Provider Remittance Advice Codes

March 2022

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					
EOB	EOB	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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	RECIPIENT I.D. 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/incomplete /invalid patient 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
	RECIPIENT ID -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 patient
0204	OLD FORMAT	20150715	22991231	19000101	22991231	16	present.	N382	identifier.
	PRESCRIBING PROVIDER NUMBER NOT IN VALID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0206	FORMAT	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
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.
0208	PREGNANCY INDICATOR INVALID	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0209	AT LEAST ONE OF THE SUBMITTED DELIVERIES IS MISSING A VALID BIRTHWEIGHT	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.	N229	INCOMPLETE/INVAL ID CONTRACT INDICATOR.

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0211	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.
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims		
							attachment(s)/other documentation. At least one Remark Code must be provided (may 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						Policy Identification Segment (loop 2110		Missing/incomplete
	PRESCRIPTION						Service Payment Information REF), if		/invalid prescription
0212	NUMBER	20150715	22991231	19000101	22991231	16	present.	N388	number.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0212	DATE PRESCRIBED IS	20150745	22001221	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	NIE 7	MISSING/INCOMPL ETE/INVALID
0213	MISSING	20150715	22991231	19000101	22991231	16	present.	N57	PRESCRIBING DATE.
	DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
0214	PRESCRIBED IS	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if		ETE/INVALID
0214	INVALID	20150715	22991231	19000101	22991231	10	present.	N57	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
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.
	DATE 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.	N304	MISSING/INCOMPL ETE/INVALID DISPENSED 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
	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).
	INVALID DRUG 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.	M119	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
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.
	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MISSING DAYS	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	MED	Missing/incomplete /invalid days or
0221	SUPPLY	20150715	22991231	19000101	22991231	16	present.	M53	units of service.
	ESTIMATED						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	DAYS SUPPLY						Service Payment Information REF), if		/invalid days or
0222	INVALID	20150715	22991231	19000101	22991231	16	present.	M53	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
0222	MISSING DIAGNOSIS	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
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					
EOB	EOB	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.
0226	ANESTHESIA CLAIMS REQUIRE 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.	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
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.
0233	UNITS OF SERVICE 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.	М53	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
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	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0236	NO PROCEDURE FOR REVENUE CODE; MEDICAID HAS NO PAYMENT LIABILITY FOR THIS LINE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
0239	DETAIL TO 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.	M59	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
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.	М59	Missing/incomplete /invalid "to" date(s) of service.
	SECONDARY DIAGNOSIS 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 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
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.

EOB CODE		CHECKWRITE EFFECTIVE DATE		DOS EFFECTIVE DATE		CARC CODE		RARC 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					
EOB	EOB	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					
EOB	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						Procedure modifier was invalid on the		
0251	SERVICE	20150715	22991231	19000101	22991231	182	date of service.		
0252	SECOND MODIFIER INVALID FOR DATE OF	20150715	22001221	10000101	22991231	100	Procedure modifier was invalid on the		
0252	SERVICE	20150715	22991231	19000101	22991231	197	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0255	PATIENT RSN FOR VISIT REQ ON OUTPATIENT HOSP 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.	M64	Missing/incomplete /invalid other diagnosis.
	ADMIT DIAGNOSIS INVALID ON OUTPATIENT HOSP 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.	M64	Missing/incomplete /invalid 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
0257	PATIENT RSN FOR VISIT INVALID ON INPATIENT 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.	M64	Missing/incomplete /invalid other diagnosis.
0258	MISSING DIAGNOSIS CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0260	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.
0261	MISSING 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.

		CHECKWRITE		DOS					
EOB	EOB	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.
0263	INVALID 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.

		CHECKWRITE		DOS					
EOB	EOB	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.
0265	DETAIL FROM DATE 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.	M52	Missing/incomplete /invalid "from" 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
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.	N75	Missing/incomplete /invalid tooth surface 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
0268	BILLED 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.
0269	DETAIL BILLED AMOUNT MISSING OR 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.	M79	Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
EOB	EOB	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	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

EOB CODEEFFECTIVE DESCRIPTIONCHECKWRITE DATEEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONRARC CODEImage: CodeDATEDATEDATEDATEDATECARC DATECARC DESCRIPTIONCARC DESCRIPTIONCARC DESCRIPTIONCODEImage: CodeImage: CodeImage: CodeImage: CodeCarc DescriptionCarc DescriptionImage: CodeCodeCodeImage: CodeImage: C		C DESCRIPTION
PRIMARY DIAGNOSIS 0272 CODE INVALID 20150715 22991231 19000101 22991231 16 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 REF), if present. 0272 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 Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims	CODE	C DESCRIPTION
Image: submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.0272CODE INVALID2015071522991231190001012299123116Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims		
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims	0272	sing/incomplete alid principal mosis.
0273MISSING2015071522991231190001012299123116attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if0273MISSING2015071522991231190001012299123116present.MA30		

		CHECKWRITE		DOS					
EOB E	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE [DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TYPE OF BILL	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
0274 (CODE INVALID	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.
	ADMIT DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
		20150715	22991231	19000101	22991231	16	present.	MA40	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
	ADMIT DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0276	INVALID	20150715	22991231	19000101	22991231	16	present.	MA40	date.
	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		Missing/incomplete
	ADMISSION						Service Payment Information REF), if		/invalid admission
	HOUR	20150715	22991231	19000101	22991231	16	present.	N46	hour.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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.	MA43	Missing/incomplete /invalid patient status.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0282	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.
0283	COVERED DAYS 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.	MA32	Missing/incomplete /invalid number of covered 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
	PRIMARY 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
0284	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	SECOND						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	CONDITON						Service Payment Information REF), if		/invalid condition
0285	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

		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						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0286	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	FOURTH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	CONDITION						Service Payment Information REF), if		/invalid condition
0287	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0288	FIFTH CONDITION	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0288	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	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/incomplete
	CONDITION						Service Payment Information REF), if		/invalid condition
0289	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SEVENTH CONDITION	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 condition
0290	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	DATE FOR PRIMARY 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		MISSING/INCOMPL ETE/INVALID
	CODE						Service Payment Information REF), if		OCCURRENCE
0295	MISSING	20150715	22991231	19000101	22991231	16	present.	N299	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
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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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).
	DATE FOR THIRD 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.	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
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).
0301	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0302	DATE FOR FOURTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
	CLAIM HAS TOO MANY DIAGNOSIS SEQUENCES	20170101	22991231	19000101	22991231		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	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	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	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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0311	PRIMARY DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	SECOND DIAGNOSIS PRESENT ON ADMISSION 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.	M64	Missing/incomplete /invalid 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
0313	THIRD DIAGNOSIS PRESENT ON ADMISSION INDICATOR 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.
	FOURTH DIAGNOSIS PRESENT ON ADMISSION 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.	M64	Missing/incomplete /invalid 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
0315	FIFTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR 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.
	SIXTH DIAGNOSIS PRESENT ON ADMISSION 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.		Missing/incomplete /invalid 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
0317	SEVENTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR 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.
	EIGHTH DIAGNOSIS PRESENT ON ADMISSION 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.		Missing/incomplete /invalid 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
0319	NINTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR 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.
0320	DIAGNOSIS 10- 24 PRESENT ON ADMISSION INDICATOR 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DTP DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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"
0330	INVALID	20150715	22991231	19000101	22991231	16	present.	M52	date(s) of service.
	DATE LAST MENSTRUAL PERIOD						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	MISSING OR						Service Payment Information REF), if		/invalid "from"
0331	IN FUTURE	20150715	22991231	19000101	22991231	16	present.	M52	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
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.	М52	Missing/incomplete /invalid "from" date(s) of service.
	DTP DATE QUALIFIER MISSING	20181128	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	EOB	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.	М52	Missing/incomplete /invalid "from" date(s) of service.
335	FIRST PRENATAL VISIT DATE CRITERIA NOT MET	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					
EOB	EOB	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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	М50	Missing/incomplete /invalid revenue code(s)
0339	MISSING	20150715	22991231	19000101	22991231	16	present.	IVI50	code(s).
	REVENUE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	CODE IS						Service Payment Information REF), if		/invalid revenue
0340	INVALID	20150715	22991231	19000101	22991231	16	present.	M50	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
0350	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
0355	FIFTH 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0356	SIXTH 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.
	SEVENTH DIAGNOSIS 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 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
0358	EIGHTH 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.
	NINTH DIAGNOSIS 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 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
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.
	ADMITTING DIAGNOSIS 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.	MA65	Missing/incomplete /invalid admitting 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
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).
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0365	PRINCIPAL 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.	N303	MISSING/INCOMPL ETE/INVALID PRINCIPAL PROCEDURE DATE.
	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0367	FIRST 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).
0368	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0369	SECOND 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.	M67	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE CODE(S)
0370	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0371	SECOND 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).
	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0373	THIRD 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).
	THIRD OTHER ICD PROCEDURE DATE 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.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE 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
0375	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).
0376	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0377	FOURTH 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).
0378	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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0379	FIFTH 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).
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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0381	ATTENDING PHYSICIAN PROVIDER 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.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0396	HEADER STATEMENT COVERS PERIOD "FROM" 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.	M52	Missing/incomplete /invalid "from" date(s) of service.
	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING		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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0411	DATE FOR FIFTH 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).
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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0413	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).
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).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0415	DATE FOR SEVENTH 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).
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).

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

FOD		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 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).
	INVALID PRINCIPAL/OT HER PROCEDURE	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	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
0458	THE DIAGNOSIS CODE IN SEQUENCE 10- 24 IS IN AN INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
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).

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0471	CONDITION CODE 8-24 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.	M44	Missing/incomplete /invalid condition code.
	ICD PROCEDURE 7- 24 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.	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
0474	ICD PROCEDURE 7- 24 OR DATE 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.	N301	MISSING/INCOMPL ETE/INVALID PROCEDURE DATE(S).
	ICD PROCEDURE 7- 24 DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 PROCEDURE
0475	INVALID	20150715	22991231	19000101	22991231	16	present.	N301	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
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.
	DATE DISPENSED EARLIER THAN DATE PRESCRIBED	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 DISPENSED DATE.

		CHECKWRITE		DOS					
						CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DATE DISPENSED AFTER BILLING	20450745	22004.224	10000101	22001221	110			
0503	DATE	20150715	22991231	19000101	22991231	110	BILLING DATE PREDATES SERVICE DATE.		
	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED	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 value code(s) or
0505	AMOUNT.	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
	FIRST DATE OF SERV GREATER THAN LAST						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0507	DATE OF SERV	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	TOTAL CHARGE DOES						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Sogment (Joon 2110		Missing (incomplete
	NOT EQUAL						Policy Identification Segment (loop 2110		Missing/incomplete
	THE SUM OF						Service Payment Information REF), if		/invalid total
0508	ALL DETAILS	20150715	22991231	19000101	22991231	16	present.	M54	charges.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE(S)								
	PAST THE								
	MAXIMUM								
	MEDICAID								
0512	FILING LIMIT	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
	NAME ON CLAIM MUST MATCH NAME						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 patient
0513	ON FILE	20150715	22991231	19000101	22991231	16	present.	MA36	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
0514	DATE RECEIVED FOR PROCESSING- PRIOR TO DATE OF SERV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	М59	Missing/incomplete /invalid "to" date(s) of service.
	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.		Missing/incomplete /invalid admission 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
0526	DETAIL DATES NOT WITHIN HEADER DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	DETAIL FROM DATE OF SERVICE IS AFTER 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	M52	Missing/incomplete /invalid "from" date(s) of service.

EOB		CHECKWRITE EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0537	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 (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
0555	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT MEPD LATE	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
0557	FILING	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0568	DISCHARGE DATE IS LESS THAN 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.	N50	Missing/incomplete /invalid discharge information.
	TOTAL DAYS LESS THAN COVERED DAYS	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 number of covered 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
0571	SURGICAL PROCEDURE 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).
0571	MISSING	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	TOTAL DAYS ON CLAIM CONFLICT WITH DATES						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 number of covered days during
0573	SHOWN	20150715	22991231	19000101	22991231	16	present.	MA32	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
0574	SERVICE DATES ARE NOT IN SAME	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	MA21	Missing/incomplete /invalid beginning and ending dates of
0574	MONTH	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	SURGERY DTE CANNOT BE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	OUTSIDE HDR						Policy Identification Segment (loop 2110		MISSING/INCOMPL
0	DATES OF	20150715	22224224	10000101		10	Service Payment Information REF), if		ETE/INVALID
0575	SERVICE	20150715	22991231	19000101	22991231	16	present.	N341	SURGERY DATE.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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 Reject Reason Code, or Remittance 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.
0589	ADJUSTMENT HAS AUTO DENIAL MANUALLY SUSPEND FOR REVIEW	20150725 20150725	22991231	19000101	22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	M85 M85	Subjected to review of physician evaluation and management services. Subjected to review of physician evaluation and management 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
0596	FILE SEPARATE CLAIMS FOR DIFFERENT YEARS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	UNITS NOT EQUAL TO	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
0606	INVALID OTHER PAYER 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.
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).

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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).
0624	TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0625	TPL DETAIL PAYER HAS MULTIPLE MATCHING HDR PAYERS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	TPL DETAIL PAYER ID HAS DUPLICATE	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.	M56	Missing/incomplete /invalid payer 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
0627	TPL HDR COINSURANCE <> SUM OF DTL COINSURANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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 DEDUCTIBLE NOT EQUAL SUM OF DTL DEDUCTIBLE	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.	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
	TPL HDR COPAY 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 /invalid value code(s) or
0629	OF DTL COPAY	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).
	TPL HDR PAID AMT 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		Missing/incomplete
	EQUAL SUM						Policy Identification Segment (loop 2110		/invalid value
	OF DTL PAID						Service Payment Information REF), if		code(s) or
0630	AMT	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
0632	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.
0633	TPL HDR PAYER ID IS DUPLICATE OF ANOTHER HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0634	TPL PAYER RESPONSIBILIT Y 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.	M56	Missing/incomplete /invalid payer identifier.
	TPL PAYER RESPONSIBILIT Y HIERARCHY IS DUPLICATE	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0636	TPL TOTAL PAID AMT NOT EQUAL SUM OF HDR PAID AMT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0642	INVALID OTHER COVERAGE	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	ND45	INCOMPLETE/INVAL ID PLAN INFORMATION FOR
0643	CODE	20150715	22991231	19000101	22991231	16	present.	N245	OTHER INSURANCE.
	OTHER PAYER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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 value
0644	PAT RESP AMT	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	M40	code(s) or
0644	IS INVALID	20150715	22991231	19000101	22991231	10	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
0645	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).
	PT RESPONSIBILIT Y 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 (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N58	Missing/incomplete /invalid patient liability amount.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0647	OTHER PAYER AMOUNT 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.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0666	MO Systematic denial of recycled suspense. CLAIM NOT ADJUSTABLE DUE TO FULL	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
0674	REFUND OR INTERNAL UPDATE	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
0675	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.
	ADJ - PROVIDER ID 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/incomplete /invalid designated provider number.

		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		Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number
							ALERT.) Refer to the 835 Healthcare		(ICN), Claim Control
	ADJ -						Policy Identification Segment (loop 2110		Number (CCN),
	ORIGINAL ICN						Service Payment Information REF), if		Document Control
	NOT FOUND	20150715	22991231	19000101	22991231	16	present.	M47	Number (DCN).
	ADJ - ORIGINAL ICN NOT	20150715	22004224	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 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
0678	SUBMITTED	20150715	22991231	19000101	22991231	16	present.	M47	Number (DCN).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0679	ADJ - REQUEST RECIPIENT ID 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.	N382	Missing/incomplete /invalid patient identifier.
	ADJ - REQUEST PROVIDER DOES NOT MATCH ORIGINAL	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.	N152	Missing/incomplete /invalid replacement claim information.

505	500	CHECKWRITE		DOS					
EOB		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0681	ADJ - ORIGINAL ICN 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.	M47	Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0682	ADJ - ORIGINAL CLAIM HAS ALREADY BEEN ADJUSTED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
0683	ADJ - ORIG CLM ADJUSTMENT ALREADY IN PROGRESS	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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
0684	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.
	ADJ - ORIGINAL CLAIM NOT IN A PAID STATUS	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	N142	The original claim was denied. Resubmit a new claim, not a replacement claim.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0686	ADJ - REPLACEMEN T CLAIM NOT SAME 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.	N152	Missing/incomplete /invalid replacement claim information.
0687	CANNOT ADJUST THIS CLAIM DUE TO PROVIDER CHANGES. VOID THIS CLAIM AND RESUBMIT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

EOB CODEEOB DESCRIPTIONEFFECTIVE DATEEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONRARC CODERARC CODECANNOT ADJUST THIS CLAIM DUE TO PHP TERMINATION . VOID THIS CLAIM ADDRARC PALPRARC DATERARC DATERARC DATERARC DATERARC DATERARC DI0668RESUBMIT CLAIM AND ORIGINAL CLAIM 			CHECKWRITE		DOS					
CANNOT ADJUST THIS CLAIM DUE TO PHP TERMINATION . VOID THIS CLAIM AND 20160501 22991231 19000101 22991231 272 ADJ - ORIGINAL CLAIM CLAIM CANNOT BE ADJUSTED - 20160501 22991231 19000101 22991231 272 met. ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED - 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not met. 0689 NCCI 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not met. 0689 NCCI 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not met. 0689 NCCI 20160501 22991231 19000101 22991231 272 0689 NCCI 20160501 22991231 19000101 22991231 272 0689 NCCI 20160501 22991231 19000101 22991231 272 0 NCCI 20160501 22991231 19000101 22991231 272 0 NCCI 20160501 22991231 19000101 22991231 272 Not set in comparition o	EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
ADJUST THIS CLAIM DUE TO PHPADJUST THIS CLAIM DUE TO PHPADJUST THIS CLAIM ANDADJUST THIS CLAIM ANDCoverage/program guidelines were not0688RESUBMIT 20160501229912311900010122991231272met.0688RESUBMIT CLAIM CLAIM CANNOT BE ADJUSTED - 0689NCCI20160501229912311900010122991231272coverage/program guidelines were not met.0689NCCI20160501229912311900010122991231272Coverage/program guidelines were not met.0689NCCI20160501229912311900010122991231272089NCCI2016050122991231190010122991231090190010122991231190010122991231090190010122991231190010122991231190010119001012991231 <th>CODE</th> <th>DESCRIPTION</th> <th>DATE</th> <th>END DATE</th> <th>DATE</th> <th>DATE</th> <th>CODE</th> <th>CARC DESCRIPTION</th> <th>CODE</th> <th>RARC DESCRIPTION</th>	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED - 0689 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not met. O689 NCCI 20160501 22991231 19000101 22991231 272 Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance	0688	ADJUST THIS CLAIM DUE TO PHP TERMINATION . VOID THIS CLAIM AND		22991231	19000101	22991231	272			
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance		ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED -		22004.224		22004224	272			
ADJUSTMENT RCO ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Rebill se		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

		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 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
0691	CLAIM	20150715	22991231	19000101	22991231	16	present.	N63	lines.
	ADJUSTMENT RCO 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		Rebill services on separate claim
		20150715	22991231	19000101	22991231	16	, , , , , , , , , , , , , , , , , , , ,	N63	
	MOTHER	20150715	22991231	19000101	22991231	16	•	N63	lines.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DTL RATE * DTL UNITS NOT EQUAL DTL BILLED	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
0801	AMOUNT	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MISSING OR INVALID PRESCRIBER ID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0802	QUALIFIER	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
	DATED EXCEED SOBRA/QMB						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0803	ELIGIBILITY	20150715	22991231	19000101	22991231	16	present.	N61	separate claims.
	BILLING PROVIDER CANNOT BE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0804	PRESCRIBER	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.

