22991231				
	PROCEDURE IS LIMITED TO ONE						Lifetime benefit maximum has been reached. Benefit maximum for this time period or occurrence has been		Exceeds number/frequency
6673	(1) EVERY TWO YEARS. CLAIM STILL IN PROCESS. PLEASE	20150715	22991231	19000101	22991231	119	reached. Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires	N640	approved/allowed within time period.
6674	DO NOT REBILL.	20150715	22991231	19000101	22991231	18	co).		
6677	PROCEDURE CODE CANNOT BE BILLED MORE THAN SIX(6) TIMES WITH THE SAME MODIFIER.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6690	REVENUE CODE 183 IS LIMITED TO 6 DAYS EACH CALENDAR QUARTER.	20150715	22991231	19000101	22001231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6691	REVENUE CODE 184 IS LIMITED TO 14 DAYS PER CALENDAR MONTH	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6700	DME PROCEDURE LIMITED TO 1 PER 8 CAL YRS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6701	DME PROCEDURE LIMIT TO 1 PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6702	DME PROCEDURE LIMIT TO 1 PER CALENDAR WEEK	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6703	DME PROCEDURE LIMIT TO 15 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6704	DME PROCEDURE LIMIT TO 35 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6705	DME PROCEDURE LIMIT TO 150 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6706	DME PROCEDURE LIMIT TO 180 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6707	DME PROCEDURE LIMIT TO 210 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6708	DME PROCEDURE LIMIT TO 2 PER 3 CALENDAR MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6709	DME PROCEDURE LIMIT TO 3 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6710	DME PROCEDURE LIMIT TO 5 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6711	DME PROCEDURE LIMIT TO 6 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6712	DME PROCEDURE LIMIT TO 2 PER CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6713	DME PROCEDURE LIMIT TO 10 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6714	DME PROCEDURE LIMIT TO 12 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6715	DME PROCEDURE LIMIT TO 2 PER CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6716	DME PROCEDURE LIMIT TO 31 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6717	DME PROCEDURE LIMIT TO 150 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6718	DME PROCEDURE LIMIT TO 31 PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6719	DME PROCEDURE LIMITED TO (1) PER 8 CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6720	DME PROCEDURE LIMIT TO 1 PER CALENDAR 7 YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6721	DME REPAIRS LIMITED \$1000 PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6722	DME POWER TIRES LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6723	DME BACK CUSHIONS LIMIT 1 PER 2 CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6724	DME SEAT CUSHIONS LIMIT 1 PER 1 CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6725	DME FOOTREST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6726	DME ARMREST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6727	DME HEADREST LIMIT 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6728	DME SAFETY VEST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6729	DME MANUAL TIRES LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
6730	DME MANUAL CASTERS LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6731	DME POWER CASTERS LIMIT 4 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6732	DME GENERAL CUSHION LIMIT 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
7000	CLAIM FAILED A PRODUR ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7001	INFORMATIONAL PRODUR ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7002	CLAIM DENIED FOR PRODUR REASONS	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
7003	PRODUR ALERT REQUIRES PA FOR OVERRIDE	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7004	NON-OVERRIDEABLE PRODUR ALERT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
7101	ADMIT DATE LESS THAN FIRST DATE OF SERVICE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7102	TYPE OF BILL INDICATES LATE CHARGES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7103	INTERIM CLAIM LESS THAN MINIMUM STAY	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
7104	INTERIM CLAIM PATIENT STATUS IS DISCHARGED	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7105	NURSERY AND NON-NURSERY REVENUE CODES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7106	PROVIDER DRG BASE RATE IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7107	PROVIDER DRG COST TO CHARGE RATIO IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7110	DRG AGE THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
7111	DRG OUTLIER THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7112	DRG MARGINAL COST PERCENT NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7115	DRG INVALID PRINCIPAL DIAGNOSIS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7116	DRG CODE COULD NOT BE DETERMINED	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7117	DRG INVALID RECIPIENT AGE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
7118	DRG INVALID RECIPIENT GENDER	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7119	DRG INVALID DISCHARGE STATUS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7120	DRG INVALID BIRTH WEIGHT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7121	DRG GESTATIONAL AGE AND BIRTH WEIGHT CONFLICT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7122	DRG CODE NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description		End Date	Effective	DOS End	_	CARC DESCRIPTION	RARC CODE	RARC Description
7123	DRG CODE ON REVIEW	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7124	DRG CODE NOT ON RATE FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7125	DRG INITIALIZATION FAILED	20120101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7126	SUPPLEMENTAL PYMT PERCENT NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7127	PROVIDER MISSING FROM DRG RATE TABLE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
7128	DRG - MAJOR DIAGNOSTIC CATEGORY NOT ON FILE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7129	DAY OUTLIER THRESHOLD NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7130	DAY OUTLIER PER DIEM AMOUNT NOT ON FILE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7503	CONFLICT CODE ON RESPONSE CLAIM DOES NOT MATCH	20150715	22991231		22991231		Prescription is incomplete.	14230	PROVIDENCE NAME.
