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EDIT MAPPING FOR 835 ORDERED BY EDIT NUMBER

LAST MODIFIED: FEBRUARY 25, 2014

NYS Medicaid: Edit Mapping for 835 Ordered by Edit Number

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00001	RECIPIENT SEX INVALID, MUST INDICATE M OR F	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.
00003	FAMILY PLANNING INDICATOR NOT Y OR N	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00011	POSSIBLE DISABILITY CODE INVALID - INDICATE Y OR N	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00016	BILLING DATE INVALID	110	BILLING DATE PREDATES SERVICE DATE.		
00018	DATE OF SERVICE/FILL DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE	110	BILLING DATE PREDATES SERVICE DATE.		
00021	PATIENT STATUS CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.

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00025	SPECIAL CONSIDERATION INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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.
00026	DATE OF BIRTH INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N329	MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE.
00030	GROUP ID NUMBER NON-NUMERIC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00036	AMOUNT CHARGED IS MISSING OR INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
00039	PRIMARY DIAGNOSIS CODE BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00047	EMERGENCY CODE INVALID MUST INDICATE Y OR N	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION

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00049	ACCIDENT CODE NON-NUMERIC CHECK MANUAL FOR CODES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
00050	PRIOR APPROVAL NUMBER NON-NUMERIC	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00056	OTHER INSURANCE PAID INFORMATION INCONSISTENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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.
00061	SERVICE PROVIDER ID NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
00062	SERVICE PROVIDER ID NUMBER INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
00065	ABORTION / STERILIZATION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		

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00070	PROCEDURE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
00071	PLACE OF SERVICE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
00073	SERVICE DATE OVER 90 DAYS/SEE ATTACHMENT	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
00074	RECIPIENT ID NUMBER INVALID	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		
00076	PROVIDER ID NUMBER INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00078	REFERRING PROVIDER ID NUMBER INVALID	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
00094	NUMBER OF UNITS NOT GREATER THAN ZERO	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
00098	LOCATOR CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00102	SERVICE DATE PRIOR TO BIRTH DATE	14	THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N152	MISSING/INCOMPLETE/INVALID REPLACEMENT CLAIM INFORMATION.
00110	MEDICARE DATA INCONSISTENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
00123	AMOUNT CHARGED IS LESS THAN MEDICARE APPROVED AMOUNT	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00125	PROV CATEG OF SVCE NOT ON FILE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00126	MANUAL REVIEW CODE 6 MANUAL PRICE - EXCLUDES DME EQUIPMENT - SERVICE AREA CD C, E AND H	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00129	RATE CODE NOT ON RATE FILE	96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
00131	THIRD PARTY INDICATED/OTHER INSURANCE AMT NOT SUBMITTED	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
00132	PROVIDER ID NO NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00135	PROVIDER SPECIALTY INVALID FOR PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00136	GROUP ID NUMBER NOT ON NYS MASTER FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00137	PROVIDER INACTIVE OR TERMINATED	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00139	GROUP/SERVICE PROVIDER NOT ELIGIBLE ON DATE OF SERVICE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00140	RECIPIENT ID NUMBER NOT ON FILE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		
00141	GROUP PROVIDER INELIGIBLE ON DATE OF SERVICE / PROVIDER ID IS ACTIVE DURING THE ENROLLMENT PERIOD	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00142	RECIPIENT BIRTH DATE NOT EQUAL FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.
00144	RECIPIENT SEX NOT EQUAL FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.

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00146	PRIMARY/PRINCIPAL DIAGNOSIS NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00147	GROUP ID NUMBER NOT ON NYS MASTER FILE AS A GROUP ID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00148	SECONDARY DIAGNOSIS NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
00152	RECIPIENT FILE INDICATES MEDICARE/NO MEDICARE PRESENT	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
00154	RECIPIENT AGE IS GREATER THAN MAXIMUM PRIMARY DIAGNOSIS	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00155	RECIPIENT AGE LESS THAN MINIMUM PRIMARY DIAGNOSIS	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00156	PRIMARY/PRINCIPAL DIAGNOSIS INVALID FOR SEX OF RECIPIENT	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00160	SECONDARY DIAGNOSIS INVALID FOR SEX OF RECIPIENT	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00162	RECIPIENT INELIGIBLE ON SERVICE DATE	200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
00164	PROVIDER NOT MEMBER OF GROUP	96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.

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00165	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE (PEND)	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00167	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE (PEND)	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
00170	PROCEDURE CODE NOT ON FILE	181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.		
00172	PROC REQUIRES MANUAL PRICING	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
00174	PROC INVLD FOR PLC SERV (PEND)	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		
00178	PROCEDURE INVALID FOR RECIPIENT SEX (PEND)	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00180	UNITS GREATER THAN MAXIMUM	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

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00186	REQ PA FOR PROCEDURE NOT FOUND	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00190	PROVIDER EXCEPTION CODE 02 REQUIRES MANUAL PRICING (0-0-S PROVIDER)	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00198	LOCATION OF SERVICE INVALID FOR PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00199	MODIFIER REQUIRES MANUAL PRICE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00204	PROCEDURE CODE INACTIVE ON SERVICE DATE	181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.		
00218	PROVIDER NOT APPROVED FOR SERVICE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
00224	PROCEDURE INDICATES HYSTERECTOMY - CHECK FORMS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N3	MISSING CONSENT FORM.
00225	PROCEDURE INCONSISTENT WITH STERILIZATION CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00226	PROCEDURE INDICATES STERILIZATION/STERILIZATION CODE NOT PRESENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
00227	PRIMARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00230	PROCEDURE INDICATES ABORTION/VALID ABORTION CODE NOT PRESENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00231	ELECTIVE ABORTION NOT PAYABLE	96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
00233	PROCEDURE INDICATES STERILIZATION/CHECK FORMS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N3	MISSING CONSENT FORM.
00234	STERILIZATION CODE INDICATES STERILIZATION/CHECK FORMS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N3	MISSING CONSENT FORM.
00235	STERILIZATION PERFORMED/RECIPIENT UNDER 21	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.

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00236	PROVIDER SPECIALTY INVALID FOR PROCEDURE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00239	NO FAULT OR WORKMANS COMP INDICATED/NOT COVERED BY MEDICAID	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
00244	PRIOR APPROVAL NOT ON OR REMOVED FROM FILE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00245	PRIOR APPROVAL INDICATED NOT APPROVED BY NYS	39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE		
00249	PROVIDER ID FOR PA SERVICE NOT EQUAL FILE	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
00250	RECIPIENT ID NUMBER UNEQUAL TO PRIOR APPROVAL FILE	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
00254	SERVICE CODE NOT EQUAL TO PA	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00260	MEDICARE PART B AND OR D INDICATED BUT RECIPIENT HAS NO SUCH COVERAGE ON FILE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE

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00261	OTHER INSURANCE PAID, NO INSURANCE ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
00262	MEDICARE PAID, NO MEDICARE ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
00263	SERVICING PROVIDER ID OR LICENSE NO AND PROFESSION CODE ARE REQUIRED	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		
00264	UNLISTED SERVICES PROCEDURE CODE WITH MEDICARE INVOLVEMENT	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.
00265	ABORTION CODE INVALID FOR RECIPIENT SEX	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00266	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
00267	VEHICLE LICENSE PLATE / DRIVER'S LICENSE NUMBER REQUIRED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
00268	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.

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00284	PROCEDURE INVALID FOR PLACE OF SERVICE (DENY)	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
00286	CHILD CARE RECIPIENT BILL AGENCY	109	CLAIM NOT COVERED BY THIS PAYER/CONTRACTOR.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
00289	PROCEDURE INVALID FOR SEX OF RECIPIENT	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
00295	GROUP IDENTIFICATION NUMBER IN PROVIDER IDENTIFICATION NUMBER FIELD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
00296	RENTAL INDICATED - NO PA NUMBER ON CLAIM	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00397	AMOUNT IS 10% OR LS AMT ON PROCEDURE FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
00400	ENCOUNTER CONTROL NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		

