## Provider Remittance Advice Codes

## *March 2023*

Explanation of Benefit (EOB), Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) may appear on a Provider Remittance Advice (RA) or Provider Electronic Remittance Advice for Paid, Denied or Adjusted claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0201	INVALID PAY- TO PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0204	RECIPIENT ID - OLD FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
	PRESCRIBING PROVIDER NUMBER NOT IN VALID FORMAT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0207	INVALID/MISSI NG BIRTH WEIGHT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPL ETE/INVALID WEIGHT.
	PREGNANCY INDICATOR	20150725	22991231		22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPL ETE/INVALID WEIGHT.
	BRAND MEDICALLY NECESSARY INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCOMPLETE/INVAL ID CONTRACT INDICATOR.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID REFILL INDICATOR VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete /invalid prescription quantity.
	MISSING PRESCRIPTION NUMBER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N388	Missing/incomplete /invalid prescription number.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0213	DATE PRESCRIBED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.
	DATE PRESCRIBED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0215	DATE DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPL ETE/INVALID DISPENSED DATE.
0216	DATE DISPENSED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPL ETE/INVALID DISPENSED DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0217	MISSING DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
0218	INVALID DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0219	QUANTITY DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid prescription quantity.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MISSING DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	ESTIMATED DAYS SUPPLY INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MISSING DIAGNOSIS	20450745	22004224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	<b>.</b>	Missing/incomplete /invalid diagnosis or
0223	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	DIAGNOSIS TREATMENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	INDICATOR						Service Payment Information REF), if		/invalid diagnosis or
0224	INVALID	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0225	REFERRING PROVIDER - INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	ANESTHESIA CLAIMS REQUIRE REFERRING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0227	THIRD PARTY PAYMENT AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	UNITS OF SERVICE MISSING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0234	PROCEDURE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	PROCEDURE CODE NOT IN VALID FORMAT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	DETAIL TO DATE OF SERVICE IS MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?to? date(s) of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0240	THE DETAIL "TO" DATE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
0242	SECONDARY DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0243	MISSING MEDICARE PAID DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0244	THIRD DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0246	FOURTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/ invalid other diagnosis.
0247	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were exceeded.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0248	PLACE OF SERVICE IS MISSING OR BLANK	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
0249	PLACE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM HAS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
0250	NO DETAILS	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	FIRST MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	192	Procedure modifier was invalid on the date of service.		
	SECOND MODIFIER INVALID FOR DATE OF						Procedure modifier was invalid on the		
0252	SERVICE	20150715	22991231	19000101	22991231	187	date of service.		
	THIRD MODIFIER INVALID FOR DATE OF						Procedure modifier was invalid on the		
0253	SERVICE	20150715	22991231	19000101	22991231	182	date of service.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PATIENT RSN FOR VISIT REQ ON OUTPATIENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0255	HOSP CLAIM	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	ADMIT DIAGNOSIS INVALID ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	OUTPATIENT						Service Payment Information REF), if		incomplete/ invalid
0256	HOSP CLAIM	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PATIENT RSN FOR VISIT INVALID ON INPATIENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0257	CLAIM	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	MISSING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	DIAGNOSIS						Service Payment Information REF), if		/invalid diagnosis or
0258	CODE	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	UNITS OF SERVICE NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	MISSING TOOTH NUMBER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0262	INVALID TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.
	INVALID TOOTH SURFACE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete /invalid tooth surface information.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0264	DETAIL FROM DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	DETAIL FROM DATE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0266	MISSING TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete /invalid tooth surface information.
	DUPLICATE TOOTH SURFACES SUBMITTED ON DETAIL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid tooth surface information.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0269	BILLED AMOUNT	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZO	Missing/incomplete
0268	INVALID	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	DETAIL BILLED AMOUNT MISSING OR INVALID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0269	FORMAT	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0270	MISSING TOTAL CLAIM CHARGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete /invalid total charges.
	INVALID TOTAL CLAIM CHARGE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid total charges.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIMARY DIAGNOSIS	20450745	22004224	10000101	22204224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
0272	CODE INVALID	20150/15	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	TYPE OF BILL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0273	MISSING	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0274	TYPE OF BILL CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete /invalid admission date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0276	ADMIT DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete /invalid admission date.
	INVALID ADMISSION HOUR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid admission hour.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0279	ADMIT TYPE	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid admission
0278	MISSING	20150715	22991231	19000101	22991231	16	present.	MA41	type.
	INVALID TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	OF						Service Payment Information REF), if		/invalid admission
0279	ADMISSION	20150715	22991231	19000101	22991231	16	present.	MA41	type.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0280	PATIENT STATUS IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete /invalid patient status.
	PATIENT STATUS IS INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid patient status.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MISSING COVERED DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	COVERED DAYS INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0294	PRIMARY CONDITION	20150715	22004 224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	<b>N</b> 444	Missing/incomplete /invalid condition
0284	CODE INVALID	20150/15	22991231	19000101	22991231	16	present.	M44	code.
	SECOND CONDITON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
0285	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0286	THIRD CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0288	FIFTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SEVENTH CONDITION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
0290	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	DATE FOR PRIMARY OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0296	DATE FOR PRIMARY OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	DATE FOR SECOND OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0298	DATE FOR SECOND OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0300	DATE FOR THIRD OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	DATE FOR FOURTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		EFFECTIVE DATE	CHECKWRITE END DATE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE				NAIL	
				DAIL	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1	DATE FOR FOURTH OCCURRENCE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID OCCURRENCE
0302	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	N299	DATE(S).
-	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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0305	DIAGNOSIS SEQUENCE CONTAINS AN INVALID CHARACTER	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		22991231		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/	N657	This should be billed with the appropriate code for these services.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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	20150715	22991231	19000101	22991231	181	Procedure code was invalid on the date of service.		
0310	DIAGNOSIS VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231	19000101	22991231	146	Diagnosis was invalid for the date(s) of service reported.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIMARY DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
0311	INVALID	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	SECOND DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0312	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0313	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	FOURTH DIAGNOSIS PRESENT ON ADMISSION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	INDICATOR						Service Payment Information REF), if		incomplete/ invalid
0314	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIFTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0315	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	SIXTH DIAGNOSIS PRESENT ON ADMISSION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	INDICATOR						Service Payment Information REF), if		incomplete/ invalid
0316	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SEVENTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
0317	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	EIGHTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid
0318	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NINTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid
0319	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	DIAGNOSIS 10- 24 PRESENT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing
	ADMISSION						Policy Identification Segment (loop 2110		Missing/
0220	INDICATOR	20450745	22004224	10000101	22004224	1.0	Service Payment Information REF), if	D 4 C 4	incomplete/ invalid
0320	INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0330	DTP DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	DATE LAST MENSTRUAL PERIOD MISSING OR IN FUTURE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0332	DATE FIRST PRENATAL VISIT MISSING OR IN FUTURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
0333	DTP DATE QUALIFIER MISSING	20181128	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0334	DTP DATE QUALIFIER INVALID	20181128	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
335	FIRST PRENATAL VISIT DATE CRITERIA NOT MET	20151723	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0339	REVENUE CODE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0341	PROCEDURE REQUIRES DATE OF LAST MENSTRUAL PERIOD	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
0342	PROCEDURE REQUIRES INITIAL TREATMENT DATE	19000101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE REQUIRES REFERRAL NUMBER	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT.	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIFTH DIAGNOSIS	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	DAGA.	Missing/ incomplete/ invalid
0355	CODE INVALID	20150/15	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	SIXTH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
0356	DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M64	incomplete/ invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0257	SEVENTH DIAGNOSIS CODE INVALID	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M64	Missing/ incomplete/ invalid
0357	CODE INVALID	20150/15	22991231	19000101	22991231	16	present.	IVI64	other diagnosis.
	EIGHTH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	DIAGNOSIS		22224554	10005:5:			Service Payment Information REF), if		incomplete/ invalid
0358	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0359	NINTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0361	ADMITTING DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0364	PRINCIPAL ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPL ETE/INVALID PRINCIPAL PROCEDURE DATE.
	PRINCIPAL ICD PROCEDURE DATE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPL ETE/INVALID PRINCIPAL PROCEDURE DATE.

ЕОВ		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIRST OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FIRST OTHER ICD PROCEDURE DATE MISSING		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIRST OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	SECOND OTHER PROCEDURE CODE INVALID		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE CODE(S)

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECOND OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	SECOND OTHER ICD PROCEDURE DATE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	THIRD OTHER ICD PROCEDURE DATE MISSING		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FOURTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FOURTH OTHER ICD PROCEDURE DATE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIFTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FIFTH OTHER ICD PROCEDURE DATE MISSING		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	ATTENDING PHYSICIAN PROVIDER NUMBER MISSING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	DATE FOR FIFTH OCCURRENCE CODE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0412	DATE FOR FIFTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	DATE FOR SIXTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0415	DATE FOR SEVENTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0416	DATE FOR SEVENTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0418	DATE FOR EIGHTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	MEDICARE DEDUCTIBLE AMOUNT INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

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

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0455	DENTAL PREDETERMIN ATION OF BENEFITS NOT ALLOWED	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 Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID PRINCIPAL/OT HER PROCEDURE TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	THE DIAGNOSIS CODE IN SEQUENCE 10- 24 IS IN AN INVALID FORMAT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete/invalidother diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0459	VALUE CODE AMOUNT EXCEEDS MAXIMUM	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
0465	DATE FOR OCCURRENCE CODE 9-24 MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ICD PROCEDURE 7-						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid procedure
0473	24 INVALID	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	ICD PROCEDURE 7- 24 OR DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPL ETE/INVALID PROCEDURE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0475	ICD PROCEDURE 7- 24 DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPL ETE/INVALID PROCEDURE DATE(S).
0500	DATE PRESCRIBED AFTER BILLING DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DATE						Claim/service lacks information or has		
	DISPENSED						submission/billing error(s). Usage: Do		
	EARLIER THAN						not use this code for claims		MISSING/INCOMPL
	DATE						attachment(s)/other documentation. At		ETE/INVALID
0502	PRESCRIBED	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided	N304	DISPENSED DATE.
	DATE								
	DISPENSED								
	AFTER BILLING								
0503	DATE	20150715	22991231	19000101	22991231	110	BILLING DATE PREDATES SERVICE DATE.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TOTAL						Claim/service lacks information or has		
	CHARGE DOES						submission/billing error(s). Usage: Do		
	NOT EQUAL						not use this code for claims		Missing/incomplete
	THE SUM OF						attachment(s)/other documentation. At		/invalid total
0508	ALL DETAILS	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided	M54	charges.
	SERVICE(S)								
	PAST THE								
	MAXIMUM								
	MEDICAID								
0512	FILING LIMIT	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?to? date(s) of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0519	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete /invalid admission date.
	DETAIL DATES NOT WITHIN HEADER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
0526	DATES	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.

		CHECKWRITE		DOS					
		EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DETAIL FROM DATE OF SERVICE IS AFTER ICN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid ?from?
0527	DATE	20150715	22991231	19000101	22991231	16	present.	M52	date(s) of service.
	HDR FROM DATE OF SERVICE > HDR TO DATE OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
	SERVICE(S) PAST THE	20150715	22991231		22991231		The time limit for filing has expired.	1411/101	the period billed.

ЕОВ					DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEPD LATE								
0557	FILING	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
	DICCHARCE						Advice Remark Code that is not an		
	DISCHARGE DATE IS LESS						ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	THAN ADMIT						Service Payment Information REF), if		/invalid discharge
0568	DATE	20150715	22991231	19000101	22991231	16	present.	N50	information.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0570	TOTAL DAYS LESS THAN COVERED DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	SURGICAL PROCEDURE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0573	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SURGERY DTE CANNOT BE OUTSIDE HDR DATES OF						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID
0575	SERVICE	20150715	22991231	19000101	22991231	16	present.	N341	SURGERY DATE.
	DETAIL SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
0589	ADJUSTMENT HAS AUTO DENIAL	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.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MANUALLY SUSPEND FOR						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		Subjected to review of physician evaluation and management
0595	REVIEW	20150725	22991231	19000101	22991231	45	arrangement.	M85	services.
	FILE SEPARATE CLAIMS FOR DIFFERENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on
	YEARS	20150715	22991231	19000101	22991231	16	present.	N61	separate claims.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0602	UNITS NOT EQUAL TO TEETH BILLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
0606	INVALID OTHER PAYER DATE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0620	TPL DEDUCTIBLE AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0622	TPL COPAY AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
NOT HAVE MATCHING			10000101			(may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR
HDR PAYER	20150715	22991231	19000101	22991231	16	present.	N245	OTHER INSURANCE.
PAYER HAS MULTIPLE MATCHING	20150715	22004.224	10000101	22004224	16	(may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.
	TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER  TPL DETAIL PAYER HAS MULTIPLE MATCHING	EOB DESCRIPTION DATE  TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER 20150715  TPL DETAIL PAYER MATCHING HDR PAYER MATCHING HDR PAYER HAS MULTIPLE MATCHING	EOB DESCRIPTION DATE CHECKWRITE END DATE  TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER 20150715 22991231  TPL DETAIL PAYER HAS MULTIPLE MATCHING	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE  TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER 20150715 22991231 19000101  TPL DETAIL PAYER MATCHING HDR PAYER MATCHING HDR PAYER MATCHING HDR PAYER MATCHING HDR PAYER HAS MULTIPLE MATCHING	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DOS END DATE  TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER  TPL DETAIL PAYER AS MULTIPLE MATCHING  TPL DETAIL PAYER HAS MULTIPLE MATCHING  TO ATTENDED THE MATCHING HOR PAYER  CHECKWRITE EFFECTIVE DOS END DATE  ATENDED THE MATCHING DATE  CHECKWRITE EFFECTIVE DOS END DATE  ATENDED THE MATCHING DATE  ATENDED THE MATCHING DATE  CHECKWRITE EFFECTIVE DOS END DATE  ATENDED THE MATCHING DATE  ATENDED THE MATCHING DATE  CHECKWRITE EFFECTIVE DATE  ATENDED THE MATCHING DATE  ATEND	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DOS END CARC CODE  TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER 20150715 22991231 19000101 22991231 16  TPL DETAIL PAYER MATCHING HDR PAYER DOES NOT HAVE MATCHING HDR PAYER HAS MULTIPLE MATCHING	EOB DESCRIPTION DATE  CHECKWRITE END DATE  DATE  CARC CODE  CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	EOB DESCRIPTION DATE  CHECKWRITE END DATE  DATE  CHOS DATE  CARC DESCRIPTION  CLaim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TPL DETAIL PAYER ID HAS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete /invalid payer identifier.
	TPL HDR COINSURANCE <> SUM OF DTL COINSURANCE		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	TPL HDR PAYER HAS NO DETAIL PAYER INFORMATIO N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.
	TPL PAYER RESPONSIBILIT Y MISSING OR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid payer identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TPL PAYER RESPONSIBILIT Y HIERARCHY IS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete /invalid payer identifier.
	TPL TOTAL PAID AMT NOT EQUAL SUM OF HDR PAID AMT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0637	CLAIM WITH TPL AMOUNT MISSING TPL PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OTHER PAYER PAT RESP AMT IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	OTHER PAYER PAT RESP QUALIFIER IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0646	PT RESPONSIBILIT Y MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided		Missing/incomplete /invalid value code(s) or amount(s).
0666	MO Systematic denial of recycled suspense.	20160501	22991231	19000101	22991231		Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM NOT ADJUSTABLE DUE TO FULL REFUND OR INTERNAL UPDATE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	ADJ - RECIPIENT ID NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADJ - PROVIDER ID NOT SUBMITTED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N77	Missing/incomplete /invalid designated provider number.
	ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0678	ADJ - ORIGINAL ICN NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	ADJ - REQUEST RECIPIENT ID NOT FOUND	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADJ - REQUEST PROVIDER DOES NOT MATCH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid replacement claim
0680	ORIGINAL	20150715	22991231	19000101	22991231	16	·	N152	information.
	ADJ - ORIGINAL ICN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance		Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal
0681	NOT FOUND	20150715	22991231	19000101	22991231	16	Advice Remark Code that is not an	M47	Control Number
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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete /invalid replacement claim information.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADJ - ORIGINAL CLAIM NOT IN A PAID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		The original claim was denied. Resubmit a new claim, not a
0685	STATUS	20150715	22991231	19000101	22991231	16	present.	N142	replacement claim.
	ADJ - REPLACEMEN T CLAIM NOT SAME CLAIM	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAE2	Missing/incomplete /invalid replacement claim
	SAME CLAIM TYPE	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	N152	replacer informat

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
	CANNOT						submission/billing error(s). Usage: Do		
	ADJUST THIS						not use this code for claims		
	CLAIM DUE TO						attachment(s)/other documentation. At		
	PROVIDER						least one Remark Code must be provided		
	CHANGES.						(may be comprised of either the NCPDP		
	VOID THIS						Reject Reason Code, or Remittance		Missing/incomplete
	CLAIM AND						Advice Remark Code that is not an		/invalid payer
0687	RESUBMIT	20150715	22991231	19000101	22991231	16	ALERT.) Refer to the 835 Healthcare	M56	identifier.
	CANNOT								
	ADJUST THIS								
	CLAIM DUE TO								
	PHP								
	TERMINATION						Coverage/program guidelines were not		
0688	. VOID THIS	20160501	22991231	19000101	22991231	272	met.		
	<b>.</b>								
	ADJ -								
	ORIGINAL								
	CLAIM								
	CANNOT BE								
0.000	ADJUSTED -			10005:5:		.=.	Coverage/program guidelines were not		
0689	NCCI	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADJUSTMENT RCO PROVIDER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on separate claim
0690	MISSING	20150715	22991231	19000101	22991231	16	present.	N63	lines.
	RCO PROVIDER NOT PRESENT ON ORIGINAL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on separate claim
	CLAIM	20150715	22991231	19000101	22991231	16	present.	N63	lines.

	CHECKWRITE		DOS					
ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
PROVIDER DOES NOT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on separate claim
MOTHER	20150715	22991231	19000101	22991231	16	present.	N63	lines.
FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NEO	Rebill services on separate claim lines.
	ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER  FFS ADJUSTING ENCOUNTER OR ENCOUNTER	EOB DESCRIPTION DATE  ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER 20150715  FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	EOB DESCRIPTION DATE CHECKWRITE END DATE  ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER 20150715 22991231  FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	EOB DESCRIPTION DATE CHECKWRITE END DATE  ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER 20150715 22991231 19000101  FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	EOB DESCRIPTION DATE  CHECKWRITE END DATE  ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER  FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING ENCOUNTER ADJUSTING ENCOUNTER ADJUSTING ENCOUNTER ADJUSTING ENCOUNTER ADJUSTING	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE CODE  ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER 20150715 22991231 19000101 22991231 16  FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	EOB DESCRIPTION  DATE  CHECKWRITE END DATE  DATE  CODE  CARC CODE  CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if Present.	EOB DESCRIPTION DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  CODE  CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information FEF), if Present.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DETAIL RATE	20150745	22004224	10000101			Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0800	NOT NUMERIC	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	DTL RATE * DTL UNITS NOT EQUAL DTL BILLED						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0801	AMOUNT	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0802	MISSING OR INVALID PRESCRIBER ID QUALIFIER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0804	BILLING PROVIDER CANNOT BE PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE PAID AMOUNT MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	INVALID TPL ADJUDICATIO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0808	TPL ADJUDUCATIO N DATE CANNOT BE A FUTURE DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0809	VERIFY LIFETIME RESERVE AND COINS DAYS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID DEDUCTIBLE AMT - SKILLED NURSING FACILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	HEADER FROM DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0812	ADMIT DATE IS GREATER THAN ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete /invalid admission date.
	MEDICARE PAID DATE > ICN DATE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0814	DETAIL TO DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COINSURANCE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	LIFETIME RESERVE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	LIFETIME RESERVE DAYS > MAX ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FROM DOS AND TO DOS MAY NOT SPAN THE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on
0820	FISCAL YEAR	20150715	22991231	19000101	22991231	16		N61	separate claims.
							Claim/service lacks information or has		
	NON-						submission/billing error(s). Usage: Do		
	COVERED						not use this code for claims		Missing/incomplete
	DAYS MISSING						attachment(s)/other documentation. At		/invalid non-
	OR NOT						least one Remark Code must be provided		covered days during
0821	NUMERIC	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	MA33	the billing period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SURGICAL								
	REVENUE								
	CODE								This should be
	REQUIRES ICD								billed with the
	SURGERY						Revenue code and Procedure code do		appropriate code
0822	CODE	20150715	22991231	19000101	22991231	199		N657	for these services.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
	RECIPIENT						not use this code for claims		
	CHECK DIGIT						attachment(s)/other documentation. At		Missing/incomplete
	IS MISSING OR						least one Remark Code must be provided		/invalid patient
0823	INVALID	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N382	identifier.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0824	UNBORN RECIPIENT PENDING ELIGIBILITY VERIFICATION	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	MEDICARE ALLOWED AMOUNT MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TYPE OF BILL INVALID FOR CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete /invalid type of bill.
	DAYS SUPPLY > 3 FOR EMERGENCY PHARMACY CLAIM	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid prescription quantity.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE HDR ALLOW AMNT NOT EQUAL SUM OF DTL	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZO	Missing/incomplete
0830	ALLOW	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MEDICARE HDR PAID AMNT NOT EQUAL SUM						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0831	OF DTL PAID	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0832	OTHER PAYER AMOUNT PAID QUALIFIER INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	CO- INSURANCE AMOUNT DOES NOT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0833	BALANCE	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0825	MEDICARE DATA NOT FOUND - FORMAT	20150715	22001221	19000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M/70	Missing/incomplete
0835	ERROR	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR**	20150715	22001221	19000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M7Q	Missing/incomplete /invalid charge.
0836	ZERO **OR** MEDICAR	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M79	