8006	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO MISCELLANEOUS ERROR.	20151204	22991231		22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8007	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO BILLING ERROR.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8076	PROVIDER SENT REFUND DUE TO PATIENT LIABILITY PROCES AGENCY REQUESTED REFUND	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Charge exceeds fee schedule/maximum allowable or	MA67	Correction to a prior claim.
8097	DUE TO OTHER INSURANCE AGENCY INITIATED OFFSET DUE TO MEDICARE	20151204	22991231		22991231		contracted/legislated fee arrangement. Charge exceeds fee schedule/maximum allowable or	MA67	Correction to a prior claim.
8128	AGENCY INITIATED OFFSET DUE TO MISCELLANEOUS OR	20151204	22991231		22991231		contracted/legislated fee arrangement. Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MA67	Correction to a prior claim.
8134 8136	UNSPECIFIED ERROR HPE INITIATED ADJUSTMENTS DUE TO PROCESSING ERROR	20150715 20151204	22991231		22991231		present. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67 MA67	Correction to a prior claim. Correction to a prior claim.

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EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
102 0000	AGENCY INITIATED OFFSET OF	2.1001.10 2410			200 2.10				l l l l l l l l l l l l l l l l l l l
	OUT-PATIENT CLAIM DUE TO PAID						Charge exceeds fee schedule/maximum allowable or		
8140	IN-PATIENT CLAIM	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
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	AGENCY INITIATED ADJUSTMENT						Charge exceeds fee schedule/maximum allowable or		
8168	DUE TO RATE CHANGE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	AGENCY INITIATED ADJUSTMENT						Charge exceeds fee schedule/maximum allowable or		
8169	DUE TO SYSTEM CHANGES.	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	AGENCY INITIATED ADJUSTMENT						Charge exceeds fee schedule/maximum allowable or		
8170	DUE TO DISPENSING FEE CHANGE	20160721	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	MASS ADJUSTMENT - PROCEDURE						Charge exceeds fee schedule/maximum allowable or		
8184	CODE RATE CHANGE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	MASS ADJUSTMENT - OTHER						Charge exceeds fee schedule/maximum allowable or	_	
8187	REQUEST	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
0400	MASS ADJUSTMENT - VOID						Charge exceeds fee schedule/maximum allowable or		
8188	TRANSACTIONS	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	MASS ADJUSTMENT - VOID						Channel and for what lades to small a ship as		
0100	TRANSACTIONS - WARRANT	20150725	22004224	10000101	22004224	45	Charge exceeds fee schedule/maximum allowable or		
8190	CANCELLED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	MASS ADJUSTMENT VOID						Charge exceeds for schodule/maximum allowable or		
0101	MASS ADJUSTMENT - VOID	20150725	22991231	10000101	22991231	45	Charge exceeds fee schedule/maximum allowable or		
8191	TRANSACTIONS OTHER REQUEST MASS ADJUSTMENT - VOID	20130723	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	TRANSACTIONS IDENTIFIED BY						Charge exceeds fee schedule/maximum allowable or		
8199	EXTERNAL ENTITY	20151204	22991231	10000101	22991231	15	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
6199	LATERIVAL ENTIT	20131204	22991231	19000101	22331231	43	Charge exceeds fee schedule/maximum allowable or	IVIAU7	Correction to a prior claim.