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00401	BENEFICIARY ID MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00402	DIAGNOSIS CODE AND PROCEDURE CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
00404	PROVIDER SPEC CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00405	PRINCIPAL PROCEDURE CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00406	DIAGNOSIS CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
00408	CATEGORY OF SERVICE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00409	INPATIENT MMIS PROVIDER ID IS NOT A HOSPITAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00410	DRG CODE MISSING	A8	UNGROUPABLE DRG.		
00411	DRG CODE AND DIAGNOSIS CODE MISSING	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00412	DIAGNOSIS CODE NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00413	PROVIDER SPECIALTY NOT ON FILE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00414	SERVICE/ADMIT DATE PRIOR TO 1/1/96	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
00415	COS NOT ALLOWED TO SUBMIT BLOCK ENCOUNTERS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00416	LICENSE NUMBER IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00422	PRENATAL PROCEDURE CODE NOT ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00423	MMIS PLAN ID MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00424	MMIS PLAN ID NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00425	MMIS PLAN ID NOT HMO PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		
00431	NEONATE BIRTH WEIGHT MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
00432	ATTEND PROV ID NOT ON FILE	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		
00433	OPER PROV ID NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
00434	BIRTH WEIGHT NOT REASONABLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
00435	SOURCE OF ADMISSION CD INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA42	MISSING/INCOMPLETE/INVALID ADMISSION SOURCE.
00436	TYPE OF BILL DIGIT 3 INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
00437	CLAIM/ENCOUNTER INDICATOR INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00503	CLAIM OVER 90 DAYS/PRIOR APPROVAL REQUIRED	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00507	RATE CODE INVALID FOR OUTPATIENT CLINIC CLAIM.	96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
00510	INVALID CTHP REFERRAL CODE BY PRACTITIONER	96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
00511	INVALID CHAP REFERRAL CODE BY CLINIC	96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
00519	ORDERING/REFERRING/PRESCRIBING PROVIDER LICENSE NUMBER INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
00520	PHARMACIST ID CATEGORY OF SERVICE INVALID FOR PROCEDURE CODE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00525	PRESCRIBER LICENSE NUMBER IS MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
00526	PRESCRIPTION / ORDER NUMBER IS MISSING	175	PRESCRIPTION IS INCOMPLETE.		
00528	MISSING OR INVALID QUANTITY DISPENSED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00530	NEW / REFILL NUMBER INVALID	176	PRESCRIPTION IS NOT CURRENT.		
00531	AUTHORIZED REFILLS NUMBER INVALID	175	PRESCRIPTION IS INCOMPLETE.		
00532	DISPENSE AS WRITTEN CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER
00534	DATE ORDERED INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED	151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
00540	NUMBER OF DAYS SUPPLY INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00544	NDC CODE NON-NUMERIC	181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
00547	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 07)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
00548	FILL DATE PRECEDES ORDER DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
00550	MAXIMUM QUANTITY EXCEEDED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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	96	NON-COVERED CHARGE(S).	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
00552	CLAIM REQUIRES PRIOR APPROVAL	197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.		
00553	DRUG INVALID FOR RECIPIENT SEX	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00556	REFILL NUMBER EXCEEDS MAXIMUM MAX	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
00558	RECIPIENT AGE GREATER THAN ALLOWED	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
00559	RECIPIENT AGE LESS THAN ALLOWED	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
00561	DRUGS/SUPPLY CODE NOT ON FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
00562	DRUG PRICE NOT AVAILABLE ON FILL DATE	211	NATIONAL DRUG CODES (NDC) NOT ELIGIBLE FOR REBATE, ARE NOT COVERED.	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT
00563	DAYS SUPPLY LESS THAN MINIMUM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME
00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00570	NO PRICE ON DRUG FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL OR DENTAL ADVISOR.
00598	CATEGORY OF SERVICE INVALID FOR NDC CODE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00600	ADMISSION DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
00602	ADMISSION HOUR INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N46	MISSING/INCOMPLETE/INVALID ADMISSION HOUR.
00603	ADMISSION TYPE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.
00604	ADMITTING DIAGNOSIS CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA65	MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00605	CLAIM PREVIOUSLY PAID USING ANOTHER PROVIDER NUMBER	B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.		
00610	PRINCIPLE DIAGNOSIS CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00613	PRINCIPLE PROCEDURE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
00625	DISCHARGE DATE ILLOGICAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE.
00626	DISCHARGE HOUR INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
00627	DISCHARGE STATUS INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
00652	DISCHARGE DATE PRIOR TO ADMISSION DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
00653	STATEMENT FROM DATE PRIOR TO ADMISSION DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00655	DISCHARGE DATE IS DIFFERENT FROM STATEMENT THRU DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
00657	STAY DENY EFFECTIVE DATE NOT PRIOR TO STATEMENT THROUGH DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
00658	STATEMENT THRU DATE IS MORE THAN 90 DAYS OF DATE RECEIVED	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
00660	STAY DENIED EFFECTIVE DATE PRIOR TO ADMISSION DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
00663	PATIENT CONTROL NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N221	MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
00664	ATTENDING PHYSICIAN LICENSE NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
00672	FAMILY PLANNING INDICATOR INVALID FOR BILLING PROVIDER	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00674	INVALID ADJUST CODE FOR STATE TSN ADJUSTMENT/VOID	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00677	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
00678	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY/ATTACHMENT	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
00679	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
00680	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN/ATTACHMENT	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
00683	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
00684	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC/ATTACH	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00689	RECIPIENT NO LONGER PREPAID CAPITATION PLAN ENROLLEE	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
00690	ANESTHESIA UNITS GREATER THAN MAX	96	NON-COVERED CHARGE(S).	N633	ADDITIONAL ANESTHESIA TIME UNITS ARE NOT ALLOWED.
00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		
00692	DATE OF SERVICE MUST BE 1ST OF MONTH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
00693	RECIPIENT NOT ON PCP FILE	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
00694	DATE OF SERVICE PRIOR TO PCP BEGIN DATE	26	EXPENSES INCURRED PRIOR TO COVERAGE.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
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.
00696	PROVIDER ON CLAIM NOT RECIPIENT PREPAID CAPITATION PROVIDER	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
00699	RECIPIENT COVERAGE INDICATES CAPITATION CLAIMS AND PREPAID CAPITATION PLAN REFER SERVICE ONLY	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		
00700	PA UNITS OR PAYMENT AMOUNT EXCEEDED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
00702	SERVICE DATE NOT WITHIN PA APPROVED DATE RANGE	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
00703	INAPPROPRIATE SECOND SERVICE - SAME DAY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00705	DUPLICATE CLAIM IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00706	STOP-LOSS REQUIRES MANUAL PRICING	177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.		
00707	EXACT DUP CATCH ALL PROCEDURE	18	DUPLICATE CLAIM/SERVICE.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00708	CONFLICTING PAC RATE CODE IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00709	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 08)	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
00710	PROCEDURE/FORMULARY CODE EXCEEDS SERVICE LIMITS	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
00712	PROC EXCEEDS SERVICE LIMITS	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
00713	CLIENT HAS MEDICARE PART B AND MEDICAID OTHER IS BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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.
00715	PROCEDURE CONFLICTS WITH PRIOR SERVICE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00717	PROCEDURE CONFLICTS WITH PRIOR SERVICE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00718	PROCEDURE COMBINATION REQUIRES REVIEW/PRICING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00719	PROVIDER ID AND ORD/REF/PRES ID ARE IDENTICAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID	107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.		
00726	PATIENT PARTICIPATION AMOUNT ON STATE SUBMITTED ADJUSTMENT MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
00727	NEAR DUPLICATE CLAIM IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00728	PA REQUIRED - STAY GT 15 DAYS OR LEVEL OF CARE CHANGED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00737	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
00743	DOS FOR WEEKLY RATE NOT ON A SUNDAY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
00744	DIAGNOSIS CODE NOT VALID FOR AIDS RATE CODE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
00746	NO ELIGIBILITY RECORD ON FILE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.		
00747	CLAIM TYPE NOT FOR PRIOR APPROVAL RECORD CLASS	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
00748	SERVICE AUTHORIZATION RECORD EXHAUSTED	95	PLAN PROCEDURES NOT FOLLOWED.		
00749	SERVICE AUTHORIZATION EXCEPTION CODE MISUSED; ACCESS EMEVS	95	PLAN PROCEDURES NOT FOLLOWED.		
00753	ONLY UPSTATE CONTRACTOR ALLOWED TO BILL FOR SERVICE	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00755	THIS REFILL ALREADY PAID	18	DUPLICATE CLAIM/SERVICE.		
00756	DUPLICATE INSTITUTIONAL/PROFESSIONAL CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00757	SUSPECT DUPLICATE PROFESSIONAL, COVERED BY INSTITUTIONAL CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00758	DUPLICATE INPATIENT/PHARMACY CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00759	DUPLICATE INPATIENT/CLINIC, NURSING HOME, HOME HEALTH, REFERRED AMB, DME OR LAB CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00760	SUSPECT DUPLICATE, COVERED BY INPATIENT CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00761	DUPLICATE DAY TREATMENT CLINIC/PART-TIME CLINIC CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00762	SUSPECT DUPLICATE, COVERED BY PART-TIME CLINIC CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00763	DUPLICATE CLINIC (0160)/CLINIC (0164)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00764	SUSPECT DUPLICATE, COVERED BY CLINIC (COS 0160)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
00765	SUSPECT DUPLICATE PHARMACY, COVERED BY INPATIENT CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00766	DUPLICATE DENTAL/CLINIC (0164)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00774	GROUPE ABEND/INTERNAL RECYCLE	A8	UNGROUPABLE DRG.		
00775	DRG CODE EQUALS 469 OR 955 (PRIMARY DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS)	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
00776	ASSIGNED DRG HAS NO PRICING IN SYSTEM	167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N647	ADJUSTED BASED ON DIAGNOSIS-RELATED GROUP (DRG).
00777	HOSPITAL LOCATION FOR THE DRG NOT FOUND ON CPG TABLE	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
00778	CAPITAL ADD ON RATE NOT FOUND FOR PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/ INVALID VALUE CODE(S) OR AMOUNT(S).
00780	INVALID RATE CODE FOR INPATIENT CLAIM	96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
00782	FOR ACUTE DRG CLAIMS THE DISCHARGE DATE MUST BE AFTER END DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/ INVALID DISCHARGE INFORMATION.
00784	SUBSEQUENT DRG BILLS MUST BE AFTER THE THRESHOLD DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/ INVALID "FROM" DATE(S) OF SERVICE.
00785	ALTERNATE LEVEL OF CARE (ALC) CLAIMS REQUIRE AN ALC DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/ INVALID OCCURRENCE CODE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00786	SERVICE FROM DATE PRIOR TO ALC DATE FOR ALC CLAIMS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).
00787	FROM, ADMIT, AND END DATE MUST BE EQUAL ON ADMIT DRG CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
00788	DISCHARGED STATUS NOT ALLOWED FOR ADMIT DRG CLAIMS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
00789	STATEMENT FROM DATE NOT EQUAL ADMIT DATE FOR DRG CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
00790	DAYS LESS THAN THRESHOLD AND STILL A PATIENT OR DIED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
00791	DRG EQUALS 470 OR 956 (GROUPEE WAS UNABLE TO DETERMINE A VALID DRG)	A8	UNGROUPABLE DRG.		
00792	ADMIT DATE EQUALS FROM DATE ON OUTLIER CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
00793	PART-A DAYS WITH MEDICAID DAYS NOT ALLOWED ON DRG CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00794	OUTLIER PAYMENT NOT ALLOWED FOR TRANSFERS	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00795	COST OUTLIER CLAIM REQUIRES MANUAL PRICING	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
00800	PATIENT STILL IN HOSPITAL DISCHARGE DT OR HOUR PRESENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
00801	PATIENT DISCHARGED/DISCHARGE DATE AND HOUR MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
00803	PATIENT BORN IN HOSPITAL/YEAR OF BIRTH DIFFERS FROM ADMIT YEAR	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.
00805	MEDICARE CO-INS / LTR DAYS PRESENT-TOTAL MDCR DAYS BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
00806	CO-INSURANCE AND LTR DAYS GREATER THAN PART-A DAYS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00808	PATIENT HAS ALREADY MET MEDICARE DEDUCTIBLE - REVIEW MEDICARE DATA	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00809	MEDICARE DEDUCTIBLE BILLED GREATER THAN ALLOWED AMOUNT	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00810	NUMBER OF DAYS BILLED GREATER THAN DAYS IN BILLING PERIOD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
00819	PATIENT NEWBORN - PHC CODE ON INVOICE CONFLICTS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00820	PATIENT NEWBORN - CONFLICTING ABORTION / STERILIZATION CODE ON FORM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00822	PATIENT NEWBORN - CONFLICTING ACCIDENT CODE ON FORM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
00823	TRICARE 1 INDICATED - OTHER INSURANCE FIELD NOT BLANK	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00827	PATIENT STILL IN HOSPITAL TRICARE CODE CONFLICTS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00829	PATIENT NEWBORN - POSSIBLE DISABILITY CODE CONFLICTS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00830	PATIENT NEWBORN - CONFLICTING FAMILY PLANNING CODE ON FORM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
00833	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD ON DRG CLAIM	200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
00834	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD	200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
00835	NON COVERED DAYS GREATER THAN BILLING PERIOD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE BILLING PERIOD.
00839	THE MEDICARE CARRIER ID/MEDICARE PROVIDER NUMBER COULD NOT BE MATCHED WITH A MEDICAID PROVIDER NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
00843	CALCULATED PAYMENT AMOUNT LT 0	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00844	TYPE ALTERNATE CARE DATE PRIOR TO ADMIT DATE OR GREATER THAN END DATE SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00847	BILLING FOR DEDUCTIBLE BUT NO MEDICARE DAYS PRESENT	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
00848	THIRD PARTY DAYS NOT EQUAL TO BILLING PERIOD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
00850	MEDICARE-A CO-INSURANCE AMT PRESENT/CO-INS DAYS MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE DAYS DURING THE BILLING PERIOD.
00854	SUSPEND MASS ADJUSTMENT/VOID	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.
00856	INAPPROPRIATE AGE FOR PSYCHIATRIC PATIENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		
00866	MEDICAID COVERAGE CODE 10; RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
00867	PHARMACY SERVICE INCLUDED IN OUT-OF-STATE FACILITY RATE	190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00868	DENTAL SERVICE INCLUDED IN OUT-OF-STATE FACILITY RATE	190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.		
00891	PART-B RESPONSIBILITY PRESENT AND PART-A DAYS NOT PRESENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
00896	PATIENT PARTICIPATION NOT EQUAL OR GREATER THAN SURPLUS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
00897	PRESCRIBING PROVIDER ID NOT ON MMIS PROVIDER FILE/PRESCRIBER TYPE BLANK	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
00898	PRESCRIBING PROVIDER CATEGORY OF SERVICE INVALID FOR PHARMACY	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
00899	ORDERING/REFERRING PROVIDER CATEGORY OF SVC INVALID FOR DME	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		
00901	CLAIM TYPE UNKNOWN	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
00903	ORDERING OR REFERRING PROVIDER ID OR LICENSE NUMBER NOT ON CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00915	SERVICE PROVIDER PROFESSION CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.
00916	REFERRING PROVIDER PROFESSION CODE NON-NUMERIC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.
00917	ORAL CAVITY CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
00918	TOOTH SURFACE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
00919	INVALID COMBINATION OF TOOTH SURFACE CODES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
00927	MODIFIER INVALID FOR SUBMITTED PROCEDURE CODE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.		
00929	NO FEE ON FILE/STATE REVIEW	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00931	REQUIRED TOOTH FOR PROCEDURE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH NUMBER/LETTER.
00932	REQUIRED QUADRANT FOR PROCEDURE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
00933	PERMANENT TOOTH NOT SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
00934	DECIDIOUS TOOTH NOT SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
00935	IMPROPER NO OF SURFACES INDICATED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