	CHECKWRITE		DOS					
ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
EFFECTIVE	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
DATES	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MAO	Missing/incomplete /invalid value code(s) or amount(s).
	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES  COPAY AMOUNT DOES NOT	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES  20150715  COPAY AMOUNT DOES NOT	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES  20150715  22991231  19000101  COPAY AMOUNT DOES NOT	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES  20150715  COPAY AMOUNT DOES NOT	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE CODE  CLAIM DATES OVERLAP PLAN EFFECTIVE DATES  22991231  COPAY AMOUNT DOES NOT  CHECKWRITE EFFECTIVE DATE  CHECKWRITE EFFECTIVE DATE  DATE  COPAY AMOUNT DOES NOT  CARC CODE  ATE  DOS END CARC CODE  ATE  DOS END CARC CODE  ATE  DOS END DOS END CARC CODE  ATE  DOS END DATE  COPAY AMOUNT DOES NOT	EOB DESCRIPTION  CHECKWRITE END DATE  CHECKWRITE END DATE  DATE  CODE  CARC CODE  CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if DOES NOT	EOB DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  CODE  CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  CLAIM DATES  ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REBILL SERVICES ON SEPARATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on
0839	CLAIMS	20150715	22991231	19000101	22991231	16	present.	N61	separate claims.
	ICD-10 CLAIM SPANS ICD-10						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on
0840		20150715	22991231	19000101	22991231	16	present.	N61	separate claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0841	ICD-9 CLAIM SPANS ICD-9 END DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
	ES CLAIM REQUIRES DELIVERY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	EMERG CLAIMS REQUIRE A CERTIFIED	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NE 4	Claim information is inconsistent with pre-certified/authorized
0843	EMERGENCY	20150715	22991231	19000101	22991231	16	present.	N54	services.
	HOSPICE CLAIM ONLY ONE LINE ALLOWED PER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on
0844	CLAIM ITEM.	20150715	22991231	19000101	22991231	16	present.	N61	separate claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FACILITY PROVIDER NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid provider number of the facility where the patient resides.
	CLAIM QUANTITY AMOUNT EXCEEDS MAXIMUM	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0900	PROVIDER TYPE SPECIALITY GROUP NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete /invalid group practice information.
	GROUP NUMBER NOT FOUND IN PROVIDER GROUP TABLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete /invalid group practice information.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
	2200521125						not use this code for claims		
	PROCEDURE						attachment(s)/other documentation. At		Missing/incomplete
0000	CODE GROUP	20450745	22224224	40000404	22224224	4.6	least one Remark Code must be provided		/invalid procedure
0902	NOT FOUND	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	M51	code(s).
	GROUP								
	NUMBER NOT FOUND IN								
	PLACE OF								
	SERVICE						Coverage/program guidelines were not		
0903	GROUP T	20160501	22991231	19000101	22991231	272	met.		
0303	GROOT 1	20100301	22331231	13000101	22331231	272	inct.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	MODIFIER						Coverage/program guidelines were not		
0904	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	LEVEL OF								
	CARE GROUP						Coverage/program guidelines were not		
0905	TABL	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT						,		
	FOUND IN ICD						Coverage/program guidelines were not		
0906	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CD CLUB								
	GROUP								
	NUMBER NOT FOUND IN								
	DRUG GROUP						Coverage/program guidelines were not		
0907	TABLE	20160501	22991231	19000101	22991231	272	met.		
0907	TABLE	20100301	22991231	19000101	22991231	212	met.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	VALUE GROUP						Coverage/program guidelines were not		
0908	TABLE	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT						Coverage/program guidelines were not		
0909	FOUND IN	20160501	22991231	19000101	22991231	272	met.		
	BENEFIT PLAN								
	GROUP NOT						Coverage/program guidelines were not		
0910	FOUND	20160501	22991231	19000101	22991231	272	met.		
	INTERNAL								
	PROCESSING								
	ERROR -								
	CONTACT						Coverage/program guidelines were not		
0911	GAINWELL	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INTERNAL								
	ERROR-								
	DOLLAR						Coverage/program guidelines were not		
0912	DISTRIBUTION	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	REVENUE						Coverage/program guidelines were not		
0913		20160501	22991231	19000101	22991231	272	met.		
0913	GROUP TABLE	20100301	22991231	19000101	22991231	2/2	Claim/service lacks information or has		
	GROUP						submission/billing error(s). Usage: Do		
	NUMBER NOT						not use this code for claims		
	FOUND IN						attachment(s)/other documentation. At		
	TYPE OF BILL						least one Remark Code must be provided		Missing/incomplete
0914	GROUP TABLE	20150715	22991231	19000101	22991231	16	•	MA30	/invalid type of bill.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GROUP NUMBER NOT FOUND IN COUNTY						Coverage/program guidelines were not		
	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		
	GROUP NOT FOUND IN PROVIDER GROUP TABLE	20150715	22991231	19000101	22991231	<b>B</b> 7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE		DATE			CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
	GROUP NUMBER NOT						Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	FOUND IN						Policy Identification Segment (loop 2110		Missing/incomplete
	PROCEDURE						Service Payment Information REF), if		/invalid procedure
0917	GROUP TABLE	20150715	22991231	19000101	22991231	16	'	M51	code(s).
	TOOTH						Claim/service lacks information or has		NA::/:
	SURFACE NUMBER NOT						submission/billing error(s). Usage: Do not use this code for claims		Missing/incomplete /invalid tooth
	FOUND IN						attachment(s)/other documentation. At		surface
0918	тоотн	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided	N75	information.
0010	GROUP NUMBER NOT FOUND IN AID	20450504	22004.224	10000101	22004224	272	Coverage/program guidelines were not		
0919	CODE TABLE	20160501	22991231	19000101	22991231	2/2	met.		
	DRUG THERAPEUTIC CLASS GROUP						Coverage/program guidelines were not		
0920		20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE			CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GROUP								
	NUMBER NOT								
	FOUND IN						Coverage/program guidelines were not		
0921	PROVIDER	20160501	22991231	19000101	22991231	272	met.		
	TABLE ENTRY								
	MISSING						Coverage/program guidelines were not		
0922	T_MCARE_DE	20160501	22991231	19000101	22991231	272	met.		
	RULE								
	OVERLAP						Coverage/program guidelines were not		
0923	IDENTIFIED	20160501	22991231	19000101	22991231	272	met.		
							Claim/service lacks information or has		Missing/incomplete
							submission/billing error(s). Usage: Do		/invalid Payer Claim
	SYSTEM						not use this code for claims		Control Number.
	ERROR - ADJ -						attachment(s)/other documentation. At		Other terms exist
	ORIGINAL						least one Remark Code must be provided		for this element
	CLAIM NOT						(may be comprised of either the NCPDP		including, but not
0924	FOUND	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	M47	limited to, Internal

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GROUP								
	NUMBER NOT								
	FOUND IN						Coverage/program guidelines were not		
	REFERENCE	20160501	22991231	19000101	22991231	272	met.		
	PROCEDURE								
	MODIFIER						Procedure modifier was invalid on the		
0926	RESTRICTION	20150715	22991231	19000101	22991231	182	date of service.		
	DRG GROUP						Benefit maximum for this time period or		Policy benefits have
0927	NOT FOUND	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N587	been exhausted.
0927	NOT FOUND	20130713	22991231	19000101	22991231	119	occurrence has been reached.	14367	been exhausteu.
	BIRTH								
	WEIGHT CDE								
	VALUE GROUP						Coverage/program guidelines were not		
0928	NOT FOUND	20150715	22991231	19000101	22991231	B5	met or were exceeded.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	D/(12	LIND DY II L	DATE	Ditte	CODE	or the Beschill Front	0001	TO THE PLOCIAL FIGURE
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		MISSING/INCOMPL
							Advice Remark Code that is not an		ETE/INVALID
							ALERT.) Refer to the 835 Healthcare		BILLING
	NO PAY-TO						Policy Identification Segment (loop 2110		PROVIDER/SUPPLIE
	PROVIDER						Service Payment Information REF), if		R PRIMARY
1000	RECORD	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
	BILLING						not use this code for claims		
	PROVIDER						attachment(s)/other documentation. At		
	NOT						least one Remark Code must be provided		Missing/incomplete
	ENROLLED						(may be comprised of either the NCPDP		/invalid group
	FOR DATES OF						Reject Reason Code, or Remittance		practice
1001	SERVICE	20150715	22991231	19000101	22991231	16	Advice Remark Code that is not an	MA112	information.
							This provider was not certified/eligible to		
	DEDEOS:						be paid for this procedure/service on this		
	PERFORMING						date of service. Usage: Refer to the 835		
	PROV NOT						Healthcare Policy Identification Segment		
1000	ELIGIBLE FOR	20450745	22004224	40000404	22004224		(loop 2110 Service Payment Information		
1002	DOS	20150715	22991231	19000101	22991231	В7	REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER INELIGIBLE ON DATE OF SERVICE	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	BILLING PROVIDER NOT ENROLLED FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete /invalid group practice information.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		MISSING/INCOMPL
	RENDERING						least one Remark Code must be provided		ETE/INVALID
	PROVIDER						(may be comprised of either the NCPDP		RENDERING
	IDENTIFIER						Reject Reason Code, or Remittance		PROVIDER PRIMARY
1007	NOT ON FILE	20150715	22991231	19000101	22991231	16	Advice Remark Code that is not an	N290	IDENTIFIER.
							This provider was not certified/eligible to		
	PERFORMING						be paid for this procedure/service on this		
	PROVIDER						date of service. Usage: Refer to the 835		
	NOT IN						Healthcare Policy Identification Segment		
	BILLING						(loop 2110 Service Payment Information		
1010	GROUP	20150715	22991231	19000101	22991231	В7	REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		Procedure code or
							Reject Reason Code, or Remittance		procedure rate
	HOSPICE SNF						Advice Remark Code that is not an		count cannot be
	RATE NOT ON						ALERT.) Refer to the 835 Healthcare		determined, or was
	FILE OR						Policy Identification Segment (loop 2110		not on file, for the
	INVALID SNF						Service Payment Information REF), if		date of
1017	SVC LOCATION	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		Procedure code or
							attachment(s)/other documentation. At		procedure rate
							least one Remark Code must be provided		count cannot be
							(may be comprised of either the NCPDP		determined, or was
	CLINIC RATE						Reject Reason Code, or Remittance		not on file, for the
	NOT ON FILE						Advice Remark Code that is not an		date of
1018	FOR HOSPITAL	20150715	22991231	19000101	22991231	16	ALERT.) Refer to the 835 Healthcare	N65	service/provider.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MULTIPLE RATES FOR LEVEL OF CARE - RATE CHANGE OVERLAPS SERVICE						Claim spans eligible and ineligible		The rate changed
	DATES; SPLIT						periods of coverage. Rebill separate		during the dates of
	BI	20150715	22991231	19000101	22991231	239	claims.	N144	service billed.
	ATTENDING PHYSICIAN ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		MISSING/INCOMPL
	FIRST OTHER						not use this code for claims		ETE/INVALID
	(OPERATING)						attachment(s)/other documentation. At		OPERATING
	PROVIDER ID						least one Remark Code must be provided		PROVIDER PRIMARY
1021	NOT ON FILE	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N262	IDENTIFIER.
	BILLING								
	PROVIDER								
	NOT LISTED AS						Services not provided by		
	RECIPIENT LTC						network/primary care providers. Notes:		
1024	PROV	20150715	22991231	19000101	22991231	242	This code replaces deactivated code 38.		
							Claim/service lacks information or has		
	DDECCDIDING						submission/billing error(s). Usage: Do		A ALCCINIC (INICONATA
	PRESCRIBING						not use this code for claims		MISSING/INCOMPL
	PHYSICIAN						attachment(s)/other documentation. At		ETE/INVALID
	LICENSE						least one Remark Code must be provided		PRESCRIBING
1006	NUMBER NOT	20450745	22224	10000101	22224224	4.6	(may be comprised of either the NCPDP		PROVIDER
1026	ON FILE	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N31	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER TYPE - CLAIM INPUT CONFLICT	20150715	22991231	19000101	22991231	170	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	DEA NOT ON FILE FOR PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1039	PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1040	PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRESCRIBER PRACTICE TYPE NOT VALID FOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER
1041	DRUG SCHED	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.
1041	RENDERING PROVIDER NOT ON PROVIDER DATABASE	20130/13	22331231				Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP		MISSING/INCOMPL ETE/INVALID OTHER PAYER RENDERING PROVIDER
1051	(HDR)	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N277	IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ORDERING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	PROVIDER NAME MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTENDING PROVIDER ID NOT ON FILE - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	OPERATING PROVIDER ID NOT ON FILE - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1072	ATTENDING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRESCRIBING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1077	FACILITY PROV - STATUS NOT VALID FOR DOS	20210401	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		MISSING/INCOMPL
	FACILITY PROV						attachment(s)/other documentation. At		ETE/INVALID
	- NOT						least one Remark Code must be provided		ATTENDING
	ENROLLED AT						(may be comprised of either the NCPDP		PROVIDER PRIMARY
1078	SVC LOC - DTL	20210401	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N253	IDENTIFIER.
							The prescribing/ordering provider is not		
							eligible to prescribe/order the service		
	ORDERING						billed. Usage: Refer to the 835		
	PROV NOT						Healthcare Policy Identification Segment		
	ENROLLED						(loop 2110 Service Payment Information		
1079	SVC LOCATION	20150715	22991231	19000101	22991231	184	REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	REFERRING PROV NOT ENROLLED SVC LOC DTL- PHYS-DNTL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REFERRING PROV NOT ENROLLED AT SVC LOC - HDR	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY
1083	- UB	20150715	22991231	19000101	22991231	16	present.	N286	IDENTIFIER.
	ATTENDING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1085	OPERATING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
	REFERRING PROV - NOT ENROLLED AT SVC LOC - DTL- UB	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1087	ATTENDING PROV - NOT ENROLLED AT SVC LOC - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1089	PRESCRIBING PROV - NOT ENROLLED AT SVC LOC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	REFERRING PROV STATUS NOT VALID FOR DOS - HDR - UB	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1094	ATTENDING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	OPERATING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	ATTENDING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
	OPERATING						not use this code for claims		MISSING/INCOMPL
	PROV -						attachment(s)/other documentation. At		ETE/INVALID
	STATUS NOT						least one Remark Code must be provided		OPERATING
	VALID FOR						(may be comprised of either the NCPDP		PROVIDER PRIMARY
1098	DOS - DTL	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N262	IDENTIFIER.
	PRESCRIBING PROV - STATUS NOT VALID FOR						The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		
1099	DOS	20150715	22991231	19000101	22991231	184	REF), if present.		
							The prescribing/ordering provider is not		
	ORDERING						eligible to prescribe/order the service		
	PROV -						billed. Usage: Refer to the 835		
	STATUS NOT						Healthcare Policy Identification Segment		
	VALID FOR						(loop 2110 Service Payment Information		
1100	DOS	20150715	22991231	19000101	22991231	184	REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY DISTRICT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL ETE/INVALID BILLING
	PROVIDER						Service Payment Information REF), if		PROVIDER/SUPPLIE
1200	NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	MATERNITY DISTRICT PROVIDER MISSING OR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1201	SPACES	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N257	IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY PROVIDER NOT A DISTRICT						The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		This provider type/provider specialty may not
1202	PROVIDER	20150715	22991231	19000101	22991231	8	present.	N95	bill this service.
	MATERNITY DISTRICT PROVIDER NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY DISTRICT PROV STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1205	MATERNITY DISTRICT PROV NOT AN NPI	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1206	MATERNITY DISTRICT PAYER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1207	MATERNITY DISTRICT PAYER - MORE THAN ONE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	MATERNITY CLAIM NOT AN ENCOUNTER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY						Claim/service lacks information or has		
	ENCOUNTER -						submission/billing error(s). Usage: Do		INCORRECT CLAIM
	INVALID						not use this code for claims		FORM/FORMAT
1210	CLAIM TYPE	20150715	22991231	19000101	22991231	16	attachment(s)/other documentation. At	N34	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 Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	SUBMITTER BEGINS WITH TPIDRCO FOR NON- ENCOUNTER CLAIM	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BILLING PROVIDER TYPE IS RCO	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ENCOUNTER INDICATOR IS NOT Y	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1228	ENCOUNTER IS PHARMACY OR DENTAL CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
1229	MATERNITY CARE ENCOUNTER SERVICE NOT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	ENCOUNTER PROVIDER MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1232	ENCOUNTER PROVIDER NPI NOT SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1233	ENC PROVIDER NOT ENROLLED AT SERVICE LOCATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1234	ENCOUNTER PROVIDER STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1235	ENCOUNTER PROVIDER MULTIPLE SERVICE LOCATIONS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1236	RCO PROVIDER NOT A VALID RCO PROVIDER TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FQHC FFS RCO CLAIM MISSING RCO PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	FQHC FFS RCO CLAIM RCO PAID AMT ZERO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ENCOUNTER CLAIM RECIPIENT IS NOT IN AN RCO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER CLAIM DATES OF SERVICE NOT ALL IN RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ENCOUNTER RECIPIENT CHANGES RCO	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER CLAIM RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	NO ENCOUNTER PAYER SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1251	MORE THAN ONE ENCOUNTER PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1252	ENCOUNTER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1253	ENCOUNTER ADJUDICATIO N DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
	ENCOUNTER ADJUDICATIO N DATE CANNOT BE IN FUTURE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER MISSING DETAIL PAYER INFORMATIO						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR
1255	N	20150715	22991231	19000101	22991231	16	present.	N245	OTHER INSURANCE.
4256	ENCOUNTER COPAY NOT	20450745	22004224	10000101	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid value code(s) or
1256	NUMERIC	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	ENCOUNTER SUM OF DTL COPAY NOT EQUAL HDR COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
1260	ENCOUNTER COINSURANCE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1261	ENCOUNTER DEDUCTIBLE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1280	RCO DENIED CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	RCO DENIED CLAIM - TPL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1282	RCO DENIED CLAIM - TIMELY FILING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	RCO DENIED CLAIM - NOT AN RCO COVERED SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RCO DENIED CLAIM - MISSING AUTHORIZATI ON OR REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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).
	BILLING PROVIDER MUST BE GROUP PROVIDER NUMBER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	VERIFY PERFORMING PROVIDER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
	NOT GROUP						Service Payment Information REF), if		R PRIMARY
1804	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.
	BILLING PROVIDER SPECIALTY NOT FOUND FOR CLAIM						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1805	DOS	20150715	22991231	19000101	22991231	16	Reject Reason Code, or Remittance	N257	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	EPSDT REFERRED SVCS RESTRICTED TO RECIPIENTS UNDER	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	CROSSOVER ONLY PROVIDER CANNOT BILL CLAIM TYPE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REFERRING PROVIDER IS MISSING OR NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	REFERRING PROVIDER-NO SCREENING SPECIALTY FOR DOS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PERFORMING PROVIDER SPECIALTY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
	NOT FOUND						Service Payment Information REF), if		R PRIMARY
1810	FOR DOS	20150715	22991231	19000101	22991231	16	•	N257	IDENTIFIER.
							Claim/service lacks information or has submission/billing error(s). Usage: Do		MISSING/INCOMPL
	BILLING PROV						not use this code for claims		ETE/INVALID
	PUB-PRIV						attachment(s)/other documentation. At		ATTENDING
	ASSIGNMENT						least one Remark Code must be provided		PROVIDER PRIMARY
1011		20240404	22004224	10000101	22004224	1.0	•		
1811	FAILED	20210401	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N253	IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1812	RECIPIENT / ADMIT AGE GREATER THAN 21	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	PROVIDER SUSPENDED FOR OUTSTANDIN G CREDIT BALANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPL ETE/INVALID PAY- TO PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1814	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1816	MATERNITY CARE MUST BE PERFORMED BY DISTRICT PROV MATERNITY	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38. The procedure code is inconsistent with		This provider
1817	CARE PROV CAN ONLY BILL	20150715	22991231	19000101	22991231	8	the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110	N95	type/provider specialty may not bill this service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER						Services not provided by		
	PROVIDER						network/primary care providers. Notes:		
1818	MISMATCH	20150715	22991231	19000101	22991231	242	This code replaces deactivated code 38.		
							The procedure code/type of bill is		
							inconsistent with the place of service.		
							Usage: Refer to the 835 Healthcare		
	INVALID POS						Policy Identification Segment (loop 2110		Missing/incomplete
	FOR FQHC						Service Payment Information REF), if		/invalid/inappropria
1819	PROVIDER	20150715	22991231	19000101	22991231	5	present.	M77	te place of service.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		MISSING/INCOMPL
	PATIENT FIRST						not use this code for claims		ETE/INVALID
	CLAIM						attachment(s)/other documentation. At		REFERRING
	REQUIRES A						least one Remark Code must be provided		PROVIDER PRIMARY
1820	REFERRAL	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N286	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.		
	MEDICAL LOCKIN - LOCKIN DATES OVERLAP	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1022	WAIVER ASSIGNMENT DATES OVERLAP	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAA 24	Missing/incomplete /invalid beginning and ending dates of
1823	CLAIM DATES	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	LTC						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		
	ASSIGNMENT DATES						ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete /invalid beginning
	OVERLAP						Service Payment Information REF), if		and ending dates of
1824	CLAIM DATES	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
	COBA DENIAL -						Reject Reason Code, or Remittance		INCORRECT CLAIM
	DO NOT						Advice Remark Code that is not an		FORM/FORMAT
1825	CROSSOVER	20150715	22991231	19000101	22991231	16	ALERT.) Refer to the 835 Healthcare	N34	FOR THIS SERVICE.
	SERVICE FOR								
	MATERNITY								
	WAIVER/CARE						This provider was not certified/eligible to		
	RECIPIENT						be paid for this procedure/service on this		
	MUST BE						date of service. Usage: Refer to the 835		
	BILLED WITH						Healthcare Policy Identification Segment		
	GLOBAL						(loop 2110 Service Payment Information		
1826	SERVICE	20150715	22991231	19000101	22991231	В7	REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NON-MEPD CLAIM FOR MEPD						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
1827	RECIPIENT	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1829	PERF PROV ENROLL STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
	PROCEDURE REQUIRES BOTH ORDERING AND REF PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE REQUIRE EITHER ORDERING OR REF PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
	PROCEDURE REQUIRES REFERRING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		MISSING/INCOMPL
	PROCEDURE						ALERT.) Refer to the 835 Healthcare		ETE/INVALID
	REQUIRES						Policy Identification Segment (loop 2110		ORDERING
	ORDERING						Service Payment Information REF), if		PROVIDER PRIMARY
1833	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N265	IDENTIFIER.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		MISSING/INCOMPL
	SUBMITTER						Reject Reason Code, or Remittance		ETE/INVALID
	ID/EVVM						Advice Remark Code that is not an		BILLING
	PROCEDURE						ALERT.) Refer to the 835 Healthcare		PROVIDER/SUPPLIE
1834	CONFLICT	20150715	22991231	19000101	22991231	16	Policy Identification Segment (loop 2110	N256	R NAME.