8200	CORRECTION TO A PRIOR CLAIM	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
0200	CONNECTION TO AT MICH CLAIM	20131204	22331231	13000101	22331231	73	Exact duplicate claim/service (Use only with Group Code OA	IVIAO7	correction to a prior claim.
							except where state workers' compensation regulations requires		
8201	DUPLICATE PAYMENT	20150715	22991231	19000101	22991231	18	CO).		
							Charge exceeds fee schedule/maximum allowable or		
8202	CLAIM BILLED IN ERROR	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
							. 0		·
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
							Segment (loop 2110 Service Payment Information REF), if		
8203	BILLED UNDER WRONG RECIPIENT	20150715	22991231	19000101	22991231	16	present.	MA36	Missing/incomplete/invalid patient name.
	PRIMARY INSURANCE PAYMENT						Charge exceeds fee schedule/maximum allowable or		
8204	RECEIVED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
							Charge exceeds fee schedule/maximum allowable or		
8205	PROVIDER TO REBILL	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
							Charge exceeds fee schedule/maximum allowable or		
8206	DUE TO MEDICARE PRIMARY	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	, , , , , , , , , , , , , , , , , , , ,						Charge exceeds fee schedule/maximum allowable or		, , , , , , , , , , , , , , , , , , ,
8207	RECOUPMENT OTHER	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
									·
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	NCCI REDETERMINIATION -						Note: Refer to the 835 Healthcare Policy Identification Segment		
8208	HISTORY VOID	20151204	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
ĺ							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
	NCCI ADMINISTRATIVE REVIEW -						Note: Refer to the 835 Healthcare Policy Identification Segment		
8209	HISTORY VOID	20151204	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
							This is a work-related injury/illness and thus the liability of the		
8210	WORKER'S COMP - PROVIDER	20150715	22991231	19000101	22991231	19	Worker's Compensation Carrier.		
							This is a work-related injury/illness and thus the liability of the		
8211	WORKER'S COMP - RECIPIENT	20150715	22991231	19000101	22991231	19	Worker's Compensation Carrier.		
							Charge exceeds fee schedule/maximum allowable or		
8216	TPL ERROR	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	DUE TO MISCELLANEOUS OR						Charge exceeds fee schedule/maximum allowable or		
8217	UNSPECIFIED REASON	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
							Payment adjusted because charges have been paid by another		
8220	FULL REFUND	20151204	22991231	19000101	22991231	23	payer.		
							Payment adjusted because charges have been paid by another		
8221	PARTIAL REFUND	20151204	22991231	19000101	22991231	23	payer.		
							Charge exceeds fee schedule/maximum allowable or		
8227	CAPITATION - EPSDT CLAIM	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
							The benefit for this service is included in the payment/allowance		
							for another service/procedure that has already been adjudicated.		
							Note: Refer to the 835 Healthcare Policy Identification Segment		
8229	CAPITATION - FAMILY PLANNING	20150715	22991231	19000101	22991231	97	(loop 2110 Service Payment Information REF), if present.		
	AGENCY INITIATED OFFSET DUE						Adjustment amount represents collection against receivable		
8235	TO THIRD PARTY COVERAGE	20151204	22991231	19000101	22991231	88	created in prior overpayment.		
	ADJUSTMENT GENERATED DUE						Charge exceeds fee schedule/maximum allowable or		
8241	TO CHANGE IN PATIENT LIABILITY	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	ADJUSTMENT GENERATED DUE						Charge exceeds fee schedule/maximum allowable or		
8242	TO RATE CHANGE	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	ADJUSTMENT GENERATED DUE								
8243	TO RECIPIENT DATE OF DEATH	20151204	22991231	19000101	22991231	13	The date of death precedes the date of service.	MA67	Correction to a prior claim.
	ADJUSTMENT GENERATED DUE						Charge exceeds fee schedule/maximum allowable or		
8247	TO DRG PROVIDER RATE CHANGE	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
100 0000	200 Description	2.1000.10 2000	2		200 2		Non-covered charge(s). At least one Remark Code must be		The second secon
							provided (may be comprised of either the NCPDP Reject Reason		
							[sic] Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	ADJUSTMENT GENERATED DUE						Segment (loop 2110 Service Payment Information REF), if		