00936	CLINIC SPECIALTY CODE NOT ON NEW YORK STATE MASTER FILE	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
00938	PRESCRIBING PROVIDER PROFESSION CODE BLANK/PRESCRIBING PROVIDER ID NOT NUMERIC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
00939	ORDERING/REFERRING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00940	PRESCRIBING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
00941	SERVICE PROVIDER EXCLUDED PRIOR TO SERV/ORDER DATE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00942	ORDERING/REFERRING PROVIDER DECEASED ON SERVICE/ORDER DATE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		
00943	PRESCRIBING PROVIDER DECEASED ON ORDER DATE	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
00944	SERVICE PROVIDER DECEASED ON SERVICE/ORDER DATE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
00970	RECIPIENT NOT AUTHORIZED ON PRINCIPAL PROVIDER SYSTEM	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
00971	RECIPIENT NOT AUTHORIZED FOR LONG TERM CARE FOR PART OF THE SERVICE PERIOD	26	EXPENSES INCURRED PRIOR TO COVERAGE.		
00972	RECIPIENT NOT AUTHORIZED FOR LONG TERM CARE FOR SERVICE PERIOD	26	EXPENSES INCURRED PRIOR TO COVERAGE.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
00974	CLAIM PROVIDER ID NOT EQUAL TO PATIENT PARTICIPATION FILE PROVIDER FOR PART OF THE SERVICE PERIOD	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
00975	CLAIM PROVIDER ID NOT EQUAL PATIENT PARTICIPATION FILE PROVIDER FOR ANY OF THE SERVICE PERIOD	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
01002	RECIPIENT COVERED BY MEDICARE PART-B; RE-BILL WITH PART-B RATE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01004	THRU SERVICE DATE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE.
01005	THRU SERVICE DATE AFTER RECEIPT DATE	110	BILLING DATE PREDATES SERVICE DATE.		
01006	THRU SERVICE DATE PRIOR TO FROM SERVICE DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.
01007	THRU SERVICE DATE GT 90 DAYS OF RECEIPT	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
01008	REFERRING PROVIDER PROFESSION CODE INVALID	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01009	REFERRAL DATA INCONSISTENT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.
01011	TOTAL DAYS NOT NUMERIC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
01018	THRU SERVICE DT GT 90 DAYS OF RECEIPT/REVIEW ATTACHMENT	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
01022	THERAPEUTIC LEAVE DAYS NOT SEPARATE	96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.
01023	HOSPITAL LEAVE DAYS NOT SEPARATE LINE	96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.
01027	MEDICAID COVERAGE CODE 09 MEDICARE APPROVED AMOUNT MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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.
01028	RATE CODE INVALID FOR CMCM/MSC CATEGORY OF SERVICE	96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01029	REQUIRED PA FOR RATE CODE NOT FOUND	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01034	SPECIALTY CODE INVALID FOR LONG TERM HHC	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
01035	STATUS DISCHARGED DESTINATION PROVIDER BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
01036	STATUS SHOWS ADMISSION OR DISCHARGE/PRIM DIAG BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
01037	MEDICAID (TITLE XIX) DAYS CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
01038	TOTAL DAYS ON CLAIM GREATER THAN BILLING PERIOD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
01039	MEDICAID (TITLE XIX) DAYS TOTAL INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE DAYS DURING THE BILLING PERIOD.
01040	MEDICARE CO-INSURANCE DAYS INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE DAYS DURING THE BILLING PERIOD.
01041	ERROR IN NON-COVERED DAYS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE BILLING PERIOD.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01042	SUBMITTED UNITS NOT CONSISTENT WITH DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.
01044	DATES OF SERVICE CANNOT SPAN ACROSS MONTHS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE.
01045	BOX M=1/MEDICARE PYMT NOT BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01046	SUBMITTED UNITS NOT EVENLY DIVISIBLE ACROSS DATES OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
01066	BOX M=3/MEDICARE PYMT NOT ZERO	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01067	BED RETENTION DAYS OVER LIMIT FOR PATIENT STATUS	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
01068	MEDICARE PAYMENT SOURCE CODE BOX M/BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01069	MEDICARE PAYMENT SOURCE CODE BOX M/NOT 1,2 OR 3	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01070	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01071	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/NOT 1,2 OR 3	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01073	PROCEDURE CODE FOR BLOCK BILL INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.
01077	CATEGORY OF SERVICE DOES NOT ALLOW EMERGENCY	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
01079	CATEGORY OF SERVICE REQUIRES MEDICARE	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
01083	BOX O=1/OTHER INSURANCE PAID AMOUNT NOT BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVISE REMARK CODE	REMARK CODE DESCRIPTION
01085	BOX O=3/OTHER INSURANCE PAID AMOUNT ZERO	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.
01087	BOX M=2/MEDICARE APPROVE AMOUNT ZERO OR BLANK	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.
01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
01107	MEDICAID COVERAGE CODE 09, TITLE XIX DAYS PRESENT	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01109	MEDICAID COVERAGE CODE 09, BOX M NOT EQUAL 2	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
01119	INVALID OFFICE ACCOUNT NUMBER FOR ICM CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01121	MEDICAID COVERAGE CODE 15 - RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01122	MEDICAID COVERAGE CODE 14 - RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01123	MEDICAID COVERAGE CODE 13 - RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01127	NURSE PRACTITIONER/MID WIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
01129	PART A DEDUCTIBLE PREVIOUSLY PAID FOR THIS SPELL OF ILLNESS	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.		
01131	PAYMENT NOT ALLOWED UNTIL MEDICARE INSURANCE IS MAXIMIZED	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
01136	RATE CODE INVALID FOR CLINIC	96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
01137	SCHOOL SUPPORTIVE HEALTH SERVICE SPECIALTY CODE REQUIRES SSHS RATE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01138	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01139	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01140	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01141	PROVIDER EXCEPTION IND REQUIRES PEND (OMIG)	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
01142	PROVIDER EXCEPTION REQUIRES PEND - OHIP	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
01143	DIAGNOSIS DOES NOT INDICATE ALCOHOL REHAB.BILL DRG FOR DETOX.	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01144	DIAGNOSIS DOES NOT INDICATE DRUG REHAB.BILL FOR DETOX.	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01145	PRINCIPAL DIAGNOSIS INCONSISTENT WITH PSYCH EXEMPT UNIT CLAIM	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01146	DX INDICATES ALCOHOL REHAB.BILL EXEMPT UNIT RATE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01147	DX INDICATES DRUG REHAB.BILL EXEMPT UNIT RATE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01148	PRIN DX IND PSYCH BILL UNIT RT	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01149	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST/ATTACHMENT	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01150	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST/ATTACHMENT	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01151	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER/ATTACHMENT	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01152	RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01153	ONLY PRIMARY PHYSICIAN MAY BILL RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM PROCEDURE CODE	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01154	NO UT SERVICE AUTHORIZATION RECORD ON FILE	B5	COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.		
01155	UTILIZATION THRESHOLD EXHAUSTED	B5	COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.		
01157	RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/ATTACHMENT	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01158	ENHANCED FEE PROCEDURE CODE USED FOR NON-QUALIFIED RECIPIENT OR PROVIDER	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
01160	INAPPROPRIATE PROCEDURE CODE FOR HIV DIAGNOSIS	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
01161	TYPE OF BILL INVALID FOR OMH SPECIALTY CODE	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
01162	INVALID OMH SPEC/RATE CODE	96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01163	TECHNICAL COMPONENT NOT APPROPRIATE FOR PRACTITIONER CLAIM	96	NON-COVERED CHARGE(S).	N194	TECHNICAL COMPONENT NOT PAID IF PROVIDER DOES NOT OWN THE EQUIPMENT USED.
01164	RECIP NOT QMB - SVCS NOT REIMBURSABLE FOR COS	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01165	CHIROPRACTIC ORDER/REFERRAL INVALID FOR SERVICE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		
01166	CHIROPRACTIC ORDER/REFERRAL INVALID - RECIPIENT NOT QUALIFIED MEDICARE BENEFICIARY	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01167	CHIROPRACTIC ORDER/REFERRAL INVALID - MEDICARE APPROVED AMOUNT NOT GREATER THAN ZERO	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
01168	SERVICE WAS PREVIOUSLY PAID AT100%	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
01169	PROCEDURE REQUIRES APPROPRIATE COMPONENT MODIFIER	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
01171	PREPAID CAPITATION RECIPIENT-SERVICE INAPPROPRIATE FOR ENROLLEE	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01172	PREPAID CAPITATION RECIPIENT - SERVICE COVERED WITHIN PLAN (DENY)	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		
01173	PREPAID CAPITATION RECIPIENT- REFERRAL OR SPECIALIST ID INVALID	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
01174	PEND FOR STATE REVIEW - PCP PLAN CODE NOT ON CONTRACT FILE	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		
01175	PREPAID CAPITATION RECIPIENT - MULTIPLE COVERAGE	200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
01178	DUPLICATE PRINCIPAL PAS CLAIM ON HISTORY FILE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
01180	ABORTION CODE INVALID FOR RECIPIENTS AGE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01182	RATE CODE NOT BILLABLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01183	REFERRAL INVALID FOR SERVICE	183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01191	OUTPATIENT PSYCHIATRIC RATE BILLED FOR RECIPIENT IN A RESIDENTIAL HEALTH CARE FACILITY	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
01193	RATE CODE INVALID FOR CLIENT AGE < 18 OR > 64	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01194	RATE CODE INVALID FOR CLIENT AGE LESS THAN 65	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01197	SERVICE CONFLICT IN COMBO PRIOR SERVICE/CLAIM; PAY/RECORD FOR NOW	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
01198	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
01199	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY/ATTACHMENT	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
01200	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01201	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN/ATTACHMENT	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
01202	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
01204	DUR NOT PERFORMED PRIOR TO DISPENSING DRUG	B5	COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.		
01205	PROCEDURE CODE ONLY VALID FOR CARE AT HOME RECIPIENT	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01206	RECIPIENT NOT IN RESTRICTED PROGRAM-INVALID RATE CODE BILLED	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01207	CARE AT HOME RATE DOES NOT MATCH RECIPIENTS PROGRAM	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01208	ASSISTED LIVING PROGRAM RECIPIENT/SERVICE INCLUDED IN PER DIEM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED	12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.		
01210	RECIPIENT AGE INVALID FOR EARLY INTERVENTION CLAIM	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01213	CLAIM MUST BE SUBMITTED ELECTRONICALLY USING HIPAA COMPLIANT ANSI X12 837 CLAIM SUBMISSION FORMAT	96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
01220	DAY TREATMENT RATE INVALID FOR PRINCIPLE PROVIDER CODE	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
01221	REFERRING ID BLANK - OMH REHABILITATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
01224	INVALID DIAGNOSIS CODE FOR OMR HOME AND COMMUNITY BASED SERVICES WAIVER CLAIM	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
01225	DATE OF SERVICE MUST BE 2ND OF MONTH - OMH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
01226	SECOND HALF SEMI-MONTHLY DATE OF SERVICE (DAY) NOT EQUAL 02 OMR	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01229	RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01231	INAPPROPRIATE RATE BILLED/CONFLICTING CLAIM PREVIOUSLY PAID	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
01236	ORDER/REFERRING LICENSE NOT ON NYS LICENSE FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.
01237	PRESCRIBER LICENSE NOT ON NYS LICENSE FILE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
01238	SERVICE LICENSE NOT ON NYS LICENSE FILE	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		
01239	SUPERVISING PROVIDER OF THE SUBMITTED ORDERER/PRESCRIBER WAS EXCLUDED PRIOR TO SERVICE DATE.	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
01240	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01242	ORDER/REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
01245	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/PEND FOR REVIEW	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01247	THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
01249	CONSECUTIVE THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
01250	EXCEEDED MAX OF 75 THERAPEUTIC LEAVE DAYS IN A 12 - MONTH PERIOD	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
01252	GROUP OPERATING CPD NOT FOUND FOR PROVIDER	96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01254	CAPITATION CLAIM MUST COVER ENROLLMENT PERIOD	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
01256	BILLED FOR MORE THAN ONE STOP LOSS CLAIM IN A YEAR	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
01257	RATE CODE NOT BILLABLE AS SEPARATE CLAIM	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01258	SERVICE/END SERVICE/DISCHARGE DATES MUST BE EQUAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
01259	INVALID RATE FOR CLIENT NOT PCP ENROLLEE	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
01260	PREPAID CAPITATION PLAN RECIPIENT - RATE CODE REQUIRES DATE OF SERVICE WITHIN 2 DAYS OF DATE OF BIRTH	29	THE TIME LIMIT FOR FILING HAS EXPIRED.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01261	GRADUATE MEDICAL EXPENSE NO REIMBURSABLE FOR MEDICARE DEDUCTIBLE/COINSURANCE CLAIM	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01264	NOT A NYC RECIPIENT	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01266	RECIPIENT AGE INVALID FOR METHADONE MAINTENANCE TREATMENT PROGRAM	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01268	DOS FOR MMTP TOKEN CLAIM NOT A SUNDAY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
01269	STOP LOSS CLAIM NOT RECEIVED WITHIN 6 MONTHS OF YEAR END	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
01272	CLAIM CONFLICTS WITH PREVIOUSLY STATE VOIDED CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY BILLED AND ADJUDICATED.
01278	MENTAL RETARDATION/DEV ELOPMENTALLY DISABLED/TRAUMATIC BRAIN INJURY SERVICES NOT REIMBURSABLE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01283	UPPER DOLLAR LIMIT EXCEEDED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01287	DATE OF SERVICE FOR TRAUMATIC BRAIN INJURY RATE NOT FIRST OF MONTH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED	96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
01293	PROVIDER/GROUP REIMBURSED FOR MEDICARE ONLY	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01294	RECIPIENT NOT QMB (QUALIFIED MEDICARE BENEFICIARY), SERVICES NOT REIMBURSABLE	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01295	RECIPIENT NOT MEDICARE, SERVICES NOT REIMBURSABLE	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01296	BED RES/THERAPY DAYS NOT ALLOWED FOR COV CD H RECIP	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01301	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01302	RECIPIENT MUST RESIDE IN RESIDENTIAL HEALTH CARE FACILITY/INTERMEDIARY CARE FACILITY FOR DEVELOPMENTALLY DISABLE TO RECEIVE PORTABLE X-RAY SERVICES	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01303	PORTABLE X-RAY PROCEDURE CODE/MEDICARE APPROVED AMOUNT > 0 OR QMB RECIPIENT	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01304	PROVIDER NOT ALLOWED TO BILL FOR PORTABLE XRAY SERVICES	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
01305	RECIPIENT NOT ELIGIBLE FOR TRANSPLANT PROCEDURE CODE	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01306	INVALID RATE CODE FOR HEMODIALYSIS CROSSOVER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
01309	INVALID QUADRANT FOR BILLED PROCEDURE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01310	REQUIRED ARCH CODE/MISSING INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
01311	IMPROPER TOOTH/SEALANT CODE COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH NUMBER/LETTER.
01312	IMPROPER TOOTH/SURFACE IDENTIFIED FOR PROCEDURE INDICATED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH NUMBER/LETTER.
01313	IMPROPER TOOTH FOR PROCEDURE INDICATED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH NUMBER/LETTER.
01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01315	FQHC RATE,RECIPIENT NOT ENROLLED IN MANAGED CARE PLAN	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01316	PHARMACY SERVICE INCLUDED IN FACILITY RATE	190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.
01319	RECIPIENT EXCEPTION INVALID FOR HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAM	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01327	IN-STATE SERVICING PROVIDER LICENSE NUMBER NOT NUMERIC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.
01328	NURSE UNITS EXCEED 24 HOURS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
01329	SICKROOM SUPPLY INCLUDED IN FACILITY RATE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.
01330	RECIPIENT AGE LT 21, BILLED MLTC RATE CODE INVALID	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01331	RECIPIENT AGE LT 55, BILLED MLTC RATE CODE INVALID	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01332	RECIPIENT AGE NOT 18-64, BILLED MLTC RATE CODE INVALID	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01333	RECIPIENT AGE LT 65, BILLED MLTC RATE CODE INVALID	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
01334	RECIPIENT HAS NO MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
01335	RECIPIENT HAS MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
01336	RECIPIENT DATA INCONSISTENT FOR RATE CODE	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01337	INFORMATION INCONSISTENT FOR FHP PROGRAM	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01338	RECIPIENT NOT ON RESTRICTED RECIPIENT FILE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01339	RECIP NOT AUTHORIZED FOR RESTRICTED PROGRAM ON SERVICE DATE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01342	P.T.CLINIC RATE BILLED/PROVIDER P.T.CLINIC NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.