		CHECKWRITE		DOS					
EOB I	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER						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		
	UNDER						Reject Reason Code, or remittance		Consent form
1	REVIEW -						Advice Remark Code that is not an		requirements not
1835 I	BILLING	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.
	PROVIDER UNDER REVIEW -						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		Consent form
	PERFORMING	20150715	22991231	19000101	22991231	251	ALERT).	N28	requirements not fulfilled.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1839	NFP SERVICE REQUIRES ACHN REFERRAL	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	SERVICE REQUIRES PCP REFERRAL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1841	MATERNITY SERVICE REQUIRES ACHN NETWORK REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1842	MATERNITY SERVICE REQUIRES DHCP CONTRACT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1843	MATERNITY SERVICE REQUIRES ACHN NETWORK PARTICIPATIO N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	MATERNITY SERVICE REQUIRES ACHN ELIGIBILITY	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GLOBAL MATERNITY PROCEDURE BILLED AS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		This should be billed with the appropriate code
1845	EMERGENCY	20191001	22991231	20191001	22991231	16	present.	N657	for these services.
	TAXONOMY IS INVALID BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS INVALID PREFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1913	TAXONOMY IS MISSING: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS MISSING: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
	BILLING						least one Remark Code must be provided		
	PROVIDER -						(may be comprised of either the NCPDP		
	NPI MISSING						Reject Reason Code, or Remittance		MISSING/INCOMPL
	OR INVALID -						Advice Remark Code that is not an		ETE/INVALID
	AN NPI						ALERT.) Refer to the 835 Healthcare		BILLING
	NUMBER IS						Policy Identification Segment (loop 2110		PROVIDER/SUPPLIE
	REQUIRED						Service Payment Information REF), if		R PRIMARY
1927	AND WAS N	20150715	22991231	19000101	22991231	16	'	N257	IDENTIFIER.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		MISSING/INCOMPL
	NPI REQUIRED						not use this code for claims		ETE/INVALID
	HEALTHCARE=						attachment(s)/other documentation. At		RENDERING
	Y PREMING						least one Remark Code must be provided		PROVIDER PRIMARY
1928	PROV	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N290	IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NPI REQUIRED HEALTHCARE= Y REFERRING								MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY
	PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	IDENTIFIER.
	NPI REQUIRED HEALTHCARE= Y RENDERING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY
1931	PROV	20150715	22991231	19000101	22991231	16	present.	N290	IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DTL NPI						Claim/service lacks information or has		
	REQUIRED						submission/billing error(s). Usage: Do		MISSING/INCOMPL
	HEALTHCARE=						not use this code for claims		ETE/INVALID
	Υ						attachment(s)/other documentation. At		RENDERING
	PERFORMING						least one Remark Code must be provided		PROVIDER PRIMARY
1934	PROV	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N290	IDENTIFIER.
	DTL NPI								MISSING/INCOMPL
	REQUIRED								ETE/INVALID
	HEALTHCARE=								ORDERING
	Y REFERRING								PROVIDER PRIMARY
1935	PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1936	INVALID BILLING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1937	INVALID PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1938	INVALID REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1939	INVALID FACILITY PROVIDER SPECIFIED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1940	INVALID RENDERING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1941	INVALID OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1942	INVALID DTL OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1943	INVALID DTL PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID DTL REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	MULTIPLE SERVICE LOCATIONS FOR BILLING PROVIDER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R SECONDARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1946	MULTIPLE SERVICE LOCATIONS FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N291	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1952	MULTIPLE SERVICE LOCS FOR DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1960	NPI REQUIRED: ATTENDING PROVIDER (HEALTHCARE)		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1961	NPI REQUIRED: OPERATING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
	NPI REQUIRED: REFERRING PROVIDER (HEALTHCARE)		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1963	ATTENDING PROVIDER - NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1964	OPERATING PROVIDER- NPI REQUIRED - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1965	ATTENDING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1966	OPERATING PROVIDER- NPI REQUIRED - DTL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1968	NPI REQUIRED: ORDERING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
	INVALID DTL ORDERING PROVIDER OVERRIDE SPECIFIED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1970	INVALID ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	INVALID DTL ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID OTHER PROVIDER 1 OVERRIDE	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY
1972	SPECIFIED	20150715	22991231	19000101	22991231	16	present.	N270	IDENTIFIER.
	INVALID DTL OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
	TAXONOMY IS NOT VALID FOR DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1978	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.
	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1982	TAXONOMY IS NOT VALID FOR REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS NOT VALID FOR OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1986	TAXONOMY IS INVALID: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS INVALID: FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N295	MISSING/INCOMPL ETE/INVALID SERVICE FACILITY SECONDARY IDENTIFIER.
1989	TAXONOMY IS INVALID: OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
	MMIS						attachment(s)/other documentation. At		MISSING/INCOMPL
	FACILITY						least one Remark Code must be provided		ETE/INVALID OTHER
	PROVIDER ID						(may be comprised of either the NCPDP		PAYER SERVICE
	NOT						Reject Reason Code, or Remittance		FACILITY PROVIDER
1995	ENROLLED	20150715	22991231	19000101	22991231	16	Advice Remark Code that is not an	N278	IDENTIFIER.
	THE								
	RENDERING						The rendering provider is not eligible to		
	PROVIDER IS						perform the service billed. Usage: Refer		
	NOT						to the 835 Healthcare Policy		
	ENROLLED IN						Identification Segment (loop 2110		
	THE MEDICAID						Service Payment Information REF), if		
1996	PROGRAM.	20150715	22991231	19000101	22991231	185	present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER ID IS INVALID, IS NOT ON FILE OR NAME/NUMB						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1999	•	20150715	22991231	19000101	22991231	16		N257	IDENTIFIER.
	RECIPIENT IS NOT ON ELIGIBILITY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided		Missing/incomplete /invalid patient
2001	FILE	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	N382	identifier.
	RECIPIENT NOT ELIGIBLE FOR HEADER DATE OF								Patient ineligible for
2002	SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	this service.
2003	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.

		CHECKWRITE		DOS					
		EFFECTIVE			DOS END DATE	CARC	CARC DESCRIPTION	RARC CODE	DARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT								
	INELIGIBLE ON								Darland to distribute for
	DATE OF	20450745	22004224	10000101	22004224	20	Formand maintenance	NIGO	Patient ineligible for
2009	SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage. Claim/service lacks information or has	N30	this service.
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		Procedure code or
							least one Remark Code must be provided		procedure rate
							(may be comprised of either the NCPDP		count cannot be
	PATIENT						Reject Reason Code, or Remittance		determined, or was
	LIABILITY						Advice Remark Code that is not an		not on file, for the
	SEGMENT						ALERT.) Refer to the 835 Healthcare		date of
2042	OVERLAP	20150715	22991231	19000101	22991231	16	Policy Identification Segment (loop 2110	N65	service/provider.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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 Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.
	RECIPIENT PATIENT STATUS INVALID FOR CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete /invalid patient status.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADMIT REASON/SOU RCE OF ADMISSION MISSING/INVA						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid admission
2047	LID	20150715	22991231	19000101	22991231	16	present.	MA42	source.
	RECIPIENT DISCHARGE RSN MISSING/INVA						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid discharge
	LID(SUSPEND)	20150715	22991231	19000101	22991231	16	present.	N50	information.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADMIT DATE						Claim/service lacks information or has		Missing/incomplete
	MUST EQUAL						submission/billing error(s). Usage: Do		/invalid beginning
	HDR FIRST SVC						not use this code for claims		and ending dates of
2050	DATE	20150715	22991231	19000101	22991231	16	attachment(s)/other documentation. At	MA31	the period billed.
	UNABLE TO								
	DETERMINE								
	FUND CODE -						Coverage/program guidelines were not		
2054	DETAIL	20160501	22991231	19000101	22991231	272	met.		
	UNABLE TO								
	DETERMINE								
	AID CAT OR						Coverage/program guidelines were not		
2055	COUNTY	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT ELIGIBILITY -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
2056	CHIP OVERLAP	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	RECIPIENT PARTIALLY ELIGIBILE -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
2057	HEADER	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
	RECIPIENT IS						not use this code for claims		Missing/incomplete
	NOT ELIGIBLE						attachment(s)/other documentation. At		/invalid beginning
	ALL DATES OF						least one Remark Code must be provided		and ending dates of
2077	SERVICES	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	MA31	the period billed.
	RECIPIENT								
	COVERED BY								
	MEDICARE A						Claim/service not covered by this		
	(NO						payer/contractor. You must send the		
2500	ATTACHMENT	20450745	22004224	10000101	22004224	100	claim/service to the correct		
2500	)	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY						Claim/service not covered by this		
	MEDICARE A						payer/contractor. You must send the		
	(WITH						claim/service to the correct		
2501	ATTACHMENT	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY								
	MEDICARE B						Claim/service not covered by this		
	(NO						payer/contractor. You must send the		
	ATTACHMENT						claim/service to the correct		
2502	)	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY								
	MEDICARE B						Claim/service not covered by this		
	(WITH ATTACHMENT						payer/contractor. You must send the claim/service to the correct		
2503	A LIACHIVIEN I	20150715	22991231	19000101	22991231	100	payer/contractor.		
2503	1	Z0120/12	ZZ331Z31	TACOUTOT	ZZ331Z31	TOA	payer/contractor.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FILE SHOWS								
	OTHER								
	INSURANCE,								Missing/Incomplete
	SUBMIT TO								/Invalid prior
	OTHER						This care may be covered by another		Insurance Carrier(s)
2504	CARRIER	20150715	22991231	19000101	22991231	22	payer per coordination of benefits.	N4	EOB.
	RECIPIENT								
	COVERED BY								Missing/Incomplete
	PRIVATE								/Invalid prior
	INSURANC(W/						This care may be covered by another		Insurance Carrier(s)
2505	ATTACHMNT)	20150715	22991231	19000101	22991231	22	payer per coordination of benefits.	N4	EOB.
	THIS PATIENT								Missing/Incomplete
	HAS TWO								/Invalid prior
	COVERAGE						This care may be covered by another		Insurance Carrier(s)
2507	TYPES	20150715	22991231	19000101	22991231	22	payer per coordination of benefits.	N4	EOB.
	RECIPIENT								
	COVERED BY								Missing/Incomplete
	PRIVATE								/Invalid prior
	INSURANCE						This care may be covered by another		Insurance Carrier(s)
2508	(PHARMACY)	20150715	22991231	19000101	22991231	22	payer per coordination of benefits.	N4	EOB.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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.		
	TPL DENIAL CAS CODE NOT SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2572	ATTACHMENT CONTROL NUMBER NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT NUMBER NOT ON FILE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2574	ATTACHMENT STATUS IS REJECTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT PROVIDER MISMATCH	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2576	ATTACHMENT RECIPIENT MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT DATE MISMATCH	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
2578	ATTACHMENT /CLAIM REVIEW - INTERNAL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT /CLAIM REVIEW - AGENCY	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2580	DETAIL CAS SEGMENT EXPECTED BUT NOT SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	HEADER CAS SEGMENT EXPECTED BUT NOT SUBMITTED	19000101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2585	ATTACHMENT NUMBER ON ACTIVITY TABLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2586	ATTACHMENT STATUS SUSPEND - INTERNAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTACHMENT STATUS SUSPEND -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
2587	AGENCY	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
2588	ATTACHMENT STATUS SUSPEND - ADDITIONAL PROVIDER DOCUMENTAT ION REQUIRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTACHMENT						Claim/service lacks information or has		MISSING/INCOMPL
	ADDITIONAL						submission/billing error(s). Usage: Do		ETE/INVALID
	PROVIDER						not use this code for claims		BILLING
	DOCUMENTAT						attachment(s)/other documentation. At		PROVIDER/SUPPLIE
2589	ION NOT	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided	N256	R NAME.
	SYSTEM								
	ERROR -								
	COULD NOT								
	ASSIGN TPL						Coverage/program guidelines were not		
2590	INPUT CODE	20160501	22991231	19000101	22991231	272	met.		
	SYSTEM								
	ERROR -								
	COULD NOT								
	ASSIGN TPL						Coverage/program guidelines were not		
2591	INPUT CODE	20160501	22991231	19000101	22991231	272	met.		
	RECIPIENT								MISSING/INCOMPL
	LOCK-IN TO								ETE/INVALID
	SPECIFIC								PRESCRIBING
	PRESCRIBING								PROVIDER
2603	PROVIDER	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N31	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2615	CONFLICTING REVIEW REQUESTS SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ADMIN REVIEW NUMBER NOT ON FILE OR NOT SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2621	ADMIN REVIEW RECIPIENT/PR OV OR DATE MISMATCH	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2622	ADMIN REVIEW STATUS IS REJECTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2623	ADMIN REVIEW STATUS IS SUSPEND	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2624	ADMIN REVIEW STATUS IS APPROVED	19000101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2625	ADMIN REVIEW SUSPEND TIME EXCEEDED WITHOUT REVIEW	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ADMIN REVIEW AWAITING DOCUMENTAT	19000101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
3322						0000	Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
	ADMIN						least one Remark Code must be provided		
	REVIEW ACN						(may be comprised of either the NCPDP		MISSING/INCOMPL
	ALREADY						Reject Reason Code, or Remittance		ETE/INVALID
	USED FOR						Advice Remark Code that is not an		BILLING
	ANOTHER						ALERT.) Refer to the 835 Healthcare		PROVIDER/SUPPLIE
2627	CLAIM	19000101	22991231	19000101	22991231	16	Policy Identification Segment (loop 2110	N256	R NAME.
2800	STERILIZATION DENIED BECAUSE DOCUMENTAT ION DOES NOT MEET HHS/MEDICAI D 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	HYSTERECTO MY DENIED BECAUSE DOCUMENTAT ION DOES NOT MEET HHS/MEDICAI D 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.

FOR	FOR	CHECKWRITE	CUECKARDITE	DOS	DOC END	CARC		DADC	
	EOB				DOS END	CARC		RARC	D. A. D. G. D. D. G. D. D. G.
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ABORTION DENIED BECAUSE DOCUMENTAT ION DOES NOT MEET HHS/MEDICAI D						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		Consent form
	REQUIREMEN						Advice Remark Code that is not an		requirements not
2802	TS.	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.
	DETAILS						Claim/service lacks information or has		Rebill services on
2804	COVERED BY	20150715	22991231	19000101	22991231	16	submission/billing error(s). Usage: Do	N61	separate claims.
	DOS PRIOR TO						The date of birth follows the date of		
	DOB	20150715	22991231	19000101	22991231	14	service.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PREGNANCY INDICATOR IS INVALID FOR RECIPIENT SEX	20450745	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MA39	Missing/incomplete
	COBA-NO MEDICAID ID FOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		/invalid gender.  Missing/incomplete /invalid patient identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2808	COBA - MEDICARE ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
	OFFICE VISIT REQUIRES GESTATIONAL AGE DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DETAIL HAS MORE THAN ONE GESTATIONAL DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
2810	CODE	19000101	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	MORE THAN ONE GESTATIONAL DIAGNOSIS CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
2811	SUBMITTED	19000101	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2812	DHCP BONUS SERVICES MUST BE BILLED SEPARATELY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	UNITS EXCEED AUTHORIZED UNITS ON PA	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Claim information is inconsistent with precertified/authorized services.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PA NOT FOUND ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3001	DATABASE	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
	NDC						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3002		20150715	22991231	19000101	22991231	16	present.	M62	authorization code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Charge exceeds fee schedule/maximum		This is a split service and represents a portion of the units
	PA CUTBACK						allowable or contracted/legislated fee		from the originally
3019	PERFORMED	20150725	22991231	19000101	22991231	45	arrangement.	N123	submitted service.
	CLAIM AND PA PRESCRIBING PROV DON'T						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER
3100	MATCH	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
	ONLINE PA						submission/billing error(s). Usage: Do		
	DENIED BY						not use this code for claims		Missing/incomplete
	HID, NDC						attachment(s)/other documentation. At		/invalid treatment
3101	REQUIRES PA	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided	M62	authorization code.
	ONLINE PA								
	PROCESS								
	TIMEOUT OR								
	INTERFACE						Coverage/program guidelines were not		
3102	PROBLEM	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLINE PA PROCESS RESPONSE FROM HID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3103	HAD ERRORS	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
	PA REQUIRED FOR CERTAIN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
							Policy Identification Segment (loop 2110		Missing/incomplete
2104	TRANSPORTAT	20150715	22004224	10000101	22004224	1.0	Service Payment Information REF), if	N4C2	/invalid treatment
3104	ION SERVICES	20150/15	22991231	19000101	22991231	Τρ	present.	M62	authorization code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAW 1 - BRAND WITH GENERIC EQUIVALENT REQUIRES						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3105	OVERRIDE	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
	MISSING/INVA LID REVENUE CODE FOR PROCEDURE CODE	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NEONATAL REVENUE - DIAGNOSIS CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		This should be billed with the appropriate code
3300	MISMATCH	20150715	22991231	19000101	22991231	16	present.	N657	for these services.
	BILL EMERGENCY PROCEDURE/R EVENUE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		This should be billed with the appropriate code
3301	TOGETHER	20150715	22991231	19000101	22991231	16	present.	N657	for these services.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		
	AND REVENUE						ALERT.) Refer to the 835 Healthcare		This should be
	CODE						Policy Identification Segment (loop 2110		billed with the
	COMBINATIO						Service Payment Information REF), if		appropriate code
3302	N NOT VALID	20150715	22991231	19000101	22991231	16	present.	N657	for these services.
	MEDICARE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims		Missing/incomplete
	PAID						attachment(s)/other documentation. At		/invalid value
	AMOUNT						least one Remark Code must be provided		code(s) or
3303	EQUAL 100%	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	M49	amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NON- COVERED SVC FOR RECIPIENT < 6 MONTHS OLD	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	NO BASE VALUE FOR ANESTHESIA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3306	HEADER PAID AMOUNT EXCEEDS SPECIFIED DOLLAR AMOUNT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	FQHC/PBRHC FFS/ENCOUNT ER PROCEDURE CONFLICT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODE/MODIFI ER NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
3308	RATE FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
3309	PROCEDURE CODE - TYPE OF BILL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims	MA30	Missing/incomplete /invalid type of bill.
3310	DISPENSING FEE NOT LOCATED	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REFILL NUMBER EXCEEDS MAXIMUM ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	DAYS SUPPLY IS GREATER THAN MAXIMUM DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
		EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance		
	NDC DRUG,						Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	PRODUCT IS						Policy Identification Segment (loop 2110		Missing/incomplete
	NOT						Service Payment Information REF), if		/invalid treatment
3313	PREFERRED	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
							Claim/service lacks information or has		
	PHARMACY						submission/billing error(s). Usage: Do		Missing/incomplete
	ONLY - OTC						not use this code for claims		/invalid/
	DRUG NOT						attachment(s)/other documentation. At		deactivated/withdr
	COVERED FOR						least one Remark Code must be provided		awn National Drug
3314	LTC RECIP	20150715	22991231	19000101	22991231	16	(may be comprised of either the NCPDP	M119	Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
									THE NUMBER OF
	NUIDCEDY								DAYS OR UNITS OF
	NURSERY DAYS EXCEED						Benefit maximum for this time period or		SERVICE EXCEEDS OUR ACCEPTABLE
3315	LIMIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N362	MAXIMUM.
	PHARMACY ONLY - NDC IS NOT PAYABLE BY ALABAMA						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
3316	BY ALABAMA MEDICAID	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M119	awn Natio

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
	CLAIM						least one Remark Code must be provided		
	QUANTITY						(may be comprised of either the NCPDP		Missing/incomplete
	EXCEEDS NDC						Reject Reason Code, or Remittance		/invalid prescription
3317	MAX UNITS	20150715	22991231	19000101	22991231	16	Advice Remark Code that is not an	N378	quantity.
							The benefit for this service is included in		
							the payment/allowance for another		
							service/procedure that has already been		
							adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE						Healthcare Policy Identification Segment		with other service
2220	INCLUDED IN	20450745	22224	40000404	22224	0.7	(loop 2110 Service Payment Information		rendered on the
3320	FACILITY FEE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	NO PRICING								
	SEGMENT ON								
	FILE -								
	CONTACT								
	MYERS AND								
	STAUFFER AT								
	1-800-591-						Coverage/program guidelines were not		
3321	1183.	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAW CODE						Claim/service lacks information or has		Missing/incomplete
	NOT						submission/billing error(s). Usage: Do		/invalid name,
	ALLOWED						not use this code for claims		strength, or dosage
3322	WITH NDC	20150715	22991231	19000101	22991231	16	attachment(s)/other documentation. At	M123	of the drug
	PROCEDURE								
	RESTRICTION -								
	MODIFIER						Procedure modifier was invalid on the		
3323	REQUIRED	20150715	22991231	19000101	22991231	182	date of service.		
							The procedure code is inconsistent with		
	PROCEDURE						the modifier used. Usage: Refer to the		
	RESTRICTION -						835 Healthcare Policy Identification		
	NOT						Segment (loop 2110 Service Payment		
3324	ALLOWED	20150715	22991231	19000101	22991231	4	Information REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	QUANTITY MUST BE DIVISIBLE BY PACKAGE SIZE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	PHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3327	NDC HAS INVALID THERAPEUTIC CLASS VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	RCO HDR PAID CLAIM PROCEDURE ALREADY PRESENT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIMARY DIAGNOSIS REQUIRES PRESENT ON ADMISSION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
3351	INDICATOR	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	SECOND DIAGNOSIS REQUIRES PRESENT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
2252	ADMISSION	20150715	22004224	10000101	22004224	1.6	Service Payment Information REF), if	. 464	incomplete/ invalid
3352	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

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

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

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SEVENTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
3357	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	EIGHTH DIAGNOSIS REQUIRES PRESENT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	ADMISSION						Service Payment Information REF), if		incomplete/ invalid
3358	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NINTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
3359	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	DIAGNOSIS 10- 42 REQUIRES						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing
	PRESENT ON						Policy Identification Segment (loop 2110		Missing/
2260	ADMISSION	20150715	22004224	10000101	22004224	1.0	Service Payment Information REF), if	NACA	incomplete/ invalid
3360	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

FOR		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3374	PROCEDURE REQUIRES BMI DIAGNOSIS FOR PCP PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.
3374	PROVIDER	20150/15	22991231	19000101	22991231	10	present.	IVI04	other diagnosis.
3375	TCM SVCS NOT ALLOWED FOR SAIL / E AND D WAIVERS	20160501	22991231	19000101	22991231	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3376	FQHC ENCOUNTER EXCLUSION DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	MANUAL								
	PRICING						Coverage/program guidelines were not		
3599	REQUIRED	20160501	22991231	19000101	22991231	272	met.		
	SERVICE COVERAGE HAS NOT BEEN						Coverage/program guidelines were not		
3800	DETERMINED	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2000	BPA-RR-REV - OTHER HDR DIAGNOSIS	20450745	22004224	40000404	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid
3998	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RR-PROC - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
3999		20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

The diagnosis is inconsistent with the provider type. The diagnosis is inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if appropria appropria present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  This should billed with provider type. Usage: Refer to the 835 Healthcare  This should billed with provider type. Usage: Refer to the 835 Healthcare  This should billed with appropria present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  Missing/i			CHECKWRITE		DOS					
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 The diagnosis is inconsistent with the provider type. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  This shou billed wit sorvice Policy Identification Segment (loop 2110 billed wit appropriate present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare	EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  provider type. The diagnosis is inconsistent with the provider type. Usage: Refer to the 835 Healthcare  This shou billed wit appropriate present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if appropria present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare //invalid/								The diagnosis is inconsistent with the		
BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 Present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  This should billed wit appropriate present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare								provider type. The diagnosis is		
PRIMARY PT/PS  4001 RESTRICTION 20150715 22991231 19000101 22991231 12 Policy Identification Segment (loop 2110 Service Payment Information REF), if present. N657 for these  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare //invalid/		BPA-RP-DIAG -	-					inconsistent with the provider type.		
PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  PT/PS Service Payment Information REF), if appropriate appropriation appropriation appropriation appropriation appropriation in the submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		BILL PROV						Usage: Refer to the 835 Healthcare		This should be
4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present. N657 for these  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare  M657 for these		PRIMARY						Policy Identification Segment (loop 2110		billed with the
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an Missing/i ALERT.) Refer to the 835 Healthcare /invalid/		PT/PS						Service Payment Information REF), if		appropriate code
submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an Missing/i ALERT.) Refer to the 835 Healthcare /invalid/	4001	RESTRICTION	20150715	22991231	19000101	22991231	12	present.	N657	for these services.
BPA-RP-NDC - Service Payment Information REF), if awn Nation				22001221	10000101	22001221	16	submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4004	NDC IS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4007	OUTPATIENT CROSSOVER CLAIM WITH CONFLICTING PRICING METHODOLO GIES	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
4013	PROCEDURE CODE IS NO LONGER VALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure 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. The diagnosis is inconsistent with the provider type. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC -		22001221	10000104	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	DAF1	Missing/incomplete /invalid procedure
4021	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	BPA-RP-NDC - GENDER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4023		20150715	22991231	19000101	22991231	16	present.	MA39	/invalid gender.

