

**Changes to Claim Adjustment Reason Codes (CARC) sent in the Remittance Advice.**

There will be some changes to the Claim Adjustment Reason Code being sent in the provider's Remittance Advice when claims hit certain system edits during adjudication. This is because some of the codes are scheduled for deactivation in 2007. In some cases a Remittance Advice Remark Code (RARC) has also been added to reduce ambiguity. However some edits translate to the same Reason Code if the eMedNY edit described is similar. The new mappings are shown in the table below. It is expected that the new mappings will be in effect in May, 2007 and will appear in remittances for Cycle 1553. Please check the Known Issues list at [nyhipaadesk.com](http://nyhipaadesk.com) for more information as it becomes available.

To view a comprehensive set of all documents related to current eMedNY Edits with the Claim Adjustment Reason Codes and Remittance Advice Remark Codes that are sent in the remittance advice see the Edit Error Knowledge Base (EEKB) at [NYHIPAADESK.COM](http://NYHIPAADESK.COM). (NOTE: These documents will be updated with the new HIPAA codes described below in the coming weeks.)

Edit	Edit Definition	CARC	CARC Definition	RARC	RARC Definition	Notes
00026	DATE OF BIRTH INVALID	16	Claim/service lacks information which is needed for adjudication.	N329	Missing/incomplete/invalid patient birth date.	
00076	PROVIDER ID NUMBER INVALID	16	Claim/service lacks information which is needed for adjudication.	N259	Missing/incomplete/invalid billing provider/supplier secondary identifier.	
00132	PROVIDER ID NO NOT ON FILE	16	Claim/service lacks information which is needed for adjudication.	N259	Missing/incomplete/invalid billing provider/supplier secondary identifier.	
00136	GROUP ID NUMBER NOT ON NYS MASTER FILE	16	Claim/service lacks information which is needed for adjudication.	N282	Missing/incomplete/invalid pay-to provider secondary identifier.	
00142	RECIPIENT BIRTH DATE NOT EQUAL FILE	16	Claim/service lacks information which is needed for adjudication.	N340	Missing/incomplete/invalid subscriber birth date.	
00147	GROUP ID NUMBER NOT ON NYS MASTER FILE AS A GROUP ID	16	Claim/service lacks information which is needed for adjudication.	N282	Missing/incomplete/invalid pay-to provider secondary identifier.	

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00164	PROVIDER NOT MEMBER OF GROUP	16	Claim/service lacks information which is needed for adjudication.	N55	Procedures for billing with group/referring/performing providers were not followed.	
00174	PROC INVLD FOR PLC SERV (PEND)	16	Claim/service lacks information which is needed for adjudication.	MA114	Missing/incomplete/invalid information on where the services were furnished.	
00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE	96	Non-covered charge(s).	N130	Alert: Consult plan benefit documents for information about restrictions for this service.	
00225	PROCEDURE INCONSISTENT WITH STERILIZATION CODE	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
00226	PROCEDURE INDICATES STERILIZATION/STERILIZATION CODE NOT PRESENT	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
00231	ELECTIVE ABORTION NOT PAYABLE	96	Non-covered charge(s).	N130	Alert: Consult plan benefit documents for information about restrictions for this service.	
00260	MEDICARE PART B AND OR D INDICATED BUT RECIPIENT HAS NO SUCH COVERAGE ON FILE	16	Claim/service lacks information which is needed for adjudication.	N191	The provider must update insurance information directly with payer.	
00261	OTHER INSURANCE PAID, NO INSURANCE ON FILE	16	Claim/service lacks information which is needed for adjudication.	N155	Alert: Our records do not indicate that other insurance is on file. Please submit other insurance information for our records.	

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00262	MEDICARE PAID, NO MEDICARE ON FILE	16	Claim/service lacks information which is needed for adjudication.	N155	Alert: Our records do not indicate that other insurance is on file. Please submit other insurance information for our records.	
00267	VEHICLE LICENSE PLATE / DRIVER'S LICENSE NUMBER REQUIRED	16	Claim/service lacks information which is needed for adjudication.	N59	Alert: Please refer to your provider manual for additional program and provider information.	
00295	GROUP IDENTIFICATION NUMBER IN PROVIDER IDENTIFICATION NUMBER FIELD	16	Claim/service lacks information which is needed for adjudication.	N259	Missing/incomplete/invalid billing provider/supplier secondary identifier.	
00526	PRESCRIPTION / ORDER NUMBER IS MISSING	175	Payment denied because the prescription is incomplete			
00528	MISSING OR INVALID QUANTITY DISPENSED	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	
00530	NEW / REFILL NUMBER INVALID	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
00531	AUTHORIZED REFILLS NUMBER INVALID	16	Claim/service lacks information which is needed for adjudication.	N130	Alert: Consult plan benefit documents for information about restrictions for this service.	
00532	DISPENSE AS WRITTEN CODE INVALID	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	