		CHECKWRITE		DOS					
_	-	EFFECTIVE		-	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NONCOVERED CHARGE IS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0805	NOT NUMERIC	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MEDICARE PAID AMOUNT 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 Reject Reason Code, or 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.	M79	/invalid charge.

		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 TPL ADJUDICATIO N 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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0809	VERIFY LIFETIME RESERVE AND COINS DAYS TO COV DAYS	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.	MA35	Missing/incomplete /invalid number of lifetime reserve days.
	INVALID DEDUCTIBLE AMT - SKILLED NURSING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0810	FACILITY	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0811	HEADER FROM DATE OF SERVICE > 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.	M52	Missing/incomplete /invalid "from" date(s) of service.
0812	ADMIT DATE IS GREATER THAN ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0813	MEDICARE PAID DATE > 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.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0814	DETAIL TO DATE OF SERVICE > 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.	M59	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
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.
0816	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
	LIFETIME RESERVE DAYS NOT NUMERIC		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	MA35	Missing/incomplete /invalid number of lifetime reserve days.

		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 > MAX						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 number of lifetime reserve
0819	ALLOWED	20150715	22991231	19000101	22991231	16	present.	MA35	days.
	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		20150715	22991231	19000101	22991231	16	present.	N61	separate claims.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0821	NON- COVERED DAYS MISSING OR NOT NUMERIC SURGICAL	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.	MA33	Missing/incomplete /invalid noncovered days during the billing period.
0822	REVENUE CODE REQUIRES ICD SURGERY CODE	20150715	22991231	19000101	22991231		Revenue code and Procedure code do not match.	N657	This should be billed with the appropriate code for these services.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE		DOS EFFECTIVE DATE	DOS END DATE	CARC CODE		RARC CODE	RARC DESCRIPTION
0823	RECIPIENT CHECK DIGIT IS 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.	N382	Missing/incomplete /invalid patient identifier.
0824	UNBORN RECIPIENT PENDING ELIGIBILITY VERIFICATION	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
0825	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.
	TYPE OF BILL INVALID FOR CLAIM 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/incomplete /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
0829	DAYS SUPPLY > 3 FOR EMERGENCY PHARMACY 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.	N378	Missing/incomplete /invalid prescription quantity.
0830	MEDICARE HDR ALLOW AMNT NOT EQUAL SUM OF DTL ALLOW	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		Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0831	MEDICARE HDR PAID AMNT NOT EQUAL SUM OF DTL 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.	M79	Missing/incomplete /invalid charge.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0822	CO- INSURANCE AMOUNT DOES NOT	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0833	BALANCE	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MEDICARE DATA NOT FOUND - FORMAT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
0835	ERROR	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0826	MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR**	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	MZO	Missing/incomplete
0836	MEDICAR	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	CLAIM DATES OVERLAP PLAN EFFECTIVE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0838	COPAY AMOUNT DOES NOT 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.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0839	REBILL SERVICES ON SEPARATE 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.	N61	Rebill services on separate claims.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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	START DATE	20150715	22991231	19000101	22991231	16	present.	N61	separate claims.
	ICD-9 CLAIM SPANS ICD-9						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
	END DATE	20150715	22991231	19000101	22991231	16	•	N61	separate claims.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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).
	EMERG CLAIMS REQUIRE A CERTIFIED EMERGENCY	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.	N54	Claim information is inconsistent with pre- certified/authorized 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
	HOSPICE CLAIM ONLY ONE LINE ALLOWED PER CLAIM ITEM.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	FACILITY PROVIDER 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		Missing/incomplete /invalid provider number of the facility where the patient resides.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0847	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.	M49	Missing/incomplete /invalid value code(s) or amount(s).
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.		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
0901	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.
	PROCEDURE CODE GROUP NOT FOUND	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	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
	GROUP								
	NUMBER NOT								
	FOUND IN								
	PLACE OF								
	SERVICE						Coverage/program guidelines were not		
0903	GROUP T	20160501	22991231	19000101	22991231	272	met.		
	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								
0905	CARE GROUP TABL	20160501	22991231	19000101	22991231		Coverage/program guidelines were not met.		
0905	TADL	20100301	22991251	19000101	22991251	272	lilet.		
	GROUP								
	NUMBER NOT								
	FOUND IN ICD						Coverage/program guidelines were not		
0906	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	DRUG GROUP						Coverage/program guidelines were not		
0907		20160501	22991231	19000101	22991231		met.		

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GROUP								
	NUMBER NOT								
	FOUND IN								
	VALUE GROUP						Coverage/program guidelines were not		
0908	TABLE	20160501	22991231	19000101	22991231	272	met.		
	GROUP								
	NUMBER NOT								
	FOUND IN								
	DIAGNOSIS						Coverage/program guidelines were not		
0909	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		
	BENEFIT PLAN								
	GROUP NOT	20100501	22001221	10000101	22001221	272	Coverage/program guidelines were not		
0910	FOUND INTERNAL	20160501	22991231	19000101	22991231	272	met.		
	PROCESSING								
	ERROR -								
	CONTACT						Coverage/program guidelines were not		
0911	GAINWELL	20160501	22991231	19000101	22991231	272	met.		
	INTERNAL								
	ERROR-								
	DOLLAR						Coverage/program guidelines were not		
0912	DISTRIBUTION	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
	GROUP								
	NUMBER NOT FOUND IN								
	REVENUE						Coverage/program guidelines were not		
	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		
0913		20100301	22991231	19000101	22991231	212			
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do not use this code for claims		
							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						Advice Remark Code that is not an		
	NUMBER NOT						ALERT.) Refer to the 835 Healthcare		
	FOUND IN TYPE OF BILL						Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0914		20150715	22991231	19000101	22991231	16	, , , , , , , , , , , , , , , , , , , ,	MA30	/invalid type of bill.
0311		20130713	22331231	15000101	22331231	10		111/1.00	
	GROUP								
	NUMBER NOT								
	FOUND IN								
	COUNTY						Coverage/program guidelines were not		
0915	GROUP TABLE	20160501	22991231	19000101	22991231	272	met.		

	EOB	EFFECTIVE							
			CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	GROUP NOT FOUND IN PROVIDER GROUP TABLE	20150715	22991231	19000101	22991231	87	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.		
	GROUP NUMBER NOT FOUND IN PROCEDURE GROUP TABLE	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	M51	Missing/incomplete /invalid procedure code(s).

ЕОВ	EOB	CHECKWRITE EFFECTIVE		-	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0918	TOOTH SURFACE NUMBER NOT FOUND IN TOOTH SURFACE GR	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.	N75	Missing/incomplete /invalid tooth surface information.
0919	GROUP NUMBER NOT FOUND IN AID CODE TABLE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
0920	DRUG THERAPEUTIC CLASS GROUP NOT FOUND	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
0921	GROUP NUMBER NOT FOUND IN PROVIDER LIST TABLE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TABLE ENTRY								
	MISSING								
0022	T_MCARE_DE	20100501	22001221	10000101	22001221	272	Coverage/program guidelines were not		
0922	DUCTIBLE	20160501	22991231	19000101	22991231	272	met.		
	RULE								
0022	OVERLAP	20100501	22001221	10000101	22001221	272	Coverage/program guidelines were not		
0923	IDENTIFIED	20160501	22991231	19000101	22991231	272	met.		
0924	SYSTEM ERROR - ADJ - ORIGINAL CLAIM 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.	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).
	GROUP NUMBER NOT FOUND IN REFERENCE						Coverage/program guidelines were not		
0925	GROUP TABLE.	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
	PROCEDURE								
	MODIFIER								
	RESTRICTION						Procedure modifier was invalid on the		
0926	ERROR	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	119	occurrence has been reached.	N587	been exhausted.
	BIRTH WEIGHT CDE								
	VALUE GROUP						Coverage/program guidelines were not		
0928	NOT FOUND	20150715	22991231	19000101	22991231	DE	met or were exceeded.		
0928	NOTTOOND	20130713	22991231	19000101	22991231	55			
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							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
	ΝΟ ΡΑΥ-ΤΟ						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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE		CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BILLING PROVIDER NOT ENROLLED FOR DATES 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		Missing/incomplete /invalid group practice information.
1002	PERFORMING PROV NOT ELIGIBLE FOR DOS	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.		
1003	PROVIDER INELIGIBLE ON DATE OF SERVICE	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1004	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.
	RENDERING PROVIDER IDENTIFIER 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/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
							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.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1018	CLINIC RATE NOT ON FILE FOR HOSPITAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
1019	MULTIPLE RATES FOR LEVEL OF CARE - RATE CHANGE OVERLAPS SERVICE DATES; SPLIT BI	20150715	22991231	19000101	22991231	239	Claim spans eligible and ineligible periods of coverage. Rebill separate claims.	N144	The rate changed during the dates of service 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
1020	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.
	FIRST OTHER (OPERATING) PROVIDER ID 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/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1024	BILLING PROVIDER NOT LISTED AS RECIPIENT LTC PROV	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1026	PRESCRIBING PHYSICIAN LICENSE NUMBER 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.
1032	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.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1038	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.
	PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1040	PRESCRIBER DEA DOES NOT PERMIT DRUG	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	N121	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER
1040	SCHEDULE	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.
	PRESCRIBER PRACTICE TYPE 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		MISSING/INCOMPL ETE/INVALID PRESCRIBING
	VALID FOR						Service Payment Information REF), if		PROVIDER
1041	DRUG SCHED	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE		DOS EFFECTIVE DATE	DOS END DATE	CARC	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
CODL	DESCRIPTION		LIND DATE			CODL		CODE	RARE DESCRIPTION
1051	RENDERING PROVIDER NOT ON PROVIDER DATABASE (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.	N277	MISSING/INCOMPL ETE/INVALID OTHER PAYER RENDERING PROVIDER IDENTIFIER.
1054	ORDERING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. 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
1065	PROVIDER NAME MISMATCH	20150715	22001221	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1065	MISMATCH	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ATTENDING PROVIDER ID NOT ON FILE -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 ATTENDING PROVIDER PRIMARY
1070	HDR	20150715	22991231	19000101	22991231	16	present.	N253	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
1071	OPERATING 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.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1072	ATTENDING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
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.
1074	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
1078	FACILITY PROV - NOT ENROLLED AT SVC LOC - DTL	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
1079	ORDERING PROV NOT ENROLLED SVC LOCATION	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.		
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1082	REFERRING PROV NOT ENROLLED SVC LOC DTL- PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
1083	REFERRING PROV NOT ENROLLED AT SVC LOC - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
1084	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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1086	REFERRING PROV - NOT ENROLLED AT SVC LOC - DTL- UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OPERATING PROV - NOT ENROLLED AT	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	NGGO	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY
1088	SVC LOC - DTL	20150715	22991231	19000101	22991231	16	present.	N262	IDENTIFIER.
	PRESCRIBING PROV - NOT ENROLLED AT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1089	SVC LOC	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
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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1093	REFERRING PROV STATUS NOT VALID FOR DOS - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1095	OPERATING 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.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
	REFERRING PROV - STATUS NOT VALID FOR DOS - DTL-UB		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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1097	ATTENDING PROV - STATUS NOT VALID FOR DOS - 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.
1098	OPERATING PROV - STATUS NOT VALID FOR DOS - 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
1099	PRESCRIBING PROV - STATUS NOT VALID FOR DOS	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.		
1100	ORDERING PROV - STATUS NOT VALID FOR DOS	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.		
1200	MATERNITY DISTRICT 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1201	MATERNITY DISTRICT PROVIDER MISSING OR SPACES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
1202	MATERNITY PROVIDER NOT A DISTRICT PROVIDER	20150715	22991231	19000101	22991231	8	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 present.	N95	This provider 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
1203	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.
	MATERNITY DISTRICT PROV 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.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

	CHECKWRITE		DOS					
EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
MATERNITY DISTRICT PROV NOT AN	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	NOFZ	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
NPI	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.
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.
	MATERNITY DISTRICT PROV NOT AN NPI MATERNITY DISTRICT	EOB DESCRIPTIONEFFECTIVE DATEMATERNITY DISTRICT PROV NOT AN NPI20150715MATERNITY DISTRICT PROV20150715	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEMATERNITY DISTRICT PROV NOT AN NPI2015071522991231MATERNITY DISTRICT PAYER2015071520150715	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEMATERNITY DISTRICT PROV NOT AN NPI201507152299123119000101MATERNITY DISTRICT PAYER201507152299123119000101	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEDOS END DATEMATERNITY DISTRICT PROV NOT AN NPI20150715229912311900010122991231MATERNITY DISTRICT PAYER2015071520150715201507151900010120150715	EOB DESCRIPTIONEFFECTIVE DATEDOS END DATECARC CODEMATERNITY DISTRICT PROV NOT AN NPI2015071522991231190001012299123116MATERNITY DISTRICT PROV PROV2015071522991231190010120110110000000MATERNITY DISTRICT PROV2015071520110120110120110120110110000000MATERNITY DISTRICT PROV2015071520110120110120110120110110000000MATERNITY DISTRICT PAYER20110120110120110120110120110110000000	EOB DESCRIPTIONEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONATEDATEDATECOBCARC DESCRIPTIONATEATEDATEDATECOBCARC DESCRIPTIONATEATEDATEDATECOBCARC DESCRIPTIONATEATEDATEDATECARC DESCRIPTIONATEATEDATEDATECarc DESCRIPTIONATEATEDATEDATECARC DESCRIPTIONATEATEDATEDATECarc DESCRIPTIONATEATEDATEDATECarc DESCRIPTIONATEATEDATEDATECarc DESCRIPTIONATEATEATEATECarc DESCRIPTIONATEATEATEATECarc DESCRIPTIONATEATEATEATEATEATEATEATEATEATEATEATEATEATEATEPOV NOT ANATEATEATEATENPI201507152299123119001012299123116ATEATEATEATEATENPI201507152299123119001012299123116ATEATEATEATEATENATERNITYATEATEATEATEDISTRICTATEATEATEATEPAYERATEATEATEATEATEATEATEATEATEATEATEATEATE <td>EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONRARC CODENATERNITY DISTRICT PAYERAAAAClaim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), ifN257</td>	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONRARC CODENATERNITY DISTRICT PAYERAAAAClaim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), ifN257

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
	MATERNITY CLAIM FREQUENCY NOT 1 OR 8	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1209	MATERNITY CLAIM NOT AN ENCOUNTER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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 ENCOUNTER - INVALID CLAIM 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.		INCORRECT CLAIM FORM/FORMAT 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
	MATERNITY						Exact duplicate claim/service (Use only		
	ENCOUNTER -						with Group Code OA except where state		
	DUPLICATE						workers' compensation regulations		
1211	CLAIM	20150715	22991231	19000101	22991231	18	requires CO).		
	MATERNITY ENCOUNTER -						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		Correction to a
1212	VOID CLAIM	20150715	22991231	19000101	22991231	96	present.	MA67	prior claim.
	SUBMITTER DOES NOT BEGIN WITH TPIDRCO FOR ENCOUNTER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1220	CLAIMS	20150715	22991231	19000101	22991231	16	present.	N256	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
1221	SUBMITTER BEGINS WITH TPIDRCO FOR NON- ENCOUNTER 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.
	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	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1226	ENCOUNTER INDICATOR IS	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	NJ2E6	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1226	NOT Y	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
1229	MATERNITY CARE ENCOUNTER SERVICE NOT COVERED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	_		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER 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		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1230	MISSING	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ENCOUNTER 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		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1231	NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	N256	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 NPI 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/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1232	SUBMITTED	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ENC PROVIDER NOT ENROLLED AT 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/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1233	LOCATION	20150715	22991231	19000101	22991231	16	present.	N256	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 STATUS NOT VALID FOR	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	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE P NAME
1234	DOS	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ENCOUNTER PROVIDER MULTIPLE 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/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1235	LOCATIONS	20150715	22991231	19000101	22991231	16	present.	N256	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
1236	RCO PROVIDER NOT A VALID RCO PROVIDER 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.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	FQHC FFS RCO CLAIM MISSING RCO PAYER	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FQHC FFS RCO CLAIM RCO PAID AMT 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.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	FQHC SUBMITTED RCO DOES NOT MATCH RECIPIENT 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER CLAIM RECIPIENT IS NOT IN AN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1240	RCO	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ENCOUNTER CLAIM DATES 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		MISSING/INCOMPL ETE/INVALID BILLING
	NOT ALL IN						Service Payment Information REF), if		PROVIDER/SUPPLIE
1241	RCO	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1242	ENCOUNTER RECIPIENT CHANGES RCO	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	NJEG	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1242	DURING DOS	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
1243	ENCOUNTER CLAIM RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
	NO ENCOUNTER PAYER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1250	SUBMITTED	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	MORE THAN ONE ENCOUNTER PAYER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1251	SUBMITTED	20150715	22991231	19000101	22991231	16	•	N256	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
1252		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/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE B NAME
1252	TCN MISSING	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ENCOUNTER ADJUDICATIO N DATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 ADJUDICATION OR
1253	INVALID	20150715	22991231	19000101	22991231	16	present.	N307	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
1254	ENCOUNTER ADJUDICATIO N DATE CANNOT BE 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.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
	ENCOUNTER MISSING DETAIL PAYER INFORMATIO N	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.	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
1256	ENCOUNTER COPAY 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.	M49	Missing/incomplete /invalid value code(s) or amount(s).
1257	ENCOUNTER PAID AMOUNT 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.	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
1258	ENCOUNTER SUM OF DTL COPAY NOT EQUAL HDR COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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 PAID NOT EQUAL HDR PAID	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1260	ENCOUNTER COINSURANCE 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.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	ENCOUNTER DEDUCTIBLE 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.	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
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).
	RCO DENIED 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.	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 - 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).
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).