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-RP-NDC -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
		20150715	22991231	19000101	22991231	6	present.		
	DIAGNOSIS								
	CODE NOT								
	COVERED FOR								
	DATE OF						Diagnosis was invalid for the date(s) of		
4027	SERVICE	20150715	22991231	19000101	22991231	146	service reported.		
							The alternative tests to the control of the alternative tests.		
							The diagnosis is inconsistent with the		
							patient's gender. Usage: Refer to the 835		
	BPA-RP-DIAG -						Healthcare Policy Identification Segment		
	GENDER	20150715	22001221	10000101	22001221	10	(loop 2110 Service Payment Information		
4028	RESTRICTION	20150715	22991231	19000101	22991231	10	REF), if present.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one 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-RP-DIAG -						ALERT.) Refer to the 835 Healthcare		
	PLACE OF						Policy Identification Segment (loop 2110		Missing/incomplete
	SERVICE						Service Payment Information REF), if		/invalid/inappropria
		20150715	22991231	19000101	22991231	16	present.	M77	te place of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - AGE RESTRICTION	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	BPA-PC-DIAG - GENDER RESTRICTION	20150715	22991231	19000101	22991231	10	The diagnosis is inconsistent with the patient's gender. Usage: 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.
	PROCEDURE CODE IS MISSING/NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-RP-PROC -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4034	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							The procedure/revenue code is		
							inconsistent with the patient's gender.		
							Usage: Refer to the 835 Healthcare		
	BPA-RP-PROC -						Policy Identification Segment (loop 2110		
	GENDER						Service Payment Information REF), if		
4035	RESTRICTION	20150715	22991231	19000101	22991231	7	present.		
							The procedure code /type of hill is		
							The procedure code/type of bill is		
							inconsistent with the place of service.		
	BPA-RP-PROC -						Usage: Refer to the 835 Healthcare		
	PLACE OF						Policy Identification Segment (loop 2110		
	SERVICE					<u> </u> _	Service Payment Information REF), if		
4036	RESTRICTION	20150715	22991231	19000101	22991231	5	present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4038	PATIENT REASON FOR VISIT DIAGNOSIS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	PRIMARY DIAGNOSIS CODE NOT ON	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4041	SECONDARY DIAGNOSIS CODE NOT ON	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4041	FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	THIRD DIAGNOSIS CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	FILE OR						Service Payment Information REF), if		/invalid diagnosis or
4042	INACTIVE	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4043	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4044	BPA-RR-DIAG - NO RULE FOR ASSOC AGE BPA-RR - NO RULE FOR BENEFIT PLAN	20150715	22991231	19000101 19000101	22991231		The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  Coverage/program guidelines were not met.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
40.46	DATE OF SERVICE BEFORE PROCEDURE IS	20450745	22004.224	10000101	22004224	06	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NEC	Procedure code billed is not correct/valid for the services billed or the date of service
4046	PAYABLE	20150715	22991231	19000101	22991231	96	present.	N56	billed.
	FIFTH DIAGNOSIS CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4047	FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4048	SIXTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4050	EIGHTH DIAGNOSIS CODE NOT ON	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAZC	Missing/incomplete /invalid diagnosis or
4050	FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	NINTH DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4051	CODE NOT ON	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M76	/invalid diagnosis or condition.
+03T		20130/13	2231Z31	13000101	LC231731	110	present.	10170	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	PRINCIPAL PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIRST OTHER PROCEDURE CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
4054	FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
	SECOND OTHER PROCEDURE CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
4055	FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4056	THIRD OTHER PROCEDURE CODE NOT ON	20150745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
4056	FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
	FOURTH OTHER PROCEDURE CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
		20150715	22991231	19000101	22991231	16	present.	N65	service/provider.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4058	FIFTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	REVENUE CODE NOT ON FILE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR - NO RULE FOR CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-RR - NO RULE FOR COND CODE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4064	BPA-RP-ICD - GENDER RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid gender.
4068	BPA-RR - NO RULE CURR BILL PROV CONTRACT  BPA-RR-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231		This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4071	BPA-RR-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.
4072	BPA-RR-DRG - NO RULE FOR ADMIT OR HDR DIAGNOSIS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - FAMILY PLANNING IND	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
4073	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	BPA-RP-ICD - FAMILY PLANNING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4075	IND RESTRICTION	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if	M51	/invalid procedure code(s).
40/3	MESTRICTION	Z0120/12	ZZZZZZZZ	TACOUTOT	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10	present.	INIDT	coue(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4077	NON- COVERED REVENUE CODE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - ACHN PROVIDER	20150715	22004224	10000101	22004224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4087	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-DIAG -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4002	DIAG ROLE	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	M76	/invalid diagnosis or
4093	RESTRICTION	20150715	22991231	19000101	22991231	тр	present.	IVI/b	condition.

CODE DESC					DOS END DATE	CODE		RARC CODE	RARC DESCRIPTION
CODE DESC		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	۷-bC-bey -								
PROV	OV COUNTY	20150715	22991231	19000101	22991231	<b>R</b> 7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4094 RESTI	TRICTION	20130/13	22991231	19000101	22991231	Б7	KEF), II present.		
FAMI PLAN IND	NNING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4106	BPA-RP-REV - FAMILY PLANNING IND	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid revenue
4106	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M50	code(s).
	BPA-PC-DIAG - FAMILY PLANNING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	IND						Service Payment Information REF), if		/invalid diagnosis or
4109		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4112	BPA-PC-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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-NDC - FAMILY PLANNING IND	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4118	BPA-PC-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
4120	ORAL CAVITY DESIGNATION CODE INVALID		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid oral cavity designation code.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4127	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4128	ICD PROCEDURE 7- 24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
4130	PAYER HIERARCHY NOT FOUND	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4131	NO BENEFIT PLANS ASSOCIATED TO PAYER	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-NDC - BILL PROV PRIMARY PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-PROC - PERF PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-RP-REV - PERF PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - PERF PROV PRIMARY PT/PS	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4144	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - BILL PROV PRIMARY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	PT/PS						Service Payment Information REF), if		/invalid procedure
4149	•	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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-REV - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-REV - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
4155	BPA-RR-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4157	BPA-PC-DIAG - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231		This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	10177	te place of service.
4159	BPA-PC-ICD - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4160	BPA-PC-NDC - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  This provider was not certified/eligible to		
4161	BPA-PC-PROC - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4162	BPA-PC-REV - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4164	INACTIVE DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4166	BPA-RR-NDC - NO RULE FOR BENEFIT PLAN		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - NO RULE FOR BENEFIT PLAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4194	BPA-RP-PROC - OTHER DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
1157		20130713		13000101	22331231		present.		Based on policy this
							Charge exceeds fee schedule/maximum		payment
	CLAIM PRICED						allowable or contracted/legislated fee		constitutes
4200	AT ZERO	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid CLIA certification number.
	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE A	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid CLIA certification number.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - ANY HDR DIAGNOSIS	20150745	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZC	Missing/incomplete /invalid diagnosis or
4210	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	INVALID TOOTH NUMBER FOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	THIS						Service Payment Information REF), if		/invalid tooth
4211	PROCEDURE	20150715	22991231	19000101	22991231	16	present.	N37	number/letter.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4212	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE B OR L	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete /invalid CLIA certification number.
	BPA-RP-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MA30	Missing/incomplete /invalid type of bill.
	BPA-RP-PROC - QUANTITY	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID INPATIENT REVENUE	20150715	22001221	19000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M50	Missing/incomplete /invalid revenue
4225	CODE	20150715	22991231	19000101	22991231	16	present.	M50	code(s).
	DIAGNOSIS MUST BE BILLED AT THE HIGHEST						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF
		20150715	22991231	19000101	22991231	16	present.	M81	SPECIFICITY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV -	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MEO	Missing/incomplete /invalid revenue
4227	NO COVERAGE	20150/15	22991231	19000101	22991231	16	present.	M50	code(s).
	BPA-PC-NDC -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	MAX UNIT						Service Payment Information REF), if		/invalid days or
		20150715	22991231	19000101	22991231	16	present.	M53	units of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	BPA-RP-DIAG - NO COVERAGE		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH								
	MODIFIER								
	INVALID FOR								
	DATE OF						Procedure modifier was invalid on the		
4245	SERVICE	20150715	22991231	19000101	22991231	182	date of service.		
	ADJUSTMENT								
	NET PAID								
	AMOUNT								
	EXCEEDS THE CASH RECEIPT						Charge exceeds fee schedule/maximum		
4246	BALANCE	20150725	22991231	19000101	22991231	15	allowable or contracted/legislated fee arrangement.		
4240	BPA-RR - NO	20130723	22991231	13000101	22331231	43	arrangement.		
	RULE FOR								
	PRIMARY								
	PT/PS						Coverage/program guidelines were not		
4250	BILL/PERF	20160501	22991231	19000101	22991231	272	met.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
	DECIMAL						ALERT.) Refer to the 835 Healthcare		0.01
	UNITS NOT						Policy Identification Segment (loop 2110		Missing/incomplete
4254	BILLABLE FOR	20150715	22001221	10000101	22004224	16	Service Payment Information REF), if	NAES	/invalid days or
4251	PROCEDURE.	20150715	22991231	19000101	22991231	16	present.	M53	units of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
							ALERT.) Refer to the 835 Healthcare		_
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/
	CODE 10-24						Service Payment Information REF), if		incomplete/ invalid
4252	NOT ON FILE	20150715	22991231	19000101	22991231	16	1	M64	other diagnosis.
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-RP-REV -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4254	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							The procedure code is inconsistent with		
							the modifier used. Usage: Refer to the		
	BPA-RP-PROC -						835 Healthcare Policy Identification		
	MODIFIER						Segment (loop 2110 Service Payment		
4256	RESTRICTION	20150715	22991231	19000101	22991231	4	Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4257	BPA-PC-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4260	NDC REQUIRED FOR PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID UNIT OF MEASURE VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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.
	NDC QUANTITY UNITS IS NOT NUMERIC	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NDC QUANTITY	20150745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	ME2	Missing/incomplete /invalid days or
4263	UNITS IS ZERO	20150/15	22991231	19000101	22991231	16	present.	M53	units of service.
	NDC NOT ON THE DRUG FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4265	INVALID HCPCS/NDC COMBINATIO N FOR PRIMARY NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4268	NDC NOT COVERED - NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4270	NDC NOT COVERED - NDC RATED LESS THAN EFFECTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4271	DUPLICATE NDC FOR CLAIM DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NDC NOT COVERED - OBSOLETE OR TERMINATED ON DOS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4273	INVALID NDC QUALIFIER CODE, MUST EQUAL N4 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4274	PRESCRIPTION QUALIFIER CODE, MUST EQUAL XZ DRUG UNIT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.
4275	PRICE IS NOT NUMERIC	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DRUG UNIT	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid days or units of service.
4276	PRICE IS ZERO	20150715	22991231	19000101	22991231	16	present.	M53	units of service.
	PROCEDURE REQUIRES NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NDC NOT COVERED - REPACKAGED NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE			DATE			CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DAIL	LIND DATE	DAIL	DAIL	CODE	CARC DESCRIPTION	CODE	NAIC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
	PROCEDURE						attachment(s)/other documentation. At		
	MUST BE						least one Remark Code must be provided		
	SUBMITTED						(may be comprised of either the NCPDP		
	ON PAPER						Reject Reason Code, or Remittance		
	WITH						Advice Remark Code that is not an		Missing/incomplete
	APPROPRIATE						ALERT.) Refer to the 835 Healthcare		/invalid/
	NDC, DRUG						Policy Identification Segment (loop 2110		deactivated/withdr
	DESCRIPTION,						Service Payment Information REF), if		awn National Drug
4282	AN	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).
	MANUAL						'Not otherwise classified' or 'unlisted'		
	PRICE NON-						procedure code (CPT/HCPCS) was billed		
	CLASSIFIED						when there is a specific procedure code		
4283	PROCEDURE	20150715	22991231	19000101	22991231	189	for this procedure/service.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4310	BPA-PC-PROC - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4242	BPA-PC-PROC - PRIMARY DTL DIAG	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
4312	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	BPA-PC-PROC - SECONDARY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	DTL DIAG						Service Payment Information REF), if		incomplete/ invalid
4313	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - CLAIM TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
4314	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	BPA-PC-PROC -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
	ANY HDR						Policy Identification Segment (loop 2110		Missing/incomplete
	DIAGNOSIS						Service Payment Information REF), if		/invalid diagnosis or
4315	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC -ANY DTL DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4316	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-PC-ICD -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	ADMIT DIAG						Service Payment Information REF), if		/invalid admitting
4317		20150715	22991231	19000101	22991231	16	present.	MA65	diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4318	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-ICD - ANY HDR DIAGNOSIS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4320	BPA-PC-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-PC-REV - PRIMARY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4322	BPA-PC-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M76	Missing/incomplete /invalid diagnosis or condition.
4322	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	IVI / b	condition.
	BPA-PC-DIAG - TYPE OF BILL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4362		20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - TYPE OF BILL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4364	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.
	BPA-RP-PROC -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		INCORRECT CLAIM
	CLAIM TYPE						Service Payment Information REF), if		FORM/FORMAT
		20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - CLAIM TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
4374	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	BPA-RP-ICD - CLAIM TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
		20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - ADMITTING DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4400	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - ADMITTING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing (in a special state
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/incomplete
4401	GROUP	20150715	22004224	10000101	22004224	1.0	Service Payment Information REF), if	N 47C	/invalid diagnosis or
4401	RESTRICTION	20150715	22991231	19000101	22991231	10	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - ADMITTING DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4402	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - ADMITTING DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4403		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - ADMITTING DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	<b>NATC</b>	Missing/incomplete /invalid diagnosis or
4404	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - ADMITTING DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4406	BPA-RP-REV - ADMITTING DIAGNOSIS GROUP	20450745	22004224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4406	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - ADMITTING DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4407		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4400	BPA-RR-REV - ADMITTING DIAGNOSIS GROUP	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	<b>NATC</b>	Missing/incomplete /invalid diagnosis or
4408	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4409		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4410	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS GROUP	20450745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4410	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-PROC - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid procedure
4411		20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4412	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	<b>NATC</b>	Missing/incomplete /invalid diagnosis or
4412	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4443	GROUP	20450745	22004224	40000404	22004224	1.6	Service Payment Information REF), if	N 476	/invalid diagnosis or
4413	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-ICD - PRIMARY HDR DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4414	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - PRIMARY HDR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/incomplete
111E	GROUP	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	M76	/invalid diagnosis or
4415	RESTRICTION	20150715	22991231	19000101	22991231	10	present.	ס/ועו	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4416	BPA-PC-REV - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-REV - PRIMARY HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4417	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - SECONDARY HDR DIAGNOSIS GROUP	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

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

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

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

		CHECKWRITE		DOS					
ЕОВ Е		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
S H C	BPA-RR-REV - SECONDARY HDR DIAGNOSIS GROUP	20150745	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4426 F	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
0	BPA-RP-PROC - OTHER HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Convice Remark Information REE) if		Missing/incomplete
		20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M76	/invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4428	BPA-PC-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-PROC - OTHER HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4429	DIAGNOSIS GROUP	20150715	22991231	19000101	22991231	16	Policy Identification Segment (loop 2110	M76	· ·

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

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - OTHER HDR DIAGNOSIS GROUP	20450745	22004224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4434	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-REV - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4435		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4426	BPA-RP-PROC - EMERGENCY DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	Marc	Missing/incomplete /invalid diagnosis or
4436	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - EMERGENCY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
							Policy Identification Segment (loop 2110		Missing/incomplete
4427	GROUP	20450745	22004224	10000101	22004224	1.0	Service Payment Information REF), if	D 476	/invalid diagnosis or
4437	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4420	BPA-RR-PROC - EMERGENCY DIAGNOSIS GROUP	20450745	22004.224	10000101	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4438	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - EMERGENCY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4439		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4440	BPA-PC-ICD - EMERGENCY DIAGNOSIS GROUP	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAZC	Missing/incomplete /invalid diagnosis or
4440	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - EMERGENCY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4441		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - EMERGENCY DIAGNOSIS GROUP	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAZC	Missing/incomplete /invalid diagnosis or
4442	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - EMERGENCY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4443		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - EMERGENCY DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4444	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-PROC - ANY HDR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4445	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - ANY HDR DIAGNOSIS GROUP	20450745	22004224	10000101	22204224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4446	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - ANY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4447		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4440	BPA-RR-ICD - ANY HDR DIAGNOSIS GROUP	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4448	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - ANY HDR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/incomplete
4440	GROUP	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	N476	/invalid diagnosis or
4449	RESTRICTION	20150715	22991231	19000101	22991231	Тρ	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4450	BPA-PC-REV - ANY HDR DIAGNOSIS GROUP	20450745	22004224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4450	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-REV - ANY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		· ·
4451		20150715	22991231	19000101	22991231	16	present.	M76	/invalid diagnosis or condition.
4431	VESTRICTION	20130/13	77331731	13000101	77331731	10	present.	10170	condition.

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

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

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - OTHER ANY DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4483	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - OTHER ANY DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4485	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4400	GROUP	20450545	22004554	40000101	2222422	1.6	Service Payment Information REF), if		/invalid diagnosis or
4486	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4487	BPA-RR-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-NDC - ALGI	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-NDC - ALGI	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4505	BPA-RR-PROC - NO RULE FOR URBAN/RURA L IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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 - PERF PROV ALL PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalidother diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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-REV - PERF PROV ALL PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - PERF PROV ALL PT/PS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4511	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-PROC - PERF PROV						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4514	ALL PT/PS	20150715	22001221	10000101	22004224	1.0	Service Payment Information REF), if	N 4 E 1	/invalid procedure
4514	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-DIAG - BILL PROV ALL PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete/invalidother diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	BPA-PC-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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-REV - BILL PROV ALL PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

	ОВ	CHECKWRITE EFFECTIVE DATE		DOS EFFECTIVE DATE	DOS END	CARC		RARC	
					DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
BII PT	SPA-RP-DIAG - SILL PROV ALL ST/PS	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4521 RE	ESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
BIL PT	SPA-RP-NDC - SILL PROV ALL ST/PS SESTRICTION	20150715	22991231	19000101	22991231	1.0	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - BILL PROV ALL PT/PS	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC	Missing/incomplete /invalid diagnosis or
4523	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - BILL PROV ALL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	PT/PS	20450715	22224224	40000101	2222422		Service Payment Information REF), if		/invalid procedure
4524	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
EOB E		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE				CARC DESCRIPTION	CODE	RARC DESCRIPTION
B B P	BPA-RP-REV - BILL PROV ALL PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M50	Missing/incomplete /invalid revenue code(s).
4526 R	BPA-PC-PROC - PROV COUNTY RESTRICTION BPA-RP-REV -	20150715	22991231	19000101	22991231	В7	be paid for this procedure/service on this date of service. Usage: 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. Usage: Refer to the 835 Healthcare Policy Identification Segment		
	PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	B7	(loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - SECONDARY DTL DIAG	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4530	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RR-ICD - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid
		20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4533	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-ICD - EMERGENCY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	DIAGNOSIS						Service Payment Information REF), if		/invalid diagnosis or
		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4536	BPA-RP-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-REV - EMERGENCY DIAGNOSIS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4539	BPA-PC-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - MIN UNIT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
45.00	BPA-RP-ICD - SECONDARY HDR DIAG	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4560	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-REV - SECONDARY HDR DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete/invalid
4561		20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4562	BPA-RP-REV - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.
4563	BPA-RR - NO RULE CURR PERF PROV CONTRACT	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - HDR SECONDARY DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4564	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RR-ICD - HDR SECONDARY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
1565	DIAG	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	N16.1	incomplete/ invalid
4565	RESTRICTION	20150715	22991231	19000101	22991231	тρ	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - HDR SECONDARY DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4566	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-PROC - DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	RESTRICTION -						Service Payment Information REF), if		/invalid principal
4580	GROUP	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
4711 4713	BPA-PC-DIAG - AGE RESTRICTION BPA-PC-NDC - AGE RESTRICTION	20150715	22991231	19000101 19000101	22991231		The diagnosis is inconsistent with the patient's age. Usage: 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 age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-PC-PROC -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4714	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-PC-REV -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4715	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
							ALERT.) Refer to the 835 Healthcare		
	BPA-PC-ICD -						Policy Identification Segment (loop 2110		Missing/incomplete
	AGE						Service Payment Information REF), if		/invalid diagnosis or
4716	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-ICD - ANY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4724	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4726	BPA-RP-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
7720	BPA-RP-PROC -	20130713					Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	TWIN COS	Missing/
	ANY DTL DIAG						Service Payment Information REF), if		incomplete/ invalid
4731	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

EOB CODE DESCRIPTION DATE CHECKWRITE END DATE DATE DATE CODE CARC CODE CARC DESCRIPTION  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  MA65 diagnosis.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance			CHECKWRITE		DOS					
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if // invalid admittin diagnosis.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  Missing/incompl / invalid admittin present.  Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance		BPA-RP-REV - ADMIT DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid admitting
submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	4732	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA65	diagnosis.
BPA-RP-REV - ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Missing/								submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/
										incomplete/ invalid
4733 RESTRICTION 20150715 22991231 19000101 22991231 16 present. M64 other diagnosis.			20150715	22991231	19000101	22991231	16	, , , , , , , , , , , , , , , , , , , ,	M64	1 ' '

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-RP-PROC - ADMIT DIAG	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
4742	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	BPA-RP-PROC - SECONDARY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	DTL DIAG						Service Payment Information REF), if		incomplete/ invalid
4743	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.
	BPA-RP-PROC - DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4745	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4746	BPA-RP-PROC - PRIMARY DTL DIAG	20450745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid principal
4746	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.
	BPA-PC-ICD - HDR SECONDARY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/
	DIAG						Service Payment Information REF), if		incomplete/ invalid
4747		20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4748	BPA-PC-REV - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.
	BPA-PC-REV - TYPE OF BILL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete /invalid type of bill.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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 PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - PLACE OF SERVICE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
							Policy Identification Segment (loop 2110		Missing/
	BPA-RP-ICD -						Service Payment Information REF), if		incomplete/ invalid
4765	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-RP-ICD - AGE						The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
4766	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - PLACE OF SERVICE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/inappropria
4767	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M77	te place of service.
	BPA-PC-NDC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - BILL PROV PRIMARY PT/PS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4776	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	BPA-PC-PROC -						Service Payment Information REF), if		/invalid procedure
4801	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
4802	BPA-PC-DIAG - NO CONTRACT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.
4803	BPA-PC-NDC - NO CONTRACT		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/ incomplete/ invalid
4806	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.