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00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE	16	Claim/service lacks information which is needed for adjudication.	N182	This claim/service must be billed according to the schedule for this plan.	
00540	NUMBER OF DAYS SUPPLY INVALID	16	Claim/service lacks information which is needed for adjudication.	M53	Missing/incomplete/invalid days or units of service.	
00544	NDC CODE NON-NUMERIC	16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	
00548	FILL DATE PRECEDES ORDER DATE	16	Claim/service lacks information which is needed for adjudication.	N304	Missing/incomplete/invalid dispensed date.	
00549	REFILL DATE GREATER THAN 180 DAYS FROM ORDER DATE	16	Claim/service lacks information which is needed for adjudication.	N304	Missing/incomplete/invalid dispensed date.	
00550	MAXIMUM QUANTITY EXCEEDED	16	Claim/service lacks information which is needed for adjudication.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	
00551	ITEM NOT ELIGIBLE FOR PAYMENT ON FILL DATE	16	Claim/service lacks information which is needed for adjudication.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	
00553	DRUG INVALID FOR RECIPIENT SEX	188	This product/procedure is only covered when used according to FDA recommendations.			The CARC is remapped for this edit.
00556	REFILL NUMBER EXCEEDS MAXIMUM MAX	16	Claim/service lacks information which is needed for adjudication.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	

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00558	RECIPIENT AGE GREATER THAN ALLOWED	188	This product/procedure is only covered when used according to FDA recommendations.			The CARC is remapped for this edit.
00559	RECIPIENT AGE LESS THAN ALLOWED	188	This product/procedure is only covered when used according to FDA recommendations.			The CARC is remapped for this edit.
00561	DRUGS/SUPPLY CODE NOT ON FILE	16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	
00562	DRUG PRICE NOT AVAILABLE ON FILL DATE	16	Claim/service lacks information which is needed for adjudication.	M84	Medical code sets used must be the codes in effect at the time of service	
00563	DAYS SUPPLY LESS THAN MINIMUM	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	
00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.			
00570	NO PRICE ON DRUG FILE	16	Claim/service lacks information which is needed for adjudication.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	
00572	ITEM REQUIRES MANUAL REVIEW	16	Claim/service lacks information which is needed for adjudication.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	

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00598	CATEGORY OF SERVICE INVALID FOR NDC CODE	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS	96	Non-covered charge(s).	N30	Patient ineligible for this service.	
00756	DUPLICATE INSTITUTIONAL/PROFESSIONAL CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00757	SUSPECT DUPLICATE PROFESSIONAL, COVERED BY INSTITUTIONAL CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00758	DUPLICATE INPATIENT/PHARMACY CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00759	DUPLICATE INPATIENT/CLINIC, EMERGENCY, REFERRED AMB OR LAB CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00760	SUSPECT DUPLICATE, COVERED BY INPATIENT CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00761	DUPLICATE DAY TREATMENT CLINIC/PART-TIME CLINIC CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	

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00762	SUSPECT DUPLICATE, COVERED BY PART-TIME CLINIC CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00763	DUPLICATE CLINIC (0160)/CLINIC (0164)	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00764	SUSPECT DUPLICATE, COVERED BY CLINIC (COS 0160)	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00765	SUSPECT DUPLICATE PHARMACY, COVERED BY INPATIENT CLAIM	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00766	DUPLICATE DENTAL/CLINIC (0164)	16	Claim/service lacks information which is needed for adjudication.	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	
00787	FROM, ADMIT, AND END DATE MUST BE EQUAL ON ADMIT DRG CLAIM	16	Claim/service lacks information which is needed for adjudication.	MA40	Missing/incomplete/invalid admission date.	
00854	SUSPEND MASS ADJUSTMENT/VOID	16	Claim/service lacks information which is needed for adjudication.	MA67	Correction to a prior claim.	
00903	ORDERING OR REFERRING PROVIDER ID OR LICENSE NUMBER NOT ON CLAIM	16	Claim/service lacks information which is needed for adjudication.	N287	Missing/incomplete/invalid referring provider secondary identifier.	