8248	TO RECIPIENT RCO ASSIGNMENT	20150725	22991231	19000101	22991231	96	present.	MA67	Correction to a prior claim.
0240	TO RECITE INTRODUCTION	20130723	22331231	13000101	22331231	30	present.	IVIAU7	Correction to a prior claim.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
	HPE INITIATED VOID DUE TO						Reason Code, or Remittance Advice Remark Code that is not an		
	CHANGE IN PROVIDER ID OR						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	SERVICE LOCATION						Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPLETE/INVALID BILLING
0251	INFORMATION	20150715	22991231	10000101	22991231	16	1 - 1 - 1	N258	
8251	ADJUSTMENT TO CROSSOVER	20130713	22991231	19000101	22991231	10	present.	IN236	PROVIDER/SUPPLIER ADDRESS.
	PAID PRIOR TO AIM								
	IMPLEMENTATION DATE. THIS						Charge exceeds fee schedule/maximum allowable or		
9200		20151204	22991231	10000101	22991231	45	,	MA67	Correction to a prior claim
8299	CLAIM HAS	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement. Non-covered charge(s). At least one Remark Code must be	IVIA07	Correction to a prior claim.
							- · · ·		
							provided (may be comprised of either the NCPDP Reject Reason		
	THE ACCOUNTS DECENTABLE WAS						[sic] Code, or Remittance Advice Remark Code that is not an		
	THIS ACCOUNTS RECEIVABLE WAS						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
0.45.4	ESTABLISHED FOR THE WRONG	20450745	22004224	40000404	22004224	0.0	Segment (loop 2110 Service Payment Information REF), if		
8454	AMOUNT. WE HAVE MADE COR	20150715	22991231	19000101	22991231	96	present.	MA67	Correction to a prior claim.
	THIS CLAIM HAS BEEN DENIED								
0545	DUE TO A POS REVERSAL	204 60504	22004224	40000404	22004224	272			
8515	TRANSACTION.	20160501	22991231	19000101	22991231	2/2	Coverage/program guidelines were not met.		
0516	THIS CLAIM DENIED DUE TO A	20151204	22004224	10000101	22001221	45	Charge exceeds fee schedule/maximum allowable or	N40.67	Competing to a grief plain.
8516	PROVIDER VOID REQUEST.	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	THIS CLAIM ADJUSTMENT DUE TO						Character de Carached La / va day and la ablance		
0547	A PROVIDER SUBMITTED	20454204	22004224	40000404	22004224	4-	Charge exceeds fee schedule/maximum allowable or		
8517	REQUEST	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
							Non-covered charge(s). At least one Remark Code must be		
							provided (may be comprised of either the NCPDP Reject Reason		
							[sic] Code, or Remittance Advice Remark Code that is not an		The second secon
	THE SERVICE IS NOT COVERED BY						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		The services billed are considered Not
0550	THIS SERVICE IS NOT COVERED BY	20454204	22004224	40000404	22004224	0.0	Segment (loop 2110 Service Payment Information REF), if	NC42	Covered or Non-Covered (NC) in the
8550	MEDICAID	20151204	22991231	19000101	22991231	96	present.	N643	applicable state fee schedule.
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
	THIS DRUG IS CURRENTLY ON THE						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		Missing/incomplete/invalid/
	ALABAMA MEDICAID PHYSICIAN			4000			Segment (loop 2110 Service Payment Information REF), if		deactivated/withdrawn National Drug
8552	DRUG LIST (APPENDIX H)	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	·								Your claim contains incomplete and/or
									invalid information, and no appeal rights
							The procedure code is inconsistent with the modifier used or a		are afforded because the claim is
	THIS SERVICE REQUIRES THE USE						required modifier is missing. Note: Refer to the 835 Healthcare		unprocessable. Please submit a new
	OF A MODIFIER TO INDICATE						Policy Identification Segment (loop 2110 Service Payment		claim with the complete/correct
8553	ANATOMICAL SITE, DISTIN	20150715	22991231	19000101	22991231	4	Information REF), if present.	MA130	information.
							Processed based on multiple or concurrent procedure rules. (For		
							example multiple surgery or diagnostic imaging, concurrent		
							anesthesia.) Note: Refer to the 835 Healthcare Policy		
	NCCI REDETERMINIATION -						Identification Segment (loop 2110 Service Payment Information		This determination is the result of the
8554	APPROVED	20151204	22991231	19000101	22991231	59	REF), if present.	MA91	appeal you filed.
							These are non-covered services because this is not deemed a		
							'medical necessity' by the payer. Note: Refer to the 835		Documentation does not support that the
	NCCI REDETERMINIATION -						Healthcare Policy Identification Segment (loop 2110 Service		services rendered were medically