		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 - NOT AN RCO COVERED						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1283	SERVICE	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).
	RCO DENIED CLAIM - MISSING AUTHORIZATI						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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 value
	ON OR						Service Payment Information REF), if		code(s) or
1284	REFERRAL	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
	BILLING PROVIDER MUST BE GROUP 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		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1803	NUMBER	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.
100.4	VERIFY PERFORMING PROVIDER NOT GROUP	20150715	22004224	10000101	22004224	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	N267	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1804	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1805	BILLING PROVIDER SPECIALTY NOT FOUND FOR CLAIM 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.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1806	EPSDT REFERRED SVCS RESTRICTED TO RECIPIENTS UNDER	20150715	22991231	19000101	22991231		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
1807	CROSSOVER ONLY PROVIDER CANNOT BILL 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.
1808	REFERRING PROVIDER IS MISSING OR	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1900	REFERRING PROVIDER-NO SCREENING SPECIALTY	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	NORG	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY
1809	FOR DOS	20150715	22991231	19000101	22991231	16	present.	N286	IDENTIFIER.
	PERFORMING PROVIDER SPECIALTY NOT FOUND						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1810	FOR DOS	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.

ЕОВ	EOB	CHECKWRITE EFFECTIVE		DOS EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1811	BILLING PROV - PUB-PRIV ASSIGNMENT FAILED	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.
1812	RECIPIENT / ADMIT AGE GREATER THAN 21	20150715	22991231		22991231		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	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER SUSPENDED FOR OUTSTANDIN G CREDIT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 PAY- TO PROVIDER PRIMARY
1813	BALANCE	20150715	22991231	19000101	22991231	16	present.	N280	IDENTIFIER.
1914	BILLING PROVIDER NOT VALID FOR DATES OF	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	N3E7	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY
1814	FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16		N257	R PRIM

500	500	CHECKWRITE		DOS		CARC		DADO	
EOB	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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 Reject Reason Code, or Remittance 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.
1816	MATERNITY CARE MUST BE PERFORMED BY DISTRICT PROV	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1817	MATERNITY CARE PROV CAN ONLY BILL MATERNITY SVCS	20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N95	This provider type/provider specialty may not bill this service.
1818	WAIVER PROVIDER MISMATCH	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE		DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	CHECKWRITE END DATE	DATE	DOSEND	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1819	INVALID POS FOR FQHC PROVIDER	20150715	22991231	19000101	22991231	5	The procedure code/type of bill is inconsistent with the place of service. Usage: 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.
1820	PATIENT FIRST CLAIM REQUIRES A 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.
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.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1822	MEDICAL LOCKIN - LOCKIN DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	WAIVER ASSIGNMENT DATES OVERLAP	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 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
1824	LTC ASSIGNMENT DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	COBA DENIAL - DO NOT CROSSOVER	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.	N34	INCORRECT CLAIM FORM/FORMAT 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
	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	B7	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		
							-		
									Missing/incomplete
	_								/invalid beginning
									and ending dates of
		20150715	22991231	19000101	22991231	16	,	MA31	the period billed.
	NON-MEPD CLAIM FOR MEPD RECIPIENT	20150715	22991231	19000101	22991231	16	least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	/invalid beg and ending

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1828	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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1830	PROCEDURE REQUIRES BOTH ORDERING AND 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.
1831	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1832	PROCEDURE REQUIRES 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.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1833	PROCEDURE REQUIRES ORDERING 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1834	SUBMITTER ID/EVVM PROCEDURE CONFLICT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
1835	PROVIDER UNDER REVIEW - BILLING	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.

		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 UNDER						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
1836	REVIEW - PERFORMING	20150715	22991231	19000101	22991231	251	Advice Remark Code that is not an ALERT).	N28	requirements not fulfilled.
	SERVICE REQUIRES PCP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1840	REFERRAL	20150715	22991231	19000101	22991231	16	present.	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
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	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
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.
1844	MATERNITY SERVICE REQUIRES ACHN 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.	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
1900	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.
	TAXONOMY IS 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		MISSING/INCOMPL ETE/INVALID RENDERING
1901	PREFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	N288	PROVIDER TAXONOMY.
1001		20130713	22331231	122000101	22331231	±0	presenti	11200	

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.
1906	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N255	TAXONOMY.
	TAXONOMY IS NOT VALID FOR PERFORMING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
1907	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N288	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
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.
	TAXONOMY IS MISSING: PERFORMING 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.	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
1919	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 MISSING: DTL 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.		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
1025	TAXONOMY IS NOT VALID FOR DTL PERFORMING	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	NJOO	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER
1925	PROV	20150715	22991231	19000101	22991231	16	present.	N288	TAXONOMY.
1927	BILLING PROVIDER - NPI MISSING OR INVALID - AN NPI NUMBER IS REQUIRED AND WAS N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE		DOS EFFECTIVE DATE		CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1928	NPI REQUIRED HEALTHCARE= Y PREMING PROV		22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
1929	NPI REQUIRED HEALTHCARE= Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	MISSING/INCOMPL ETE/INVALID ORDERING 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
1931	NPI REQUIRED HEALTHCARE= Y RENDERING 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.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
	DTL NPI REQUIRED HEALTHCARE= Y PERFORMING PROV	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						CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1935	DTL NPI REQUIRED HEALTHCARE= Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY 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 Reject Reason Code, or Remittance Advice Remark Code that is not an		MISSING/INCOMPL ETE/INVALID
	INVALID						ALERT.) Refer to the 835 Healthcare		BILLING
	BILLING PROVIDER						Policy Identification Segment (loop 2110 Service Payment Information REF), if		PROVIDER/SUPPLIE R PRIMARY
1936	SPECIFIED	20150715	22991231	19000101	22991231	16		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
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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1939	INVALID FACILITY 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.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1940	INVALID RENDERING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1941	INVALID 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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1943	INVALID DTL 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.
1944	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.

		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 SERVICE LOCATIONS FOR BILLING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 SECONDARY
1945	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N259	IDENTIFIER.
	MULTIPLE SERVICE LOCATIONS FOR PERFORMING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 SECONDARY
1946	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N291	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
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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1960	NPI REQUIRED: ATTENDING 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.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1961	NPI REQUIRED: OPERATING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
1962	NPI REQUIRED: REFERRING 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.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1963	ATTENDING PROVIDER - NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
1964	OPERATING 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.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1966	OPERATING 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.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1968	NPI REQUIRED: ORDERING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1969	INVALID DTL ORDERING 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.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1970	INVALID ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
1971	INVALID DTL 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.
1972	INVALID 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1973	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.
	TAXONOMY IS INVALID: DTL PERFORMING 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.	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
1975	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.
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.

		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 DTL OTHER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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 OTHER PROVIDER PRIMARY
1977	PROVIDER 2	20150715	22991231	19000101	22991231	16	present.	N270	IDENTIFIER.
	TAXONOMY IS NOT VALID FOR DTL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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 RENDERING
	PERFORMING						Service Payment Information REF), if		PROVIDER
1978	PROV	20150715	22991231	19000101	22991231	16	present.	N288	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
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.
	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	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
1091	TAXONOMY IS NOT VALID FOR PERFORMING	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	1209	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY
1981	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N288	TAXONOMY.
	TAXONOMY IS NOT VALID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may 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/INCOMPL ETE/INVALID
	FOR						Policy Identification Segment (loop 2110		REFERRING
	REFERRING						Service Payment Information REF), if		PROVIDER
1982	PROVIDER	20150715	22991231	19000101	22991231	16	present.	N284	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
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.
1984	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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1987	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.
1988	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
1995	MMIS FACILITY PROVIDER ID 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.	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
1996	THE RENDERING PROVIDER IS NOT ENROLLED IN THE MEDICAID PROGRAM.	20150715	22991231	19000101	22991231	185	The rendering provider is not eligible to perform the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1999	PROVIDER ID IS INVALID, IS NOT ON FILE OR NAME/NUMB ER DISAGREE.	2015.0715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	_	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2001	RECIPIENT IS NOT ON ELIGIBILITY 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.	N382	Missing/incomplete /invalid patient identifier.
2002	RECIPIENT NOT ELIGIBLE FOR HEADER DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2003	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2009	RECIPIENT INELIGIBLE ON DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2042	PATIENT LIABILITY SEGMENT OVERLAP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
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.

		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 PATIENT STATUS INVALID 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/incomplete /invalid patient
2046	CLAIM	20150715	22991231	19000101	22991231	16	present.	MA43	status.
	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.

		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 DISCHARGE RSN MISSING/INVA LID(SUSPEND)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete /invalid discharge information.
	ADMIT DATE MUST EQUAL HDR FIRST SVC DATE	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
	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.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may 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
	RECIPIENT						Policy Identification Segment (loop 2110		/invalid beginning
	ELIGIBILITY -						Service Payment Information REF), if		and ending dates of
2056	CHIP OVERLAP	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
2057	RECIPIENT PARTIALLY ELIGIBILE - HEADER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES	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.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT								
	COVERED BY								
	MEDICARE A						Claim/service not covered by this		
	(NO						payer/contractor. You must send the		
	ATTACHMENT						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						payer/contractor. You must send the		
	ATTACHMENT						claim/service to the correct		
2503)	20150715	22991231	19000101	22991231	109	payer/contractor.	ļ	
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2505	RECIPIENT COVERED BY PRIVATE INSURANC(W/ ATTACHMNT)	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete /Invalid prior Insurance Carrier(s) EOB.
2507	THIS PATIENT HAS TWO COVERAGE TYPES	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete /Invalid prior Insurance Carrier(s) EOB.
2508	RECIPIENT COVERED BY PRIVATE INSURANCE (PHARMACY)	20150715	22991231	19000101	22991231	22	This care may be covered by another payer per coordination of benefits.	N4	Missing/Incomplete /Invalid prior Insurance Carrier(s) EOB.
2550	MEDICAID HAS NO LIABILITY BILL MEDICARE ADV. PLAN	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2570	TPL DENIAL CAS CODE 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 CONTROL NUMBER 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTACHMENT NUMBER 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.
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.

		CHECKWRITE		DOS					
-	-	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTACHMENT 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		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
2575	MISMATCH	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ATTACHMENT RECIPIENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
2576	MISMATCH	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTACHMENT DATE	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	NJEG	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
2577	MISMATCH	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	ATTACHMENT /CLAIM REVIEW - 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2579	ATTACHMENT /CLAIM REVIEW - AGENCY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	DETAIL CAS SEGMENT EXPECTED BUT NOT SUBMITTED	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.	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
2581	HEADER 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.
	ATTACHMENT NUMBER ON ACTIVITY TABLE	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
	ATTACHMENT STATUS SUSPEND - 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.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

CODE DESCRIPTION DATE END DA ATTACHMENT ATTACHMENT STATUS SUSPEND -	CKWRITE EFFECTIVE DOS END DATE DATE DATE			RARC CODE	RARC DESCRIPTION
ATTACHMENT STATUS SUSPEND -	DATE DATE DATE	CODE	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At	CODE	RARC DESCRIPTION
STATUS SUSPEND -			submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At		
ADDITIONAL PROVIDER DOCUMENTAT ION			(may be comprised of either the NCPDP Reject Reason Code, or 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
2588 REQUIRED 20150715 229912	91231 19000101 22991233	16	present.	N256	R NAME.
ATTACHMENT ADDITIONAL PROVIDER DOCUMENTAT ION NOT 2589 SUPPLIED 20150715 229912	91231 19000101 22991232		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
	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		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.
							The attachment/other documentation		
	STERILIZATION						that was received was incomplete or		
	DENIED						deficient. The necessary information is		
	BECAUSE						still needed to process the claim. At least		
	DOCUMENTAT						one Remark Code must be provided		
	ION DOES						(may be comprised of either the NCPDP		
	NOT MEET						Reject Reason Code, or remittance		Consent form
	HHS/MEDICAI						Advice Remark Code that is not an		requirements not
2800	D REQUIREME	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HYSTERECTO MY DENIED BECAUSE DOCUMENTAT ION DOES NOT MEET HHS/MEDICAI						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 requirements not
2801	REQUIREMEN	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.
	ABORTION DENIED BECAUSE DOCUMENTAT ION DOES NOT MEET HHS/MEDICAI D REQUIREMEN						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 requirements not
2802	TS.	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.

Zero Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Rebill services on separate claims. 2804 CODE 20150715 22991231 19000101 22991231 16 2804 CODE 20150715 22991231 19000101 22991231 16 2804 CODE 20150715 22991231 19000101 22991231 16 2805 DOB 20150715 22991231 19000101 22991231 14 The date of birth follows the date of service. 2805 DOB 20150715 22991231 19000101 22991231 14 The date of birth follows the date of service. 2805 DOB 20150715 22991231 19000101 22991231 14 The date of birth follows the date of service. 2805 DOB 20150715 22991231 14 The date of birth follows the date of service. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims at			CHECKWRITE		DOS					
DETAILS Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other 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 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 or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	EOB	EOB		CHECKWRITE		DOS END	CARC		RARC	
Image: submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ONE PLAN 2804DETAILS COVERED BY MORE THAN ONE PLAN 2805DET307152299123119001012299123116 Present.Present.N612805DOS PRIOR TO 201507152299123119001012299123114The date of birth follows the date of service.N612805DOB201507152299123119001012299123114The date of birth follows the date of service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB201507152299123119001012299123114Service.2805DOB20150715229912311900101229123114Service.280	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
DOS PRIOR TO 20150715 22991231 19000101 22991231 14 The date of birth follows the date of service. Z805 DOB 20150715 22991231 19000101 22991231 14 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		COVERED BY MORE THAN ONE PLAN	20450745	22004.224	10000101	22004224		submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
2805DOB2015071522991231190001012299123114service.Image: Service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	2804		20150715	22991231	19000101	22991231	16		N61	separate claims.
PREGNANCY Image: Claim / Service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	2805		20150715	22991231	19000101	22991231	14			
2806 RECIPIENT SEX 20150715 22991231 19000101 22991231 16 present. MA39 /invalid gender.		PREGNANCY INDICATOR IS INVALID 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	MA20	Missing/incomplete

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2807	COBA-NO MEDICAID ID FOR MEDICARE ID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2809	OFFICE VISIT REQUIRES GESTATIONAL AGE DIAGNOSIS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	DETAIL HAS MORE THAN ONE GESTATIONAL DIAGNOSIS CODE	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 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
2811	MORE THAN ONE GESTATIONAL DIAGNOSIS CODE 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.	M64	Missing/incomplete /invalid other diagnosis.
	DHCP BONUS SERVICES MUST BE BILLED SEPARATELY	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3000	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER 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	N54	Claim information is inconsistent with pre- certified/authorized services.
3000	MASTER FILE	20150715	22991231	19000101	22991231	16	present.	N54	services.
	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
	DATABASE	20150715	22991231	19000101	22991231	16	, , ,,	M62	authorization code.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3002	NDC 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.
3003	PROCEDURE 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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3006	PRIOR AUTH UNITS/AMOU NTS USED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
3019	PA CUTBACK PERFORMED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N123	This is a split service and represents a portion of the units from the originally submitted service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3100	CLAIM AND PA PRESCRIBING PROV DON'T MATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
3101	ONLINE PA DENIED BY HID, NDC 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLINE PA								
	PROCESS								
	TIMEOUT OR								
	INTERFACE						Coverage/program guidelines were not		
3102	PROBLEM	20160501	22991231	19000101	22991231	272	met.		
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3104	PA REQUIRED FOR CERTAIN TRANSPORTAT ION SERVICES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	DAW 1 - BRAND WITH GENERIC EQUIVALENT REQUIRES OVERRIDE	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.	M62	Missing/incomplete /invalid treatment authorization code.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3299	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.
	NEONATAL REVENUE - DIAGNOSIS CODE 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.	N657	This should be billed with the appropriate code 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
3301	BILL EMERGENCY PROCEDURE/R EVENUE TOGETHER	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.
	PROCEDURE AND REVENUE CODE COMBINATIO N NOT VALID	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE PAID AMOUNT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
3303	EQUAL 100%	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).
							The procedure/revenue code is		
	NON-						inconsistent with the patient's age.		
	COVERED SVC						Usage: Refer to the 835 Healthcare		
	FOR						Policy Identification Segment (loop 2110		
	RECIPIENT < 6						Service Payment Information REF), if		
3304	MONTHS OLD	20150715	22991231	19000101	22991231	6	present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3305	NO BASE VALUE FOR ANESTHESIA	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.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
3306	HEADER PAID AMOUNT EXCEEDS SPECIFIED DOLLAR AMOUNT	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
3307	FQHC/PBRHC FFS/ENCOUNT ER PROCEDURE CONFLICT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	PROCEDURE CODE/MODIFI ER NOT ON RATE 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	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

CODEDATEDATEDATEDATECODECARC DESCRIPTIONCODERARC DESCRIPTIONImage: Construction of the stand			CHECKWRITE		DOS					
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 ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Missing/incomple 3309 REFIRCTION 20150715 22991231 19000101 22991231 16 DISPENSING FEE NOT 20160501 22991231 19000101 22991231 272 MA30 /invalid type of bi 3310 LOCATED 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not 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 ALERT.) Refer to the 835 Healthcare / invalid name, ALERT.) Refer to the 835 Healthcare / invalid name, Policy Identification Segment (loop 2110 Missing/incomple	EOB	EOB	EFFECTIVE			DOS END	CARC		RARC	
Image: submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an Advice Remark Code that is not an<	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
DISPENSING FEE NOT 3310 20160501 22991231 19000101 22991231 272 Coverage/program guidelines were not 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 ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Missing/incomple	3309	CODE - TYPE OF BILL	20150715	22991231	19000101	22991231	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	MA30	Missing/incomplete /invalid type of bill.
3310 LOCATED 20160501 22991231 19000101 22991231 272 met. met. Image: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an NUMBER EXCEEDS Missing/incomple		DISPENSING						Coverage/program guidelines were not		
REFILL REFILL Advice Remark Code that is not an Missing/incomple NUMBER EXCEEDS Image: Complete C	3310		20160501	22991231	19000101	22991231	272			
3311 ALLOWED 20150715 22991231 19000101 22991231 16 present. M123 furnished.		NUMBER EXCEEDS MAXIMUM	20150745	22004224	10000101	22004224		submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		strength, or dosage of the drug

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3312	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.
	NDC DRUG, PRODUCT IS NOT PREFERRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3314	PHARMACY ONLY - OTC DRUG NOT COVERED FOR LTC RECIP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
3315	NURSERY DAYS EXCEED LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3316	PHARMACY ONLY - NDC IS NOT PAYABLE BY ALABAMA MEDICAID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
3317	CLAIM QUANTITY EXCEEDS NDC MAX UNITS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE INCLUDED IN 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.
	NO PRICING SEGMENT ON FILE - CONTACT MYERS AND STAUFFER AT 1-800-591- 1183.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	DAW CODE NOT ALLOWED WITH NDC	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.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.