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01343	PROVIDER P.T. CLINIC/P.T. CLINIC RATE NOT BILLED	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01344	PROCEDURE CODE MODIFIER MISSING	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
01345	ORIGINAL DUPLICATE CLAIM IN HISTORY	18	DUPLICATE CLAIM/SERVICE.		
01350	MEDICAID COVERAGE CODE = 19-RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01351	MEDICAID COVERAGE CODE = 24-RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01352	MEDICAID COVERAGE CODE = 21-RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01353	MEDICAID COVERAGE CODE = 22-RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01354	MEDICAID COVERAGE CODE = 23-RECIPIENT INELIGIBLE FOR THIS SERVICE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01357	PROVIDER ID AND SERVICE ID IDENTICAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01479	MULTIPLE RATE CODES SUBMITTED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
01480	NO SPECIALTY CODE DERIVED USING RATE AND PROVIDER	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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.
01482	DIFFERENCE IN CLAIM TYPE AND/OR COS BETWEEN LINES	96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.
01493	PHARMACY SERVICE INCLUDED IN IN-STATE FACILITY RATE (DENY)	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01497	FAMILY HEALTH PLUS CLAIM NOT COVERED	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01498	OPTOMETRIST INDICATED NOT QUALIFIED TO PRESCRIBE	184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		
01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN	178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.		
01600	DISCONTINUED NDC NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
01602	NO COVERAGE; EXCESS INCOME SPENDDOWN	178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.		
01603	MAXIMUM DAYS SUPPLY EXCEEDED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
01604	OVERRIDE DENIED, UT NOT AT LIMIT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
01605	OTHER PAYOR AMOUNT MUST BE GREATER THAN ZERO	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
01606	OTHER PAYOR AMOUNT MUST BE EQUAL TO ZERO	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01608	ERROR OVERFLOW	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01609	MISSING OR INVALID ALTERNATE PRODUCT TYPE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01610	MISSING OR INVALID ALTERNATE PRODUCT CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01611	MISSING OR INVALID PROCESSOR CONTROL NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N407	YOU ARE NOT AN APPROVED SUBMITTER FOR THIS TRANSMISSION FORMAT.
01612	MISSING OR INVALID ELIGIBILITY OVERRIDE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01613	MISSING OR INVALID COMPOUND CODE	175	PRESCRIPTION IS INCOMPLETE.		
01614	CLAIM HAS NOT BEEN PAID OR CAPTURED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01615	MISSING OR INVALID PATIENT PAID AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01616	EXPIRED CARD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01618	NON-CURRENT CARD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
01619	INVALID ACCESS NUMBER	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		
01620	INVALID SEQUENCE NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01622	SSN ACCESS NOT ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION
01623	ECCA NOT ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N51	ELECTRONIC INTERCHANGE AGREEMENT NOT ON FILE FOR PROVIDER/SUBMITTER .
01629	INVALID PIN	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01630	M/I PROCESSOR CONTROL NUMBER OR NO TSN FOUND FOR PROVIDER ID	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
01631	CLIENT HAS OTHER INSURANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
01633	DRUG TO DISEASE PRECAUTION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
01634	DRUG TO DRUG INTERACTION	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
01635	HIGH DOSE ALERT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME
01636	INGREDIENT DUPLICATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME
01637	LOW DOSE ALERT EXCEPTION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME
01639	DRUG-AGE PRECAUTION	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01640	DRUG-PREGNANCY INFERRED PRECAUTION	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
01641	THERAPEUTIC DUPLICATION	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
01642	EARLY FILL OVERUSE	188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
01643	INVALID DUR CONFLICT CODE	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
01644	INVALID DUR OUTCOME CODE	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
01645	PROVIDER CAN NOT ACCESS BY ACCOUNT TYPE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N51	ELECTRONIC INTERCHANGE AGREEMENT NOT ON FILE FOR PROVIDER/SUBMITTER .
01646	ONLINE ADJUSTMENTS/REBILLS NOT ALLOWED FOR DVS ITEMS	96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
01647	DVS ERROR	39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE		
01648	PROCESSOR CONTROL NUMBER NEEDED FOR REBILL/REVERSAL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01700	MAJOR PROGRAM - SERVICE CONFLICT	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01701	REVENUE CODE 169 CONFLICT	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01702	RADIOLOGY PROC/REVENUE CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01703	SURGERY PROC/REVENUE CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01704	REVENUE CODE MUST BE LABORATORY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01705	REVENUE CODE NOT ON DB	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01706	REVENUE/BILLING PROVIDER TYPE CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01707	REVENUE/BILLING PROVIDER SPECIALTY MISMATCH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01708	REVENUE/TYPE OF BILL CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01710	REVENUE CODE NOT A BENEFIT FOR SERVICE DATE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01711	REVENUE CODE NOT VALID FOR SERVICE DATES	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
01712	REVENUE CODE REQUIRES MANUAL REVIEW	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01714	REVENUE CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01715	TOTAL REVENUE CHARGE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01716	ACCOMMODATION REVENUE CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
01717	SUM OF ACCOMMODATION DAYS DOES NOT EQUAL TOTAL COVERED DAYS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01721	PATIENT STATUS CONFLICTS WITH TYPE OF BILL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
01723	TOTAL CLAIM CHARGE CONFLICT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
01724	LI DOS OUTSIDE FROM/THRU DATES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
01726	CLIENT READMITTED WITHIN 14 DAYS OF DISCHARGE	96	NON-COVERED CHARGE(S).	N47	CLAIM CONFLICTS WITH ANOTHER INPATIENT STAY.
01727	PROCEDURE/RENDERING PROV TYPE CONFLICT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
01728	PROCEDURE/CLAIM TYPE CONFLICT	96	NON-COVERED CHARGE(S).	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	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL OR DENTAL ADVISOR.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01730	ICD-9 PROCEDURE CODE REQUIRES REVIEW BY MAD	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
01731	HIGH VARIANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
01732	LOW VARIANCE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.
01734	FCN NOT VALID FOR VOID OR ADJUSTMENT REQUEST	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA67	CORRECTION TO A PRIOR CLAIM.
01735	TPL AMT IS INVALID	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) 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 OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
01995	SPECIAL INPUT EDIT (DOH)	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.
01996	SPECIAL INPUT EDIT (PCG)	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.
01997	SPECIAL INPUT EDIT (IPRO)	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.
01998	SYSTEM UNAVAILABLE/HOST UNAVAILABLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA	A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.