FOD.	FOR	CHECKWRITE	CHECKWRITE	DOS	DOC END	CARC		DADC	
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	D. A. D. G. D. G.
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4821	BPA-PC-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4822		20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
1021	BPA-RR - NO REIMB RULE	20160501	22991231	10000101	22001221	272	Coverage/program guidelines were not		
4831	VEIINID KATE	20160501	ZZZZZZZ	19000101	22991231	Z1Z	met.		

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - CLAIM TYPE	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
4872	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	BPA-PC-NDC - CLAIM TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
4873	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - CLAIM TYPE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCORRECT CLAIM FORM/FORMAT
4874	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	BPA-PC-ICD -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		INCORRECT CLAIM
	CLAIM TYPE						Service Payment Information REF), if		FORM/FORMAT
4876		20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - BENEFIT PLAN	20150715	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4900	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-DIAG - CONDITION CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4901	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4902	BPA-RP-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).
	BPA-RP-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/ invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/ incomplete/invalid other diagnosis.
4300	BPA-PC-DIAG - BENEFIT PLAN	20130713	22331231	15000101	22331231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	100-4	Missing/incomplete
4910		20150715	22991231	19000101	22991231	16	present.	M76	condition.

	CHECKWRITE		DOS					
EOB EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE DESCR	TION DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
BPA-PO CONDI CODE	ON	22004224	10000101	22004224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4911 RESTR	TION 20150715	22991231	19000101	22991231	16	present.	M44	code.
BPA-PO OCCUR CODE	ENCE	22004224	10000101	22004224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).
OCCU	ENCE	22991231	19000101	22991231	16	not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	M45	

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-XX-DIAG - DIAG ROLE RESTRICTION - PC and RR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-ICD - OTHER HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete/invalidother diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-PROC - ASSIGNMENT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-PROC - OTHER HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - ASSIGNMENT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

EOB EOI		EFFECTIVE DATE	CHECKWRITE END DATE		DOS END DATE	CARC CODE		RARC CODE	RARC DESCRIPTION
CODE DES	ESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
COI	PA-RP-ICD - ONDITION ODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4941 RES	STRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
COL	PA-RP-ICD - CCURRENCE DDE ESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4943	BPA-PC-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4947	BPA-RR-NDC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn 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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - BENEFIT PLAN	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - CONDITION CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4951	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
4952	BPA-PC-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-NDC - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4961	BPA-RP-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4962	BPA-PC-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) 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	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - GENDER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4964	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA39	/invalid gender.
	BPA-PC-NDC - BENEFIT PLAN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4965		20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-REV - BENEFIT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - CONDITION CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4971	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-RP-REV - OCCURRENCE CODE	20450745	22004224	40000404			Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID OCCURRENCE
4972	CODE	20150715	22991231	19000101	22991231	16		M45	

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4072	BPA-RR-PROC - ANY DTL DIAG	20150745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MGA	Missing/ incomplete/ invalid
4973	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
	BPA-PC-REV -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	BENEFIT PLAN						Service Payment Information REF), if		/invalid revenue
4975	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M50	code(s).

EOB EO		EFFECTIVE	CHECKARDITE						
CODE DE	ESCRIPTION		CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
co	PA-PC-REV - ONDITION ODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4976 RE	ESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
co	PA-PC-REV - OCCURRENCE ODE ESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-PROC - CONDITION CODE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - CONDITION CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4991	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-PC-PROC - OCCURRENCE CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID OCCURRENCE
4992	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M45	CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4993	BPA-RR-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4994	BPA-RP-NDC - SPECIFIC THERA CLASS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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 Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: 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).		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVAL ID 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).		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5010	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5011	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5012	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5013	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5014	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5015	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5016	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).		
5017	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).		
5018	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).		
5019	ENCOUNTER EXACT DUPLICATE	20150715	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVAL ID CERTIFICATE OF MEDICAL NECESSITY.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5020	SUSPECT DUPLICATE OF ANOTHER PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5021	EXACT DUPLICATE OF ANOTHER PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5022	DUPLICATE RX NUMBER FOR 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. Usage: 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.
5200	ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS AN OFFICE VISIT AND/OR	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADMINISTRATI								
	ON FEE MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS AN						Healthcare Policy Identification Segment		with other service
	OFFICE VISIT						(loop 2110 Service Payment Information		rendered on the
5201	, -	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	CHEMOTHERA								
	PY								
	ADMINISTRATI						The benefit for this service is included in		
	ON FEE MAY						the payment/allowance for another		
	NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS THIS						(loop 2110 Service Payment Information		rendered on the
5202		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	CHEMOTHERA								
	PY						The benefit for this service is included in		
	ADMINISTRATI								
	ON FEE MAY NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		Convice not navable
	THES AME						adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
	DAY AS THIS						(loop 2110 Service Payment Information		rendered on the
5203	PROCE	20150715	22991231	19000101	22991231	07	REF), if present.	N20	same date.
5203	PRUCE	20120/12	77331721	13000101	22331731	3/	ner), ii preselit.	INZU	same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5204	VENIPUNCTUR E AND LAB CODES ARE NOT ALLOWED 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. Usage: 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.
5205	VENIPUNCTUR E AND LAB CODES ARE NOT ALLOWED 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. Usage: 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.
5206	THIS SERVICE IS INCLUDED IN THE 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. Usage: 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.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS SERVICE IS INCLUDED IN THE	20150715	22004 224	10000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	Nac	Service not payable with other service rendered on the
5207	FACILITY FEE ADMINISTRATI	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE	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. Usage: 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.
	ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE CODE.	20150715	22991231	19000101	22991231	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUTPATIENT								
	CHEMOTHERA						The benefit for this service is included in		
	PY AND						the payment/allowance for another		
	EMERGENCY						service/procedure that has already been		
	DEPARTMENT						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE						Healthcare Policy Identification Segment		with other service
	CODES MAY						(loop 2110 Service Payment Information		rendered on the
5210	NOT BE BILLE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	OUTPATIENT								
	CHEMOTHERA						The benefit for this service is included in		
	PY AND						the payment/allowance for another		
	EMERGENCY						service/procedure that has already been		
	DEPARTMENT						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE						Healthcare Policy Identification Segment		with other service
	CODES MAY						(loop 2110 Service Payment Information		rendered on the
5211		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE						The best Conference to the dealers		
	CANNOT BE						The benefit for this service is included in		
	BILLED ON						the payment/allowance for another		
	THE SAME						service/procedure that has already been		Camiaa wat waxahla
	DAY WITH						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
F242	CODES Z5181-	20150715	22001221	10000101	22001221	0.7	(loop 2110 Service Payment Information	NIGO	rendered on the
5213	Z518	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.

_		CHECKWRITE EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5214	PROCEDURE CODE NOT ALLOWED 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. Usage: 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.
5216	COMBINATIO N VACCINES/SIN GLE COMPONENT 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. Usage: 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.
5217	SINGLE COMPONENT/ COMBINATIO N VACCINES 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. Usage: 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		DOS					
	EOB	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SUPPLY CODE CANNOT BE BILLED WITH LAB OR OFFICE 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. Usage: 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.
	SUPPLY CODE HAS BEEN PAID IN HISTORY, CANNOT BILL A LAB OR OFFICE 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. Usage: 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.
	VACCINE ADMIN NOT ALLOWED ON SAME DAY AS OTHER VACCINE ADMIN	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. Usage: 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		DOS					
EOB CODE		EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE	DOS END	CARC	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5230	SUBSEQUENT PROCEDURE INCLUDED IN PRIMARY ANESTHESIA CHARGE	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
5231	SUBSEQUENT PROCEDURE INCLUDED IN PRIMARY ANESTHESIA CHARGE	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. Usage: 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.
	DAILY MANAGEMEN T OF AN EPIDURAL OR SUBARACHNO ID CATHETER MAYNOT BE BILLED ON TH	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. Usage: 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		DOS					
EOB	ЕОВ				DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAILY								
	MANAGEMEN						The benefit for this service is included in		
	T OF AN						the payment/allowance for another		
	EPIDURAL OR						service/procedure that has already been		
	SUBARACHNO						adjudicated. Usage: Refer to the 835		Service not payable
	ID CATHETER						Healthcare Policy Identification Segment		with other service
	MAYNOT BE						(loop 2110 Service Payment Information		rendered on the
5233	BILLED ON TH	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ADDITIONAL								
	PAIN								
	CONTROL								
	PROCEDURES						Charge avecade for selecting / respires use		Based on policy this
	PAID AT 50% OF MEDICAID						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		payment constitutes
5234	ALLOWED.	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.
3234	ALLOWED.	20130723	22331231	13000101	22331231	43	arrangement.	14324	payment in ruii.
	ADDITIONAL								
	PAIN								
	CONTROL								
	PROCEDURES								Based on policy this
	PAID AT 50%						Charge exceeds fee schedule/maximum		payment
	OF MEDICAID						allowable or contracted/legislated fee		constitutes
5235	ALLOWED.	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5236	QUALIFYING PROCEDURE LIMIT HAS BEEN EXCEEDED	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. Usage: 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.
5237	ANESTHESIA NOT PAYABLE WITH OTHER ANESTHESIA ON 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5238	PHYSICIAN VISIT CODES/PRIMA RY ANESTHESIA CODES MAY NOT BE BILLED WITHIN 3 DAYS	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PHYSICIAN								
	VISIT								TIME FRAME
	CODES/PRIMA								REQUIREMENTS
	RY						The benefit for this service is included in		BETWEEN THIS
	ANESTHESIA						the payment/allowance for another		SERVICE/PROCEDU
	CODES MAY						service/procedure that has already been		RE/SUPPLY AND A
	NOT BE						adjudicated. Usage: Refer to the 835		RELATED
	BILLED						Healthcare Policy Identification Segment		SERVICE/PROCEDU
	WITHIN 3						(loop 2110 Service Payment Information		RE/SUPPLY HAVE
5239	DAYS	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
	THIS								
	PROCEDURE IS						The benefit for this service is included in		
	PART OF						the payment/allowance for another		
	ANOTHER						service/procedure that has already been		
	PROCEDURE						adjudicated. Usage: Refer to the 835		Service not payable
	PERFORMED						Healthcare Policy Identification Segment		with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5240	DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THIS								
	PROCEDURE IS						The benefit for this service is included in		
	PART OF						the payment/allowance for another		
	ANOTHER						service/procedure that has already been		
	PROCEDURE						adjudicated. Usage: Refer to the 835		Service not payable
	PERFORMED						Healthcare Policy Identification Segment		with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5241	DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	LIND DATE	DATE	DAIL	CODE	CARC DESCRIPTION	CODE	NAIC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	NON-								
	EMERGENCY								
	TRANSPORT								
	SERVICE HAS ALREADY						Exact duplicate claim/service (Use only with Group Code OA except where state		
	BEEN PAID						workers' compensation regulations		
5242	FOR	20150715	22991231	19000101	22991231	18	requires CO).		
52.2		20100713	22331231	13000101	22331231	10	requires 66).		
									TIME FRAME
	BATTERIES								REQUIREMENTS
	MAY NOT BE						The benefit for this service is included in		BETWEEN THIS
	PURCAHSED WITHIN 60						the payment/allowance for another service/procedure that has already been		SERVICE/PROCEDU RE/SUPPLY AND A
	(SIXTY) DAYS						adjudicated. Usage: Refer to the 835		RELATED
	OF PURCHASE						Healthcare Policy Identification Segment		SERVICE/PROCEDU
	OF HEARING						(loop 2110 Service Payment Information		RE/SUPPLY HAVE
5260	Al	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
									TIME FRANCE
	BATTERIES								TIME FRAME REQUIREMENTS
	MAY NOT BE						The benefit for this service is included in		BETWEEN THIS
	PURCAHSED						the payment/allowance for another		SERVICE/PROCEDU
	WITHIN 60						service/procedure that has already been		RE/SUPPLY AND A
	(SIXTY) DAYS						adjudicated. Usage: Refer to the 835		RELATED
	OF PURCHASE						Healthcare Policy Identification Segment		SERVICE/PROCEDU
	OF HEARING						(loop 2110 Service Payment Information		RE/SUPPLY HAVE
5261	Al	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODES 92553, 92556 AND 92557						The benefit for this service is included in the payment/allowance for another service/procedure that has already been		
5262	CANNOT BE BILLED ON THE SAME	20150715	22001221	10000101	22001221	0.7	adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N20	Service not payable with other service rendered on the
5262	DAY BY THE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5270	CLINIC CODES Z5145-Z5149 CANNOT BE BILLED ON THE SAME DAY WITH SAME UNIQUE NUMB	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. Usage: 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.
5271	CLINIC CODES AND E&M CODES CANNOT 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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5280	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5281	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5282	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5283	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5284	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5285	DME HUMIDIFIER OR CPAP/CPAP 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. Usage: 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.

					CARC	SADO DESCRIPTION	RARC	DADO DECODIDEION
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
						The benefit for this service is included in the payment/allowance for another		
						service/procedure that has already been		
						adjudicated. Usage: Refer to the 835		Service not payable
								with other service rendered on the
•	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
						The bound's familia and in its included in		
						service/procedure that has already been		
DME						adjudicated. Usage: Refer to the 835		
						,		
	20150715	22991231	19000101	22991231	97	REF), if present.		
						The henefit for this service is included in		
DME						service/procedure that has already been		
HUMIDIFIER						adjudicated. Usage: Refer to the 835		Service not payable
						,		with other service
•	20150715	22991231	19000101	22991231	97		N20	rendered on the same date.
	DME CPAP OR HUMIDIFIER/C PAP CONTRA  DME CATHETER CONTRA FOR A4221  DME HUMIDIFIER OR BIPAP/BIPAP	EOB EFFECTIVE DATE  DME CPAP OR HUMIDIFIER/C PAP CONTRA  DME CATHETER CONTRA FOR A4221 20150715  DME HUMIDIFIER OR BIPAP/BIPAP	EOB DESCRIPTION DATE CHECKWRITE END DATE  DME CPAP OR HUMIDIFIER/C PAP CONTRA  DME CATHETER CONTRA FOR A4221 20150715 22991231  DME HUMIDIFIER OR BIPAP/BIPAP	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE  DME CPAP OR HUMIDIFIER/C PAP CONTRA  DME CATHETER CONTRA FOR A4221  DME HUMIDIFIER OR BIPAP/BIPAP	EOB DESCRIPTION  EFFECTIVE DATE  CHECKWRITE END DATE  DOS END DATE  DATE  DOS END DATE  DATE  DOS END DATE  DOS END DATE  DATE  DOS END DATE  DATE  DOS END	EOB DESCRIPTION DATE  CHECKWRITE END DATE  CODE  CODE  CHECKWRITE END DATE  CODE  CO	EOB DESCRIPTION DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  DATE  DATE  DATE  DATE  CODE  CARC DESCRIPTION  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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. Usage: 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. Usage: 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information Information Segment Information Segment Information Information Segment Information Segment Information Information Segment Information Segment Information Segment Information Information Segment Information Segment Information Information Segment Informati	EOB DATE  CHECKWRITE END DATE  CHECKWRITE END DATE  DATE  CODE  CARC DESCRIPTION  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  DME  CATHETER  CONTRA FOR  A4221  ZO150715  Z2991231  PO00101  Z2991231  POO0101  Z2991231  PO00101  Z2991231  PO0

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5289	DME BIPAP OR HUMIDIFIER/B IPAP 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. Usage: 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.
5290	DME SAME DAY 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. Usage: 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.
5291	REPLACEMEN T/REPAIR INCLUDED IN WARRANTY	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5300	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5302	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5303	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5304	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5305	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5306	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5307	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5308	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5309	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5310	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5311	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5312	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5313	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	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. Usage: 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.
5314	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5315	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
5316	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
5317	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5318	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
5319	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
5320	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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 EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.
	PULP THERAPY COMBINATIO N NOT ALLOWED	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5324	WHEN PROPHYLAXIS AND FLUORIDE ARE PERFORMED ON THE SAME DAY,THE COMBINED	20150715	22991231		22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
	WHEN PROPHYLAXIS AND FLUORIDE ARE PERFORMED ON THE SAME DAY,THE COMBINED						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5325	CODE M  CORE BUILDUP NOT COVERED WITH OTHER RESTORATION	20150715	22991231		22991231		REF), if present.  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20 N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5327	CORE BUILDUP NOT COVERED WITH OTHER RESTORATION	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. Usage: 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.
5328	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5329	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5220	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER SAME DATE	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	MOG	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5330	OF SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	M86	FRAME.
5331	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5332	THIS X-RAY PROCEDURE MAY NOT BE BILLED WITHIN 30 (THIRTY) DAYS OF A ROOT CANAL	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS X-RAY								
	PROCEDURE						The benefit for this service is included in		
	MAY NOT BE						the payment/allowance for another		
	BILLED						service/procedure that has already been		
	WITHIN 30						adjudicated. Usage: Refer to the 835		Service not payable
	(THIRTY) DAYS						Healthcare Policy Identification Segment		with other service
	OF A ROOT						(loop 2110 Service Payment Information		rendered on the
5333	CANAL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PALLIATIVE								
	(EMERGENCY)						The benefit for this service is included in		
	TREATMENT						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	DEFINITIVE						Healthcare Policy Identification Segment		with other service
	TREATMENT						(loop 2110 Service Payment Information		rendered on the
5334	OR	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PALLIATIVE								
	(EMERGENCY)						The benefit for this service is included in		
	TREATMENT						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	DEFINITIVE						Healthcare Policy Identification Segment		with other service
	TREATMENT						(loop 2110 Service Payment Information		rendered on the
5335	OR	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5336	DENTAL RECEMENT OF CROWNS NOT ALLOWED WITHIN 180 DAYS OF CROWN.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5338	ORAL EXAM EVALUATIONS ARE LIMITED TO ONE PER DAY.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.		
5340	ORAL EVALUATION < 3 YRS (D0145) CONTRA	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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5342	DENTAL FLOURIDE SAME DOS CONTRA	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.
5350	NO EXTRACTION CODE IN HISTORY IN 180 TIME FRAME.	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5351	PULP CAP NOT ALLOWED FOR THIS TOOTH/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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_			END DATE	DATE			CARC DESCRIPTION	CODE	RARC DESCRIPTION
5352	CLAIMS HISTORY SHOWS TOOTH HAS BEEN EXTRACTED.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5353	CLAIMS HISTORY SHOWS TOOTH HAS BEEN EXTRACTED.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5354	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: 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.
5356	DENTAL SAME TOOTH CONTRA	20190101	22991231	20190101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
5357	PREGNANCY INDICATION MISSING OR INVALID - D9999	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 Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: 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. Usage: 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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SCREENING								
	PROVIDER								
	MAY NOT BILL						The benefit for this service is included in		
	FOR						the payment/allowance for another		
	SCREENING						service/procedure that has already been		
	EXAM AND						adjudicated. Usage: Refer to the 835		Service not payable
	INCLUSIVE						Healthcare Policy Identification Segment		with other service
	MEDICAL						(loop 2110 Service Payment Information		rendered on the
5403	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	EPSDT VISIT						The benefit for this service is included in		
	HAS BEEN						the payment/allowance for another		
	PAID FOR THIS						service/procedure that has already been		C
	RECIPIENT						adjudicated. Usage: Refer to the 835		Service not payable with other service
	FOR THE SAME DATE						Healthcare Policy Identification Segment (loop 2110 Service Payment Information		rendered on the
E 404	OF SERVICE.	20150715	22991231	19000101	22991231	0.7	REF), if present.	N20	
5404	OF SERVICE.	20150715	22991231	19000101	22991231	97	REF), ii present.	NZU	same date.
	MORE THAN								
	ONE CONTACT						The benefit for this service is included in		
	LENS FITTING						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED FOR						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DATE OF						(loop 2110 Service Payment Information		rendered on the
5410	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MORE THAN								
	ONE CONTACT						The benefit for this service is included in		
	LENS FITTING						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED FOR						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DATE OF						(loop 2110 Service Payment Information		rendered on the
5411	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE V2020						The benefit for this service is included in		
	AND V2025						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY OF						(loop 2110 Service Payment Information		rendered on the
5412	SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE V2020						The benefit for this service is included in		
	AND V2025						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY OF						(loop 2110 Service Payment Information		rendered on the
5413	SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5414	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPH Y NOT COVERED 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. Usage: 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.
5414	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5415	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPH Y NOT COVERED 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. Usage: 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.
5416	VISUAL FIELDS/TONO METRY IS COVERED IN THE COMPLETE EYE EXAM	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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5417	VISUAL FIELDS/TONO METRY IS COVERED IN THE COMPLETE EYE EXAM	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. Usage: 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.
5430	AN INITIAL VISIT WILL NOT BE PAID ON SAME DATE OF SERVICE ASAN ANNUAL, PERIODIC	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. Usage: 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.
5431	AN INITIAL VISIT WILL NOT BE PAID ON SAME DATE OF SERVICE ASAN ANNUAL, PERIODIC	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRENATAL								
	VISIT NOT						The benefit for this service is included in		
	COVERED FOR						the payment/allowance for another		
	THE SAME						service/procedure that has already been		
	DATE OF						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE OF						Healthcare Policy Identification Segment		with other service
	FAMILY						(loop 2110 Service Payment Information		rendered on the
5432		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PRENATAL								
	VISIT NOT						The benefit for this service is included in		
	COVERED FOR						the payment/allowance for another		
	THE SAME						service/procedure that has already been		
	DATE OF						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE OF						Healthcare Policy Identification Segment		with other service
	FAMILY						(loop 2110 Service Payment Information		rendered on the
5433	PLANNING.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
									TINAS EDANAS
									TIME FRAME
	PROCEDURE						The benefit for this service is included in		REQUIREMENTS
									BETWEEN THIS
	LIMITED TO						the payment/allowance for another		SERVICE/PROCEDU
	ONE SERVICE						service/procedure that has already been		RE/SUPPLY AND A
	DURING 60						adjudicated. Usage: Refer to the 835		RELATED
	(SIXTY) DAY POSTPARTUM						Healthcare Policy Identification Segment		SERVICE/PROCEDU
E 43.4		20150715	22001221	10000101	22004224	0.7	(loop 2110 Service Payment Information	NOEZ	RE/SUPPLY HAVE
5434	PERIOD.	20150715	22991231	19000101	22991231	9/	REF), if present.	N357	NOT BEEN MET.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5436	SALPINGECTO MY 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. Usage: 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	SALPINGECTO MY 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. Usage: 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.
5438	COMPREHENS IVE EPSDT SCREENING AND FP 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. Usage: 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.