		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								
	RESTRICTION -								
	MODIFIER						Procedure modifier was invalid on the		
3323	REQUIRED	20150715	22991231	19000101	22991231	182	date of service.		
3324	PROCEDURE RESTRICTION - NOT ALLOWED	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.		
3325	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.	М123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.

	CHECKWRITE		DOS					
EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		-	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
PHARMACY MAINTENANC E SUPPLY REQUIRED	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	M122	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.
FOR DRUG	20150715	22991231	19000101	22991231	16	present.	M123	furnished.
NDC HAS INVALID THERAPEUTIC CLASS VALUE	20150715	22991231	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 present	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	DESCRIPTION PHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG FOR DRUG	EOB DESCRIPTIONEFFECTIVE DATEPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUGAAPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUGAAVIDC HAS INVALID THERAPEUTICAA	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG201507152299123119000101NDC HAS INVALID THERAPEUTICImage: Constant of the second s	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEDOS END DATEPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG20150715229912311900010122991231NDC HAS INVALID THERAPEUTICLink LinkLink LinkLink Link LinkLink 	EOB DESCRIPTIONEFFECTIVE DATEDOS END DATECARC CODEPHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG2015071522991231190001012299123116NDC HAS INVALID THERAPEUTICImage: state	EOB DESCRIPTIONEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONDATEDATEDATECOBECARC DESCRIPTIONDATEDATEDATECOBECARC DESCRIPTIONDATEDATEDATECARC DESCRIPTIONDATEDATEDATECARC DESCRIPTIONDATEDATEDATECOBECARC DESCRIPTIONDATEDATEDATEDATECARC DESCRIPTIONDATEDATEDATEDATECARC DESCRIPTIONDATEDATEDATEDATECARC DESCRIPTIONDATEDATEDATEDATECARC DESCRIPTIONDATEDATEDATEDATECARC DESCRIPTIONPARMACYDATEDATEDATECarc DESCRIPTIONPHARMACYPHARMACYPHARMACYRegurationAdvise Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advise Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (Ioop 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 (Ioop 2110) Service Payment Information REF), if	EOB DESCRIPTIONEFFECTIVE DATECHECKWRITE END DATEEFFECTIVE DATEDOS END DATECARC CODECARC DESCRIPTIONRARC CODEPHARMACY PHARMACY MAINTENANC ESUPPIY REQUIRED FOR DRUGArrest and a strain and a 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
3328	RCO HDR PAID CLAIM PROCEDURE ALREADY PRESENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	PRIMARY DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3352	SECOND DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
3353	THIRD DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	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 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
3354	FOURTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	FIFTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	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.	M64	Missing/incomplete /invalid 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
	SIXTH 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 other
3356	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.
	SEVENTH 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/incomplete
	ADMISSION						Service Payment Information REF), if		/invalid other
3357	INDICATOR	20150715	22991231	19000101	22991231	16	present.	M64	, 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
3358	EIGHTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	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.	M64	Missing/incomplete /invalid other diagnosis.
	NINTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	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 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
3360	DIAGNOSIS 10- 42 REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	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.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE		CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3375	TCM SVCS NOT ALLOWED FOR SAIL / E AND D	20160501	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.
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.
3599	MANUAL PRICING REQUIRED	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	SERVICE COVERAGE HAS NOT BEEN DETERMINED		22991231		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
3998	BPA-RR-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.	M64	Missing/incomplete /invalid other diagnosis.
3999	BPA-RR-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.

		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 diagnosis is inconsistent with the		
							provider type. The diagnosis is		
	BPA-RP-DIAG -						inconsistent with the provider type.		
	BILL PROV						Usage: Refer to the 835 Healthcare		This should be
	PRIMARY						Policy Identification Segment (loop 2110		billed with the
	PT/PS						Service Payment Information REF), if		appropriate code
4001	RESTRICTION	20150715	22991231	19000101	22991231	12	present.	N657	for these services.
	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 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4002	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M119	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
4004	NDC IS NOT ON FILE	20150715	22001231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC)
4004	ON FILE	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).
	NDC IS DEACTIVED						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may 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 be
	AND NOT						Policy Identification Segment (loop 2110		billed with the
4007	PAYABLE ON	10000101	22001221	10000101	22001221	10	Service Payment Information REF), if	NCEZ	appropriate code
4007	DATE FILLED	19000101	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
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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - NO COVERAGE	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-NDC - 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.		Missing/incomplete /invalid gender.

		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-RP-NDC -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4025	RESTRICTION	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 diagnosis is inconsistent with the		
							patient's gender. Usage: Refer to the 835		
	BPA-RP-DIAG -						Healthcare Policy Identification Segment		
	GENDER						(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
4029	RESTRICTION	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4034	BPA-RP-PROC - AGE RESTRICTION	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.		
4035	BPA-RP-PROC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	7	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4036	BPA-RP-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	5	The procedure code/type of bill is inconsistent with the place of service. 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
	PATIENT REASON FOR VISIT DIAGNOSIS	20450745	22004.224				Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4038	NOT ON FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	PRIMARY 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 principal
	FILE	20150715	22991231	19000101	22991231	16	present.	MA63	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
	SECONDARY 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	M76	Missing/incomplete /invalid diagnosis or condition.
4041	FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	THIRD DIAGNOSIS CODE NOT ON FILE 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 Reject Reason Code, or 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
4042	INACTIVE	20150715	22991231	19000101	22991231	16	present.	M76	condition.

500	500	CHECKWRITE		DOS					
EOB CODE	EOB DESCRIPTION	EFFECTIVE DATE	CHECKWRITE	EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END 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.	М76	Missing/incomplete /invalid diagnosis or condition.
4044	BPA-RR-DIAG - NO RULE FOR ASSOC AGE BPA-RR - NO RULE FOR BENEFIT PLAN	20150715 20160501	22991231 22991231	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.		

		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 OF SERVICE BEFORE PROCEDURE IS						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		Procedure code billed is not correct/valid for the services billed or the date of service
4046		20150715	22991231	19000101	22991231	96	Service Payment Information REF), if 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					
EOB	EOB	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	20150715	22001221	19000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	М76	Missing/incomplete /invalid diagnosis or condition.
4048	FILE	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	SEVENTH 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
4049	CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M76	/invalid diagnosis or condition.
4043		20130/13	22331231	1000101	22331231	10	present.	10170	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
4050	EIGHTH 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	NINTH 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.	M76	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
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					
-	-	-		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	20450745	22004.224				Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD OTHER PROCEDURE CODE NOT ON	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	NEE	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 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.

		CHECKWRITE		DOS					
EOB	EOB	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	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	M50	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
4061	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.
4062	BPA-RR - NO RULE FOR COND 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.	M44	Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
EOB	EOB	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	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
4068	BPA-RR - NO RULE CURR BILL 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. The procedure code is inconsistent with the modifier used. Usage: Refer to the		
4070	BPA-RR-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	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
4071	BPA-RR-PROC - TOOTH NUMBER 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.	N37	Missing/incomplete /invalid tooth number/letter.
4072	BPA-RR-DRG - NO RULE FOR ADMIT OR 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.		Missing/incomplete /invalid 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
4073	BPA-RP-DIAG - 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.	MA63	Missing/incomplete /invalid principal diagnosis.
+073	BPA-RP-ICD - FAMILY PLANNING IND	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 Service Payment Information REF), if		Missing/incomplete /invalid procedure
4075	RESTRICTION	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
4076	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).
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4087	BPA-RR-PROC - ACHN PROVIDER INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
4093	BPA-RP-DIAG - DIAG ROLE 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4094	BPA-PC-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4104	BPA-RP-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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
4106	BPA-RP-REV - 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.	М50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-DIAG - 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.	M76	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
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.	M119	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).
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CANNOT								
	PRIORITIZE								
	RECIPIENT'S						Coverage/program guidelines were not		
4127	PROGRAMS	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		
	ICD						ALERT.) Refer to the 835 Healthcare		
	PROCEDURE 7-						Policy Identification Segment (loop 2110		Missing/incomplete
	24 NOT ON						Service Payment Information REF), if		/invalid procedure
4128	FILE	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	PAYER								
	HIERARCHY						Coverage/program guidelines were not		
4130	NOT FOUND	20160501	22991231	19000101	22991231	272	met.		
	NO BENEFIT								
	PLANS								
	ASSOCIATED						Coverage/program guidelines were not		
4131	TO PAYER	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
4136	BPA-RP-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4140	BPA-RP-PROC - BILL PROV PRIMARY PT/PS	2015.0745	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 procedure
4140	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	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		
	PRIMARY						Policy Identification Segment (loop 2110		Missing/incomplete
	PT/PS						Service Payment Information REF), if		/invalid procedure
4141	RESTRICTION	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
4142	BPA-RP-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	М50	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4144	BPA-PC-DIAG - PERF PROV PRIMARY PT/PS 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-PC-PROC - 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.	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
4150	BPA-PC-PROC - PERF PROV PRIMARY PT/PS	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAE 1	Missing/incomplete /invalid procedure
4150	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	BPA-PC-REV - BILL 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		
	PRIMARY						Policy Identification Segment (loop 2110		Missing/incomplete
	PT/PS						Service Payment Information REF), if		/invalid revenue
4151	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M50	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
4152	BPA-PC-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	М50	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).

500	500	CHECKWRITE		DOS		CARC		DADO	
EOB	EOB	EFFECTIVE	CHECKWRITE			CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4155	BPA-RR-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.
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.		
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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-NDC - CURR PROV CONTRACT						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		
4160	RESTRICTION	20150715	22991231	19000101	22991231	В7	REF), if present.		
4161	BPA-PC-PROC - 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.		
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					
EOB	EOB	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	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4167	BPA-RR-REV - NO RULE FOR	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MEQ	Missing/incomplete /invalid revenue
4167	BENEFIT PLAN	20150715	22991231	19000101	22991231	16	present.	M50	code(s).
	BPA-PC-ICD - 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 diagnosis or
4177	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
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one 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-PROC -						ALERT.) Refer to the 835 Healthcare		
	OTHER DTL						Policy Identification Segment (loop 2110		Missing/incomplete
	DIAG						Service Payment Information REF), if		/invalid procedure
4194	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
									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	EOB	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.	MA120	Missing/incomplete /invalid CLIA certification number.
4208	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE A	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 CLIA certification number.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	-	DATE	END DATE	DATE	DOSEND			CODE	RARC DESCRIPTION
4210	BPA-RR-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 present.	M76	Missing/incomplete /invalid diagnosis or condition.
4211	INVALID TOOTH NUMBER FOR THIS 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.	N37	Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4242	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE B	20150745	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 CLIA certification
4212	OR L	20150715	22991231	19000101	22991231	16	present.	MA120	number.
	BPA-RP-PROC - TOOTH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	NUMBER						Service Payment Information REF), if		/invalid tooth
4215	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N37	number/letter.

		CHECKWRITE		DOS					
EOB	EOB	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 present.	MA30	Missing/incomplete /invalid type of bill.
4224	BPA-RP-PROC - QUANTITY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	М53	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
4225	INVALID INPATIENT REVENUE 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.	М50	Missing/incomplete /invalid revenue code(s).
	DIAGNOSIS MUST BE BILLED AT THE HIGHEST SUBDIVISION	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	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.

		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/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4227	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M50	code(s).
	BPA-PC-NDC - MAX UNIT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
		20150715	22991231	19000101	22991231	16	present.	M53	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
4240	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		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						Charge exceeds fee schedule/maximum		
12.16	CASH RECEIPT	20150725	22004224	10000101		45	allowable or contracted/legislated fee		
4246	BALANCE	20150725	22991231	19000101	22991231	45	arrangement.		
	BPA-RR - NO RULE FOR								
	PRIMARY								
	PT/PS						Coverage/program guidelines were not		
4250	BILL/PERF	20160501	22991231	19000101	22991231	272	met.		
4230		20100501	22331231	19000101	22331231	212			
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one 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		
	UNITS NOT						Policy Identification Segment (loop 2110		Missing/incomplete
	BILLABLE FOR						Service Payment Information REF), if		/invalid days or
4251	PROCEDURE.	20150715	22991231	19000101	22991231	16	present.	M53	units of service.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE			CODE	RARC DESCRIPTION
4252	DIAGNOSIS CODE 10-24 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	M64	Missing/incomplete /invalid other diagnosis.
4254	BPA-RP-REV - AGE RESTRICTION BPA-RP-PROC - MODIFIER	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. 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.		

CODE	DESCRIPTION	EFFECTIVE DATE	CHECKWRITE	 DOS END DATE	CARC CODE		RARC CODE	RARC DESCRIPTION
	BPA-PC-PROC - MODIFIER	20150715	22991231	22991231		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.		
	NDC REQUIRED FOR 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 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4261	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.	М53	Missing/incomplete /invalid days or units of service.
4262	NDC QUANTITY UNITS IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.

		CHECKWRITE		DOS					
EOB E	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
(NDC QUANTITY	20450745	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 days or
4263 l	UNITS IS ZERO	20150715	22991231	19000101	22991231	16	present.	M53	units of service.
T T	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					
EOB	EOB	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					
EOB	EOB	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).
	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.	M119	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
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).
	NDC NOT COVERED - NDC RATED LESS THAN EFFECTIVE	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
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.	M119	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
4273	INVALID NDC QUALIFIER CODE, MUST EQUAL N4 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.	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.

August 2015 22991231 19000101 22991231 16 Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. 4276 PRICE IS 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		CH	IECKWRITE		DOS					
4276 PRICE IS 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. 4276 PRICE IS 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 M53	EOB	EOB EFF	FECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
LineBig and the second sec	CODE	DESCRIPTION DAT	ATE	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								submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At	4276	PRICE IS ZERO 201	150715	22991231	19000101	22991231	16	present.	M53	units of service.
PROCEDURE	4277	REQUIRES	1150715	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	M110	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
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	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
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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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 CODE		CHECKWRITE EFFECTIVE DATE			DOS END DATE	CARC CODE		RARC CODE	RARC DESCRIPTION
	DESCRIPTION					CODL		CODL	NARE DESCRIPTION
	PROCEDURE MUST BE SUBMITTED ON PAPER WITH APPROPRIATE NDC, DRUG 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		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4282	AN	20150715	22991231	19000101	22991231	10	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					
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 - ADMIT DIAG	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	MAGE	Missing/incomplete /invalid admitting
4310	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA65	diagnosis.
	BPA-PC-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 Service Payment Information REF), if		Missing/incomplete /invalid principal
4311		20150715	22991231	19000101	22991231	16	present.	MA63	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
4312	BPA-PC-PROC - PRIMARY DTL 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.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-PROC - SECONDARY DTL 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 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
4314	BPA-RP-DIAG - CLAIM TYPE 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.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-PC-PROC - ANY HDR DIAGNOSIS RESTRICTION	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 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
4316	BPA-PC -ANY 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.	M64	Missing/incomplete /invalid other diagnosis.
4317	BPA-PC-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4318	BPA-PC-ICD - 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.
4319	BPA-PC-ICD - 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 present.	M76	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
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 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 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 present.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-DIAG - TYPE OF BILL 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.	MA30	Missing/incomplete /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
4364	BPA-PC-ICD - TYPE OF BILL 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.	MA30	Missing/incomplete /invalid type of bill.
	BPA-RP-PROC - CLAIM TYPE 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.		INCORRECT CLAIM FORM/FORMAT 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
4372	BPA-PC-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-NDC - CLAIM TYPE 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.		INCORRECT CLAIM FORM/FORMAT 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 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.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4376	BPA-RP-ICD - CLAIM TYPE 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.	N34	INCORRECT CLAIM FORM/FORMAT 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-PROC - ADMITTING DIAGNOSIS GROUP	2015.0745	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
4400	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - 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
4401		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
4402	BPA-RR-PROC - ADMITTING 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-ICD - ADMITTING DIAGNOSIS GROUP	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
	BPA-PC-ICD - ADMITTING DIAGNOSIS GROUP	2015.0715	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 diagnosis or
4404	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-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
4405		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	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	M76	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	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
4408	BPA-RR-REV - ADMITTING 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		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
	BPA-PC-PROC - 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
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					
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 - PRIMARY HDR DIAGNOSIS GROUP	2015.0715	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 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
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4413		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-ICD - PRIMARY HDR DIAGNOSIS GROUP	2015.0745	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	N7C	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		
	DIAGNOSIS						Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4415	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
4416	BPA-PC-REV - PRIMARY HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4416	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-REV - 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
4417		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
4418	BPA-RP-PROC - SECONDARY 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - SECONDARY HDR DIAGNOSIS GROUP	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.

		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 - SECONDARY 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-RP-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
4421		20150715	22991231	19000101	22991231	16	•	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
4422	BPA-PC-ICD - SECONDARY HDR 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	M7C	Missing/incomplete /invalid diagnosis or
4422	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - SECONDARY HDR DIAGNOSIS GROUP	2015.0715	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	MZC	Missing/incomplete /invalid diagnosis or
4423	GROUP	20150715	22991231	19000101	22991231	16		M76	-

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4424	BPA-RP-REV - SECONDARY HDR DIAGNOSIS GROUP	2015.0715	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	MZC	Missing/incomplete /invalid diagnosis or
4424	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-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
4425	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
4426	BPA-RR-REV - SECONDARY 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.
4427	BPA-RP-PROC - OTHER HDR DIAGNOSIS GROUP	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
4426	BPA-PC-PROC - OTHER HDR DIAGNOSIS GROUP	2015.0745	22004224	10000101	22004224	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	N7C	Missing/incomplete /invalid diagnosis or
4428	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	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		Missing /incomplete
							Policy Identification Segment (loop 2110		Missing/incomplete
4420	GROUP	20150715	22001221	10000101	22001224	10	Service Payment Information REF), if	NATC	/invalid diagnosis or
4429	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
1120	BPA-RP-ICD - OTHER HDR DIAGNOSIS GROUP	20450745	22004.224	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 diagnosis or
4430	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - OTHER 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 Policy Identification Segment (loop 2110		Missing/incomplete
	DIAGNOSIS GROUP						Policy Identification Segment (loop 2110		Missing/incomplete
1121		20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	NATE	/invalid diagnosis or condition.
4431	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-ICD - OTHER HDR DIAGNOSIS GROUP	2015.0745	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 diagnosis or
4432	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - OTHER 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		Nincing (incomplete
							Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP	20150715	22224224	10000101			Service Payment Information REF), if		/invalid diagnosis or
4433	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-REV - OTHER HDR DIAGNOSIS GROUP	20150745	22001221	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	MZC	Missing/incomplete /invalid diagnosis or
4434	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-REV - OTHER 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 Policy Identification Segment (loop 2110		Missing/incomplete
							Policy Identification Segment (loop 2110		Missing/incomplete
4425	GROUP	20150715	22001221	10000101	22001224	16	Service Payment Information REF), if	NATE	/invalid diagnosis or
4435	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
4426	BPA-RP-PROC - EMERGENCY 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	Mac	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 Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4437		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
4428	BPA-RR-PROC - EMERGENCY DIAGNOSIS GROUP	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
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
	BPA-PC-ICD - EMERGENCY DIAGNOSIS GROUP	2015.0745	22001221	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	MZC	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	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
4442	BPA-RP-REV - EMERGENCY 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-REV - EMERGENCY DIAGNOSIS GROUP	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
4444	BPA-RR-REV - EMERGENCY 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-PROC - ANY HDR DIAGNOSIS GROUP	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.