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02000	CLAIM HAS BEEN PLACED IN FISCAL PEND STATUS BY NYS DOH	166	THESE SERVICES WERE SUBMITTED AFTER THIS PAYERS RESPONSIBILITY FOR PROCESSING CLAIMS UNDER THIS PLAN ENDED.		
02001	CLAIM PAYER PD AMT NOT EQUAL TO SUM OF LINE PAYER PD AMT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.
02002	PRESCRIPTION SERIAL NUMBER MISSING	175	PRESCRIPTION IS INCOMPLETE.		
02003	PROVIDER NOT CERTIFIED FOR PROCEDURE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
02004	RECIPIENT HAS MEDICARE PART D	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
02005	NURSING HOME TRANSITION AND DIVERSION MEDICAID WAIVER (NHTD) WAIVER PROGRAM RATE CODE REQUIRES RECIPIENT WITH EXCEPTION CODE 60.	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02006	PROCEDURE MANUAL REVIEW CODE 6 REQUIRES MANUAL PRICING - INCLUDES SERVICE AREA C, D, E & H	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02007	OMH PROS RATE MUST BE BILLED ON LAST DAY OF MONTH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
02008	RECIP EXCP CODE MUST = 84 TO BILL THIS RATE CODE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02009	RECIP EXCP CODE MUST = 84 OR 85 TO BILL THIS RATE CODE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02010	RECIP EXCP CODE MUST = 86 TO BILL THIS RATE CODE	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02011	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 84	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02012	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 85	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02013	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 86	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02014	CLAIM UNDER REVIEW BY THE OFFICE OF THE STATE COMPTROLLER	96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
02015	MEDICARE COINSURANCE > 0 AND MEDICARE PAYMENT + DEDUCTIBLE = 0	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
02016	MEDICARE MANAGED CARE (MCO) QUALIFIER 16 CONFLICTS WITH MEDICARE PART A OR PART B QUALIFIERS	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
02020	MISSING BILLING NPI	206	NATIONAL PROVIDER IDENTIFIER - MISSING.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02021	MISSING GROUP NPI	206	NATIONAL PROVIDER IDENTIFIER - MISSING.		
02022	MISSING REFERRING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
02023	MISSING ATTENDING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
02024	MISSING OPERATING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
02025	MISSING RENDERING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
02026	MISSING SUPERVISING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.
02027	MISSING OTHER NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
02028	MISSING ASSISTANT SURGEON NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.
02029	MISSING PRESCRIBING NPI	206	NATIONAL PROVIDER IDENTIFIER - MISSING.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02030	INVALID BILLING NPI	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
02031	INVALID GROUP NPI	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
02032	INVALID REFERRING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
02033	INVALID ATTENDING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
02034	INVALID OPERATING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
02035	INVALID RENDERING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
02036	INVALID SUPERVISING NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.
02037	INVALID OTHER NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02038	INVALID ASSISTANT SURGEON NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.
02039	INVALID PRESCRIBING NPI	207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT		
02040	BILLING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02041	GROUP MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02042	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
02043	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
02044	OPERATING MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
02045	RENDERING MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
02046	SUPERVISING MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02047	OTHER MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
02048	ASSISTANT SURGEON MMIS PROVIDER ID CAN NOT BE DERIVED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.
02049	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
02050	INVALID NPI AND MMIS BILLING PROVIDER ID COMBINATION	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02051	INVALID NPI AND MMIS GROUP PROVIDER COMBINATION	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02052	INVALID NPI AND MMIS REFERRING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
02053	INVALID NPI AND MMIS ATTENDING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
02054	INVALID NPI AND MMIS OPERATING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02055	INVALID NPI AND MMIS RENDERING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
02056	INVALID NPI AND MMIS SUPERVISING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.
02057	INVALID NPI AND MMIS OTHER PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
02058	INVALID NPI AND MMIS ASSISTANT SURGEON PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.
02059	MEDICAID DAYS INVALID ON CLAIMS WITH MEDICARE HMO DAYS. REBILL SEPARATELY.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N61	REBILL SERVICES ON SEPARATE CLAIMS.
02060	PRESCRIPTION SERIAL NUMBER REPORTED AS MISSING/STOLEN	175	PRESCRIPTION IS INCOMPLETE.	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
02061	PRESCRIPTION SERIAL NUMBER CANNOT BE ADJUSTED	175	PRESCRIPTION IS INCOMPLETE.		
02062	TRANSPORTATION SERVICE PERFORMED DURING INPATIENT STAY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02063	TRANSPORTATION SERVICE PAID DURING THIS INPATIENT ADMISSION PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
02064	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER NURSING HOME CLAIM TYPE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
02065	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER CLINIC CLAIM TYPE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
02066	DRUG CODE MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
02067	ATTENDING PROVIDER NOT LINKED TO BILLING PROVIDER	96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.
02068	PROVIDER RATE FOUND WITHOUT MATCHING ZIP/LOCATOR CODE	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
02069	MISSING ORDERING NPI (NATIONAL PROVIDER IDENTIFICATION) NUMBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02070	ORDERING NPI INVALID CHECK DIGIT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
02071	ORDERING MMIS ID CAN NOT BE DERIVED FROM NPI	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
02072	INVALID NPI AND MMIS ORDERING PROVIDER ID COMBINATION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
02073	OTHER INSURANCE/MEDICARE DATA NOT BALANCE	125	SUBMISSION/BILLING ERROR(S).	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
02074	UNITS GREATER THAN MAXIMUM	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
02075	NPI NOT ALLOWED FOR THIS CATEGORY OF SERVICE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
02077	MORE LINES ON ADJUSTMENT THAN ORIGINAL	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02078	DRUG SUBMITTED NOT REBATEABLE	96	NON-COVERED CHARGE(S).	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT
02079	MISSING OR INVALID POA CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.
02080	APG CLAIM BASE RATE CHANGE TABLE LIMITS REACHED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.
02081	ALL APG LINES PAID ZERO	B15	THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
02082	RECIPIENT EXCEPTION MUST = 72 TO BILL THIS RATE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02083	RECIPIENT EXCEPTION MUST = 73 TO BILL THIS RATE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02084	RECIPIENT EXCEPTION MUST = 74 TO BILL THIS RATE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02085	AFTER HOUR PROCEDURE REQUIRES AT LEAST ONE OTHER PAID CLAIM LINE	107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.		
02086	NON-SPECIALTY PHARMACY PROVIDER BILLING FOR SPECIALTY DRUGS	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
02087	INVALID DIAGNOSIS/PROCEDURE COMBINATION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
02088	CLINIC PROVIDER NOT ALLOWED LMSW/LCSW SERVICES	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
02089	RECIPIENT EXCEPTION MUST = 23 TO BILL THIS RATE	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02090	PROVIDER NOT CERTIFIED ASTHMA EDUCATOR	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.		
02091	PROVIDER NOT CERTIFIED DIABETES EDUCATOR	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02092	AMBULATORY SURGERY PROCEDURE CODE NOT ON ALL SERVICE DATES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
02093	DATE OF SERVICE FOR NHTD WAIVER MONTHLY SERVICE RATE NOT FIRST OF MONTH	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
02094	NO NYC SERVICES - AMBULETTE	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
02095	RATE INVALID FOR CLIENT OVER 18 YEARS OLD	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
02096	PARTIAL UNIT BILLING NOT ALLOWED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
02097	GROUP OR INDIVIDUAL DAY HAB BILLED ON WEEKEND	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
02098	MEDICARE/OTHER INSURANCE AMOUNTS INVALID	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
02099	BREAST CANCER SURGERIES NOT REIMBURSED FOR FACILITY	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02100	DME SUPPLY ITEM INCLUDED IN FACILITY RATE	190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.		
02101	DENTAL SERVICE INCLUDED IN FACILITY RATE	190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.		
02102	NFP RATE CODE INAPPROPRIATE FOR CLIENT	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
02103	SERIOUS ADVERSE EVENT NOT REIMBURSED FOR THE ENTIRE STAY	233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.		
02104	RATE CODE IMPLIES SERIOUS ADVERSE EVENT DURING A STAY	233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.		
02105	PROVIDER IS NOT VALID FOR BARIATRIC SURGERY FOR OBESITY	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
02106	DIAGNOSIS CANNOT BE BILLED AS PRIMARY	146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
02107	SERIOUS ADVERSE EVENT RATE CODE NOT ALLOWED ON ORIGINAL CLAIM	233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02108	SMOKING CESSATION COUNSELING (SCC) PROCEDURE INVALID	B15	THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.		
02109	INVALID DIAGNOSIS/DRUG CODE COMBINATION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
02110	SERVICING PROVIDER PROFESSION CODE IS NOT ALLOWED FOR CLINIC	170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
02111	MEDICARE INTERNAL CONTROL NUMBER MISSING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.
02112	CROSSOVER IS A DUPLICATE OF A CLAIM IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
02113	DUPLICATE OF EXISTING CROSSOVER IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
02114	ZERO PAYMENT ON MEDICARE CROSSOVER CLAIM	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVISE REMARK CODE	REMARK CODE DESCRIPTION
02115	MEDICARE CROSSOVER CLAIM IS 3 YEARS OLD	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02116	MISSING PRESCRIPTION ORIGIN CODE	175	PRESCRIPTION IS INCOMPLETE.		
02117	INVALID PRESCRIPTION ORIGIN CODE	175	PRESCRIPTION IS INCOMPLETE.		
02118	RATE INVALID FOR CLIENT NOT IN MANAGED CARE PLAN	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT
02119	BRAND REQUIRED INSTEAD OF GENERIC EQUIVALENT	211	NATIONAL DRUG CODES (NDC) NOT ELIGIBLE FOR REBATE, ARE NOT COVERED.		
02120	PRESCRIBER NOTIFICATION – DENY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
02121	PRESCRIBER NOTIFICATION – PEND	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
02122	PRESCRIBER NOTIFICATION - PAY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02126	SPECIALTY PHARMACY PROVIDER BILLING FOR NON-COVERED SPECIALTY DRUGS	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
02127	RATE CODE INVALID - RECIPIENT EXCEPTION NOT EQUAL 30	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02128	RATE CODE INVALID - RECIPIENT EXCEPTION EQUAL TO 30	96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02129	NO ORIGINAL PRESCRIPTION FOR REFILL	175	PRESCRIPTION IS INCOMPLETE.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER
02130	OBS CLAIM PROVIDER SERVICE LOCATION IS NOT ACCREDITED	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
02131	PROVIDER SERVICE LOCATION IS NOT ACCREDITED FOR THE HISTORY OBS CLAIM	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
02132	RECIPIENT AGE LT 18, BILLED MLTC RATE CODE INVALID	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
02133	RATE CODE INVALID FOR DRG CODE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02134	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - DENY	B15	THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.	N674	NOT COVERED UNLESS A PRE-REQUISITE PROCEDURE/SERVICE HAS BEEN PROVIDED.
02135	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - PEND	B15	THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.		
02136	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - PAY	B15	THIS SERVICE/PROCEDURE REQUIRES THAT A QUALIFYING SERVICE/PROCEDURE BE RECEIVED AND COVERED. THE QUALIFYING OTHER SERVICE/PROCEDURE HAS NOT BEEN RECEIVED/ADJUDICATED.		
02137	MEDICARE COVERS 100% - NO PATIENT RESPONSIBILITY REMAINING FOR MEDICAID	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
02138	PHARMACIST NOT AFFILIATED TO PHARMACY	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.
02139	PSYCHIATRIC RE-ADMISSION CLAIM	249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.		
02140	CERTIFIED HOME HEALTH AGENCY VACCINE CLIENT NOT WITHIN AGE LIMITATIONS	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02141	RATE CODE INVALID FOR DETOX DRG CLAIM	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.	N429	NOT COVERED WHEN CONSIDERED ROUTINE.
02142	MODIFIERS 'GC', 'QK' AND 'AD' CANNOT BE SUBMITTED TOGETHER ON THE SAME LINE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
02143	SUBMITTED MINUTES GREATER THAN MAXIMUM MINUTES	96	NON-COVERED CHARGE(S).	N633	ADDITIONAL ANESTHESIA TIME UNITS ARE NOT ALLOWED.
02144	MEDICARE/MCO PAYER AMOUNTS NOT REASONABLE	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
02145	MUST HAVE MORE THAN ONE NDC FOR A COMPOUND CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
02146	NDC INVALID FOR D.O COMPOUND CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
02147	ALL INGREDIENTS OF COMPOUND ARE NOT PAYABLE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
02148	DOS FOR WEEKLY RATE NOT ON A MONDAY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02150	PATIENT AGE DOES NOT MATCH WITH THE HOME HEALTH RATE	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
02151	BILL TYPE DIGIT 3 NOT VALID FOR HOME HEALTH PPS CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.
02152	PEND RESOLUTION - STATE REVIEWER DENIED - MANUAL REVIEW	18	EXACT DUPLICATE CLAIM/SERVICE	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
02153	PROS RATE CODE INVALID FOR LTHHCP, TBI AND NHTD PROGRAMS	B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
02154	INVALID LOCATOR CODE FOR RECIPIENT COUNTY	96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
02155	SERVICE CONFLICTS WITH PRIOR SERVICE; PAY AND REVERSE THE HISTORY CLAIM.	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
02157	DELAY REASON CODE 1 (PROOF OF ELIGIBILITY UNKNOWN) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02158	DELAY REASON CODE 2 (LITIGATION) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02159	DELAY REASON CODE 3 (AUTHORIZED DELAYS) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02160	DELAY REASON CODE 4 (DELAY IN CERTIFYING PROVIDER) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02161	DELAY REASON CODE 5 (DELAY IN SUPPLYING BILLING FORMS) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02162	DELAY REASON CODE 7 (THIRD PARTY PROCESSING DELAY) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02163	DELAY REASON CODE 8 (DELAY IN ELIGIBILITY DETERMINATION) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02164	DELAY REASON CODE 9 (ORIGINAL CLAIM DENIED UNRELATED TO TIMELINESS EDITS) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02165	DELAY REASON CODE 10 (ADMINISTRATIVE DELAY IN THE PRIOR APPROVAL PROCESS) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02166	DELAY REASON CODE 11 (OTHER DELAY) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02167	PROFESSIONAL SERVICE INCLUDED IN MEDICAID RATE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02168	ACQUISITION COST REQUIRED FOR CLOTTING FACTOR PRODUCTS	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M23	MISSING INVOICE.
02169	SERVICE CONFLICTS WITH PRIOR SERVICE. PAY AND ADJUST THE HISTORY CLAIM.	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.		
02169	SERVICE CONFLICTS WITH PRIOR SERVICE. PAY AND ADJUST THE HISTORY CLAIM	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	M85	SUBJECTED TO REVIEW OF PHYSICIAN EVALUATION AND MANAGEMENT SERVICES.
02172	LOW BIRTH WEIGHT "KICK" RATE CLAIM WITH MISSING OR INVALID BIRTH WEIGHT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
02173	LOW BIRTH WEIGHT "KICK" RATE CLAIM NOT RECEIVED WITHIN ONE YEAR	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
02176	NO RATE CODE ON DIRECT CROSS OVER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
02177	INVALID DIAGNOSIS FOR FAMILY PLANNING PROCEDURE	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE		
02178	INVALID DIAGNOSIS/ABORTION CODE COMBINATION	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE		
02180	PT/OT/ST MODIFIER MISSING	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