FOD.	FOR	CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
EOB CODE	EOB DESCRIPTION	EFFECTIVE DATE	CHECKWRITE END DATE			CARC CODE		RARC CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DAIL	LIND DATE	DAIL	DAIL	CODE	CARC DESCRIPTION	CODE	NARC DESCRIPTION
	COMPREHENS						The benefit for this service is included in		
	IVE EPSDT						the payment/allowance for another		
	SCREENING						service/procedure that has already been		
	AND FP VISIT						adjudicated. Usage: Refer to the 835		Service not payable
	MAY NOT BE						Healthcare Policy Identification Segment		with other service
	BILLEDON THE						(loop 2110 Service Payment Information		rendered on the
5439	SAME DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The beautiful for all the contract of the leaders		
	FAMILY						The benefit for this service is included in		
	PLANNING						the payment/allowance for another service/procedure that has already been		
	VISIT NOT						adjudicated. Usage: Refer to the 835		
	PAYABLE						Healthcare Policy Identification Segment		
	AFTER						(loop 2110 Service Payment Information		
5440	STERILIZATION	20150715	22991231	19000101	22991231	97	REF), if present.		
							The benefit for this service is included in		
	FAMILY						the payment/allowance for another		
	PLANNING						service/procedure that has already been		
	VISIT NOT						adjudicated. Usage: Refer to the 835		
	PAYABLE						Healthcare Policy Identification Segment		
E 4 4 4	AFTER	20450745	22004224	40000404	22004224	0.7	(loop 2110 Service Payment Information		
5441	STERILIZATION	20150715	22991231	19000101	22991231	97	REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5442	FP- LEVONORGES TREL-CONTRA (J7302-5 YR)	20150715	22991231	19000101	22991231	110	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.
5442	(J/302-5 YK)	20150715	22991231	19000101	22991231	119	occurrence has been reached.	IVI86	FRAIVIE.
5443	FP- LEVONORGES TREL-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.
	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5455	HOSPICE ONE PER DAY 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. Usage: 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.
5456	HOSPICE ROUTINE CARE DOD REQUIRED FOR RN/SW ADD-ON	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. Usage: 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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5460	ENT.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5461	ENT.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	THIS SERVICE						the payment/allowance for another		
	IS INCLUDED						service/procedure that has already been		
	IN THE						adjudicated. Usage: Refer to the 835		
	FACILITY FEE						Healthcare Policy Identification Segment		This service/report
	(REVENUE						(loop 2110 Service Payment Information		cannot be billed
5462	CODE 450).	20150715	22991231	19000101	22991231	97	REF), if present.	N390	separately.

		CHECKWRITE		DOS					
EOB		EFFECTIVE		_	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5464		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5465		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THIS								
	PROCEDURE IS						The benefit for this service is included in		
	PART OF						the payment/allowance for another		
	ANOTHER						service/procedure that has already been		
	PROCEDURE						adjudicated. Usage: Refer to the 835		Service not payable
	PERFORMED						Healthcare Policy Identification Segment		with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5470	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: 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.
5472	CHEMISTRY PROFILE AND CHEMICAL PANEL CANNOT 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. Usage: 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.
5473	CHEMISTRY PROFILE AND CHEMICAL PANEL CANNOT 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5474	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5475	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5476	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5477	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A						The benefit for this service is included in		
	URINALYSIS						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS						(loop 2110 Service Payment Information		rendered on the
5478	URINALYSIS	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A						The benefit for this service is included in		
	URINALYSIS						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS						(loop 2110 Service Payment Information		rendered on the
5479	URINALYSIS	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5480		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5481		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5482	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5483	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5484	LAB SERVICES MUST BE BILLED WITH COMBINATIO N CODE. SEE CPT.	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. Usage: 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.
F.406	CHEMISTRY PROFILES MUST BE BILLED USING ONE MULTICHANN	20150715	22004 224	10000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	Nao	Service not payable with other service rendered on the
5486	EL TEST CODE	20150/15	22991231	19000101	22991231	9/	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5488	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	LAB-						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835		Service not payable
	CHLAMYDIA/G ONORRHEA						Healthcare Policy Identification Segment (loop 2110 Service Payment Information		with other service rendered on the
5490	CONTRA	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5500	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5501	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5502	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
5503	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5504	POSTPARTUM VISIT WILL NOT BE PAID ON THE SAME DAY AS PRENATAL VISIT	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
5505	POSTPARTUM VISIT WILL NOT BE PAID ON THE SAME DAY AS PRENATAL 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. Usage: 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.
5506	SERVICE NOT PAYABLE WITH OTHER SERVICE ON 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5507	SERVICE NOT PAYABLE WITH OTHER SERVICE ON 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. Usage: 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.
5508	SECONDARY SURGICAL PROCEDURE WITHIN THE SAME INCISION PAID AT 50% OF MEDICAID A	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5509	SECONDARY SURGICAL PROCEDURE WITHIN THE SAME INCISION PAID AT 50% OF MEDICAID A	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5510	PROCEDURE CODE IS LIMITED TO ONE PER RECIPIENT WITHIN SIXTY DAYS OF	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or	Mac	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5510	DELIVERY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5511	PROCEDURE CODE IS LIMITED TO ONE PER RECIPIENT WITHIN 60 DAYS OF DELIVERY.	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.
5512	PRENATAL VISIT NOT BE COVERED ON THE SAME DAY AS POSTPARTUM 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5513	PRENATAL VISIT NOT BE COVERED ON THE SAME DAY AS POSTPARTUM 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. Usage: 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.
5514	THIS PROCEDURE CANNOT BE BILLED IN ADDITION TO THE DELIVERY CODE 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. Usage: 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.
5515	THIS PROCEDURE CANNOT BE BILLED IN ADDITION TO THE DELIVERY CODE 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5516	ANTEPARTUM , POSTPARTUM CARE/VAGINA L DELIVERY MAY NOT BE BILLED WITH GLOBAL OB C	20150715	22991231	19000101	22991231	07	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
5516	GLOBAL OB C	20150715	22991231	19000101	22991231	97	REF), if present.	N2U	same date.
5517	ANTEPARTUM , POSTPARTUM CARE/VAGINA L DELIVERY MAY NOT BE BILLED WITH GLOBAL OB C	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. Usage: 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.
5518	LOCAL ANESTHESIA PROCEDURES ARE COVERED IN THE TOTAL OB COST AND MAY NOT BE BIL	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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5519	LOCAL ANESTHESIA PROCEDURES ARE COVERED IN THE TOTAL OB COST AND MAY NOT BE BIL	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. Usage: 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.
5520	REGIONAL ANESTHESIA PAYMENT IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5521	REGIONAL ANESTHESIA PAYMENT IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5522	ROUTINE PRENATAL LAB, OFFICE/HOSPI TAL VISITS MAY NOT BE BILLED WITH GLOBAL OB P	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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ROUTINE								
	PRENATAL						The benefit for this service is included in		
	LAB,						the payment/allowance for another		
	OFFICE/HOSPI						service/procedure that has already been		
	TAL VISITS						adjudicated. Usage: Refer to the 835		Service not payable
	MAY NOT BE						Healthcare Policy Identification Segment		with other service
	BILLED WITH						(loop 2110 Service Payment Information		rendered on the
5523	GLOBAL OB P	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE
5524	DAYS OF DE	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE
5525	DAYS OF DE	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5526	MATERNITY GLOBAL/ANES THESIA 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. Usage: 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/DELIV ERY 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. Usage: 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/ULTR ASOUND 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5529	MATERNITY GLOBAL/URIN ALYSIS 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. Usage: 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/BLOO D 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. Usage: 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/ANTE PARTUM CARE NEGATIVE CONTRA POSTPARTUM 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5532	REQUIRES A DELIVERY BETWEEN 21 & 56 DAYS OF VISIT	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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY								
	TRANSITION								
	PAYMENT								
	NOT								
	ALLOWED								
	WITH A								Exceeds
	GLOBAL								number/frequency
	DELIVERY IN						Benefit maximum for this time period or		approved/allowed
5534	HISTORY	20190715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
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. Usage: 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.
3000	CHITICITE OF THE	20130713	22331231	13000101	22331231	37	KEI J, II presenti	1420	same date.
	PROCEDURE CANNOT BE BILLED ON THE SAME DAY AS						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5601	CRITICAL CARE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5602	PROCEDURE CODE NOT COVERED WHEN 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. Usage: 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.
	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5603	PROCEDURE IS INCLUSIVE IN PRIMARY PROCEDURE.	20150715	22991231	19000101	22991231		REF), if present.  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20 N19	Procedure code incidental to primary procedure.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5605	PROCEDURE IS INCLUSIVE IN PRIMARY PROCEDURE.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.
5606	PAYMENT MADE FOR SIMILAR PROCEDURE	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. Usage: 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.
5607	PAYMENT MADE FOR SIMILAR PROCEDURE	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. Usage: 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.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5608	SAME PROVIDER CANNOT BILL APPLICATION/ REMOVAL/RE PAIR OF CAST FOR THE SAME RECIP	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5609	SAME PROVIDER CANNOT BILL APPLICATION/ REMOVAL/RE PAIR OF CAST FOR THE SAME RECIP	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5610	PROCEDURE CODES 95115, 95117 OR Z4998 SHALL NOT BE PAID ON THE SAME DAY AS PROC	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5611	PROFESSIONA L SERVICES ARE INCLUDED IN THE PROVISION OF THE EXTRACT.	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. Usage: 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.
5612	PROCEDURE CODES 95120- 95134 WILL NOT BE PAID ON THE SAME DAY AS PROCEDURE CODES	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. Usage: 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.
5613	PROCEDURE CODES 95120- 95134 WILL NOT BE PAID ON THE SAME DAY AS PROCEDURE CODES	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5614	PROCEDURE NOT COVERED WHEN BILLED WITH PROCEDURE CODES 90918- 90947	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. Usage: 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.
5615	PROCEDURE NOT COVERED WHEN BILLED WITH PROCEDURE CODES 90918- 90947	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. Usage: 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.
5616	CRITICAL CARE CANNOT BE BILLED ON THE SAME DAY AS PROCEDURE	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5617	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. Usage: 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.
5618	THE SAME PHYSICIAN MAY NOT BILL INTUBATION AND NEWBORN RESUSCITATIO N ON THE SAM	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. Usage: 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.
5619	THE SAME PHYSICIAN MAY NOT BILL INTUBATION AND NEWBORN RESUSCITATIO N ON THE SAM	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. Usage: 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.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5620	STANDBY/RES UCITATION/AT TENDANCE AT DELIVERY CANNOT BE BILLEDTOGET HER.	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. Usage: 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.
5621	STANDBY/RES UCITATION/AT TENDANCE 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. Usage: 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	ELECTROSHOC K 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5623	ELECTROSHOC K 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. Usage: 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. Usage: 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		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROFESSIONA								
	L								
	COMPONENTS								
	AND						The benefit for this service is included in		
	HOSPITAL						the payment/allowance for another		
	VISITS MAY						service/procedure that has already been		
	NOT BE						adjudicated. Usage: Refer to the 835		Service not payable
	BILLED ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5626	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROFESSIONA								
	L								
	COMPONENTS								
	AND						The benefit for this service is included in		
	HOSPITAL						the payment/allowance for another		
	VISITS MAY						service/procedure that has already been		
	NOT BE						adjudicated. Usage: Refer to the 835		Service not payable
	BILLED ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5627	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THE DAY 451 T								
	THE PAYMENT								
	FOR THIS								
	SERVICE WAS								
	PREVIOUSLY								
	MADE TO						Draviausly naid Daymant for this		
	ANOTHER PROVIDER OR						Previously paid. Payment for this		
5628		20150715	22001221	10000101	22001221	D12	claim/service may have been provided in		
5628	TO ANOT	20150715	22991231	19000101	22991231	RT3	a previous payment.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE PAYMENT								
	FOR THIS								
	SERVICE WAS								
	PREVIOUSLY								
	MADE TO								
	ANOTHER						Previously paid. Payment for this		
	PROVIDER OR						claim/service may have been provided in		
5629	TO ANOT	20150715	22991231	19000101	22991231	B13	a previous payment.		
	INCIDENTAL								
	SURGERY MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED WITH						service/procedure that has already been		
	DEFINITIVE						adjudicated. Usage: Refer to the 835		Service not payable
	SURGERY ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5630	DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	INCIDENTAL						The best Conference of the state of the state of		
	SURGERY MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED WITH						service/procedure that has already been		Control of the
	DEFINITIVE						adjudicated. Usage: Refer to the 835		Service not payable
	SURGERY ON						Healthcare Policy Identification Segment		with other service
F C 2 4	THE SAME	20150745	22004224	10000101	22004224	0.7	(loop 2110 Service Payment Information	NIGO	rendered on the
5631	DAY.	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	EXPLORATORY LAP/LYSIS OF ADHESIONS MAY NOT BE BILLED ON THE SAME DAY WITH						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5632	OTHER	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5633	INCIDENTAL SURGERY NOT COVERED 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. Usage: 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.
5634	THE SAME PHYSICAIN MAY NOT BILL HOSPITAL VISIT AND DISCHARGE VISIT 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE SAME PHYSICAIN MAY NOT BILL HOSPITAL VISIT AND DISCHARGE VISIT ON THE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service rendered on the
5635	SAME	20150715	22991231	19000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	same date.
5636	HYSTERECTO MY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTO MY P	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. Usage: 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.
5637	HYSTERECTO MY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTO MY P	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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5638	HOSPITAL ADMISSION/VI SITS MAY NOT BE BILLED ON OR AFTER OB GLOBAL	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. Usage: 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.
5639	HOSPITAL ADMISSION/VI SITS MAY NOT BE BILLED ON OR AFTER OB GLOBAL	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. Usage: 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.
5640	SUBSEQUENT HOSPITAL CARE MAY NOT BE BILLED ON SAME DAY AS INITIAL HOSPITAL 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SUBSEQUENT								
	HOSPITAL								
	CARE MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	SAME DAY AS						adjudicated. Usage: Refer to the 835		Service not payable
	INITIAL						Healthcare Policy Identification Segment		with other service
	HOSPITAL						(loop 2110 Service Payment Information		rendered on the
5641	CARE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5642	ROUTINE ANCILLARY SERVICES ASSOCIATED WITH AN ABORTION ARE COVERED IN THE TOTAL	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. Usage: 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.
5643	ROUTINE ANCILLARY SERVICES ASSOCIATED WITH AN ABORTION ARE COVERED IN THE TOTAL	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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5644	HOSPITAL VISITS AND SUBSEQUENT CRITICAL CARE 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. Usage: 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.
5645	HOSPITAL VISITS AND SUBSEQUENT CRITICAL CARE 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. Usage: 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.
5646	POST- OPERATIVE CARE IS INCLUDED IN THE SURGERY FEE AND CANNOT BE BILLED SEPARAT	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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5647	POST- OPERATIVE PHYSICIAN SERVICES FOR THE SAME DIAGNOSIS MAY NOT BE BILLED WITH	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. Usage: 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.
5648	PROCEDURE CODES NOT ALLOWED ON THE SAME DAY (95130- 95134)	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. Usage: 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.
5650	ONLY ONE OUTPATIENT OBSERVATION VISIT MAY BE BILLED PER 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. Usage: 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.
5651	OUTPATIENT SERVICES NOT PAYABLE ON SAME DATE OF SERVICE	20200316	22991231	19000101	22991231	24	Charges are covered under a capitation agreement/managed care plan.	N806	Payment is included in the Global transplant allowance.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLY ONE INITIAL NICU PROCEDURE MAY BE BILLED PER HOSPITAL						Benefit maximum for this time period or		SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5652	STAY.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5653	SURGERY/CAS TING & STRAPPING 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. Usage: 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.
5654	CASTING & STRAPPING/S URGERY 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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MULTIPLE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE
	SURGERY						(loop 2110 Service Payment Information		WITHIN SET TIME
5655	CONTRAS	20150715	22991231	19000101	22991231	97	REF), if present.	M86	FRAME.
5656	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. Usage: 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.
5658	A CARDIOLOGIS T OR A RADIOLOGIST CANNOT BILL THIS PROCEDURE CODE 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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLY ONE HOSPITAL ADMISSION MAY BE BILLED PER HOSPITAL						Benefit maximum for this time period or		SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5660	STAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5661	SUBSEQUENT CRITICAL CARE NOT VALID WITHOUT INITAL 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5664	INITIAL OFFICE VISIT CANNOT BE BILLED ANYTIME WITHIN 3 YEARS OF A PRIOR VISIT	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
ЕОВ		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIOR VISIT CANNOT BE BILLED WITHIN 3 YEARS PRIOR TO AN INITIAL						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
5665	OFFICE VISIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
5666	NEW PATIENT/EXIS TING PATIENT	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.
5667	EXISTING PATIENT/NEW PATIENT	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.
5710	SERVICE 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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE			END DATE				CARC DESCRIPTION	CODE	RARC DESCRIPTION
5711	SERVICE 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. Usage: 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.
5712	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. Usage: 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.
5713	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5714	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
5715	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. Usage: 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.
5716	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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5717	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. Usage: 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.
5718	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPENT	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. Usage: 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.
5719	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPENT	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5720	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. Usage: 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.
5721	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. Usage: 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.
5722	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. Usage: 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5723	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. Usage: 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.
5726	THIS SERVICE IS NOT ALLOWED ON THE SAME DAY AS DAY TREATMENT	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. Usage: 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.
5727	THIS SERVICE IS NOT ALLOWED ON THE SAME DAY AS DAY TREATMENT	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. Usage: 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		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5728	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. Usage: 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.
5729	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. Usage: 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.
5730	THIS PROCEDURE CODE IS NOT COVERED WHEN BILLED WITH MEDICAL PSYCHOTHERA PY CODES	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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	PROCEDURE								
	CODE IS NOT						The benefit for this service is included in		
	COVERED						the payment/allowance for another		
	WHEN BILLED						service/procedure that has already been		
	WITH						adjudicated. Usage: Refer to the 835		Service not payable
	MEDICAL						Healthcare Policy Identification Segment		with other service
	PSYCHOTHERA					_	(loop 2110 Service Payment Information		rendered on the
5731	PY CODES	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.
	THE SAME								
	PROVIDER						The benefit for this service is included in		
	MAY NOT BILL						the payment/allowance for another		
	HOSPITAL						service/procedure that has already been		
	VISITS/PSYCH						adjudicated. Usage: Refer to the 835		Service not payable
	OTHERAPY ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5732	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THE SAME								
	PROVIDER						The benefit for this service is included in		
	MAY NOT BILL						the payment/allowance for another		
	HOSPITAL						service/procedure that has already been		
	VISITS/PSYCH						adjudicated. Usage: Refer to the 835		Service not payable
	OTHERAPY ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5733	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5734	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERA PY/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. Usage: 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.
3734	SAIVIE DAT	20130713	22991231	19000101	22991231	97	KEF), II present.	NZU	Same date.
5735	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERA PY/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. Usage: 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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: 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. Usage: 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. Usage: 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		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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. Usage: 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. Usage: 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.
5754	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	INDICATE						The benefit for this service is included in		
	THAT THIS						the payment/allowance for another		
	SERVICE HAS						service/procedure that has already been		
	ALREADY						adjudicated. Usage: Refer to the 835		Service not payable
	BEEN						Healthcare Policy Identification Segment		with other service
	PERFORMED	20450745	22004224	10000101	22004224	0.7	(loop 2110 Service Payment Information	N20	rendered on the
5755	ON THIS PATIE	20150/15	22991231	19000101	22991231	97	REF), if present.	N20	same date. Based on policy this
							Charge exceeds fee schedule/maximum		payment
							allowable or contracted/legislated fee		constitutes
5760	ESWL PRICING	20150725	22991231	19000101	22991231	15	arrangement.	N524	payment in full.
3700	INDEPENDENT	20130723	22331231	13000101	22331231	43	arrangement.	11324	payment in ruii.
	RURAL								
	HEALTH						  The benefit for this service is included in		
	CLINICS						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	PAID FOR						adjudicated. Usage: Refer to the 835		Service not payable
	MORE THAN						Healthcare Policy Identification Segment		with other service
	ONE SERVICE						(loop 2110 Service Payment Information		rendered on the
5770	PER D	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

FOD.	<b>FOR</b>	CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
EOB		EFFECTIVE	CHECKWRITE		DOS END	CARC	CARC DESCRIPTION	RARC	DADC DECEDIDATION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
	PROCEDURE						Advice Remark Code that is not an		
	REQUIRES BMI						ALERT.) Refer to the 835 Healthcare		
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/
F 700	FOR PCP	20150715	22004224	10000101	22004224	1.0	Service Payment Information REF), if	D 4 C 4	incomplete/ invalid
5789	PROVIDER	20150715	22991231	19000101	22991231	16	present.	M64	other diagnosis.
							The benefit for this service is included in		
							the payment/allowance for another		
	PHYSICAL						service/procedure that has already been		
	THERAPY						adjudicated. Usage: Refer to the 835		Service not payable
	ELECTRIC						Healthcare Policy Identification Segment		with other service
	STIMULATION						(loop 2110 Service Payment Information		rendered on the
5790	CONTRA	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	PROCEDURE						the payment/allowance for another		
	CODE NOT						service/procedure that has already been		
	COVERED						adjudicated. Usage: Refer to the 835		Service not payable
	WHEN BILLED ON THE SAME						Healthcare Policy Identification Segment (loop 2110 Service Payment Information		with other service rendered on the
5791	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
3/31	ואטן	20130/13	22331231	13000101	LC2331C31	<i>J</i> /	INEL II DIESEIIL	11420	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5792	PHYSICAL THERAPY APPLIANCES 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. Usage: 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.
5800	RESIDENTIAL SERVICES AND RESPITE ,PERSONAL CARE/COMPA NION CARE NOT ALLOWED FOR	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. Usage: 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.
5801	RESIDENTIAL SERVICES AND RESPITE ,PERSONAL CARE/COMPA NION CARE NOT ALLOWED FOR	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. Usage: 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		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
E902	PREVOCATION AL SERVICES AND SUPPORTED EMPLOYMENT SHALL NOT BE PAID ON THE	20150715	22001221	10000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N20	Service not payable with other service rendered on the
5802	SAME D	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5803	PREVOCATION AL SERVICES AND SUPPORTED EMPLOYMENT SHALL NOT BE PAID ON THE SAME D	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. Usage: 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.
5804	ONLY ONE TYPE OF RESPITE CARE IS ALLOWED FOR A GIVEN 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. Usage: 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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	WAVIER								
	SERVICE HAS						Frank de disease de la francisca (Herresta		
	ALREADY						Exact duplicate claim/service (Use only		
	BEEN PAID FOR THE DATE						with Group Code OA except where state workers' compensation regulations		
5805	OF SERV	20171001	22991231	20171001	22991231	10	requires CO).		
3803	OI SLIV	20171001	22991231	20171001	22991231	10	requires co).		
	HEARING AND						The procedure code is inconsistent with		
	VISION						the modifier used. Usage: Refer to the		
	SCREENING						835 Healthcare Policy Identification		
	REQUIRE EP						Segment (loop 2110 Service Payment		
5811	MODIFIER.	20150715	22991231	19000101	22991231	4	Information REF), if present.		
	POST-								
	CATARACT								
	FOLLOW-UP								
	CARE HAS								
	BEEN PAID TO						The procedure code is inconsistent with		
	THE SURGEON						the modifier used. Usage: Refer to the		
	ORPOST-						835 Healthcare Policy Identification		
F012	CATARACT	20150715	22001221	10000101	22004224	_	Segment (loop 2110 Service Payment		
5812	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	POST- CATARACT FOLLOW-UP CARE HAS BEEN PAID TO THE SURGEON ORPOST- CATARACT						The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment		
5813	PROCEDURE NOT COVERED WITH SPECIFIC	20150715	22991231	19000101	22991231		Information REF), if present.  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		This service/report cannot be billed
5814	CODES. VISION AND HEARING SCREENING MUST BE BILLED WITH A REGULAR SCREENING AND ARE LI	20150715	22991231	19000101	22991231		REF), if present.  The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390 N390	This service/report cannot be billed separately.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE			END DATE		DATE			CODE	RARC DESCRIPTION
5816	HIV CODES MUST BE BILLED IN CONJUNCTION WITH FAMILY PLANNING CODES. REVENUE		22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N390	This service/report cannot be billed separately.
5817	CODES 170 - 171 MUST NOT EXCEED 10 UNITS UNDER MOTHER'S NUMBER.	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.
5818	THERAPY CODE PAYABLE ONLY WITH THERAPEUTIC TREATMENT.	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
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. Usage: 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	AVASTIN J9035 NEGATIVE						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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		This service/report cannot be billed
5822	CONTRA	20150715	22991231	19000101	22991231	49	REF), if present.	N390	separately.
5823	PACE NH DEPENDENT ON PACE NON- NH BILLING	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used. Usage: 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. Usage: 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.