		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	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	N7C	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4448	BPA-RR-ICD - ANY HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4448	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-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		/invalid diagnosis or
4449	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
4450	BPA-PC-REV - ANY 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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-REV - ANY HDR DIAGNOSIS GROUP	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
4470	BPA-RP-PROC - OTHER ANY DIAGNOSIS GROUP	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
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
4481	BPA-RR-PROC - 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-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	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

EOB EOI CODE DES			CHECKWRITE	EFFECTIVE					
CODE DE:	ESCRIPTION	DATE		EFFECTIVE	DOS END	CARC		RARC	
			END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
OTI DIA GR	PA-PC-ICD - THER ANY IAGNOSIS ROUP	20450745	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4483 RES	ESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
ОТІ	PA-RR-ICD - THER ANY IAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
	IAGNOSIS ROUP						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
4495	BPA-RP-REV - OTHER ANY DIAGNOSIS GROUP	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
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
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4486		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
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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-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	M119	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-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).
	BPA-RP-PROC - EPSDT 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.	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						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4503	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
	BPA-RP-NDC - ALGI						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
		20150715	22991231	19000101	22991231	16	present.	M119	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
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 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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 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 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-RP-DIAG - 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.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-PROC - 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.		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 - 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.	М50	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 /invalid 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
4517	BPA-PC-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	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	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
4519	BPA-PC-PROC - BILL PROV ALL PT/PS 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-PC-REV - 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						Service Payment Information REF), if		/invalid revenue
4520		20150715	22991231	19000101	22991231	16	present.	M50	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
4521	BPA-RP-DIAG - BILL PROV ALL PT/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	M76	Missing/incomplete /invalid diagnosis or
4521	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
4522	BPA-RP-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	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						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
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						Service Payment Information REF), if		/invalid procedure
4524	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE			CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4525	BPA-RP-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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).
4526	BPA-PC-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4529	BPA-RP-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4530	BPA-RR-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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-RR-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 /invalid 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
4533	BPA-RP-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.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-ICD - 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.		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
4526	BPA-RP-PROC - EMERGENCY DIAGNOSIS	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	MZC	Missing/incomplete /invalid diagnosis or
4536	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - 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
4538	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
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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - MIN UNIT 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 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
4560	BPA-RP-ICD - 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-REV - SECONDARY HDR DIAG	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 other diagnosis.

		CHECKWRITE		DOS					
	EOB	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4564	BPA-RR-PROC - HDR SECONDARY 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-RR-ICD - HDR SECONDARY 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 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
4566	BPA-RR-REV - HDR SECONDARY 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 RESTRICTION - GROUP	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	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		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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-DIAG - AGE RESTRICTION BPA-PC-NDC - AGE RESTRICTION	20150715 20150715	22991231 22991231	19000101	22991231 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					
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 - PRIMARY HDR DIAGNOSIS	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4723	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - 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 Policy Identification Segment (loop 2110		Missing/incomplete
		20150715	22001221	10000101	22001224		Service Payment Information REF), if		/invalid other
4724	RESTRICTION	20150715	22991231	19000101	22991231	10	present.	M64	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
4726	BPA-RP-ICD - ADMIT DIAG	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MAGE	Missing/incomplete /invalid admitting
4726	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA65	diagnosis.
	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		Missing/incomplete
	ANY DTL DIAG						Service Payment Information REF), if		/invalid other
4731	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	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
4732	BPA-RP-REV - 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.
	BPA-RP-REV - ANY HDR DIAGNOSIS RESTRICTION	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 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
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 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 admitting 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-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 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/incomplete
	DTL DIAG						Service Payment Information REF), if		/invalid other
4743		20150715	22991231	19000101	22991231	16	present.	M64	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
4744	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 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 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
4746	BPA-RP-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.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-ICD - HDR SECONDARY DIAG	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 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
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 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 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
4755	BPA-PC-PROC - CURRENT 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-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.	M76	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
4757	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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE			CARC DESCRIPTION		RARC DESCRIPTION
	DESCRIPTION	DATE					Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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-RP-ICD -						Service Payment Information REF), if		/invalid other
4765	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M64	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4767	BPA-RP-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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.
	BPA-PC-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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4776	BPA-PC-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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-PROC - NO CONTRACT		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	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-DIAG -	2015.0745	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	N7C	Missing/incomplete /invalid diagnosis or
4802	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	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 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4803	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M119	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-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 Service Payment Information REF), if		Missing/incomplete /invalid revenue
4804	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M50	code(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 ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	BPA-PC-ICD -						Service Payment Information REF), if		/invalid other
4806	NO CONTRACT	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.

505		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - 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
4821	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M77	te place of service.
4922	BPA-PC-DIAG - PLACE OF SERVICE	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/inappropria
4822		20150715	22991231	19000101	22991231	16	present.	M77	te place of service.
	BPA-RR - NO						Coverage/program guidelines were not		
4831	REIMB RULE	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
	BPA-PC-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.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-PROC - 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4872	BPA-PC-DIAG - CLAIM TYPE 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.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4873	BPA-PC-NDC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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					
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 - CLAIM TYPE 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.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-PC-ICD - CLAIM TYPE 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.	N34	INCORRECT CLAIM FORM/FORMAT 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						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
1001		20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	NAAA	/invalid condition
4901	RESTRICTION	20150715	22991231	19000101	22991231	10	present.	M44	code.

		CHECKWRITE		DOS					
EOB	EOB	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).
4905	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					
EOB	EOB	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.
	BPA-PC-DIAG - 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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4913	BPA-XX-DIAG - DIAG ROLE RESTRICTION - PC and RR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-ICD - OTHER 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.		Missing/incomplete /invalid 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
4027	BPA-RP-DIAG - ASSIGNMENT PLAN	20150745	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	N7C	Missing/incomplete /invalid diagnosis or
4927	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - ASSIGNMENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
1020	PLAN	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if		/invalid procedure
4928	RESTRICTION	20150715	22991231	19000101	22991231	10	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
4929	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.	М50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-PROC - OTHER 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.		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
4027	BPA-PC-DIAG - ASSIGNMENT PLAN	20150715	22004224	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4937	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - ASSIGNMENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the 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
1020	PLAN	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if		/invalid procedure
4938	RESTRICTION	20150715	22991231	19000101	22991231	10	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
4939	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.	М50	Missing/incomplete /invalid revenue code(s).
	BPA-RP-ICD - BENE 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.		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
4941	BPA-RP-ICD - CONDITION 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.	M44	Missing/incomplete /invalid condition code.
	BPA-RP-ICD - OCCURRENCE 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.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE 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 - 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.
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	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).
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4949	BPA-RR-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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	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
4951	BPA-PC-ICD - CONDITION 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.	M44	Missing/incomplete /invalid condition code.
	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4960	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	EOB	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.
4963	BPA-PC-PROC - 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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4964	BPA-PC-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.
	BPA-PC-NDC - 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.	M119	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
4066	BPA-RR - DIAGNOSIS	20150715	22001221	10000101	22001221		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
4966	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-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
4970	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M50	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 - CONDITION CODE	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		Missing/incomplete /invalid condition
4971	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-RP-REV - 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
4972	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M45	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
4973	BPA-RR-PROC - ANY 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.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4976	BPA-PC-REV - CONDITION 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.	M44	Missing/incomplete /invalid condition code.
	BPA-PC-REV - OCCURRENCE 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/INCOMPL ETE/INVALID OCCURRENCE 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
4980	BPA-RP-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).
	BPA-RP-PROC - CONDITION 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 condition code.

		CHECKWRITE		DOS					
EOB	EOB	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
4991	BPA-PC-PROC - CONDITION 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.	M44	Missing/incomplete /invalid condition code.
	BPA-PC-PROC - OCCURRENCE 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/INCOMPL ETE/INVALID OCCURRENCE 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
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.	М76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-NDC - SPECIFIC THERA CLASS	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).

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		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					
EOB	EOB	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	EOB	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					
EOB	EOB	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					
EOB	EOB	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	19	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.		22991231	19000101	22991231		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		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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SUSPECT								
	DUPLICATE OF						Exact duplicate claim/service (Use only		
	ANOTHER						with Group Code OA except where state		
	PHARMACY						workers' compensation regulations		
5020		20150715	22991231	19000101	22991231	18	requires CO).		
	EXACT DUPLICATE OF						Exact duplicate claim/service (Use only		
	ANOTHER						with Group Code OA except where state		
	PHARMACY						workers' compensation regulations		
5021	CLAIM.	20150715	22991231	19000101	22991231	18	requires CO).		
							The benefit for this service is included in		
							the payment/allowance for another		
							service/procedure that has already been		
	DUPLICATE RX						adjudicated. Usage: Refer to the 835		Service not payable
	NUMBER FOR						Healthcare Policy Identification Segment		with other service
	SAME DATE						(loop 2110 Service Payment Information		rendered on the
5022	OF SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	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
5200	AND/OR	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
	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
	7 -	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 NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		Convice not noveble
	THE SAME						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
		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5202	CHEMOTHERA	20130713	22551251	15000101	22331231	57		1120	
	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
	THES AME						Healthcare Policy Identification Segment		with other service
	DAY AS THIS						(loop 2110 Service Payment Information		rendered on the
5203	PROCE	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
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		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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5207	THIS SERVICE IS INCLUDED IN THE	20150715	22001221	10000101	22001221	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	N20	Service not payable with other service rendered on the
5207		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5208	ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE	20150715	22001221	10000101	22001221	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	N20	Service not payable with other service rendered on the
	CODE. ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS 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		same date. Service not payable with other service rendered on the
5209	CODE.	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
	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								
	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		
	DAY WITH						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	CODES Z5181-						(loop 2110 Service Payment Information		rendered on the
5213	Z518	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
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		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		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
5218	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.
5219	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.
5220	VACCINE ADMIN NOT ALLOWED ON SAME DAY AS OTHER VACCINE ADMIN	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
5230	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.
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.
5232	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		EFFECTIVE			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 PAID AT 50%						Charge exceeds fee schedule/maximum		Based on policy this payment
	OF MEDICAID						allowable or contracted/legislated fee		constitutes
5234	ALLOWED.	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	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		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		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.

500	500	CHECKWRITE		DOS					
		EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	NON-								
	EMERGENCY								
	TRANSPORT								
	SERVICE HAS						Exact duplicate claim/service (Use only		
	ALREADY						with Group Code OA except where state		
	BEEN PAID						workers' compensation regulations		
5242	FOR	20150715	22991231	19000101	22991231	18	requires CO).		
5260	BATTERIES MAY NOT BE PURCAHSED WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING AI	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.
5261	BATTERIES MAY NOT BE PURCAHSED WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING AI	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.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN 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
	PROCEDURE								
	CODES 92553,						The benefit for this service is included in		
	92556 AND						the payment/allowance for another		
	92557						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
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5286	DME CPAP OR HUMIDIFIER/C PAP 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.
5287	DME CATHETER CONTRA FOR A4221	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.		
5288	DME HUMIDIFIER OR BIPAP/BIPAP 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
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.
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.		
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5301	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.
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.

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

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

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

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

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
5321	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		DOS					
EOB	EOB	EFFECTIVE		-		CARC		RARC	
CODE	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		
	PULP						service/procedure that has already been		
	THERAPY						adjudicated. Usage: Refer to the 835		Service not payable
	COMBINATIO						Healthcare Policy Identification Segment		with other service
	N NOT						(loop 2110 Service Payment Information		rendered on the
5322	ALLOWED	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
							the payment/allowance for another		
	PULP						service/procedure that has already been		
	THERAPY						adjudicated. Usage: Refer to the 835		Service not payable
	COMBINATIO N NOT						Healthcare Policy Identification Segment		with other service rendered on the
5323	ALLOWED	20150715	22991231	19000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	same date.
5525	ALLOWED	20150715	22991251	19000101	22991251	97	KEF), il present.	NZU	
	WHEN								
	PROPHYLAXIS								
	AND						The benefit for this service is included in		
	FLUORIDE ARE						the payment/allowance for another		
	PERFORMED						service/procedure that has already been		
	ON THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY,THE						Healthcare Policy Identification Segment		with other service
	COMBINED						(loop 2110 Service Payment Information		rendered on the
5324	CODE M	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

505		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WHEN PROPHYLAXIS								
	AND						The benefit for this service is included in		
	FLUORIDE ARE						the payment/allowance for another		
	PERFORMED						service/procedure that has already been		
	ON THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY,THE						Healthcare Policy Identification Segment		with other service
	COMBINED						(loop 2110 Service Payment Information		rendered on the
5325	CODE M	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5326	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.
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.

		CHECKWRITE		DOS					
-	EOB	EFFECTIVE		_	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	тwo						The benefit for this service is included in		SERVICE DENIED
	RESTORATION						the payment/allowance for another		BECAUSE PAYMENT
	S NOT						service/procedure that has already been		ALREADY MADE
	COVERED FOR						adjudicated. Usage: Refer to the 835		FOR SAME/SIMILAR
	THE SAME						Healthcare Policy Identification Segment		PROCEDURE
	тоотн						(loop 2110 Service Payment Information		WITHIN SET TIME
5328	NUMBER.	20150715	22991231	19000101	22991231	97	REF), if present.	M86	FRAME.
	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.
	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER SAME DATE OF SERVICE.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TWO RESTORATION								
	S NOT						The benefit for this service is included in		SERVICE DENIED
	COVERED FOR						the payment/allowance for another		BECAUSE PAYMENT
	THE SAME						service/procedure that has already been		ALREADY MADE
	TOOTH						adjudicated. Usage: Refer to the 835		FOR SAME/SIMILAR
	NUMBER						Healthcare Policy Identification Segment		
5221	SAME DATE OF SERVICE.	20150715	22001221	10000101	22001221	07	(loop 2110 Service Payment Information	M86	WITHIN SET TIME
5331	THIS X-RAY	20150715	22991231	19000101	22991231	97	REF), if present.	10186	FRAME.
	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
5332	CANAL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PALLIATIVE (EMERGENCY) TREATMENT MAY NOT BE BILLED WITH DEFINITIVE TREATMENT						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
5334	OR	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5335	PALLIATIVE (EMERGENCY) TREATMENT MAY NOT BE BILLED WITH DEFINITIVE TREATMENT 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.
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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5350	NO EXTRACTION CODE IN HISTORY IN 180 TIME FRAME.	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.
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.
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.		

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

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

		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
5402	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	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
5 4 9 9	MEDICAL	20450745	22004224	10000101	22004224	07	(loop 2110 Service Payment Information	1120	rendered on the
5403	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	EPSDT VISIT HAS BEEN								
	PAID FOR THIS						the payment/allowance for another service/procedure that has already been		
	RECIPIENT						adjudicated. Usage: Refer to the 835		Service not payable
	FOR THE						Healthcare Policy Identification Segment		with other service
	SAME DATE						(loop 2110 Service Payment Information		rendered on the
5404		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5404	OF SERVICE.	20130/13	22331231	10000101	22331231	57		1120	same uate.

	CHECKWRITE		DOS					
EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF						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
SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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 V2020 AND V2025 CANNOT BE BILLED ON THE SAME DAY OF						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 same date.
	DESCRIPTION MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME	DESCRIPTIONDATEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC	DESCRIPTIONDATEEND DATEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OFBILLED FOR THE SAME ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF2015071522991231MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OFBILLED FOR THE SAME DATE OFPROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DATE OFBILLED ON THE SAME DAY OFDAY OF	DESCRIPTIONDATEEND DATEDATEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC201507152299123119000101MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC201507152299123119000101MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC201507152299123119000101PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DAT OF201507152299123119000101	DESCRIPTIONDATEEND DATEDATEDATEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF20150715229912311900010122991231MORE THAN 	DESCRIPTIONDATEEND DATEDATEDATECODEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC2015071522991231190001012299123197MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC2015071522991231190001012299123197MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OF SERVIC2015071522991231190001012299123197PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DATE OF2015071522991231190001012299123197	DESCRIPTIONDATEDATEDATECODECARC DESCRIPTIONMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OFAAAThe 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 SERVICMORE THAN ONE CONTACT LENS FITTING CANNOT BE201507152299123119001012299123197REF), if present.MORE THAN ONE CONTACT LENS FITTING CANNOT BE201507152299123119001012299123197REF), if present.PROCEDURE CODE V2020 AND V2025 CANNOT BE201507152299123119001012299123197REF), if present.PROCEDURE CANNOT BE BILLED ON THE SAME DATE OF201507152299123119001012299123197REF), if present.PROCEDURE CANNOT BE BILLED ON THE SAME DAY OFAAAAAAND V2025 CANNOT BE BILLED ON THE SAME DAY OFAAAAAND V2025<	DESCRIPTIONDATEEND DATEDATEDATECODECARC DESCRIPTIONCODEMORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR THE SAME DATE OFNATE

CODE	-	EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE		CARC CODE	CARC DESCRIPTION	RARC	
	PROCEDURE CODE V2020 AND V2025 CANNOT BE	DATE	END DATE	DATE	DATE	CODE		CODE	
	CODE V2020 AND V2025 CANNOT BE						CARE DESCRIPTION	CODE	RARC DESCRIPTION
	AND V2025 CANNOT BE								
	CANNOT BE						The benefit for this service is included in		
							the payment/allowance for another		
							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.
	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.
	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPH Y NOT COVERED ON THE SAME DAY	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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	AN INITIAL								
	VISIT WILL						The benefit for this service is included in		
	NOT BE PAID						the payment/allowance for another		
	ON SAME						service/procedure that has already been		
	DATE OF						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE ASAN						Healthcare Policy Identification Segment		with other service
	ANNUAL,						(loop 2110 Service Payment Information		rendered on the
5431	PERIODIC	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
5432	PLANNING.	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.