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02181	GP, GN, GO CAN'T BE SAME LINE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.
02182	HOSPITAL LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
02183	THERAPEUTIC LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD	96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
02184	CLIENT IS NONRESIDENT - THERAPEUTIC AND HOSPITAL LEAVE DAYS ARE NOT ALLOWED	180	PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS.		
02185	UNRELATED E&M CODE DURING POSTOP PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02186	E&M NOT PAYABLE DURING GLOBAL DAYS PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02187	PROCEDURE NOT PAYABLE DURING POSTOP PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02188	E&M CODE ON SAME DAY OF SURGERY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02189	E&M CODE NOT PAYABLE ON DAY OF SURGERY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02190	ADDITIONAL PROCEDURE DURING POSTOP PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02191	E&M NOT PAYABLE DURING GLOBAL DAYS PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02195	DENIED PER PRIOR PAYER'S ADJUDICATION	136	FAILURE TO FOLLOW PRIOR PAYER'S COVERAGE RULES. (USE ONLY WITH GROUP CODE OA)		

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02196	ASSESSMENT DATE MISSING FOR HH EPS RATE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
02197	CONFLICTING SURGERY WITH UNRELATED E&M CODE DURING POSTOP PERIOD (PEND)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02198	CONFLICTING SURGERY / E&M NOT PAYABLE DURING GLOBAL DAYS PERIOD	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02199	CONFLICTING SURGERY / E&M CODE ON SAME DAY OF SURGERY (PEND)	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02200	CONFLICTING SURGERY / E&M CODE NOT ON SAME DAY OF SURGERY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
02201	CONFLICTING SURGERY / E&M CODE NOT PAYABLE ON DAY OF SURGERY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.