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00938	PREScribing PROVIDER PROFESSION CODE BLANK/PREScribing PROVIDER ID NOT NUMERIC	16	Claim/service lacks information which is needed for adjudication.	N267	Missing/incomplete/invalid ordering provider secondary identifier.	
00940	PREScribing PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE	16	Claim/service lacks information which is needed for adjudication.	N191	The provider must update insurance information directly with payer.	
00943	PREScribing PROVIDER DECEASED ON ORDER DATE	16	Claim/service lacks information which is needed for adjudication.	N354	Incomplete/invalid invoice	
01042	SUBMITTED UNITS NOT CONSISTENT WITH DATES OF SERVICE	16	Claim/service lacks information which is needed for adjudication.	N345	Date range not valid with units submitted.	
01193	RATE CODE INVALID FOR CLIENT AGE < 21 OR > 64	16	Claim/service lacks information which is needed for adjudication.	N129	This amount represents the dollar amount not eligible due to the patient's age.	
01194	RATE CODE INVALID FOR CLIENT AGE LESS THAN 65	16	Claim/service lacks information which is needed for adjudication.	N129	This amount represents the dollar amount not eligible due to the patient's age.	
01197	SERVICE CONFLICT IN COMBO PRIOR SERVICE/CLAIM; PAY/RECORD FOR NOW	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01204	DUR NOT PERFORMED PRIOR TO DISPENSING DRUG	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01213	CLAIM MUST BE SUBMITTED ELECTRONICALLY USING HIPAA COMPLIANT ANSI X12 837 CLAIM SUBMISSION FORMAT	16	Claim/service lacks information which is needed for adjudication.	M117	Not covered unless submitted via electronic claim.	

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01239	SUPERVISING PROVIDER OF THE SUBMITTED ORDERER/PRESCRIBER WAS EXCLUDED PRIOR TO SERVICE DATE.	16	Claim/service lacks information which is needed for adjudication.	N298	Missing/incomplete/invalid supervising provider secondary identifier.	
01242	ORDER/REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	16	Claim/service lacks information which is needed for adjudication.	N287	Missing/incomplete/invalid referring provider secondary identifier.	
01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	16	Claim/service lacks information which is needed for adjudication.	N31	Missing/incomplete/invalid prescribing provider identifier.	
01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	16	Claim/service lacks information which is needed for adjudication.	N291	Missing/incomplete/invalid rendering provider secondary identifier.	
01269	STOP LOSS CLAIM NOT RECEIVED WITHIN 6 MONTHS OF YEAR END	16	Claim/service lacks information which is needed for adjudication.	N182	This claim/service must be billed according to the schedule for this plan.	
01296	BED RES/THERA LVE DAYS NOT ALLOWED FOR COV CD H RECIP	16	Claim/service lacks information which is needed for adjudication.	N43	Bed hold or leave days exceeded.	
01310	REQUIRED ARCH CODE/MISSING INVALID	16	Claim/service lacks information which is needed for adjudication.	N346	Missing/incomplete/invalid oral cavity designation code.	
01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))	96	Non-covered charge(s).	N30	Patient ineligible for this service.	
01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN	16	Claim/service lacks information which is needed for adjudication.	N340	Missing/incomplete/invalid subscriber birth date.	
01327	IN-STATE SERVICING PROVIDER LICENSE NUMBER NOT NUMERIC	16	Claim/service lacks information which is needed for adjudication.	N291	Missing/incomplete/invalid rendering provider secondary identifier.	

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01329	SICKROOM SUPPLY INCLUDED IN FACILITY RATE	16	Claim/service lacks information which is needed for adjudication.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.	
01479	MULTIPLE RATE CODES SUBMITTED	16	Claim/service lacks information which is needed for adjudication.	M49	Missing/incomplete/invalid value code(s) or amount(s).	
01480	NO SPECIALTY CODE DERIVED USING RATE AND PROVIDER	16	Claim/service lacks information which is needed for adjudication.	M49	Missing/incomplete/invalid value code(s) or amount(s).	
01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
01482	DIFFERENCE IN CLAIM TYPE AND/OR COS BETWEEN LINES	16	Claim/service lacks information which is needed for adjudication.	N61	Rebill services on separate claims.	
01497	FAMILY HEALTH PLUS CLAIM NOT COVERED	31	Claim denied as patient cannot be identified as our insured.	N216	Patient is not enrolled in this portion of our benefit package	
01600	DISCONTINUED NDC NUMBER	16	Claim/service lacks information which is needed for adjudication.	M119	Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	
01602	NO COVERAGE; EXCESS INCOME SPENDDOWN	178	Payment adjusted because the patient has not met the required spend down requirements.	N30	Patient ineligible for this service.	
01603	MAXIMUM DAYS SUPPLY EXCEEDED	16	Claim/service lacks information which is needed for adjudication.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	