		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 LIMITED TO ONE SERVICE DURING 60 (SIXTY) DAY POSTPARTUM						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
5434	PERIOD.	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPREHENS								
	IVE EPSDT						The benefit for this service is included in		
	SCREENING						the payment/allowance for another		
	AND FP VISIT						service/procedure that has already been		
	MAY 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
5438	DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	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.
	FAMILY						The benefit for this service is included in 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		
	AFTER						(loop 2110 Service Payment Information		
5440	STERILIZATION	20150715	22991231	19000101	22991231	97	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
5441	FAMILY PLANNING VISIT NOT PAYABLE AFTER STERILIZATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5442	FP- LEVONORGES TREL-CONTRA (J7302-5 YR)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5443	FP- 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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HOME HEALTH PROVIDERS CANNOT BILL INPATIENT AND OUTPATIENT SERVICES ON						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
5451	THE SAME	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5457	HOSPICE CONTINUOUS CARE VS RN/SW ADD- ON PAYMENT CONTRA	20150715	22001221	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
5457		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5460	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEM ENT.	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.
5461	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEM ENT.	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
	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.
	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
5471	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	CHEMISTRY								
	PROFILE AND						The benefit for this service is included in		
	CHEMICAL						the payment/allowance for another		
	PANEL						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
5472	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
	CHEMISTRY								
	PROFILE AND						The benefit for this service is included in		
	CHEMICAL						the payment/allowance for another		
	PANEL						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
5473	DAY	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
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.

		CHECKWRITE		DOS					
EOB	EOB	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
5476	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
5477		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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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.
	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	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
5481	CBC	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
	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.
	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.
							The benefit for this service is included in		
	LAB SERVICES						the payment/allowance for another		
	MUST BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	COMBINATIO						Healthcare Policy Identification Segment		with other service
	N CODE. SEE						(loop 2110 Service Payment Information		rendered on the
5484	CPT.	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
5486	CHEMISTRY PROFILES MUST BE BILLED USING ONE MULTICHANN EL TEST CODE	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	N20	Service not payable with other service rendered on the same date.
5486	COMPONENTS	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5488	OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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.
5490	LAB- CHLAMYDIA/G ONORRHEA 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
5500	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.
5500	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
5504	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.
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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECONDARY								
	SURGICAL								
	PROCEDURE								
	WITHIN THE								Please refer to your
	SAME								provider manual for
	INCISION PAID						Charge exceeds fee schedule/maximum		additional program
	AT 50% OF						allowable or contracted/legislated fee		and provider
5509	MEDICAID A	20151204	22991231	19000101	22991231	45	arrangement.	N59	information.
	PROCEDURE								
	CODE IS								SERVICE DENIED
	LIMITED TO								BECAUSE PAYMENT
	ONE PER								ALREADY MADE
	RECIPIENT								FOR SAME/SIMILAR
	WITHIN SIXTY								PROCEDURE
	DAYS OF	20150715	22004224	10000101			Benefit maximum for this time period or		WITHIN SET TIME
5510	DELIVERY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
	PROCEDURE								
	CODE IS								SERVICE DENIED
	LIMITED TO								BECAUSE PAYMENT
	ONE PER								ALREADY MADE
	RECIPIENT								FOR SAME/SIMILAR
	WITHIN 60								PROCEDURE
	DAYS OF						Benefit maximum for this time period or		WITHIN SET TIME
5511	DELIVERY.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
5516	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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	LOCAL								
	ANESTHESIA						The benefit for this service is included in		
	PROCEDURES						the payment/allowance for another		
	ARE COVERED						service/procedure that has already been		
	IN THE TOTAL						adjudicated. Usage: Refer to the 835		Service not payable
	OB COST AND						Healthcare Policy Identification Segment		with other service
	MAY NOT BE						(loop 2110 Service Payment Information		rendered on the
5518	BIL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	LOCAL								
	ANESTHESIA						The benefit for this service is included in		
	PROCEDURES						the payment/allowance for another		
	ARE COVERED						service/procedure that has already been		
	IN THE TOTAL						adjudicated. Usage: Refer to the 835		Service not payable
	OB COST AND						Healthcare Policy Identification Segment		with other service
	MAY NOT BE						(loop 2110 Service Payment Information		rendered on the
5519	BIL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
									Diagon refer to vour
	REGIONAL ANESTHESIA								Please refer to your provider manual for
	PAYMENT IS						Charge exceeds fee schedule (maximum		
	50% OF LEVEL						Charge exceeds fee schedule/maximum		additional program and provider
5520		20151204	22001221	10000101	22001221	15	allowable or contracted/legislated fee		information.
5520	III PRICE	20151204	22991231	19000101	22991231	45	arrangement.	N59	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
	REGIONAL								Please refer to your
	ANESTHESIA								provider manual for
	PAYMENT IS						Charge exceeds fee schedule/maximum		additional program
	50% OF LEVEL						allowable or contracted/legislated fee		and provider
5521	III PRICE	20151204	22991231	19000101	22991231	45	arrangement.	N59	information.
	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
5522	GLOBAL OB P	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5524	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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.
5524	DAYS OF DE	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
5525	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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.
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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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	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	POSTPARTUM VISIT 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	EOB	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.
5601	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.

		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.
5602	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5603	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.
5604	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.

		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 benefit for this service is included in the payment/allowance for another service/procedure that has already been		
	PROCEDURE IS						adjudicated. Usage: Refer to the 835		
	INCLUSIVE IN						Healthcare Policy Identification Segment		Procedure code
	PRIMARY						(loop 2110 Service Payment Information		incidental to
5605	PROCEDURE.	20150715	22991231	19000101	22991231	97	REF), if present.	N19	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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5608	SAME PROVIDER CANNOT BILL APPLICATION/ REMOVAL/RE PAIR OF CAST FOR THE	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.	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	EOB	EFFECTIVE		EFFECTIVE		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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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 REE) if present	N20	Service not payable with other service rendered on the same date.
5614	90947	20150715	22991231	19000101	22991231	97	REF), if present.	N20	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	EOB	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	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		22001221	10000101	22001221	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	N20	Service not payable with other service rendered on the
5620	HER.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	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	EOB	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.
	EMERGENCY ROOM VISIT/INITIAL HOSPITAL VISIT MAY NOT BE BILLED ON THE SAME	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		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	20150715	22004224	10000101	22004224	07	(loop 2110 Service Payment Information		rendered on the
5627	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THE PAYMENT								
	FOR THIS								
	SERVICE WAS								
	PREVICE WAS								
	MADE TO								
	ANOTHER						Previously paid. Payment for this		
	PROVIDER OR						claim/service may have been provided in		
		20150715	22991231	19000101	22991231	B13	a previous payment.		

		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 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								
	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
5631	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
	EXPLORATORY								
	LAP/LYSIS OF						The benefit for this service is included in		
	ADHESIONS						the payment/allowance for another		
	MAY NOT BE BILLED ON						service/procedure that has already been		Convice net neveble
	THE SAME						adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
	DAY WITH						(loop 2110 Service Payment Information		rendered on the
5632	OTHER	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5052	OTTIER	20130713	22331231	15000101	22331231	57		1120	sume date.
	INCIDENTAL								
	SURGERY NOT						The benefit for this service is included in		
	COVERED						the payment/allowance for another		
	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
5633	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THE SAME								
	PHYSICAIN						The benefit for this service is included in		
	MAY NOT BILL						the payment/allowance for another		
	HOSPITAL						service/procedure that has already been		
	VISIT AND						adjudicated. Usage: Refer to the 835		Service not payable
	DISCHARGE						Healthcare Policy Identification Segment		with other service
	VISIT ON THE						(loop 2110 Service Payment Information		rendered on the
5634	SAME	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	-	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE SAME								
	PHYSICAIN						The benefit for this service is included in		
	MAY NOT BILL						the payment/allowance for another		
	HOSPITAL						service/procedure that has already been		
	VISIT AND						adjudicated. Usage: Refer to the 835		Service not payable
	DISCHARGE						Healthcare Policy Identification Segment		with other service
	VISIT ON THE						(loop 2110 Service Payment Information		rendered on the
5635	SAME	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	HYSTERECTO								
	MY								
	ANCILLARY						The benefit for this service is included in		
	CODES MAY						the payment/allowance for another		
	NOT BE PAID						service/procedure that has already been		
	IN ADDITION						adjudicated. Usage: Refer to the 835		Service not payable
	το τηε						Healthcare Policy Identification Segment		with other service
	HYSTERECTO						(loop 2110 Service Payment Information		rendered on the
5636	MY P	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	HYSTERECTO								
	MY								
	ANCILLARY						The benefit for this service is included in		
	CODES MAY						the payment/allowance for another		
	NOT BE PAID						service/procedure that has already been		
	IN ADDITION						adjudicated. Usage: Refer to the 835		Service not payable
	TO THE						Healthcare Policy Identification Segment		with other service
F () 7	HYSTERECTO	20150715	22001221	10000101	22004224	07	(loop 2110 Service Payment Information	NDO	rendered on the
5637	MY P	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
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	EOB	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.
	ROUTINE								
	ANCILLARY						The benefit for this service is included in		
	SERVICES						the payment/allowance for another		
	ASSOCIATED						service/procedure that has already been		
	WITH AN						adjudicated. Usage: Refer to the 835		Service not payable
	ABORTION						Healthcare Policy Identification Segment		with other service
	ARE COVERED						(loop 2110 Service Payment Information		rendered on the
5642	IN THE TOTAL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ROUTINE								
	ANCILLARY						The benefit for this service is included in		
	SERVICES						the payment/allowance for another		
	ASSOCIATED						service/procedure that has already been		
	WITH AN						adjudicated. Usage: Refer to the 835		Service not payable
	ABORTION						Healthcare Policy Identification Segment		with other service
	ARE COVERED						(loop 2110 Service Payment Information		rendered on the
5643	IN THE TOTAL	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
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					
EOB	EOB	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	EOB	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								SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE
	HOSPITAL						Benefit maximum for this time period or		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					
	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The benefit for this service is included in		SERVICE DENIED
							the payment/allowance for another		BECAUSE PAYMENT
							service/procedure that has already been		ALREADY MADE
							adjudicated. Usage: Refer to the 835		FOR SAME/SIMILAR
	MULTIPLE						Healthcare Policy Identification Segment		PROCEDURE
	SURGERY						(loop 2110 Service Payment Information		WITHIN SET TIME
5655	CONTRAS	20150715	22991231	19000101	22991231	97	REF), if present.	M86	FRAME.
	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 PERFORMED						adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5656	DAY	20150715	22991231	19000101	22991231	07	REF), if present.	N20	same date.
3030		20130713	22991231	19000101	22991231	57		1120	
	А								
	CARDIOLOGIS								
	T OR A						The benefit for this service is included in		
	RADIOLOGIST						the payment/allowance for another		
	CANNOT BILL						service/procedure that has already been		
	THIS						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	CODE ON THE						(loop 2110 Service Payment Information		rendered on the
5658	SAME 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
	ONLY ONE HOSPITAL ADMISSION								SERVICE DENIED BECAUSE PAYMENT ALREADY MADE
	MAY BE BILLED PER								FOR SAME/SIMILAR
5.000	HOSPITAL	20150715	22024224	10000101	22004224		Benefit maximum for this time period or		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	19000101	22991231	110	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
5665	PRIOR VISIT CANNOT BE BILLED WITHIN 3 YEARS PRIOR TO AN INITIAL OFFICE 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.
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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5714	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.
	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.
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	EOB	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.
	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.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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					
EOB	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	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	PROVIDER MAY NOT BILL								
	HOSPITAL						the payment/allowance for another 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.
5752	2711	20100710		15000101	22001201	5,			
	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	EOB	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.
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					
EOB	EOB	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	EOB	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	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS INDICATE THAT THIS						The benefit for this service is included in		
	SERVICE HAS						the payment/allowance for another 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						(loop 2110 Service Payment Information		rendered on the
5755	ON THIS PATIE	20150715	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	45	arrangement.	N524	payment in full.
	INDEPENDENT								
	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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
-		DATE	END DATE	DATE		CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5789	PROCEDURE REQUIRES BMI DIAGNOSIS FOR PCP 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/incomplete /invalid other diagnosis.
5790	PHYSICAL THERAPY ELECTRIC STIMULATION CONTRA	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.
5791	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.

		CHECKWRITE		DOS					
EOB	EOB	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
	PREVOCATION AL SERVICES AND SUPPORTED EMPLOYMENT SHALL NOT BE PAID 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 (loop 2110 Service Payment Information		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					
EOB	EOB	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								
							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).		
5805	OF SERV	20171001	22991251	20171001	22991251	10	Tequites 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		
	CATARACT						Segment (loop 2110 Service Payment		
5812	FOLLO	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
	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		
	CATARACT						Segment (loop 2110 Service Payment		
5813	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		
5814	PROCEDURE NOT COVERED WITH SPECIFIC 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.	N390	This service/report cannot be billed separately.
5614	VISION AND	20130713	22551251	15000101	22331231	57		11350	
	HEARING						The benefit for this service is included in		
	SCREENING						the payment/allowance for another		
	MUST BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		
	A REGULAR						Healthcare Policy Identification Segment		This service/report
	SCREENING						(loop 2110 Service Payment Information		cannot be billed
5815	AND ARE LI	20150715	22991231	19000101	22991231	97	REF), if present.	N390	separately.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HIV CODES MUST BE BILLED IN CONJUNCTION WITH FAMILY PLANNING						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
5816	CODES.	20150715	22991231	19000101	22991231	97	REF), if present.	N390	separately.
5817	REVENUE 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					
EOB	EOB	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5822	AVASTIN J9035 NEGATIVE CONTRA	20150715	22991231	19000101	22991231	49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. 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.
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	500	CHECKWRITE		DOS		CARC		DADO	
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5830	PROCEDURE IS NOT PAYABLE WHEN BILLED WITHOUT A PAID ROOT CANAL FOR THE SAME TOO	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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.
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					
EOB	EOB	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								THE NUMBER OF
	EXCEED MUE.								DAYS OR UNITS OF
	RECIPIENT								SERVICE EXCEEDS
	CANNOT BE						Coverage/program guidelines were		OUR ACCEPTABLE
5900	BILLED.	20160501	22991231	19000101	22991231	273	exceeded.	N362	MAXIMUM.
	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/		
5910	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		
	RECIPIENT						workers compensation state regulations/		
5911	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

		CHECKWRITE		DOS					
EOB	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/		
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		
	RECIPIENT						workers compensation state regulations/		
5921	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

		CHECKWRITE		DOS					
EOB	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/		
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.
							This was a during an unit of during (as a difficult		
	NCCI -SERVICE						This procedure or procedure/modifier		
	NOT PAYABLE						combination is not compatible with		
	WITH						another procedure or		
							procedure/modifier combination		
	SERVICE ON						provided on the same day according to		
	THIS CLAIM.						the National Correct Coding Initiative or		
5040	RECIPIENT	20150715	22001221	10000101	22001221	226	workers compensation state regulations/		
5940	CANNOT	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