8555	DENIED - NO APPEAL	20160501	22991231	19000101	22991231	50	Payment Information REF), if present.	N661	necessary.
							These are non-covered services because this is not deemed a		
							'medical necessity' by the payer. Note: Refer to the 835		Documentation does not support that the
	NCCI REDETERMINIATION -						Healthcare Policy Identification Segment (loop 2110 Service		services rendered were medically
8556	DENIED	20160501	22991231	19000101	22991231	50	Payment Information REF), if present.	N661	necessary.
							Processed based on multiple or concurrent procedure rules. (For		
							example multiple surgery or diagnostic imaging, concurrent		
							anesthesia.) Note: Refer to the 835 Healthcare Policy		
	NCCI ADMINISTRATIVE REVIEW -						Identification Segment (loop 2110 Service Payment Information		This determination is the result of the
8557	APPROVED	20151204	22991231	19000101	22991231	59	REF), if present.	MA91	appeal you filed.
							These are non-covered services because this is not deemed a		
							'medical necessity' by the payer. Note: Refer to the 835		Documentation does not support that the
	NCCI ADMINISTRATIVE REVIEW -						Healthcare Policy Identification Segment (loop 2110 Service		services rendered were medically
8558	DENIED	20160501	22991231	19000101	22991231	50	Payment Information REF), if present.	N661	necessary.
	PAPER CLAIM AND OPERATIVE								
	NOTE REQUIRED FOR PAYMENT						Attachment/other documentation referenced on the claim was		Missing post-operative images/visual field
8560	DECISION. PLEASE RESUBMIT.	20150715	22991231	19000101	22991231	163	not received.	N678	results.
							Non-covered charge(s). At least one Remark Code must be		
							provided (may be comprised of either the NCPDP Reject Reason		
							[sic] Code, or Remittance Advice Remark Code that is not an		
	AN AUDIT ADJUSTMENT WAS						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	CREATED RELATED TO THIS CLAIM						Segment (loop 2110 Service Payment Information REF), if		
8985	TO RECOUP AN OVERPAYMENT	20150715	22991231	19000101	22991231	96	present.	MA67	Correction to a prior claim.
							Non-covered charge(s). At least one Remark Code must be		
							provided (may be comprised of either the NCPDP Reject Reason		
							[sic] Code, or Remittance Advice Remark Code that is not an		
							ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	CLAIM ADJUSTMENT PAID BASED		22224224	400004		0.5	Segment (loop 2110 Service Payment Information REF), if		
8986	ON ORIGINAL CLAIM.	20150715	22991231	19000101	22991231	96	present.	MA67	Correction to a prior claim.
	CLAIM ADJUSTMENT PAID BASED								
8987	ON RECIPIENT ELIGIBILITY IN EFFECT AT THE TIME THE	20160501	22991231	10000101	22991231	272	Coverage/program guidelines were not mot		
0907		70100301	22331721	19000101	22991231	212	Coverage/program guidelines were not met.		
9090	AGENCY INITIATED OFFSET DUE	20151204	22001221	10000101	22991231	45	Charge exceeds fee schedule/maximum allowable or	MA67	Correction to a prior claim
8989	TO MEDICARE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	IVIA07	Correction to a prior claim.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End		CARC DESCRIPTION	RARC CODE	RARC Description
LOD COUC	LOD Description	Lifective Dute	Liid Date	Lincolive	DOS LIIG	CODE	CARC DESCRIPTION	TOTAL CODE	In the Bescription
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							1		
	CVCTEM EDDOD DETAIL						Reason Code, or Remittance Advice Remark Code that is not an		
	SYSTEM ERROR - DETAIL						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		
	MEDICARE AMOUNTS. A SYSTEM						Segment (loop 2110 Service Payment Information REF), if		
8991	ERROR RESULTED IN THE DELETI	20151204	22991231	19000101	22991231	16	present.		
	CLAIM MODIFIED POST-						This provider was not certified/eligible to be paid for this		
	PROCESSING. PERFORMING						procedure/service on this date of service. Note: Refer to the 835		
	PROVIDER RESTORED TO						Healthcare Policy Identification Segment (loop 2110 Service		
8993	SUBMITTED VALU	20150715	22991231	19000101	22991231	B7	Payment Information REF), if present.		
		1							
	CLAIM MODIFIED POST-	1							
	PROCESSING. BILLING PROVIDER						Charge exceeds fee schedule/maximum allowable or		
8995	OVERRIDDEN TO FORCE CLAIM TO	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
							Charge exceeds fee schedule/maximum allowable or		
8996	PATIENT LIABILITY REPROCESSING	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	CLAIM MODIFIED POST-								·
	PROCESSING. THE BILLED						Payment adjusted due to a submission/billing error(s). Additional		
	AMOUNT WAS CHANGED TO						information is supplied using the remittance advice remarks		
8997	ZERO ON THE E	20151204	22991231	19000101	22991231	125	codes whenever appropriate.	M79	Missing/incomplete/invalid charge.