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02202	BIRTH WEIGHT UNDER 1500G WITH INVALID DIAGNOSIS CODES	240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
02203	BIRTH WEIGHT UNDER 2500G WITH INVALID DIAGNOSIS CODES	240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
02204	BIRTH WEIGHT LESS THAN 2500G WITH INVALID DIAGNOSIS CATEGORY D007	240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
02205	PREPAID CAPITATION RECIPIENT – LTHHCP NON-MEDICAL SERVICE INAPPROPRIATE FOR ENROLLEE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02207	GROUP MEMBER ONLY PROVIDER WITHOUT GROUP PROVIDER ON CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA112	MISSING/INCOMPLETE/INVALID GROUP PRACTICE INFORMATION.
02208	BILLING PROVIDER ON THE IN-PROCESS CLAIM IS AN ORDERING/PRESCRIBING/REFERRING/ATTENDING ONLY PROVIDER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA112	MISSING/INCOMPLETE/INVALID GROUP PRACTICE INFORMATION.
02212	HEALTH HOME RATE CODE - CLIENT DOES NOT HAVE HEALTH HOME PAYMENT WEIGHT ON TABLE	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02213	PAYOR CODE 16 INVALID - CLIENT NOT ENROLLED IN MEDICARE ADVANTAGE PLAN	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02214	PODIATRY SERVICES NOT REIMBURSABLE FOR RECIPIENT	96	NON-COVERED CHARGE(S).	N30	
02215	RECIPIENT ELIGIBLE FOR INPATIENT SERVICES ONLY	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
02216	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02217	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02218	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
02219	ORDERING MMIS PROVIDER ID CAN NOT BE DERIVED	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
02220	UNITS GREATER THAN MAXIMUM	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
02221	SPENDDOWN CLIENT ALC CLAIM – PP CODE 07 NOT FOUND	242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS		
02222	SPEND DOWN DATA INCONSISTENT	177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS	N543	INCOMPLETE/INVALID INCOME VERIFICATION
02223	DELAY REASON CODE 15 (NATURAL DISASTER) INVALID	29	THE TIME LIMIT FOR FILING HAS EXPIRED		