EOB EOB EFFECTIVE DATE CHECKWRITE END DATE EFFECTIVE DATE DOS END DATE CARC CODE CARC DESCRIPTION RARC CODE RARC DESCRIPTION NCC1 - PAYABLE NCC1 - PAYA			CHECKWRITE		DOS					
NCCI - SERVICE NOT PAYABLE WITH ANOTHER CLAIM. This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination SERVICE ON ANOTHER CLAIM. 20150715 22991231 19000101 22991231 236 SERVICE NOT PAYABLE NCCI - SERVICE NOT Voltage This procedure or procedure/modifier combination NCCI - SERVICE NOT PAYABLE NCCI - SERVICE NOT This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination NCCI - SERVICE NOT PAYABLE NCCI - SERVICE NOT This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements. 5942 CAN 20150715 22991231 19000101 22991231 236 5942 CAN 20150715 22991231 19000101 22991231 236 5942 CAN 20150715 22991231 19000101 22991231 236 5942 CAN 20150715 22991231 1900101 22991231 236 5945 CAN 20150715 22991231 1900101 22991231 236 </th <th>EOB</th> <th>EOB</th> <th>EFFECTIVE</th> <th>CHECKWRITE</th> <th>EFFECTIVE</th> <th>DOS END</th> <th>CARC</th> <th></th> <th>RARC</th> <th></th>	EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
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NCCI - SERVICE NOT PAYABLE This procedure or procedure/modifier WITH ANOTHER SERVICE ON another procedure or ANOTHER procedure/modifier combination CLAIM. provided on the same day according to RECIPIENT 20150715 5942 CAN ZCAN 20150715 ZUBSPI231 19000101 22991231 236 Fee schedule requirements. THIS AMBULANCE SERVICE PROCEDURE CODE IS LIMITED TO		RECIPIENT						workers compensation state regulations/		
SERVICE NOT PAYABLE PAYABLE This procedure or procedure/modifier WITH ANOTHER SERVICE ON another procedure or SERVICE ON procedure/modifier combination ANOTHER procedure/modifier combination CLAIM. provided on the same day according to RECIPIENT the National Correct Coding Initiative or SP42 CAN 20150715 22991231 19000101 22991231 236 THIS AMBULANCE SERVICE procedure fee schedule requirements. Image: service PROCEDURE CODE IS LIMITED TO Image: service service service	5941	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
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ANOTHER CLAIM. RECIPIENT 5942 CAN 20150715 22991231 19000101 22991231 236 provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.										
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5942 CAN 20150715 22991231 19000101 22991231 236 fee schedule requirements. THIS								-		
THIS AMBULANCE SERVICE PROCEDURE CODE IS LIMITED TO										
AMBULANCE SERVICE PROCEDURE CODE IS LIMITED TO	5942		20150715	22991231	19000101	22991231	236	fee schedule requirements.		
SERVICE PROCEDURE CODE IS LIMITED TO		-								
PROCEDURE CODE IS IMITED TO IMITED TO										
CODE IS LIMITED TO										
LIMITED TO										
										Exceeds
										number/frequency
								Benefit maximum for this time period or		approved/allowed
	6001		20150715	22991231	19000101	22991231	119		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
	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.
	HEARING AID								
	REPAIR IS								Exceeds
	LIMITED TO								number/frequency
	TWO EVERY						Benefit maximum for this time period or		approved/allowed
6020	SIX MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MONAURAL								
	HEARING AID								
	BATTERIES								
	ARE LIMITED								E
	TO ONE								Exceeds
	PACKAGE								number/frequency
6021	EVERY TWO	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or		approved/allowed
6021	MONTHS. MONAURAL	20150715	22991231	19000101	22991231	113	occurrence has been reached.	N640	within time period.
	EARMOLDS ARE LIMITED								Exceeds
	TO ONE EVERY								number/frequency
	FOUR						Benefit maximum for this time period or		,
6022		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	approved/allowed
6022	MONTHS.	20120/12	22991231	19000101	22991231	113	occurrence has been reached.	19040	within time period.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DOSEND		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE			DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HEARING AID								
	REPAIR IS								Exceeds
	LIMITED TO								number/frequency
	ONCE EVERY						Benefit maximum for this time period or		approved/allowed
6023	SIX MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE								
	PURCHASE OF								
	A HEARING								
	AID								
	STETHOSCOPE								Exceeds
	IS LIMITED TO								number/frequency
	ONE EVERY						Benefit maximum for this time period or		approved/allowed
6024	TWO YEARS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	EARMOLDS								
	ARE LIMITED								Exceeds
	TO TWO								number/frequency
	EVERY FOUR						Benefit maximum for this time period or		approved/allowed
6025		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0023		20130713	22331231	15000101	22331231				Within time period.
	BINAURAL								
	HEARING AID								
	BATTERIES								
	ARE LIMITED								
	то тwo								Exceeds
	PACKAGES								number/frequency
	EVERY TWO						Benefit maximum for this time period or		approved/allowed
6026	MONTHS.	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
	NEW PATIENT								
	CODE Z5147								
	MAY ONLY BE								
	BILLED ONCE								This service is paid
6020	PER LIFETIME	20450745	22004224	10000101	22004224	25	Lifetime benefit maximum has been	N/4 4 7	only once in a
6030	PER RECIPIENT	20150715	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		N640	within time period.
	THE	20100710		10000101	22001201			11010	
	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.
	PROCEDURE								Exceeds
	LIMITED TO								number/frequency
	ONCE EVERY						Benefit maximum for this time period or		approved/allowed
6042	30 DAYS.	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								
	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.
									Eveneda
	CODE LIMITED								Exceeds
	TO ONCE								number/frequency
6046	EVERY SIX	20150715	22001221	10000101	22004224	110	Benefit maximum for this time period or		approved/allowed
6046	MONTHS	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
	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.
	FLUORIDE IS LIMITED TO ONCE EVERY 6						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6048	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE LIMITED TO TWO PER								Exceeds number/frequency
	LIFETIME PER						Benefit maximum for this time period or		approved/allowed
6049		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					
EOB	EOB	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		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 PROVIDER.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ORAL								Exceeds
	EVALUATION								number/frequency
	< 3 YRS						Benefit maximum for this time period or		approved/allowed
6054	(D0145)	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FLOURIDE								Exceeds
	VARNISH <								number/frequency
	3YRS - LIMIT 3						Benefit maximum for this time period or		approved/allowed
6056	PER CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FLOURIDE								Exceeds
	VARNISH <								number/frequency
6057	3YRS - LIMIT 6 TOTAL	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
0057	TOTAL	20150715	22991231	19000101	22991251	119	occurrence has been reached.	11040	within time period.
	FLOURIDE								Exceeds
	VARNISH >								number/frequency
	3YRS - LIMIT 1						Benefit maximum for this time period or		approved/allowed
6058	PER CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FLOURIDE								
	VARNISH								Exceeds
	FREQ < 3 YRS -								number/frequency
	LIMIT 1 PER						Benefit maximum for this time period or		approved/allowed
6059		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
	DENTAL								Exceeds
	BITEWING X-								number/frequency
	RAYS - LIMIT 1						Benefit maximum for this time period or		approved/allowed
6060	PER 6 CAL MO	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	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.
	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.
	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.
	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.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6065	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	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.
	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTIONThis decision was based on a Local CoverageDetermination (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
	PERIAPICAL X- RAYS LIMITED WHEN USED WITH BITEWING	20150715	22991231	20150715	22991231	117	Transportation is only covered to the closest facility that can provide the necessary care.	N115	have web access, you may contact the contractor to request a copy of the LCD.
0070		20130713	22331231	20130713	22331231				
	DENTAL INT CARIES LIMIT 5 PER 6 CAL MONTHS	20190101	22991231	20190101	22991231		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
	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								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6101		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	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.
	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	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								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.
	DME CLOSED								
	POUCH TOTAL								Exceeds
	LIMIT OF 60								number/frequency
	PER CAL						Benefit maximum for this time period or		approved/allowed
	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO 30								number/frequency
	(THIRTY) PER						Benefit maximum for this time period or		approved/allowed
	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	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
	PRESSORE PAD TOTAL								number/frequency
	LIMIT OF 1						Benefit maximum for this time period or		approved/allowed
	PER CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0100		20100710	22331231	122000101	22331231		been reaction in been reaction.	11040	within this 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		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	20150715	22004224	10000101			Benefit maximum for this time period or		approved/allowed
6111	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PER MONTH								Eveneda
	HAS BEEN								Exceeds
	EXCEEDED						Donofit moving on this time seried or		number/frequency
C112	FOR THIS	20150715	22001221	10000101	22004224		Benefit maximum for this time period or	NCAO	approved/allowed
6112	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
	-	EFFECTIVE		_		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME CODES LIMITED TO								Exceeds
	THIRTY-ONE								number/frequency
	UNITS PER						Benefit maximum for this time period or		approved/allowed
	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0113	DME	20130713	22331231	15000101	22331231	115			
	PROCEDURE								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6114	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MEDICAL								
	SUPPLIES								
	LIMIT IS								
	\$1,800.00 PER								Exceeds
	WAIVER YEAR,								number/frequency
	02/22-02/21.	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or occurrence has been reached.		approved/allowed
6115	THE LIMIT HA DME	20150715	22991231	19000101	22991231	119		N640	within time period.
	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		EFFECTIVE	CHECKWRITE	EFFECTIVE		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								number/frequency
	ONE PER						Benefit maximum for this time period or		approved/allowed
6120	MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	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.
	LEG BAGS ARE								Exceeds
	LIMITED TO								number/frequency
	TWO PER	20150715	22224224	40000101			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								
	LIMITED TO								Exceeds
	120 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6126	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		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								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6130	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	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								e
	LIMITED TO 12								Exceeds
	PER								number/frequency
6422	CALENDAR	20150715	22004224	10000101	22004224	110	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		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								F 1
	LIMITED TO								Exceeds
	500 PER						Depetit menimum for this time period or		number/frequency
C12C		20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or		approved/allowed
6136	MONTH DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	1000 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6137		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0121		20130/13	22331231	1-2000101	22331231	113		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 2								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6138		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
6139		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	RENTAL								E
	LIMITED TO 1								Exceeds
	PER CALENDAR						Benefit maximum for this time period or		number/frequency
6140	-	20150715	22001221	10000101	22001221	110	occurrence has been reached.	N640	approved/allowed
6140	MONTH DME	20150715	22991231	19000101	22991231	119		11040	within time period.
	PROCEDURE								
	RENTAL								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6141		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0141		20130/13	22331731	13000101	22331721	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								
	RENTAL								
	LIMITED TO 31								Exceeds
	PER								number/frequency
64.40	CALENDAR	20150715	22224224	10000101			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								
									Exceeds
	OF 1 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6143	YEAR	20150715	22991231	19000101	22991231		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						Donofit movimum for this time novied or		number/frequency
6145	LIMIT OF 2 PER 3 CAL MO	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
0145	PER 3 CAL IVIU	20120/12	27331731	112000101	55331531	113	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	-	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME NON-								Exceeds
	INSULIN PROC								number/frequency
~	LIMIT OF 1						Benefit maximum for this time period or		approved/allowed
6146	PER 3 CAL MO	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME INSULIN								Exceeds
	PROC LIMIT								number/frequency
	OF 4 PER CAL						Benefit maximum for this time period or		approved/allowed
6147	MO	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME INSULIN								Exceeds
	PROC LIMIT								number/frequency
	OF 3 PER CAL						Benefit maximum for this time period or		approved/allowed
6148		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME INSULIN								Exceeds
	PROC LIMIT								number/frequency
	OF 2 PER CAL						Benefit maximum for this time period or		approved/allowed
6149	MO	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
01.0		20100710		15000101					
	VISION AND								Exceeds
	HEARING						Den of it movies and for this time and the		number/frequency
6150	SCREENING	20150715	22001224	10000101	22004224	110	Benefit maximum for this time period or	NCAO	approved/allowed
6150	ONE PER YEAR	20150/15	22991231	19000101	22991231	113	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		_	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL								
	SCREENING IS								
	LIMITED TO								This service is paid
	ONCE PER						Lifetime benefit maximum has been		only once in a
6151	LIFETIME	20150715	22991231	19000101	22991231	35	reached.	N117	patient's lifetime.
	EPSDT								F undada
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
C152	BEEN EXCEEDED	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6152	EXCEEDED	20150715	22991231	19000101	22991231	119		N640	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						Benefit maximum for this time period or		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
6155	EXCEEDED.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0122	EACEEDED.	20120/12	22331721	11000101	27221721	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
	THE ALLOWED EYE EXAM LIMITATION								Exceeds number/frequency
	HAS BEEN						Deposit movimum for this time period or		approved/allowed
6179	EXCEEDED.	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	within time period.
6179	EXCEEDED.	20150715	22991231	19000101	22991231	119		10040	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.

EOB	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.

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

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

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POSTPARTUM Benefit maximum for this time period or approved/allowed										
		-						Benefit maximum for this time period or		
6203 PERIOD. 20150715 22991231 19000101 22991231 119 occurrence has been reached. N640 within time period.	6203		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
	INITIAL VISIT								
	IS LIMITED TO								
	ONE PER								
	RECIPIENT,								
	PER								
	PROVIDER,						Lifetime benefit maximum has been		
6204		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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		_	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THESE								
							The base fit for this constant is included in		
	SERVICES						The benefit for this service is included in		
	MUST BE						the payment/allowance for another		
	BILLED USING						service/procedure that has already been		Comise not novelale
	THE APPROPRIATE						adjudicated. Usage: Refer to the 835		Service not payable with other service
	COMBINATIO						Healthcare Policy Identification Segment (loop 2110 Service Payment Information		rendered on the
6207	N CODE O	20150715	22991231	19000101	22991231	07		N20	same date.
6207	N CODE O	20150715	22991231	19000101	22991231	97	REF), if present.	N2U	same date.
	PROCEDURE IS								
	LIMITED TO								Exceeds
	ONE SERVICE								number/frequency
	EVERY 70						Benefit maximum for this time period or		approved/allowed
6208	DAYS.	20150715	22991231	19000101	22991231	119		N640	within time period.
0200	PROCEDURE	20100710		10000101	22001201				
	LIMITED TO								
	ONE SERVICE								
	DURING 60								Exceeds
	(SIXTY) DAY								number/frequency
	POSTPARTUM						Benefit maximum for this time period or		approved/allowed
6209	PERIOD.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	RADIOLOGY -								Exceeds
	LEVONORGES								number/frequency
	TREL IU LIMIT -						Benefit maximum for this time period or		approved/allowed
6210	1 PER 5 YRS	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
	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-								Exceeds
	LEVONORGES								number/frequency
	TREL-IU LIMIT-						Benefit maximum for this time period or		approved/allowed
6212		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0212	PROCEDURE	20100710	22332201	15000101	22001201				
	W/UA								
	MODIFIER IS								Exceeds
	LIMITED TO 4								number/frequency
	EVERY 12						Benefit maximum for this time period or		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								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6214	MONTHS	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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.
6230	MORE THAN ONE MEDICAL ENCOUNTER (Z5298) CANNOT BE PAID ON THE SAME DATE OF SERV	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.
6231	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.
6240	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.

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

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
									Exceeds
	HBO LIMIT								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6246	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	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.
	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.
	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.
	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					
		EFFECTIVE		-		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HOSPICE ONE								Exceeds number/frequency
	(1) UNIT PER						Benefit maximum for this time period or		approved/allowed
6270	· ·	20150715	22991231	19000101	22991231	119		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		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		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								number/frequency
	MOTHER'S						Benefit maximum for this time period or		approved/allowed
6283	NUMB	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									Exceeds
	MEPD FISCAL								number/frequency
	YEAR DOLLAR						Benefit maximum for this time period or		approved/allowed
6284		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0201		20130713	22331231	15000101	22331231	115			Within time period.
	HOSPITAL								Exceeds
	EMERG LIMIT								number/frequency
	3 DAYS PER						Benefit maximum for this time period or		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.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
-	_	DATE	END DATE	DATE	DATE		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		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.
	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	20100710		15000101	22001201				
	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.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE		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		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6309	TOBACCO CESSATION COUNSELING LIMIT 1 PER	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6310	THE QUANTITY DISPENSED EXCEEDS THE MAXIMUM QUANTITY ALLOWED FOR THE DRUG CODE P	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	QTY DISPENSED EXCEEDS MAX QTY BASED 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.		Missing/incomplete /invalid name, strength, or dosage of the drug furnished.

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE		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.
	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.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MME DAILY								
	EXCEEDED								
	FOR								
									Fyeeede
	OVERRIDE PA 0009993621								Exceeds number/frequency
	MAY BE USED						Benefit maximum for this time period or		approved/allowed
6321	TO BYPASS E	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0521		20130713	22331231	19000101	22551251	115		110-10	within time period.
	OPIOID NAIVE								
	RECIPIENT								
	(CHILD) HAS								
	EXCEEDED								Exceeds
	MME MAX								number/frequency
	AND/OR DAYS						Benefit maximum for this time period or		approved/allowed
6322	SUPPLY MAX	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	OPIOID NAIVE								
	RECIPIENT								
	(ADULT) HAS								
	EXCEEDED								E
									Exceeds
	AND/ OR						Donofit movimum for this time parts of an		number/frequency
6222	DAYS SUPPLY	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or		approved/allowed
6323	MAX	20150715	22991231	19000101	22991231	113	occurrence has been reached.	N640	within time period.

FOR	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE		DOSEND	CARC CODE	CARC DESCRIPTION	CODE	
CODE	DESCRIPTION	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	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6330	RECIPIENT HAS RESERVE MEDICINE THAT EXCEEDS LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		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
62.44	LIMITED TO 1	20171001	22001221	20171001	22004224	110	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.
	DME								
	GESTATIONAL								Exceeds
	INSULIN LIMIT								number/frequency
	4 BOXES PER						Benefit maximum for this time period or		approved/allowed
6350	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0330		20130/13	22331231	13000101	22331231	112	occurrence has been reached.	11040	within time period.

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
-	-	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME GESTATIONAL INSULIN LIMIT 2 BOXES PER MONTH	20150715	22991231	19000101	22991231		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		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					
EOB	EOB	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		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0404	PROCEDURE	20130713	22331231	15000101	22551251	115		11040	within time period.
	CODE IS								
	LIMITED TO								
	ONE								Exceeds
	OCCURENCE								number/frequency
	EVERY SIX						Benefit maximum for this time period or		approved/allowed
6405		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	NEWBORN								
	CODE MAY								
	NOT BE								This service is paid
	BILLED MORE						Lifetime benefit maximum has been		only once in a
6406	THAN ONCE	20150715	22991231	19000101	22991231	35	reached.	N117	patient's lifetime.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE SAME PROVIDER MAY NOT BILL MORE THAN ONE NEW PATIENT OFFICE VISIT						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6407	PER RECIP	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6408		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.
6410	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	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL CRITICAL CARE LIMITED TO						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6411	ONE PER DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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		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	-	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	0.0								
	OB ULTRASOUND								Eveneda
	YEARLY LIMIT								Exceeds 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.
0418	1313	20130713	22551251	15000101	22331231	115		11040	within time period.
	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								F uccessed
	UG								Exceeds
	COUNSELING LIMITED 1 PER						Popofit maximum for this time pariod as		number/frequency
6121		20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6421	9 MONTHS	20150715	22991231	19000101	22991231	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
	THIS CLAIM IS								
	COUNTED								
	TOWARD THE								Exceeds
	ANNUAL BMI								number/frequency
	REQUIREMEN						Benefit maximum for this time period or		approved/allowed
6422	Т	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MATERNITY								
	ALCOHOL/DR								
	UG BRIEF								
	INTERVENTIO								
	N LIMITED 1								
	PER DAY; 2								Exceeds
	PER								number/frequency
	PREGNANCY						Benefit maximum for this time period or		approved/allowed
6423	(9	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
6540	HAS BEEN	20150715	22001221	10000101	22001221	110	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		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
6511	EXCEEDED.	20120/12	22331721	13000101	22331231	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
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6512		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								F uccessia
	THIS PROCEDURE								Exceeds number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0313	LACLUDED.	20130713	22331231	15000101	22331231	115		110-10	within time period.
	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.
	THIS								
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	ONE EPISODE						Benefit maximum for this time period or		approved/allowed
6515	A YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE IS								Exceeds
	LIMITED TO 52								number/frequency
	UNITS PER						Benefit maximum for this time period or		approved/allowed
6516		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0010		20130713	22331231	122000101	22331231		occurrence has been reached.	1040	mann anne period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6517	THIS PROCEDURE IS LIMITED TO 10 (TEN) UNITS PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6518	PROCEDURE CODE IS LIMITED TO 104 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6519	PROCEDURE CODE IS LIMITED TO 104 TIMES PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6520	PROCEDURE CODE IS LIMITED TO 104 TIMES A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6521	THIS PROCEDURE IS LIMITED TO 365 EPISODES A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	тніѕ								Exceeds
	PROCEDURE IS								number/frequency
	LIMITED TO 52						Benefit maximum for this time period or		approved/allowed
6522	UNITS A YEAR.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0522	BENEFITS	20130713	22551251	15000101	22331231	115	occurrence has been reached.	11040	within time period.
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALDEAR						Benefit maximum for this time period or		approved/allowed
6523	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
6524	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
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.

		CHECKWRITE		DOS					
-		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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
6520		20150715	22001221	10000101	22001221	110	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								number/frequency
	260 UNITS A						Benefit maximum for this time period or		approved/allowed
6529	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
						-			
									Exceeds
	PROCEDURE IS								number/frequency
	LIMITED TO 8						Benefit maximum for this time period or		approved/allowed
6530	UNITS A YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								Exceeds
	LIMITED TO								number/frequency
	312 UNITS A						Benefit maximum for this time period or		approved/allowed
6531	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	1040 UNITS A						Benefit maximum for this time period or		approved/allowed
6532		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0332	TLAN.	20130713	22991231	19000101	22991231	119		11040	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	1040 UNITS A						Benefit maximum for this time period or		approved/allowed
6533	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									E
	PROCEDURE IS								Exceeds
	LIMITED TO 2016 UNITS A						Benefit maximum for this time period or		number/frequency approved/allowed
6534		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0554	TEAR.	20130713	22991251	19000101	22991251	119		11040	within time period.
	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								
	LIMITED TO								Exceeds
	104 TIMES A								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.