0337	CLAIM HAS BEEN SUPER-	20131204	22331231	13000101	22331231	123	соись инспечен ирргорните.	14175	iviissing/incomplete/invalid charge.
8999	SUSPENDED.	20151204	22991231	10000101	22991231	122	The disposition of this claim/service is pending further review.		
0333	REIMBURSEMENT REDUCED BY	20131204	22991231	19000101	22331231	133	The disposition of this claim/service is pending further review.		
	THE RECIPIENT'S CO-PAYMENT								
0001		20151002	22004224	10000101	22991231	2	Co		
9001	AMOUNT.	20151002	22991231	19000101	22991231	3	Co-payment Amount		
	NO PAYMENT MADE-TPL IS MORE						Payment adjusted because charges have been paid by another		
9003	THAN THE ALLOWED AMOUNT.	20151002	22991231	19000101	22991231	23	payer.		
	COVERED DAYS ON THIS CLAIM								
	HAVE BEEN SYSTEMATICALLY						Charge exceeds fee schedule/maximum allowable or		
9500	REDUCED TO MEET THE ALLOWED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
		1							
	PRICING ADJUSTMENT -						Charge exceeds fee schedule/maximum allowable or		
9501	MEDICARE IP PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT -								
	MEDICARE PART B HEADER	1					Charge exceeds fee schedule/maximum allowable or		
9502	PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT -								·
	MEDICARE HEADER PRICING						Charge exceeds fee schedule/maximum allowable or		
9503	APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT -			_55550101					The state of the s
	MEDICARE HEADER								
	COINSURANCE + DEDUCTIBLE	1					Charge exceeds fee schedule/maximum allowable or		
9504	PRICING APPLIED	20151204	22991231	19000101	22001221	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim
5504	FINICING APPLIED	20131204	2231Z3T	112000101	2231Z31	43	contracted/registated ree arrangement.	IVIAU/	Correction to a prior claim.

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date		DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	PRICING ADJUSTMENT -								
	MEDICARE LONG TERM CARE						Charge exceeds fee schedule/maximum allowable or		
9505	PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
								_	, , , , , , , , , , , , , , , , , , ,
	PRICING ADJUSTMENT -								
	MEDICARE DETAIL COINSURANCE						Charge exceeds fee schedule/maximum allowable or		
9506	+ DEDUCTIBLE PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT -								
	MEDICARE PART B DETAIL 1						Charge exceeds fee schedule/maximum allowable or		
9507	PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT -								
	MEDICARE PART B DETAIL 2						Charge exceeds fee schedule/maximum allowable or		
9508	PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	DAYS COVERED ADJUSTED FOR								Missing/incomplete/invalid occurrence
9601	ES/EMERG DELIVERY	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	DAYS COVERED ADJUSTED FOR								Missing/incomplete/invalid occurrence
9602	EMERG DAY LIMIT	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	DAYS COVERED ADJUSTED FOR								Missing/incomplete/invalid occurrence
9603	MEDICARE DAYS LIMIT MET	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	DAYS COVERED ADJUSTED FOR								Missing/incomplete/invalid occurrence
9604	PARTIAL ELIGIBILITY	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	CUTBACK - CLAIM PROCESSED AS						Charge exceeds fee schedule/maximum allowable or		