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01604	OVERWRITE DENIED, UT NOT AT LIMIT	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01605	OTHER PAYOR AMOUNT MUST BE GREATER THAN ZERO	16	Claim/service lacks information which is needed for adjudication.	N36	Claim must meet primary payer's processing requirements before we can consider payment.	
01606	OTHER PAYOR AMOUNT MUST BE EQUAL TO ZERO	16	Claim/service lacks information which is needed for adjudication.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	
01608	ERROR OVERFLOW	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01609	MISSING OR INVALID ALTERNATE PRODUCT TYPE	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	

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01610	MISSING OR INVALID ALTERNATE PRODUCT CODE	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01611	MISSING OR INVALID PROCESSOR CONTROL NUMBER	16	Claim/service lacks information which is needed for adjudication.	N289	Missing/incomplete/invalid rendering provider name.	
01613	MISSING OR INVALID COMPOUND CODE	16	Claim/service lacks information which is needed for adjudication.	N354	Incomplete/invalid invoice	
01614	CLAIM HAS NOT BEEN PAID OR CAPTURED	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01615	MISSING OR INVALID PATIENT PAID AMOUNT	16	Claim/service lacks information which is needed for adjudication.	N58	Missing/incomplete/invalid patient liability amount.	
01616	EXPIRED CARD	16	Claim/service lacks information which is needed for adjudication.	N30	Patient ineligible for this service.	
01618	NON-CURRENT CARD	16	Claim/service lacks information which is needed for adjudication.	N30	Patient ineligible for this service.	
01619	INVALID ACCESS NUMBER	16	Claim/service lacks information which is needed for adjudication.	N354	Incomplete/invalid invoice	

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01620	INVALID SEQUENCE NUMBER	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01622	SSN ACCESS NOT ALLOWED	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01623	ECCA NOT ALLOWED	16	Claim/service lacks information which is needed for adjudication.	N51	Electronic interchange agreement not on file for provider/submitter.	
01628	ALTERNATE ACCESS NOT ALLOWED	16	Claim/service lacks information which is needed for adjudication.	N51	Electronic interchange agreement not on file for provider/submitter.	
01630	INVALID TSN	16	Claim/service lacks information which is needed for adjudication.	N51	Electronic interchange agreement not on file for provider/submitter.	
01631	CLIENT HAS OTHER INSURANCE	16	Claim/service lacks information which is needed for adjudication.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	
01633	DRUG TO DISEASE PRECAUTION	16	Claim/service lacks information which is needed for adjudication.	N188	The approved level of care does not match the procedure code submitted.	

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01634	DRUG TO DRUG INTERACTION	16	Claim/service lacks information which is needed for adjudication.	N188	The approved level of care does not match the procedure code submitted.	
01635	HIGH DOSE ALERT	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	
01636	INGREDIENT DUPLICATION	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	
01637	LOW DOSE ALERT EXCEPTION	16	Claim/service lacks information which is needed for adjudication.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.	
01639	DRUG-AGE PRECAUTION	6	The procedure/revenue code is inconsistent with the patient's age.	N188	The approved level of care does not match the procedure code submitted.	
01641	THERAPEUTIC DUPLICATION	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01642	THERAPEUTIC DUPLICATION (EARLY REFILL WARNING)	16	Claim/service lacks information which is needed for adjudication.	N188	The approved level of care does not match the procedure code submitted.	
01643	INVALID DUR CONFLICT CODE	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
01644	INVALID DUR OUTCOME CODE	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	

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01645	PROVIDER CAN NOT ACCESS BY ACCOUNT TYPE	16	Claim/service lacks information which is needed for adjudication.	N51	Electronic interchange agreement not on file for provider/submitter.	
01646	ONLINE ADJUSTMENTS/REBILLS NOT ALLOWED FOR DVS ITEMS	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01647	DVS ERROR	16	Claim/service lacks information which is needed for adjudication.	N51	Electronic interchange agreement not on file for provider/submitter.	
01648	PROCESSOR CONTROL NUMBER NEEDED FOR REBILL/REVERSAL	16	Claim/service lacks information which is needed for adjudication.	N59	Alert: Please refer to your provider manual for additional program and provider information.	
01701	REVENUE CODE 169 CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01702	RADIOLOGY PROC/REVENUE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01703	SURGERY PROC/REVENUE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01704	REVENUE CODE MUST BE LABORATORY	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01705	REVENUE CODE NOT ON DB	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01706	REVENUE/BILLING PROVIDER TYPE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	

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01707	REVENUE/BILLING PROVIDER SPECIALTY MISMATCH	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01708	REVENUE/TYPE OF BILL CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01709	REVENUE CODE REQUIRES REVIEW BY FISCAL AGENT	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01710	REVENUE CODE NOT A BENEFIT FOR SERVICE DATE	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01711	REVENUE CODE NOT VALID FOR SERVICE DATES	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01712	REVENUE CODE REQUIRES MANUAL REVIEW	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01713	REVENUE CODE REQUIRES MANUAL REVIEW BY MAD	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01714	REVENUE CODE MISSING	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01715	TOTAL REVENUE CHARGE MISSING	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	
01716	ACCOMMODATION REVENUE CODE MISSING	16	Claim/service lacks information which is needed for adjudication.	M50	Missing/incomplete/invalid revenue code(s).	

