

Edit	Edit Definition	Claim Adj Reason Code	Claim Adj Reason Code Definition	RARC	RARC's Definition
00674	INVALID ADJUST CODE FOR STATE TSN ADJUSTMENT/VOID	A1	Claim/Service denied.	N377	Payment adjusted based on a processed replacement claim.
00695	NON-PAY RECIPIENT BILLED	A1	Claim/Service denied.	N52	Patient not enrolled in the billing provider's managed care plan on the date of service.
01079	CATEGORY OF SERVICE REQUIRES MEDICARE	A1	Claim/Service denied.	N36	Claim must meet primary payer's processing requirements before we can consider payment.
00025	SPECIAL CONSIDERATION INDICATOR INVALID	A1	Claim/Service denied.	N354	Incomplete/invalid invoice
00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION	133	The disposition of this claim/service is pending further review.	N182	This claim/service must be billed according to the schedule for this plan.
00397	AMOUNT IS 10% OR LS AMT ON PROCEDURE FILE	133	The disposition of this claim/service is pending further review.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount
01141	PROVIDER EXCEPTION IND REQUIRES PEND (DOH)	133	The disposition of this claim/service is pending further review.	N191	The provider must update insurance information directly with payer.
01283	UPPER DOLLAR LIMIT EXCEEDED	A1	Claim/Service denied.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED	A1	Claim/Service denied.	N185	Do not resubmit this claim/service.