9800	AN ENCOUNTER.	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
							Payment adjusted because charges have been paid by another		
9907	TPL AMOUNT APPLIED	20151204	22991231	19000101	22991231	23	payer.		
	PRICING ADJUSTMENT -						Charge exceeds fee schedule/maximum allowable or		
9908	PHARMACY PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PHARMACY DISPENSING FEE								
9910	APPLIED	20151204	22991231	19000101	22991231	91	Dispensing fee adjustment.		
	PRICING ADJUSTMENT - LONG						Charge exceeds fee schedule/maximum allowable or		
9911	TERM CARE PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
							Claim/service lacks information or has submission/billing error(s)		
							which is needed for adjudication. Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code		
							must be provided (may be comprised of either the NCPDP Reject		
							Reason Code, or Remittance Advice Remark Code that is not an		
	FOLIC DCC DAID						ALERT.) Note: Refer to the 835 Healthcare Policy Identification		National Control of the Control of t
0043	FQHC RCO PAID AMOUNT	20450745	22004224	4000010:	2200122	4.6	Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid value code(s)
9913	ADJUSTMENT	20150715	22991231	19000101	22991231	16	present.	M49	or amount(s).
0014	PRICING ADJUSTMENT - REV FEE	20151204	22001221	10000101	22004224	45	Charge exceeds fee schedule/maximum allowable or	NAA 67	Correction to a prior -lain-
9914	PRICING APPLIED PRICING ADJUSTMENT - UCC RATE	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
0016			22001221	10000101	22001221	45	Charge exceeds fee schedule/maximum allowable or		
9916	PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
0010	PRICING ADJUSTMENT - MAX FEE	20150725	22001221	10000101	22001221	45	Charge exceeds fee schedule/maximum allowable or		
9918	PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT -						Charge exceeds fee schedule/maximum allowable or		
0010		20150725	22001221	10000101	22991231	45			
9919	PROVIDER LOC PRICING APPLIED	20130/25	22991231	19000101	22331231	43	contracted/legislated fee arrangement.		

		Checkwrite	Checkwrite	DOS		CARC			
EOB Code	EOB Description	Effective Date	End Date	Effective	DOS End	CODE	CARC DESCRIPTION	RARC CODE	RARC Description
	PRICING ADJUSTMENT - ZERO						Charge exceeds fee schedule/maximum allowable or		·
9920	PRICING APPLIED	20151204	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
	PRICING ADJUSTMENT - PA						Charge exceeds fee schedule/maximum allowable or		·
9921	PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PAYMENT REDUCED DUE TO								
9922	PATIENT LIABILITY DEDUCTION.	20151204	22991231	19000101	22991231	142	Claim adjusted by the monthly Medicaid patient liability amount.		
							Charge exceeds fee schedule/maximum allowable or		
9926	CLAIM HAS CUTBACK AMOUNT	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT - DRG								Missing/incomplete/invalid occurrence
9928	PRICING APPLIED	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	PRICING ADJUSTMENT - RCO HDR						Charge exceeds fee schedule/maximum allowable or		
9929	PAID PRICING APPLIED	20150715	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT -								
	ENCOUNTER RATE PRICING						Charge exceeds fee schedule/maximum allowable or		
9930	APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT -								
	ENCOUNTER PAID AMOUNT						Charge exceeds fee schedule/maximum allowable or		
9931	APPLIED	20150715	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT - HOSPICE						Charge exceeds fee schedule/maximum allowable or		
9932	PRICING APPLIED	20150715	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
							Charge exceeds fee schedule/maximum allowable or		
9933	HOSPICE ENHANCED DAYS PAID	20150715	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT - MAX						Charge exceeds fee schedule/maximum allowable or		
9935	FLAT FEE PRICING APPLIED	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		
	PRICING ADJUSTMENT - TPL						Payment adjusted because charges have been paid by another		
9936	PAYER PRICING APPLIED	20151204	22991231	19000101	22991231	23	payer.		
									Please refer to your provider manual for
	CLAIM DENIED. CORRECT AND								additional program and provider
9990	RESUBMIT.	20151204	22991231	19000101	22991231	A1	Claim/Service denied.	N59	information.
	CLAIM WAS PRICED IN								
	ACCORDANCE WITH MEDICAID						Charge exceeds fee schedule/maximum allowable or		Based on policy this payment constitutes
9998	POLICY	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
	CLAIM WAS PRICED IN								
	ACCORDANCE WITH MEDICAID						Charge exceeds fee schedule/maximum allowable or		Based on policy this payment constitutes
9998	POLICY	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.	N524	payment in full.
	PROCESSED PER MEDICAID						Charge exceeds fee schedule/maximum allowable or		
9999	POLICY	20150725	22991231	19000101	22991231	45	contracted/legislated fee arrangement.		