500	FOR	CHECKWRITE	CUECIONDITE	DOS	DOC TND	CARC		2426	
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	D 4 D 6 D 5 6 6 D 1 D 7 1 G 4 1
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE IS								
	NOT PAYABLE						The benefit for this service is included in		
	WHEN BILLED						the payment/allowance for another		
	WITHOUT A						service/procedure that has already been		
	PAID ROOT						adjudicated. Usage: Refer to the 835		
	CANAL FOR						Healthcare Policy Identification Segment		This service/report
	THE SAME						(loop 2110 Service Payment Information		cannot be billed
5830	тоо	20150715	22991231	19000101	22991231	97	REF), if present.	N390	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. Usage: 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI-MUE - UNITS OF SERVICE EXCEED MUE. RECIPIENT CANNOT BE						Coverage/program guidelines were		THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE
5900	BILLED.	20160501	22991231	19000101	22991231	273	exceeded.	N362	MAXIMUM.
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.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5912	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT						This procedure or procedure/modifier		
	PAYABLE						combination is not compatible with		
	WITH						another procedure or		
	ANOTHER						procedure/modifier combination		
	SERVICE ON						provided on the same day according to		
	THIS CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5920	CANNOT	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
F021	RECIPIENT	20150715	22001221	10000101	22001221	226	workers compensation state regulations/		
5921	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5922	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI- SVC IS A								
	DUPE OF A						The benefit for this service is included in		
	PREVIOUSLY						the payment/allowance for another		
	DENIED NCCI						service/procedure that has already been		
	SVC.						adjudicated. Usage: Refer to the 835		Service not payable
	RECIPIENT						Healthcare Policy Identification Segment		with other service
	CANNOT BE						(loop 2110 Service Payment Information		rendered on the
5930	BILLED	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	NCCL CEDVICE						This was and was an arranged was difficu		
	NCCI -SERVICE						This procedure or procedure/modifier		
	NOT PAYABLE WITH						combination is not compatible with another procedure or		
	ANOTHER						procedure/modifier combination		
	SERVICE ON						provided on the same day according to		
	THIS CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5940	CANNOT	20150715	22991231	19000101	22991231	226	fee schedule requirements.		
3940	CANINOT	20130/13	YY331721	TADOUTOT	77331731	230	free scriedule requirements.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5941	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5942	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	THIS								
	AMBULANCE								
	SERVICE								
	PROCEDURE CODE IS								
	LIMITED TO								
	FOUR UNITS								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6001	MON	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0001	INION	20130/13	L L J J I L J J J I L J J J I L J J J I L J J J I L J J J I L J J J I L J J J J	13000101	L T T T T T T T T T T T T T T T T T T T	113	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INPATIENT/O								
	UTPATIENT/AS								
	C VISITS HAVE								
	BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6010	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	LIEADING AID								
	HEARING AID								F d .
	REPAIR IS								Exceeds
	LIMITED TO						Donafit was in the state time and all an		number/frequency
6020	TWO EVERY	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or	NIC 40	approved/allowed
6020	SIX MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MONAURAL								
	HEARING AID								
	BATTERIES								
	ARE LIMITED								
	TO ONE								Exceeds
	PACKAGE								number/frequency
	EVERY TWO						Benefit maximum for this time period or		approved/allowed
6021	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MONAURAL								·
	EARMOLDS								
	ARE LIMITED								Exceeds
	TO ONE EVERY								number/frequency
	FOUR						Benefit maximum for this time period or		approved/allowed
6022	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6023	HEARING AID REPAIR IS LIMITED TO ONCE EVERY 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.
6024	THE PURCHASE OF A HEARING 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	BINAURAL HEARING AID BATTERIES ARE LIMITED TO TWO PACKAGES 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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NEW PATIENT								
	CODE Z5147								
	MAY ONLY BE								
	BILLED ONCE								This service is paid
6000	PER LIFETIME	20450745	22004224	40000404	22224	2-	Lifetime benefit maximum has been		only once in a
6030	PER RECIPIENT	20150/15	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	PERIAPICAL								Exceeds
	XRAYS - LIMIT								number/frequency
	5 PER CAL						Benefit maximum for this time period or		approved/allowed
6040	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE								
	CALENDAR								
	YEAR LIMIT								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6041	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DD 0 055 : : 5 5								[_
	PROCEDURE								Exceeds
	LIMITED TO ONCE EVERY						Benefit maximum for this time period or		number/frequency
6042	30 DAYS.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	approved/allowed within time period.
0042	JU DATS.	20130/13	ZZJZIZ	TAGOTOT	ZZZZZZZ	112	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE								
	CALENDAR								
	YEAR LIMIT								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6043	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	EMERGENCY								
	ORAL EXAM								
	(D0140)								
	LIMITED TO								Exceeds
	ONCE PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6044	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DENTAL								
	SERVICE								
	LIMITED TO								
	ONCE PER								This service is paid
	TOOTH/PER						Lifetime benefit maximum has been		only once in a
6045	LIFETIME.	20150715	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	DD OCEDIUDE								
	PROCEDURE								Fire and a
	CODE LIMITED								Exceeds
	TO ONCE						Danielia manimum facilità di una contra		number/frequency
6046	EVERY SIX	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or	NC 40	approved/allowed
6046	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROPHYLAXIS								Exceeds
	IS LIMITED TO								number/frequency
	ONCE EVERY 6						Benefit maximum for this time period or		approved/allowed
6047	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	ELLIODIDE IC								E da
	FLUORIDE IS								Exceeds
	LIMITED TO ONCE EVERY 6						Benefit maximum for this time period or		number/frequency
6048	MONTHS	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	approved/allowed within time period.
0048	IVIONTES	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	TWO PER								number/frequency
	LIFETIME PER						Benefit maximum for this time period or		approved/allowed
6049	тоотн.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO								
	ONE								Exceeds
	OCCURANCE								number/frequency
	EVERY SIX						Benefit maximum for this time period or		approved/allowed
6050	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6051	FULL SERIES/PANOR AMIC X-RAYS ARE LIMITED TO ONE EVERY THREE 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.
6052	CODE, SERVICE, PROCEDURE, NDC OR STAY REQUIRES PRIOR AUTHORIZATI ON	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.
6053	COMPREHENS IVE DENTAL EXAM MAY ONLY BE BILLED ONCE PER LIFETIME PER	20150715	22991231		22991231		Lifetime benefit maximum has been reached.		

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6054	ORAL EVALUATION < 3 YRS (D0145)	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.
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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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 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.
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.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	57112	LIGO DATE	DATE	57112	0002	CARC DESCRIPTION	CODE	Water Description
6065	DENTAL ENDONTIC THERAPY LIMITED TO 6	20150500	22004224	10000101	22004224	440	Benefit maximum for this time period or	NC 40	Exceeds number/frequency approved/allowed
6065	PER DAY	20160608	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.
6068	DENTAL BITEWING X- RAYS - LIMIT 1 PER CAL YEAR	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.
6069	DENTAL INTRAORAL OCCLUSAL FILM - LIMIT 2 PER CAL YEAR	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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DENTAL PERIAPICAL X- RAYS LIMITED	DATE	ENDUATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	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
	WHEN USED						Transportation is only covered to the		the contractor to
6070	WITH	20150715	22004224	20450745	22004224	447	closest facility that can provide the	NIA 4 F	request a copy of
6070	BITEWING	20150715	22991231	20150715	22991231	11/	necessary care.	N115	the LCD.
	DENTAL INT CARIES LIMIT 5 PER 6 CAL						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6071	MONTHS	20190101	22991231	20190101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DENTAL LIMIT								
	FOUR PER								This service is paid
	TOOTH PER						Lifetime benefit maximum has been		only once in a
6072	LIFETIME	20190101	22991231	20190101	22991231	35	reached.	N117	patient?s lifetime.
	DME								
	PROCEDURE								
	LIMITED TO 60								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6100	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 20								Exceeds
	PER						Barrelli and the second facilities and the second second		number/frequency
C101	CALENDAR	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NC 40	approved/allowed
6101	MONTH DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 5								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6102	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0102	TETTIO	20130713	22331231	15000101	22331231	113	decarrence has been reached.	14040	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	THIRTY (30)						Benefit maximum for this time period or		approved/allowed
6103	PER MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE LIMITED TO								Exceeds
	700 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6104	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0101	Wichtin	20130713	22331231	13000101	22331231	113	becarrence has been reached.	140 10	Within time period.
	DME CLOSED								
	POUCH TOTAL								Exceeds
	LIMIT OF 60								number/frequency
	PER CAL						Benefit maximum for this time period or		approved/allowed
6105	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO 30						Donofit monimum for this time and or		number/frequency
6106	(THIRTY) PER MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
0100	DME	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO 40								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6107	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME WC								
	PRESSURE								Exceeds
	PAD TOTAL								number/frequency
64.00	LIMIT OF 1	20150717	22004524	40000101	2222422	116	Benefit maximum for this time period or	116.60	approved/allowed
6108	PER CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS								Exceeds
	LIMTED TO								number/frequency
	100 PER						Benefit maximum for this time period or		approved/allowed
6109	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6110	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	THREE UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6111	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6112	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME CODES								
	LIMITED TO								Exceeds
	THIRTY-ONE								number/frequency
6446	UNITS PER						Benefit maximum for this time period or		approved/allowed
6113	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6114	YEAR	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0114	ILAN	20130713	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.
	MEDICAL								
	SUPPLIES								
	LIMIT IS								
	\$1,800.00 PER								Exceeds
	WAIVER YEAR,								number/frequency
	02/22-02/21.						Benefit maximum for this time period or		approved/allowed
6115	THE LIMIT HA	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 4								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6116	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 3								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6117	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6118	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE								
	CODE IS								Exceeds
	LIMITED TO						Description of the state of the		number/frequency
6120	ONE PER	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NC 40	approved/allowed
6120	MONTH. DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6121	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0121	1 = / \(\)	20130713	22331231	13000101	22331231	117	occarrence has been reached.	1,40-40	Within time period.
	LEG BAGS ARE								Exceeds
	LIMITED TO								number/frequency
	TWO PER						Benefit maximum for this time period or		approved/allowed
6122	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 8								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6123	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 3								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6124	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6125	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								e
	LIMITED TO								Exceeds
	120 PER						Danafit maniferent familia time a conical an		number/frequency
C12C	CALENDAR	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	N640	approved/allowed
6126	MONTH DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	400 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6127	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
017/	IMOMILI	20130/13	22331231	13000101	22331Z31	113	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6128	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 4								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6129	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE LIMITED TO 5								Fda
	PER								Exceeds
	CALENDAR						Benefit maximum for this time period or		number/frequency approved/allowed
6130	MONTH	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0130	DME	20130713	22991231	13000101	22331231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO 10								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6131	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								·
	PROCEDURE								
	LIMITED TO 12								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6132	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 50								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6133	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 90								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6134	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO								Exceeds
	100 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6135	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								eli
	LIMITED TO								Exceeds
	500 PER CALENDAR						Donofit monitorium for this time or original or		number/frequency
6126	MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6136	DME	20130/13	22331231	12000101	22331231	113	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	1000 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6137	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0107	1	20100/10	122331231	12000101		111	occurrence has been reached.	110-70	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 2								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6138	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 4								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	RENTAL								<b>5</b>
	LIMITED TO 1								Exceeds
	PER						Donofit monitorium for this time or anied an		number/frequency
	CALENDAR MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
	DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	RENTAL								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	RENTAL								
	LIMITED TO 31								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6142	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME BATTERY								
	CHARGER								
	TOTAL LIMIT								Exceeds
	OF 1 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6143	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME BATTERY								
	TOTAL LIMIT								Exceeds
	OF 2 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6144	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME NON-								Exceeds
	INSULIN PROC								number/frequency
	LIMIT OF 2						Benefit maximum for this time period or		approved/allowed
6145	PER 3 CAL MO	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
6150	VISION AND HEARING SCREENING ONE 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.