500	500	CHECKWRITE		DOS		CARC		DADO	
		EFFECTIVE		-		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	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		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
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6539	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DOVOLIOTUEDA								
	PSYCHOTHERA PY SERVICES								
	ARE LIMITED								
	TO 12								
	(TWELVE) PER								Exceeds
	CALENDAR								number/frequency
	YEAR AT						Benefit maximum for this time period or		approved/allowed
	PLACE OF	20150715	22991231	19000101	22991231	119		N640	within time period.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DIAGNOSTIC								
	ASSESSMENTS ARE LIMITED								
	TO ONE ENCOUNTER								Exceeds
	PER CALENDAR						Benefit maximum for this time period or		number/frequency approved/allowed
6541	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								Exceeds number/frequency
	4160 UNITS A						Benefit maximum for this time period or		approved/allowed
6542	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PSYCHOLOGY/								Exceeds
	REHAB - PSYCHOLOGY						Benefit maximum for this time period or		number/frequency approved/allowed
6543	DX TESTING	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PSYCHOLOGY/								
	REHAB -								Exceeds
	NEUROPSYCH OLOGY DX						Benefit maximum for this time period or		number/frequency approved/allowed
6544	TESTING	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB				EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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	20150715	22991231	19000101	22991231		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.
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.

500	500	CHECKWRITE		DOS		CARC		DADO	
-		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RADIOLOGY & CARDIOLOGY - PROCEDURE REQUIRES PA	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	DIALYSIS	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	ULTRAFILTRAT ION CODES Z5256 AND Z5266 ARE LIMITED TO A TOTAL OF 3						Benefit maximum for this time period or		Exceeds number/frequency
6610	PER	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	approved/allowed within time period.
6611	PROCEDURE CODE IS LIMITED TO 156 UNITS 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.
	PROCEDURE CODE IS LIMITED TO ONE UNIT PER CALENDAR MONTH.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		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								
	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								number/frequency
	CALENDAR						Benefit maximum for this time period or		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	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
6641		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
6642	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
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								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6645	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
6646	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
6647	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 LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								
	REACHED FOR								Exceeds
	THIS								number/frequency
	CONTRACT						Benefit maximum for this time period or		approved/allowed
6650	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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
	UNITS						Benefit maximum for this time period or		approved/allowed
6652	ALLOWED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE LIMITED TO 1080 HOURS,PER WAIVER YEAR OCTOBER 1 - SEPTEMBER						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6653	30.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	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					
EOB	EOB	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	WAIVER YEAR	20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER -								
	PROF & TECH								- I
	THERAPEUTIC								Exceeds
	BEHAVIOR								number/frequency
		20151215	22004224	10000101	22004224	110	Benefit maximum for this time period or	NIC 40	approved/allowed
6664		20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER -								
	PROFESSIONA								
									Evenede
	THERAPEUTIC								Exceeds
	BEHAVIOR						Donofit movimum for this time period or		number/frequency
GGGE		20151215	22001221	10000101	22001221	110	Benefit maximum for this time period or	NGAO	approved/allowed
6665	800 UNITS	20151215	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
_	-	EFFECTIVE		-	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER								
	PERSONAL								Exceeds
	CARE SERVICE								number/frequency
	DOLLAR LIMIT						Benefit maximum for this time period or		approved/allowed
6666		20161001	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO								number/frequency
	144 UNITS PER						Benefit maximum for this time period or		approved/allowed
6668	WAIVER YEAR	20180201	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	WAIVER								
	SERVICES								Exceeds
	LIMITED TO 60								number/frequency
	UNITS PER	20100201	22004224	10000101	22004224		Benefit maximum for this time period or		approved/allowed
6669		20180201	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
6670	EXCEEDED	20150715	22991231	19000101	22991231		occurrence has been reached.	N640	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
6671	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS RECIP	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6672	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
6673 6674	CLAIM STILL IN PROCESS. PLEASE DO	20150715 20150715	22991231 22991231	19000101 19000101	22991231 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		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	110	occurrence has been reached.	N640	within time period.
0075		20180201	22991231	19000101	22991231	119		11040	within time period.
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO								number/frequency
	\$10000 PER						Benefit maximum for this time period or		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								
	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.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ABA INITIAL ASSESSMENT LIMITED TO								Exceeds number/frequency
	TWICE PER						Benefit maximum for this time period or		approved/allowed
6680		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0080	REVENUE	20150715	22991251	19000101	22991251	119		11040	within time period.
	CODE 183 IS LIMITED TO 6 DAYS EACH								Exceeds number/frequency
6690	CALENDAR QUARTER.	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
	REVENUE CODE 184 IS LIMITED TO 14 DAYS PER CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6691	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6700	DME PROCEDURE LIMITED TO 1 PER 8 CAL YRS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6701	DME PROCEDURE LIMIT TO 1 PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		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								Evenede
	LIMIT TO 150 PER								Exceeds number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6705	MONTH	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0703	DME	20130/13	22331231	19000101	22331231	112		11040	within time period.
	PROCEDURE								
	LIMIT TO 180								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6706	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
5700		20100710		1-2000101		J	securication nus securicationea.	10-10	mann anne period.

		CHECKWRITE		DOS					
_		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		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								- I
	LIMIT TO 3								Exceeds
	PER								number/frequency
6700		20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or		approved/allowed
6709	YEAR DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.
5, 10	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		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								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6714	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER								number/frequency
6745		20450745	22221221	10000101	22224224		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								
	PROCEDURE								Evenede
	LIMIT TO 31								Exceeds
							Donofit movimum for this time parised ar		number/frequency
6710		20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NGAO	approved/allowed
6716	MONTH	20150715	22991231	19000101	22991231	113	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		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
	CALENDAR						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								Exceeds
	PER								number/frequency
	CALENDAR 7						Benefit maximum for this time period or		approved/allowed
6720	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME REPAIRS								Exceeds
									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.

500	500	CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6722	DME POWER TIRES LIMIT 2 PER CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6722	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6727	DME HEADREST LIMIT 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6728	DME SAFETY VEST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6729	DME MANUAL TIRES LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
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.

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME GENERAL CUSHION LIMIT 1 PER CALENDAR						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6732	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	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.
	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.		
7003	PRODUR ALERT REQUIRES PA FOR OVERRIDE	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		

		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-								
	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
70.44	TIMELY REFILL	10000101	22001221	10000101	22004224	110	Benefit maximum for this time period or		approved/allowed
7041	ALLOWANCE,	19990101	22991231	19990101	22991231	119	occurrence has been reached.	N640	within time period.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one 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
	ADMIT DATE						ALERT.) Refer to the 835 Healthcare		ETE/INVALID
	LESS THAN						Policy Identification Segment (loop 2110		BILLING
	FIRST DATE OF						Service Payment Information REF), if		PROVIDER/SUPPLIE
7101	SERVICE	20140101	22991231	19000101	22991231	16	present.	N256	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
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.
	INTERIM CLAIM LESS THAN MINIMUM STAY	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INTERIM CLAIM PATIENT STATUS IS DISCHARGED	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.
	NURSERY AND NON- NURSERY REVENUE CODES	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7106	PROVIDER DRG BASE RATE 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.
	PROVIDER DRG COST TO CHARGE RATIO IS ZERO		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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
-	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	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7110 (UR ZERU	20140101	22991231	19000101	22991231	16	present.	N256	R NAME.
-	DRG OUTLIER 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.	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
7112	DRG MARGINAL COST PERCENT NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance 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 PRINCIPAL DIAGNOSIS	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	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
_	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DRG CODE COULD NOT BE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
7116	DETERMINED	20140101	22991231	19000101	22991231	16	present.	N256	R NAME.
	DRG INVALID RECIPIENT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or 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
7117	AGE	20140101	22991231	19000101	22991231	16	present.	N256	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
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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7120	DRG INVALID BIRTH WEIGHT	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 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	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
	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.
	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DRG CODE NOT ON RATE 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.
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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7126	SUPPLEMENT AL PYMT PERCENT 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.
	PROVIDER MISSING FROM DRG RATE TABLE	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.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
	DAY OUTLIER THRESHOLD	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
7130	DAY OUTLIER PER DIEM AMOUNT 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.
7503	CONFLICT CODE ON RESPONSE CLAIM DOES NOT MATCH PROVIDER REQUESTED	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
8006	ADDITIONAL PAYMENT DUE TO MISCELLANEO US ERROR.	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	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER								
	REQUESTED								
	CLAIM								
	ADJUSTMENT								
	DUE TO						Charge exceeds fee schedule/maximum		
	BILLING						allowable or contracted/legislated fee		Correction to a
8007		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		20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY								
	REQUESTED								
	REFUND DUE						Charge exceeds fee schedule/maximum		
0007	TO OTHER	20151204	22001221	10000101	22004224	45	allowable or contracted/legislated fee		Correction to a
8097	INSURANCE	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY								
	INITIATED						Charge exceeds fee schedule/maximum		
	OFFSET DUE						allowable or contracted/legislated fee		Correction to a
8128	TO MEDICARE	20151204	22991231	19000101	22991231	15	arrangement.	MA67	prior claim.
0120		20131204	22331231	10000101	22331231	4J			

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION		RARC DESCRIPTION
	AGENCY INITIATED OFFSET DUE TO MISCELLANEO US OR UNSPECIFIED						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		Correction to a
8134	ERROR HPE INITIATED ADJUSTMENT S DUE TO PROCESSING	20150715	22991231	19000101	22991231	96	present. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	MA67	prior claim. Correction to a
8136	ERROR AGENCY INITIATED OFFSET OF OUT-PATIENT CLAIM DUE TO PAID IN- PATIENT	20151204	22991231	19000101	22991231	45	arrangement. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	MA67	prior claim. Correction to a
8140 8141	CLAIM SAVE FOR FUTURE USE.	20151204	22991231 22991231	19000101 19000101	22991231 22991231		arrangement. Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67 MA67	prior claim. Correction to a prior claim.

505	500	CHECKWRITE		DOS					
EOB	-	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	AGENCY								
	INITIATED								
	ADJUSTMENT						Charge exceeds fee schedule/maximum		
	DUE TO RATE						allowable or contracted/legislated fee		Correction to a
8168	CHANGE	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY						-		
	INITIATED								
	ADJUSTMENT								
	DUE TO						Charge exceeds fee schedule/maximum		
	SYSTEM						allowable or contracted/legislated fee		Correction to a
8169	CHANGES.	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY								
	INITIATED								
	ADJUSTMENT								
	DUE TO						Charge exceeds fee schedule/maximum		
0170	DISPENSING	20100721	22001221	10000101	22001221	45	allowable or contracted/legislated fee	NAAC7	Correction to a
8170	FEE CHANGE	20160721	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	MASS								
	ADJUSTMENT -								
	PROCEDURE						Charge exceeds fee schedule/maximum		
	CODE RATE						allowable or contracted/legislated fee		Correction to a
8184	CHANGE	20151204	22991231	19000101	22991231	45	arrangement.	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					
EOB	EOB	EFFECTIVE	CHECKWRITE	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								
	ADJUSTMENT -								
	VOID								
	TRANSACTION						Charge exceeds fee schedule/maximum		
	S - WARRANT						allowable or contracted/legislated fee		
8190	CANCELLED	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	ADJUSTMENT -								
	VOID								
							Charge exceeds fee schedule/maximum		
0101	S OTHER	20150725	22001221	10000101	22001221	45	allowable or contracted/legislated fee		
8191	REQUEST	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	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					
	EOB	EFFECTIVE		_	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Exact duplicate claim/service (Use only		
							with Group Code OA except where state		
	DUPLICATE						workers' compensation regulations		
8201	PAYMENT	20150715	22991231	19000101	22991231	18	requires CO).		
							Charge exceeds fee schedule/maximum		
	CLAIM BILLED						allowable or contracted/legislated fee		Correction to a
8202	IN ERROR	20151204	22991231	19000101	22991231	15	arrangement.	MA67	prior claim.
0202		20131204	22331231	15000101	22331231	+J		IVIAU7	
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 Service Payment Information REF), if present.	MA36	Missing/incomplete /invalid patient name.
	PRIMARY								
							Charge exceeds fee schedule/maximum		Compations
8204		20151204	22001221	10000101	22001221	45	allowable or contracted/legislated fee	N4AC7	Correction to a
8204	RECEIVED	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
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.

500		CHECKWRITE		DOS					
EOB		EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
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.
8207	RECOUPMENT OTHER	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a 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.		
8209	NCCI ADMINISTRATI VE REVIEW - 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.		
	WORKER'S						This is a work-related injury/illness and		
	COMP -						thus the liability of the Worker's		
8210	PROVIDER	20150715	22991231	19000101	22991231	19	Compensation Carrier.		
	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.		

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Charge exceeds fee schedule/maximum		
							allowable or contracted/legislated fee		
8216	TPL ERROR	20150725	22991231	19000101	22991231	45	arrangement.		
	DUE TO								
	MISCELLANEO								
	US OR						Charge exceeds fee schedule/maximum		
	UNSPECIFIED						allowable or contracted/legislated fee		
8217	REASON	20150725	22991231	19000101	22991231	45	arrangement.		
							Payment adjusted because charges have		
8220		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.		
	SAVE FOR						Coverage/program guidelines were not		
8222		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.		
							Charge exceeds fee schedule/maximum		
	CAPITATION -						allowable or contracted/legislated fee		
8227	EPSDT CLAIM	20150725	22991231	19000101	22991231	45	arrangement.		
							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		
	CAPITATION -						Healthcare Policy Identification Segment		
	FAMILY						(loop 2110 Service Payment Information		
8229	PLANNING	20150715	22991231	19000101	22991231	97	REF), if present.		

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE			CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Charge exceeds fee schedule/maximum		
	SAVE FOR						allowable or contracted/legislated fee		
8233		20150725	22991231	19000101	22991231	15			
0233	AGENCY	20130723	22991231	19000101	22991231	43	arrangement.		
	INITIATED								
	OFFSET DUE								
	TO THIRD						Adjustment amount represents		
	PARTY						collection against receivable created in		
8235		20151204	22991231	19000101	22991231	00	prior overpayment.		
0233	COVERAGE	20131204	22331231	19000101	22991231	00			
	ADJUSTMENT								
	GENERATED								
	DUE TO								
	CHANGE IN						Charge exceeds fee schedule/maximum		
	PATIENT						allowable or contracted/legislated fee		
8241		20150725	22991231	19000101	22991231	45	arrangement.		
	ADJUSTMENT								
	GENERATED						Charge exceeds fee schedule/maximum		
	DUE TO RATE						allowable or contracted/legislated fee		
8242	CHANGE	20150725	22991231	19000101	22991231	45	arrangement.		
	ADJUSTMENT								
	GENERATED								
	DUE TO								
	RECIPIENT								
	DATE OF						The date of death precedes the date of		Correction to a
8243	DEATH	20151204	22991231	19000101	22991231	13	service.	MA67	prior claim.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8247	ADJUSTMENT GENERATED DUE TO DRG PROVIDER RATE CHANGE	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
8248	ADJUSTMENT GENERATED DUE TO RECIPIENT RCO ASSIGNMENT	20150725	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.
8249	ADJUSTMENT GENERATED DUE TO HOSPICE RETRO REVIEW	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HPE INITIATED VOID DUE TO CHANGE IN PROVIDER ID OR SERVICE LOCATION 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		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
8251	N	20150715	22991231	19000101	22991231	16	present.	N258	R ADDRESS.
	ADJUSTMENT TO CROSSOVER PAID PRIOR TO AIM IMPLEMENTA TION DATE. THIS CLAIM						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		Correction to a
8299	HAS	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		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								
	ACCOUNTS						Non-covered charge(s). At least one		
	RECEIVABLE						Remark Code must be provided (may be		
	WAS						comprised of either the NCPDP Reject		
	ESTABLISHED						Reason Code, or Remittance Advice		
	FOR THE						Remark Code that is not an ALERT.)		
	WRONG						Usage: Refer to the 835 Healthcare		
	AMOUNT. WE						Policy Identification Segment (loop 2110		
	HAVE MADE						Service Payment Information REF), if		Correction to a
8454	COR	20150715	22991231	19000101	22991231	96	present.	MA67	prior claim.
	THIS CLAIM								
	HAS BEEN								
	DENIED DUE								
	TO A POS								
	REVERSAL								
	TRANSACTION						Coverage/program guidelines were not		
8515		20160501	22991231	19000101	22991231	272	met.		
	THIS CLAIM								
	DENIED DUE								
	ΤΟΑ								
	PROVIDER						Charge exceeds fee schedule/maximum		
	VOID						allowable or contracted/legislated fee		Correction to a
8516	REQUEST.	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	THIS CLAIM								
	ADJUSTMENT								
	DUE TO A								
							Charge exceeds fee schedule/maximum		Compation to a
0517	SUBMITTED	20151204	22001221	10000101	22001224	45	allowable or contracted/legislated fee		Correction to a
8517	REQUEST	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
		EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS SERVICE IS NOT COVERED BY						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		The services billed are considered Not Covered or Non- Covered (NC) in the applicable state fee
8550	MEDICAID	20151204	22991231	19000101	22991231	96	present.	N643	schedule.
0552	THIS DRUG IS CURRENTLY ON THE ALABAMA MEDICAID PHYSICIAN DRUG LIST	20150745	22001224	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/ deactivated/withdr awn National Drug
8552	(APPENDIX H)	20150715	22991231	19000101	22991231	16	present.	M119	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
	THIS SERVICE REQUIRES THE USE OF A MODIFIER TO INDICATE						The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification		Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the
8553	ANATOMICAL SITE, DISTIN	20150715	22991231	19000101	22991231	1	Segment (loop 2110 Service Payment Information REF), if present.	MA130	complete/correct information.
8554	NCCI REDETERMINI ATION - APPROVED	20151204	22991231	19000101	22991231		Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA91	This determination is the result of the appeal you filed.
8555	NCCI REDETERMINI ATION - DENIED - NO APPEAL	20160501	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.	N661	Documentation does not support that the services rendered were medically necessary.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8556	NCCI REDETERMINI ATION - DENIED	20160501	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.	N661	Documentation does not support that the services rendered were medically necessary.
8557	NCCI ADMINISTRATI VE REVIEW - APPROVED	20151204	22991231	19000101	22991231	59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA91	This determination is the result of the appeal you filed.
8558	NCCI ADMINISTRATI VE REVIEW - DENIED	20160501	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.	N661	Documentation does not support that the services rendered were medically necessary.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
8560	PAPER CLAIM AND OPERATIVE NOTE REQUIRED FOR PAYMENT DECISION. PLEASE RESUBMIT.	20150715	22991231	19000101	22991231		Attachment/other documentation referenced on the claim was not received.	N678	Missing post- operative images/visual field results.
8985	AN AUDIT ADJUSTMENT WAS CREATED RELATED TO THIS CLAIM TO RECOUP AN OVERPAYMEN T	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.
8986	CLAIM ADJUSTMENT PAID BASED ON ORIGINAL 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.