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01717	SUM OF ACCOMMODATION DAYS DOES NOT EQUAL TOTAL COVERED DAYS	16	Claim/service lacks information which is needed for adjudication.	MA32	Missing/incomplete/invalid number of covered days during the billing period.	
01718	TYPE OF BILL IS INVALID	16	Claim/service lacks information which is needed for adjudication.	MA130	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 complete/correct information.	
01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT	16	Claim/service lacks information which is needed for adjudication.	N4	Missing/incomplete/invalid prior insurance carrier EOB.	
01720	ICD-9 SURGICAL CODE NOT WITHIN FROM/THRU DATES	16	Claim/service lacks information which is needed for adjudication.	N303	Missing/incomplete/invalid principal procedure date.	
01721	PATIENT STATUS CONFLICTS WITH TYPE OF BILL	16	Claim/service lacks information which is needed for adjudication.	MA43	Missing/incomplete/invalid patient status.	
01723	TOTAL CLAIM CHARGE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	
01724	LI DOS OUTSIDE FROM/THRU DATES	16	Claim/service lacks information which is needed for adjudication.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.	
01725	NON COVERED CHARGE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	M54	Missing/incomplete/invalid total charges.	
01726	CLIENT READMITTED WITHIN 14 DAYS OF DISCHARGE	16	Claim/service lacks information which is needed for adjudication.	N47	Claim conflicts with another inpatient stay.	

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Edit	Edit Definition	CARC	CARC Definition	RARC	RARC Definition	Notes
01727	PROCEDURE/RENDERING PROV TYPE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	N95	This provider type/provider specialty may not bill this service.	
01728	PROCEDURE/CLAIM TYPE CONFLICT	16	Claim/service lacks information which is needed for adjudication.	N180	This item or service does not meet the criteria for the category under which it was billed.	
01729	DIAGNOSIS CODE REQUIRES REVIEW BY MAD	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01730	ICD-9 PROCEDURE CODE REQUIRES REVIEW BY MAD	16	Claim/service lacks information which is needed for adjudication.	N35	Program integrity/utilization review decision.	
01731	HIGH VARIANCE	16	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	
01732	LOW VARIANCE	16	Claim/service lacks information which is needed for adjudication.	M79	Missing/incomplete/invalid charge.	
01734	FCN NOT VALID FOR VOID OR ADJUSTMENT REQUEST	16	Claim/service lacks information which is needed for adjudication.	MA67	Correction to a prior claim.	
01735	TPL AMT IS INVALID	16	Claim/service lacks information which is needed for adjudication.	N4	Missing/incomplete/invalid prior insurance carrier EOB.	
01737	VALUE CODE AMOUNT INVALID FOR SUBMITTED VALUE CODE	16	Claim/service lacks information which is needed for adjudication.	M49	Missing/incomplete/invalid value code(s) or amount(s).	
01738	OCCURRENCE SPAN DATE (BEGIN/END) INVALID FOR SUBMITTED OCCURRENCE SPAN CODE	16	Claim/service lacks information which is needed for adjudication.	N300	Missing/incomplete/invalid occurrence span date(s).	

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Edit	Edit Definition	CARC	CARC Definition	RARC	RARC Definition	Notes
01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE	16	Claim/service lacks information which is needed for adjudication.	N299	Missing/incomplete/invalid occurrence date(s).	
01995	SPECIAL INPUT EDIT (OSC)	16	Claim/service lacks information which is needed for adjudication.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	
01996	SPECIAL INPUT EDIT (PCG)	16	Claim/service lacks information which is needed for adjudication.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	
01997	SPECIAL INPUT EDIT (IPRO)	16	Claim/service lacks information which is needed for adjudication.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	
01998	SYSTEM UNAVAILABLE/HOST UNAVAILABLE	16	Claim/service lacks information which is needed for adjudication.	N185	Alert: Do not resubmit this claim/service.	
01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA	16	Claim/service lacks information which is needed for adjudication.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.	