		CHECKWRITE		DOS					
EOB		EFFECTIVE			DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL								
	SCREENING IS								This
	LIMITED TO						I to the control of t		This service is paid
	ONCE PER	20450745	22004224	10000101	22004224	25	Lifetime benefit maximum has been	N1447	only once in a
6151	LIFETIME	20150715	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	EPSDT								
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
	BEEN						Benefit maximum for this time period or		approved/allowed
		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0132	LACLEDED	20130713	22331231	13000101	22331231	113	becarrence has been reached.	11040	within time period.
	EPSDT								
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
	BEEN						Benefit maximum for this time period or		approved/allowed
6153	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MAXIMUN								Exceeds
	UNIT LIMIT								number/frequency
	HAS BEEN	20450745	22004224	40000404	22004224	440	Benefit maximum for this time period or	NGAO	approved/allowed
6154	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	EPSDT								
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
	BEEN						Benefit maximum for this time period or		approved/allowed
	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE ALLOWED EYE EXAM LIMITATION HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6180	THE ALLOWED LENS LIMITATION 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.
6181	EYE LENS LIMIT 1 PER 2 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.
6182	EYE FRAME LIMIT 1 PER 2 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.
6183	EYE EXAM LIMIT 1 PER 2 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6184	EYE FITTING LIMIT 1 PER 2 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.
6185	EYE LENS 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.
6186	EYE FRAME 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.
6187	EYE EXAM 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.
6188	EYE FITTING 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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6189	EYE EXAM 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.
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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	PROCEDURE IS								
	LIMITED TO								
	SIXTEEN (16)								Exceeds
	UNITS PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6200	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FAMILY								
	PLANNING								
	PERIODIC								
	FOLLOW-UP IS								
	LIMITED TO								Exceeds
	FOUR (4)								number/frequency
	VISITS PER						Benefit maximum for this time period or		approved/allowed
6201	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								_
	THIS								Exceeds
	PROCEDURE								number/frequency
6202	HAS BEEN	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NIC 40	approved/allowed
6202	EXCEEDED THIS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								
	LIMITED TO								Exceeds
	ONE PER								number/frequency
	POSTPARTUM						Benefit maximum for this time period or		approved/allowed
6203	PERIOD.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0203	L LUIOD.	20130/13	L L Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	13000101	ZZZZIZZI	エエフ	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL VISIT								
	IS LIMITED TO								
	ONE PER								
	RECIPIENT,								
	PER								
	PROVIDER,						Lifetime benefit maximum has been		
6204	PER LIFETIME	20150715	22991231	19000101	22991231	35	reached.		
	THIS								
	PROCEDURE								
	CODE IS								
	LIMITED TO								Exceeds
	ONE EVERY								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6205	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE 11795 IS								
	LIMITED TO								
	ONE EVERY								Exceeds
	365 DAYS AND								number/frequency
	PROCEDURE						Benefit maximum for this time period or		approved/allowed
6206	CODE 11977	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THESE NORPLANT SERVICES MUST BE BILLED USING THE APPROPRIATE COMBINATIO N CODE O	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. Usage: 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.
	PROCEDURE IS LIMITED TO ONE SERVICE EVERY 70 DAYS.	20150715	22991231		22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROCEDURE LIMITED TO ONE SERVICE DURING 60 (SIXTY) DAY POSTPARTUM PERIOD.	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.
6210	RADIOLOGY - LEVONORGES TREL IU LIMIT - 1 PER 5 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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DEPO-								
	PROVERA								
	INJECTION								
	LIMITED TO								Exceeds
	ONE PER								number/frequency
	EVERY 70						Benefit maximum for this time period or		approved/allowed
6211	DAYS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FP- LEVONORGES TREL-IU LIMIT-						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6212	1 PER 3 YRS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6212	PROCEDURE W/UA MODIFIER IS LIMITED TO 4 EVERY 12	20171001	22001221	20171001	22004224	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed
6213	MONTHS	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE W/UB, UC, UD MODIFIER IS								
	LIMITED TO 12								Exceeds
	EVERY						Domostit magnimentos for this time of the side of		number/frequency
6214	CALENDAR	20171001	22001221	20171001	22001221	110	Benefit maximum for this time period or	NG 40	approved/allowed
6214	MONTHS	20171001	22991231	20171001	22991231	1179	occurrence has been reached.	N640	within time period.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6215	FP - LEVONORGES TREL IU LIMIT - 1 PER 6 YRS	20211001	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	MORE THAN ONE MEDICAL ENCOUNTER (Z5298) CANNOT BE PAID ON THE SAME DATE OF SERV	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: 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.
	MORE THAN ONE DENTAL ENCOUNTER (D9430)CANN OT BE PAID ON 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. Usage: 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.
	HBO LIMIT 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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6241	HBO LIMIT 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.
6242	HBO LIMIT 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.
6243	HBO LIMIT 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.
6244	HBO LIMIT 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.
6245	HBO LIMIT 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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6246	HBO LIMIT 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.
6247	HBO LIMIT 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.
6248	HBO LIMIT 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.
6249	HBO LIMIT 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.
6260	NUMBER OF HOME HEALTH VISITS EXCEED 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6270	HOSPICE ONE (1) UNIT PER	20450745	22004224	10000101	22004224	440	Benefit maximum for this time period or	NC 40	Exceeds number/frequency approved/allowed
6270	DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT FOR THESE SERVICES HAS BEEN REACHED FOR THE CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6280	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	OUTPATIENT VISITS HAVE BEEN EXCEEDED FOR THIS CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6281	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	INPATIENT DAYS HAVE BEEN EXEEDED FOR THIS CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6282	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REVENUE								
	CODES 170 -								
	171 MUST								
	NOT EXCEED								
	10 UNITS PER								
	NEWBORN								Exceeds
	UNDER MOTHER'S						Benefit maximum for this time period or		number/frequency approved/allowed
6283	NUMB	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0283	NOIVIB	20130713	22331231	13000101	22331231	113	occurrence has been reached.	14040	within time period.
									Exceeds
	MEPD FISCAL								number/frequency
	YEAR DOLLAR						Benefit maximum for this time period or		approved/allowed
6284	LIMIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	HOSPITAL								Exceeds
	EMERG LIMIT								number/frequency
6205	3 DAYS PER	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or occurrence has been reached.	NC 40	approved/allowed
6285	ADMIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MULTIPLE						The benefit for this service is included in		
	URINALYSIS						the payment/allowance for another		
	TESTS						service/procedure that has already been		
	CANNOT BE						adjudicated. Usage: Refer to the 835		Service not payable
	BILLED ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
6290	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MORE THAN								
	ONE								
	OBSTETRICAL								
	DELIVERY								
	CODE MAY								
	NOT BE								Exceeds
	BILLED W								number/frequency
	ITHIN SIX						Benefit maximum for this time period or		approved/allowed
6301	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	NAODE TUAN								
	MORE THAN THREE OFFICE								
	VISITS MAY								
	NOT BE								Exceeds
	BILLED WITH								number/frequency
	PREGNANCY						Benefit maximum for this time period or		approved/allowed
6302	DIAGNOSIS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0002	MORE THAN	20130713	22331231	13000101	22331231	113	occarrence has been reached.	110.10	Within time period.
	ONE								
	OBSTETRICAL								
	DELIVERY								
	CODE MAY								
	NOT BE								Exceeds
	BILLED								number/frequency
	WITHIN SIX						Benefit maximum for this time period or		approved/allowed
6303	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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 PERINATOLOG IST	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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TOBACCO								
	CESSATION								Exceeds
	COUNSELING								number/frequency
	LIMIT 1 PER						Benefit maximum for this time period or		approved/allowed
6309	DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE								
	QUANTITY								
	DISPENSED								
	EXCEEDS THE MAXIMUM								
	QUANTITY								Exceeds
	ALLOWED FOR								number/frequency
	THE DRUG						Benefit maximum for this time period or		approved/allowed
6310	CODE P	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
							Claim / a m i a la alsa information on has		
							Claim/service lacks information or has submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
	QTY						Advice Remark Code that is not an		Missing/incomplete
	DISPENSED						ALERT.) Refer to the 835 Healthcare		/invalid name,
	EXCEEDS MAX						Policy Identification Segment (loop 2110		strength, or dosage
	QTY BASED						Service Payment Information REF), if		of the drug
6311	ON PA	20150715	22991231	19000101	22991231	16	present.	M123	furnished.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6321	MME DAILY EXCEEDED FOR RECIPIENT OVERRIDE PA 0009993621 MAY BE USED TO BYPASS E	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.
6222	OPIOID NAIVE RECIPIENT (CHILD) HAS EXCEEDED MME MAX AND/OR DAYS	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NC 40	Exceeds number/frequency approved/allowed
6322	OPIOID NAIVE RECIPIENT (ADULT) HAS EXCEEDED MME MAX AND/ OR DAYS SUPPLY	20150715	22991231	19000101	22991231	119	occurrence has been reached.  Benefit maximum for this time period or	N640	Exceeds number/frequency approved/allowed
6323	MAX	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6325	SHORT ACTING OPIOID WITHIN 180 DAYS OF NAIVE OPIOID REQUIRES PA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.
6326	MME DAILY EXCEEDED FOR RECIPIENT OVERRIDE PA 0009996322 MAY BE USED TO BYPASS  RECIPIENT HAS RESERVE	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	MEDICINE THAT EXCEEDS LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PHARMACY								
	STABLE								
	THERAPY								
	REQUIREMEN						Coverage/program guidelines were not		
6331	T NOT MET	20160501	22991231	19000101	22991231	272	met.		
	PHARMACY								
	STABLE								
	THERAPY								
	REQUIREMEN						Coverage/program guidelines were not		
6332	T NOT MET	20160501	22991231	19000101	22991231	272	met.		
	DRUG SCREEN								
	DAILY MAX								Exceeds
	FOR								number/frequency
	PRESENCE OF						Benefit maximum for this time period or		approved/allowed
6340	DRUGS	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.
	DRUG SCREEN								
	DAILY MAX								
	FOR G-								Exceeds
	CODE(S) IS								number/frequency
	LIMITED TO 1						Benefit maximum for this time period or		approved/allowed
6341	PER DAY	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.
	5.45								
	DME								F da
	GESTATIONAL								Exceeds
	INSULIN LIMIT						Danielia manimum facilità di con contra		number/frequency
6256	4 BOXES PER	20150715	22004224	10000101	22004224	110	Benefit maximum for this time period or	NC 40	approved/allowed
6350	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6351	DME GESTATIONAL INSULIN LIMIT 2 BOXES 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.
6400	SPECIMEN COLLECTION FEE IS LIMITED TO ONE PER 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. Usage: 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.
6401	OB ULTRASOUND LIMIT HAS BEEN REACHED FOR THIS RECIPIENT. ANY FURTHER WILL REQUI	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.
6402	SCREENING MAMMOGRA PHY IS LIMITED TO ONE 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.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								
	REACHED FOR								Exceeds
	THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6403	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								
	LIMITED TO								
	ONCE EVERY								
	THIRTY(30)								Exceeds
	DAYS BY THE								number/frequency
	SAME BILLING						Benefit maximum for this time period or		approved/allowed
6404	PROVIDER	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO								
	ONE								Exceeds
	OCCURENCE								number/frequency
6405	EVERY SIX	20450745	22004224	40000404	22224224	440	Benefit maximum for this time period or	116.40	approved/allowed
6405	ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	NEWBORN								
	CODE MAY NOT BE								This convice is resid
							Lifetime benefit maximum has been		This service is paid
6406	BILLED MORE THAN ONCE	20150715	22991231	19000101	22991231	25	reached.	N117	only once in a patient?s lifetime.
0400	THAN ONCE	20130/13	ZZ331Z31	TACOUTOT	77331731	22	reacheu.	INTT\	patientrs inetime.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6407	THE SAME PROVIDER MAY NOT BILL MORE THAN ONE NEW PATIENT OFFICE VISIT PER RECIP	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.
6408	PHYSICIAN IS LIMITED TO ONE VISIT PER DAY PER 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. Usage: 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.
6409	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.
	PHYSICIAN OFFICE VISIT LIMITATION 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE			DOS END	CARC	CARC DESCRIPTION	RARC	DADC DECEDIDATION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6411	INITIAL CRITICAL CARE LIMITED TO ONE PER DAY		22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
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. Usage: 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ОВ								
	ULTRASOUND								Exceeds
	YEARLY LIMIT								number/frequency
	PERINATOLOG						Benefit maximum for this time period or		approved/allowed
6418	ISTS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	CODEENING								
	SCREENING MAMMOGRA								Exceeds
	PHY IS								number/frequency
	LIMITED TO						Benefit maximum for this time period or		approved/allowed
6419	ONE PER YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									·
	MATERNITY								
	BONUS								Exceeds
	PAYMENTS								number/frequency
	LIMITED 1 PER						Benefit maximum for this time period or		approved/allowed
6420	6 MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MATERNITY								
	ALCOHOL/DR UG								Exceeds
	COUNSELING								number/frequency
	LIMITED 1 PER						Benefit maximum for this time period or		approved/allowed
6421	9 MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS CLAIM IS COUNTED TOWARD THE ANNUAL BMI REQUIREMEN						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6422	Т	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6422	MATERNITY ALCOHOL/DR UG BRIEF INTERVENTIO N LIMITED 1 PER DAY; 2 PER PREGNANCY	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NG 40	Exceeds number/frequency approved/allowed
6423	(9	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6424	NFP SERVICES LIMITED TO 1 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.
6427	CANCER VISIT LIMIT HAS BEEN EXCEEDED	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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6510	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6511	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6512	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6513	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	L								
	THIS								
	PROCEDURE IS								Exceeds
	LIMITED TO 5								number/frequency
	UNITS PER						Benefit maximum for this time period or		approved/allowed
6514	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	KARC DESCRIPTION
	PROCEDURE CODE IS LIMITED TO 104 TIMES A						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6520	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.
6522	THIS PROCEDURE IS LIMITED TO 52 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.
6523	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.
6524	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.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6525	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6526	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDEF FOR								Exceeds
	THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6527	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6528	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO 260 UNITS A						Benefit maximum for this time period or		number/frequency approved/allowed
6529	YEAR.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0329	I EAN.	20130/13	<b>C</b>	TACOUTOT	77221721	113	occurrence has been reached.	11040	within time period.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6530	PROCEDURE IS LIMITED TO 8 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.
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.
6532	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.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE IS								
	LIMITED TO								Exceeds
	130 UNITS A								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6535	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								5da
	LIMITED TO 104 TIMES A								Exceeds number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6536	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0330	12/111	20130713		13000101	22331231	113	- Cocarrence has been reached.	110.10	Wienin enne peniou.
	PROCEDURE IS								
	LIMITED TO								Exceeds
	365 TIMES A								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6537	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	YEARLY LIMIT								
	FOR CRISIS								Exceeds
	INTERVENTIO								number/frequency
	N HAS BEEN						Benefit maximum for this time period or		approved/allowed
6538	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
6500	HAS BEEN	20450745	22004554	40000101	2222422	446	Benefit maximum for this time period or		approved/allowed
6539	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6540	PSYCHOTHERA PY SERVICES ARE LIMITED TO 12 (TWELVE) PER CALENDAR YEAR AT		22001221	10000101	22004 224	110	Benefit maximum for this time period or	NG 40	Exceeds number/frequency approved/allowed
6540	PLACE OF	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6541	DIAGNOSTIC ASSESSMENTS ARE LIMITED TO ONE ENCOUNTER 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.
6542	PROCEDURE IS LIMITED TO 4160 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.
6543	PSYCHOLOGY/ REHAB - PSYCHOLOGY DX TESTING	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		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6544	PSYCHOLOGY/ REHAB - NEUROPSYCH OLOGY DX TESTING	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.
6546	PSYCHOLOGY/ REHAB - PPSYCHOLOGY LIMIT 52 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.
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.
6548	PSYCHOLOGY/ REHAB - GROUP 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.
6549	MENTAL HEALTH NON- EMERGENCY TRANSPORATI ON 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6550	PROCEDURE IS LIMITED TO 2 UNITS PER QUARTER	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.
6600	RADIOLOGY & CARDIOLOGY - PROCEDURE REQUIRES PA	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.
6610	DIALYSIS ULTRAFILTRAT ION CODES Z5256 AND Z5266 ARE LIMITED TO A TOTAL OF 3 PER	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.
6611	PROCEDURE CODE IS LIMITED TO 156 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.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODE IS								
	LIMITED TO								Exceeds
	ONE UNIT PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6612	MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO 12								
	UNITS PER						Lifetime benefit maximum has been		
6613	LIFETIME.	20150715	22991231	19000101	22991231	35	reached.		
	THIS								
	PROCEDURE								
	CODE IS								
	LIMITED TO								Exceeds
	ONE PER						5 6 1 1 1		number/frequency
6620	CALENDAR	20450745	22004224	40000404	22004224	440	Benefit maximum for this time period or	NGAO	approved/allowed
6630	MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6640	EXCEEDED.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0070	THE YEARLY	20130713	22331231	13000101	22331231	113	occurrence has been reached.	1,40-40	within time period.
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6641	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6642	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6643	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6644	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE						Barrelli and the second facilities and the second second		number/frequency
6645	HAS BEEN	20450745	22004224	40000404	22004224	110	Benefit maximum for this time period or	N.C 40	approved/allowed
6645	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY LIMIT FOR								
	THIS								Evenode
	_								Exceeds
	PROCEDURE						Panafit maximum for this time naried ar		number/frequency
6646	HAS BEEN	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NG40	approved/allowed
6646	EXCEEDED.	20150715	22991231	19000101	22991231	113	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6647	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								Europe de
	REACHED FOR THIS								Exceeds
	CONTRACT						Benefit maximum for this time period or		number/frequency approved/allowed
6650	YEAR	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0030	TEAN	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	UNITS BILLED								
	FOR								
	PROCEDURE								
	CODE EXCEED								Exceeds
	MAXIMUM								number/frequency
	UNITS						Benefit maximum for this time period or		approved/allowed
6651	ALLOWED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	UNITS BILLED								
	FOR								
	PROCEDURE								
	CODE EXCEED								Exceeds
	MAXIMUM								number/frequency
6653	UNITS	20150715	22004224	40000404	22004224	446	Benefit maximum for this time period or	NGAO	approved/allowed
6652	ALLOWED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6653	PROCEDURE LIMITED TO 1080 HOURS,PER WAIVER YEAR OCTOBER 1 - SEPTEMBER 30.	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.
6654	LAHWV - LIMITED \$1000 PER WAIVER 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.
6655	LAHWV- TRANSPORTAT ION LIMITED \$1000 PER WAIVER 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.
6656	PERSONAL CARE BACHELORS 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.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	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/HEARI NG 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 SPECIALIZED SUPPLY LIMIT	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	22991231	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	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO								number/frequency
	\$1000 PER						Benefit maximum for this time period or		approved/allowed
6662	WAIVER YEAR	20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO								number/frequency
	\$2000 PER						Benefit maximum for this time period or		approved/allowed
6663		20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER -								
	PROF & TECH								
	THERAPEUTIC								Exceeds
	BEHAVIOR								number/frequency
	LIMITED TO						Benefit maximum for this time period or		approved/allowed
6664	1200 UNITS	20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER -								
	PROFESSIONA								
	L								[Fyee ede
	THERAPEUTIC								Exceeds
	BEHAVIOR						Danasia manimum familia kima a sa da da sa		number/frequency
6665	LIMITED TO	20454245	22004224	40000404	22004224	110	Benefit maximum for this time period or	NICAO	approved/allowed
6665	800 UNITS	20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER PERSONAL CARE SERVICE DOLLAR LIMIT			10000101			Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6666	EXCEEDED	20161001	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6668	WAIVER SERVICE LIMITED TO 144 UNITS PER WAIVER YEAR		22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6669	WAIVER SERVICES LIMITED TO 60 UNITS PER WAIVER YEAR	20180201	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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	DADC DESCRIPTION
6671	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS RECIP		22991231	19000101	22991231		Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient?s lifetime.
6672	INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
6673	PROCEDURE IS LIMITED TO ONE (1) EVERY TWO YEARS. CLAIM STILL IN PROCESS. PLEASE DO NOT REBILL.	20150715 20150715	22991231 22991231	19000101 19000101	22991231		Benefit maximum for this time period or occurrence has been reached.  Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER								
	SERVICES								Exceeds
	LIMITED TO								number/frequency
	200 UNITS PER						Benefit maximum for this time period or		approved/allowed
6675	LIFETIME	20180201	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO						5 6		number/frequency
6676	\$10000 PER	20400204	22224224	40000404	22224	440	Benefit maximum for this time period or	11640	approved/allowed
6676	WAIVER YEAR	20180201	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE								SERVICE DENIED
	CANNOT BE								BECAUSE PAYMENT
	BILLED MORE								ALREADY MADE
	THAN SIX(6)								FOR SAME/SIMILAR
	TIMES WITH								PROCEDURE
	THE SAME						Benefit maximum for this time period or		WITHIN SET TIME
6677	MODIFIER.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
	SUPPORTED	3							
	LIVING								
	SERVICES								Exceeds
	LIMITED TO								number/frequency
	3087.90 PER						Benefit maximum for this time period or		approved/allowed
6678	MONTH	20150715	22991231	20190101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6680	ABA INITIAL ASSESSMENT LIMITED TO TWICE 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.
6681	WAIVER SERVICE LIMITED TO \$5000 PER LIFETIME	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.
6682	WAIVER SERVICE LIMITED TO \$1200 PER WAIVER YEAR	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.
6683	WAIVER SERVICE LIMITED TO \$2000 PER WAIVER YEAR	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.
6684	WAIVER SERVICE LIMITED TO \$10000 PER LIFETIME	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.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DAIL	LIND DATE	DAIL	DAIL	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO 8								number/frequency
	UNITS PER 60						Benefit maximum for this time period or		approved/allowed
6685	DAYS	20150715	22991231	20150715	22991231	119	occurrence has been reached.	N640	within time period.
	REVENUE								
	CODE 183 IS								
	LIMITED TO 6								Exceeds
	DAYS EACH								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6690	QUARTER.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	REVENUE								
	CODE 184 IS								_
	LIMITED TO 14								Exceeds
	DAYS PER CALENDAR						Danafit maximum for this time paried or		number/frequency
6691	MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
0091	WONTH	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	DME								Exceeds
	PROCEDURE								number/frequency
	LIMITED TO 1						Benefit maximum for this time period or		approved/allowed
6700	PER 8 CAL YRS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									·
	DME								Exceeds
	PROCEDURE								number/frequency
	LIMIT TO 1						Benefit maximum for this time period or		approved/allowed
6701	PER DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6702	WEEK	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 15								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6703	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 35								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6704	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 150								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6705	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								Type and a
	LIMIT TO 180								Exceeds
	PER						Donofit monimum for this time or a significan		number/frequency
C70C	CALENDAR	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NC40	approved/allowed
6706	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 210								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6707	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER 3								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6708	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE LIMIT TO 3								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6709	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0703	DME	20130713	22331231	13000101	22331231	1113	occurrence has been reached.	11040	Within time period.
	PROCEDURE								
	LIMIT TO 5								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6710	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 6								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6711	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6712	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 10								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6713	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								_
	LIMIT TO 12								Exceeds
	PER						Donofit monimum for this time and or		number/frequency
6714	CALENDAR YEAR	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6/14	DME	20150/15	22991231	19000101	22991231	119	occurrence has been reached.	11640	within time period.
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6715	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
-	DME						222	1.0.10	The period.
	PROCEDURE								
	LIMIT TO 31								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6716	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 150								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6717	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 31								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6718	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO								Exceeds
	(1) PER 8								number/frequency
6740	CALENDAR	20450745	22224224	40000404	22224224	440	Benefit maximum for this time period or		approved/allowed
6719	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE LIMIT TO 1								Even a de
	PER								Exceeds number/frequency
	CALENDAR 7						Benefit maximum for this time period or		approved/allowed
6720	YEARS	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0720	TLANS	20130713	22991231	13000101	22991231	119	occurrence has been reached.	11040	within time period.
	DME REPAIRS								Exceeds
	LIMITED								number/frequency
	\$1000 PER						Benefit maximum for this time period or		approved/allowed
6721	DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6722	DME POWER TIRES LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231		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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6727	DME HEADREST LIMIT 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231		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.
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.

FOR	FOR	CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC	CARC DESCRIPTION	RARC	DADC DECEDIDATION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
6735	DME PROCEDURE LIMITED 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.
6736	DME PROCEDURE LIMITED TO 1 PER 3 CAL 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.
7000	CLAIM FAILED A PRODUR ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7001	INFORMATIO NAL 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.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRODUR								
	ALERT								
	REQUIRES PA								
	FOR								
7003	OVERRIDE	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
	NON-								
	OVERRIDEABL								
	E PRODUR						Coverage/program guidelines were not		
7004	ALERT	20160501	22991231	19000101	22991231	272	met.		
	THIS								
	MEDICATION								
	HAS BEEN								
	FILLED THIS								
	MONTH BUT								Exceeds
	DUE TO								number/frequency
	TIMELY REFILL						Benefit maximum for this time period or		approved/allowed
7041	ALLOWANCE,	19990101	22991231	19990101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7101	ADMIT DATE LESS THAN FIRST DATE OF SERVICE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7102	TYPE OF BILL INDICATES LATE CHARGES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7103	INTERIM CLAIM LESS THAN MINIMUM STAY	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	INTERIM CLAIM PATIENT STATUS IS DISCHARGED	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7105	NURSERY AND NON- NURSERY REVENUE CODES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	PROVIDER DRG BASE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7107	PROVIDER DRG COST TO CHARGE RATIO IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DRG AGE THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	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). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7111	DRG MARGINAL COST PERCENT NOT ON FILE OR ZERO	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7115	DRG INVALID PRINCIPAL DIAGNOSIS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7116	DRG CODE COULD NOT BE	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DRG INVALID RECIPIENT AGE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7118	DRG INVALID RECIPIENT GENDER	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7119	DRG INVALID DISCHARGE STATUS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DRG INVALID BIRTH WEIGHT	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7121	DRG GESTATIONAL AGE AND BIRTH WEIGHT CONFLICT	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7122	DRG CODE NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
7123	DRG CODE ON REVIEW	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DRG CODE NOT ON RATE FILE	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7125	DRG INITIALIZATIO N FAILED	20120101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	SUPPLEMENT AL PYMT PERCENT NOT ON FILE	20140101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7127	PROVIDER MISSING FROM DRG RATE TABLE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7128	DRG - MAJOR DIAGNOSTIC CATEGORY NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7129	DAY OUTLIER THRESHOLD NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DAY OUTLIER PER DIEM AMOUNT NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CONFLICT								
	CODE ON								
	RESPONSE								
	CLAIM DOES								
7503	NOT MATCH	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
	PROVIDER								
	REQUESTED								
	ADDITIONAL								
	PAYMENT						Charge exceeds fee schedule/maximum		
	DUE TO						allowable or contracted/legislated fee		Correction to a
8006	MISCELLANEO	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	PROVIDER								
	REQUESTED						Charge exceeds fee schedule/maximum		
	CLAIM						allowable or contracted/legislated fee		Correction to a
8007	ADJUSTMENT	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	PROVIDER								
	SENT REFUND								
	DUE TO								
	PATIENT						Charge exceeds fee schedule/maximum		
	LIABILITY						allowable or contracted/legislated fee		Correction to a
8076	PROCES	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	A C EN CY								
	AGENCY								
	REQUESTED						Channa acceptable for each of the Later a		
	REFUND DUE						Charge exceeds fee schedule/maximum		Commontion
0007	TO OTHER	20454204	22004224	10000101	22004224	4.5	allowable or contracted/legislated fee	N 4 A 6 7	Correction to a
8097	INSURANCE	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	AGENCY						Charge exceeds fee schedule/maximum		
	INITIATED						allowable or contracted/legislated fee		Correction to a
8128	OFFSET DUE	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY						Non-covered charge(s). At least one		
	INITIATED						Remark Code must be provided (may be		Correction to a
8134	OFFSET DUE	20150715	22991231	19000101	22991231	96	comprised of either the NCPDP Reject	MA67	prior claim.
	HPE INITIATED								
	ADJUSTMENT						Charge exceeds fee schedule/maximum		
	S DUE TO						allowable or contracted/legislated fee		Correction to a
8136	PROCESSING	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY								
	INITIATED								
	OFFSET OF						Charge exceeds fee schedule/maximum		
	OUT-PATIENT						allowable or contracted/legislated fee		Correction to a
8140	CLAIM DUE TO	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	SAVE FOR						Charge exceeds fee schedule/maximum		Correction to a
8141	FUTURE USE.	20151204	22991231	19000101	22991231	45	allowable or contracted/legislated fee	MA67	prior claim.
	AGENCY						Charge exceeds fee schedule/maximum		Correction to a
8168	INITIATED	20151204	22991231	19000101	22991231	45	allowable or contracted/legislated fee	MA67	prior claim.
	AGENCY						Charge exceeds fee schedule/maximum		Correction to a
8169	INITIATED	20151204	22991231	19000101	22991231	45	allowable or contracted/legislated fee	MA67	prior claim.
	AGENCY						Charge exceeds fee schedule/maximum		Correction to a
8170	INITIATED	20160721	22991231	19000101	22991231	45	allowable or contracted/legislated fee	MA67	prior claim.
	MASS						Charge exceeds fee schedule/maximum		Correction to a
8184	ADJUSTMENT -	20151204	22991231	19000101	22991231	45	allowable or contracted/legislated fee	MA67	prior claim.
	MASS								
	ADJUSTMENT -						Charge exceeds fee schedule/maximum		
	OTHER						allowable or contracted/legislated fee		Correction to a
8187	REQUEST	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MASS								
	ADJUSTMENT -								
	VOID						Charge exceeds fee schedule/maximum		
	TRANSACTION						allowable or contracted/legislated fee		
8188	S	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS						<del>-</del>		
	ADJUSTMENT -						Charge exceeds fee schedule/maximum		
	VOID						allowable or contracted/legislated fee		
8190	TRANSACTION	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	ADJUSTMENT -								
	VOID								
	TRANSACTION						Charge exceeds fee schedule/maximum		
04.04	S OTHER	20450725	22004224	40000404	22004224	4.5	allowable or contracted/legislated fee		
8191	REQUEST MASS	20150725	22991231	19000101	22991231	45	arrangement.		
	ADJUSTMENT -								
	VOID								
	TRANSACTION								
	S IDENTIFIED						Charge exceeds fee schedule/maximum		
	BY EXTERNAL						allowable or contracted/legislated fee		Correction to a
8199	ENTITY	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	CORRECTION						Charge exceeds fee schedule/maximum		
	TO A PRIOR						allowable or contracted/legislated fee		Correction to a
8200	CLAIM	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8201	DUPLICATE PAYMENT	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
8202	CLAIM BILLED IN ERROR	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8203	BILLED UNDER WRONG RECIPIENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete /invalid patient name.
8204	PRIMARY INSURANCE PAYMENT RECEIVED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8205	PROVIDER TO REBILL	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8206	DUE TO MEDICARE PRIMARY	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECOUPMENT						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		Correction to a
8207	OTHER	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
8208	NCCI REDETERMINI ATION - HISTORY VOID	20151204	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	NCCI ADMINISTRATI VE REVIEW - HISTORY VOID		22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		
8210	WORKER'S COMP - PROVIDER	20150715	22991231	19000101	22991231	19	This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WORKER'S						This is a work-related injury/illness and		
	COMP -						thus the liability of the Worker's		
8211	RECIPIENT	20150715	22991231	19000101	22991231	19	Compensation Carrier.		
							Charge exceeds fee schedule/maximum		
8216	TPL ERROR	20150725	22991231	19000101	22991231	45	allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0247	DUE TO MISCELLANEO US OR UNSPECIFIED	20450725	22004224	10000101	22004224	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		
8217	REASON	20150725	22991231	19000101	22991231	45	arrangement.		
							Payment adjusted because charges have		
8220	FULL REFUND	20151204	22991231	19000101	22991231	23	been paid by another payer.		
	PARTIAL						Payment adjusted because charges have		
8221	REFUND	20151204	22991231	19000101	22991231	23	been paid by another payer.		

		CHECKWRITE		DOS					
	ЕОВ	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CAVE 500								
0222	SAVE FOR	20450745	22004224	40000404	22004224	D.F.	Coverage/program guidelines were not		
8222	FUTURE USE	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
	SAVE FOR						Coverage/program guidelines were not		
8223	FUTURE USE.	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
	SAVE FOR						Coverage/program guidelines were not		
8224	FUTURE USE.	20150715	22991231	19000101	22991231	B5	met or were exceeded.		

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
8227	CAPITATION - EPSDT CLAIM	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
	CAPITATION - FAMILY PLANNING	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	SAVE FOR	20150725	22991231		22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		