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
02224	INPATIENT/NURSING HOME DUPLICATE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME
02229	SUBMITTED ICD PROCEDURE CODE IS OBSTETRIC DELIVERY AND CONDITION CODE '82' OR '83' NOT SUBMITTED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
02231	INPATIENT CLAIM CONTAINS ALC DAYS - NEED TO SPLIT BILL	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT SEPARATE CLAIMS.
80305	NO STERILIZATION CONSENT FORM ATTACHED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
80310	INVALID STERILIZATION CONSENT FORM ATTACHED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80315	STERILIZATION CONSENT FORM - RECIPIENT ID NUMBER MISSING / INCONSISTENT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
80320	STERILIZATION CONSENT FORM - OPERATION PROCEDURES INCONSISTENT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
80325	STERILIZATION CONSENT FORM - RECIPIENT STATEMENT INCOMPLETE/ALTERED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80330	STERILIZATION CONSENT FORM - CONSENT STATEMENT INCOMPLETE/ALTERED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80335	STERILIZATION CONSENT FORM - PHYSICIAN STATEMENT INCOMPLETE/ALTERED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80340	STERILIZATION CONSENT FORM ILLEGIBLE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
80345	STERILIZATION CONSENT FORM - INVALID WAIT TIME	179	PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS.		
80350	STERILIZATION CONSENT FORM - EMERGENCY CIRCUMSTANCES MISSNG	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
80355	STERILIZATION CONSENT FORM - CONTACT FISCAL AGENT CUSTOMER RELATIONS	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
80505	MCCP REFERRAL FORM MISSING	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N475	MISSING COMPLETED REFERRAL FORM.
80510	INVALID MCCP REFERRAL FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N475	MISSING COMPLETED REFERRAL FORM.
80515	MCCP REFERRAL FORM - RECIPIENT ID MISSING / INCONSISTENT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N475	MISSING COMPLETED REFERRAL FORM.
80605	NO HYSTERECTOMY CONSENT FORM ATTACHED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
80610	INVALID HYSTERECTOMY CONSENT FORMS ATTACHED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80615	HYSTERECTOMY CONSENT FORM - RECIPIENT ID NUMBER MISSING / INCONSISTENT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
80620	HYSTERECTOMY CONSENT FORM - RECIPIENT SIGNATURE ALTERED / MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA75	MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
80625	HYSTERECTOMY CONSENT FORM - PHYSICIAN SIGNATURE / DATE ALTERED OR MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
80630	HYSTERECTOMY CONSENT FORM - PART II INCOMPLETE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
80635	INVALID HYSTERECTOMY CONSENT - CONTACT FISCAL AGENT CUSTOMER RELATIONS	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
90001	PROV NOT ON FILE; WILL RECYCLE	208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
90002	RCPNT NOT ON FILE; WILL RECYCLE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		
90003	P/A NOT ON FILE; WILL RECYCLE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90004	MANUAL REVIEW	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTME NT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90005	NEW YORK STATE REVIEW	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFE SSIONAL CONSULT/MANUAL ADJUDICATION/MEDIC AL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90006	MEDICAL REVIEW	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFE SSIONAL CONSULT/MANUAL ADJUDICATION/MEDIC AL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90007	MANUAL PRICING	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFE SSIONAL CONSULT/MANUAL ADJUDICATION/MEDIC AL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90008	NYS MANUAL PRICING	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFE SSIONAL CONSULT/MANUAL ADJUDICATION/MEDIC AL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90009	NYS MANUAL REVIEW	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90010	ANESTHESIA TIME NOT SUPPLIED; RESUBMIT ON PAPER CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS
90011	RESUBMIT CLAIM USING BLOCK BILLING	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M59	MISSING/INCOMPLETE/INVALID "TO" DATE(S) OF SERVICE.
90012	ITEM CODE CONTRADICTS RENTAL INDICATOR: SUBMIT CORRECTED CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS EQUALS THE PURCHASE PRICE.
90013	LONG STAY OUTLIERS DO NOT QUALIFY FOR COST OUTLIER CONS RESUBMIT AS 2946 AND 2956	69	DAY OUTLIER AMOUNT.		
90014	SIZE OF REPAIR/LACERATION NOT INDICATED WITHIN REPORT	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90015	REPEAT PROCEDURE/VISIT INDICATES SUBSEQUENT PROCEDURE CODE SHOULD BE USED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
90073	MANUAL REVIEW; 90 DAY REG	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
90099	PENDED POS CLAIM RESULTED IN DENIAL	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90101	MULTIPLE BILLINGS OF THIS PROCEDURE CODE REQUIRE PRIOR APPROVAL	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90102	REBILL AS AN ADJUSTMENT TO A PREVIOUSLY PAID CLAIM	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
90133	NYS REVIEW/CS19 NOT ON FILE	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90140	NYS REVIEW/RCPNT NOT ON FILE	31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90150	NYS REVIEW/RCPNT OTHER INS	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
90162	NYS REVIEW/RCPNT INELIG DT SVC	26	EXPENSES INCURRED PRIOR TO COVERAGE.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
90172	PROC REQUIRES MANUAL PRICING	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL OR DENTAL ADVISOR.
90197	UNTS GRTR 1 REQ MANUAL PRICING	150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.		
90199	MODIFIER REQ MANUAL PRICING	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL OR DENTAL ADVISOR.
90200	CLAIM SUBMITTED ON INCORRECT PAPER FORM.	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
90234	PEND: REVIEW CONSENT FORM	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
90244	P/A NOT ON FILE/WILL RECYCLE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90452	CLAIM DENIED - SUPPORTING DOCUMENT NOT RECEIVED WITHIN 180 DAYS	154	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS DAY'S SUPPLY.		
90500	PROC OR COST OR MATERIALS NOT REIMBURSABLE BY MEDICAID	96	NON-COVERED CHARG(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
90501	PROCEDURE REQUIRES WRITTEN REPORT/RPT NOT ATTACHED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90502	DENIED PER MEDICAL REVIEW BY NYS OHSM/PROCEDURE CODE INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
90503	COST OUTLIER CLAIM DENIED FOLLOWING PEER REVIEW	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
90504	DENIED PER MED REVIEW BY NYS/ OHSM-UNLISTED LAB TEST MAY NOT BE PERFORMED IN A PROVIDER OFF	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
90505	DENIED PER MED REVIEW BY NYS/ OHSM-THIS PROC IS INCLUDED WITHIN ANOTHER BILLED PROC	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N19	PROCEDURE CODE INCIDENTAL TO PRIMARY PROCEDURE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90506	DENIED PER MED REVIEW BY NYS/OHSM-THIS ITEM IS INCLUDED WITHIN THE VISIT FEE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N19	PROCEDURE CODE INCIDENTAL TO PRIMARY PROCEDURE.
90507	DENIED PER MEDICAL REVIEW BY NYS/OHSM PROCEDURE IS INCLUDED WITHIN THE FOLLOWUP CARE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
90508	DENIED PER MED REVIEW BY NYS/OHSM-PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL	55	PROCEDURE/TREATMENT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N623	NOT COVERED WHEN DEEMED UNSCIENTIFIC/UNPROVEN/OUTMODED/EXPERIMENTAL/EXCESSIVE/INAPPROPRIATE.
90509	DENIED PER MED REVIEW BY NYS/OHSM-ITEM NOT WITHIN PROVIDERS ENROLLMENT SPECIALTY	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY)	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
90510	MANUAL REVIEW ALSO INDICATES THAT THE RECIPIENT ID NUMBER AND NAME ON CLAIM DO NOT AGREE	140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.		
90512	DENIED PER MED REVIEW BY NYS/OHSM-RECIPIENT INFORMATION ON CLAIM FORM IS NOT CORRECT	140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90513	INFORMATION ON CLAIM FORM AND /OR REPORT IS ILLEGIBLE OR MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
90514	SERVICE COVERED BY LISTED PROCEDURE CODE	189	'NOT OTHERWISE CLASSIFIED' OR 'UNLISTED' PROCEDURE CODE (CPT/HCPCS) WAS BILLED WHEN THERE IS A SPECIFIC PROCEDURE CODE FOR THIS PROCEDURE/SERVICE	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.
90515	RPT SUBMITTED DOES NOT MATCH CLAIM DATE OF SERVICE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM
90516	MODIFIER REQUIRED TO BILL FOR THIS SERVICE/INCORRECT MODIFIER USED	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90517	OTH INS/MEDICARE PYMT EXCEEDS MEDICAID REIMBURSEMENT	23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
90518	NO FRTHR PYMT FOR THIS SESSION	96	NON-COVERED CHARG(S).	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90519	PROVIDER NOT APPROVED FOR THIS SERVICE	96	NON-COVERED CHARG(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90520	IMPROPER COMPLETION OF ACCIDENT CODE FIELD	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N305	MISSING/INCOMPLETE/INVALID ACCIDENT DATE.
90521	NEED FOR 2 PAIRS OF EYEGLASSES HAS NOT BEEN DOCUMENTED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.
90522	SVC REQ APPROPRIATE REF PROV	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
90523	PROCEDURE NOT APPLICABLE FOR REPORTED DIAGNOSIS/DIAGNOSIS NOT SPECIFIC	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
90524	INSUFFICIENT DIOP CHANGE/NEW AND OLD RX MISSING	175	PRESCRIPTION IS INCOMPLETE.		
90525	NEED FOR REPLACEMENT OF FRAMES AND/OR LENSES NOT ADEQUATELY DOCUMENTED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90526	INSTRUMENTATION UTILIZED IS COV WITHIN A LISTED PROC CODE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
90540	CLAIM OVER 730 DAYS OLD	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
90541	CLAIM OVER 730 DAYS OLD	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90542	CLAIM OVER 730 DAYS OLD	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
90550	THIRD PARTY INSURANCE REVIEW	22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.		
90561	MANUAL REVIEW	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90572	NYS MANUAL PRICING	A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90573	RECIPIENT RECERTIFIED, ELIGIBLE; REBILL USING REGULAR ORTHO CODE	96	NON-COVERED CHARG(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
90574	DATE OF SERVICE INCORRECT; REBILL USING LAST DATE OF RECIPIENT ELIGIBILITY	27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
90575	DESCRIBE DRUG PURCHASED AND TOTAL DOSAGE ADMINISTERED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90576	PROCEDURE/ITEM CODE DESCRIPTION INADEQUATE	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90600	DENIED PER REVIEW BY NYSDSS/ INVOICE OF ACTUAL AQUISITION COST NOT SUPPLIED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N445	MISSING DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
90601	DENIED PER REVIEW BY NYSDSS/ PROCEDURE REQUIRES WRITTEN REPORT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.
90602	DENIED PER REVIEW BY NYSDSS/ PROCEDURE CODE INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
90603	DENIED PER REVIEW BY NYSDSS/ UNLISTED LAB TEST MAY NOT BE PERFORMED IN PROVIDER'S OFFICE	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
90604	DENIED PER REVIEW BY NYSDSS/ THIS PROCEDURE IS INCLUDED WITHIN ANOTHER BILLED PROCEDURE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90605	DENIED PER REVIEW BY NYSDSS/ THIS ITEM IS INCLUDED IN THE VISIT FEE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
90606	DENIED PER REVIEW BY NYSDSS/ FOLLOW-UP CARE COVERED BY INITIAL SURGICAL FEE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
90607	DENIED PER REVIEW BY NYSDSS/ PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL	55	PROCEDURE/TREATMENT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.		
90608	DENIED PER REVIEW BY NYSDSS/ ITEM NOT WITHIN PROVIDERS ENROLLMENT SPECIALTY	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
90609	DENIED PER REVIEW BY NYSDSS/ RECIPIENT INFORMATION ON CLAIM FORM IS NOT CORRECT	140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.		
90610	DENIED PER REVIEW BY NYSDSS/ INFORMATION ON CLAIM FORM ILLEGIBLE OR MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90611	DENIED PER REVIEW BY NYSDSS/ REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME	164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N102	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECEIVED TIMELY.
90612	DENIED PER REVIEW BY NYSDSS/ REQUIRED CARD SWIPE WAS NOT PERFORMED	95	PLAN PROCEDURES NOT FOLLOWED.		
90613	PRESCRIPTION DOES NOT MEET PHARMACY BOARD GUIDELINES/ SCRIPT HAS FACIAL INADEQUACIES	250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N668	INCOMPLETE/INVALID PRESCRIPTION
90614	PROCEDURE BILLED FOR SERVICES NOT PROVIDED	112	SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.		
90615	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO NYS LAW	96	NON-COVERED CHARG(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
90616	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO DEPARTMENT REGULATION	96	NON-COVERED CHARG(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
90617	DENIED BECAUSE CLAIMS SUBMITTED OR SERVICE PROVIDED IS CONTRARY TO MEDICAID POLICY	96	NON-COVERED CHARG(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90657	MANUAL REVIEW/STAY DENIED EFFECTIVE PRIOR TO STATEMENT THRU DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
90661	INSUFFICIENT INFORMATION/REBILL ON PAPER CLM WITH DOCUMENTATION TO SUPPORT BILLING THIS PROCEDURE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.
90662	PRIOR APPROVAL NUMBER NOT ON FILE/EXPIRED/DELETED	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90663	PRIOR APPROVAL REQUIRED	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90664	PHYSICIAN REIMBURSEMENT NOT APPROPRIATE FOR PLACE OF SERVICE	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
90665	MULTIPLE WOUND REPAIRS MUST BE REPORTED AS A SINGLE PROCEDURE CODE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
90666	DENY PER REVIEW BY NYSDSS/ - FISCAL ORDER NOT SUBMITTED MISSING	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90667	DENY PER REVIEW BY NYSDSS/ - FISCAL ORDER NOT SIGNED BY ORDERING PROVIDER	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N498	INCOMPLETE/INVALID MEDICAL PERMANENT IMPAIRMENT OR DISABILITY REPORT.
90668	DENY PER REVIEW BY NYSDSS/ - FISCAL ORDER INVALID- QUANTITIES NOT SPECIFIED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/ INVALID DAYS OR UNITS OF SERVICE.
90669	DENY PER REVIEW BY NYSDSS/ -REFILL DISPENSED WITHOUT REFILL ORDER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N388	MISSING/INCOMPLETE/ INVALID PRESCRIPTION NUMBER
90670	DENY PER REVIEW BY NYSDSS/ FISCAL ORDER SIGNED BY ORDERER 30+ DAYS AFTER PHONE ORDER	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/ REPORT/CHART.
90671	DENY PER REVIEW BY NYSDSS/ - INAPPROPRIATE ITEM BILLED	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
90672	DENY PER REVIEW BY NYSDSS/ -CLAIM SUBMITTED FOR ITEM NOT ORDERED	112	SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.		
90673	DENY PER REVIEW BY NYSDSS/ - MEDICARE PAID AMOUNT INCORRECT ON CLAIM	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90674	DENY PER REVIEW BY NYSDSS/ - FISCAL ORDER NOT DATED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90675	DENY PER REVIEW BY NYSDSS/ - FISCAL ORDER CONTAINS UNDOCUMENTED ALTERATIONS	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90676	DENY PER REVIEW BY NYSDSS/ - DOCUMENTATION SUBMITTED DOES NOT SUPPORT CLAIM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N237	INCOMPLETE/INVALID PATIENT MEDICAL RECORD FOR THIS SERVICE.
90677	DENY PER REVIEW BY NYSDSS/ -DOC SUBMITTED REFLECTS SERV PERF BY ANOTHER PROVIDER	250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.		
90678	DENY PER REVIEW BY NYSDSS/ - QUANTITY BILLED GREATER THAN QUANTITY DISPENSED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.
90679	DENY PER REVIEW BY NYSDSS/ -SET UP AND DELIVERY CHARGES INCLUDED IN COST OF EQUIPMENT	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N390	THIS SERVICE/REPORT CANNOT BE BILLED SEPARATELY.
90680	DENY PER REVIEW BY NYSDSS/ -CLAIM RESUBMITTED MORE THAN 60 DAYS AFTER INITIAL DENIAL	29	THE TIME LIMIT FOR FILING HAS EXPIRED.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90711	P/A NOT ON FILE/WILL RECYCLE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90727	MANUAL REVIEW/NR DUP IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
90834	NYS REVIEW/RECIPIENT INELIGIBLE FOR PART OF STAY	200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
90855	DENY-PHC ORTHODONTIC REPORTS INCOMPLETE/MISSING	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90857	DENY-EXTENDED ORTHODONTIC PERIOD EXPIRED	198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.
90858	DENY-CHARGES DO NOT MEET THRESHOLD	96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
90859	DENY-UB92 MISSING INFORMATION OR ILLEGIBLE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
90860	DENY-BIRTH WEIGHT MISSING OR UNIDENTIFIED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90861	APPROPRIATE ATTACHMNT REQUIRED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90862	REPORT SUBMITTED DOES NOT MATCH RECIPIENT OR PROVIDER LISTED ON CLAIM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM
90863	UNITS BILLED INAPPROPRIATE; SEE PROC DESCRIP	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
90864	PROC CONFLICTS WITH POLICY CRITERIA-REFER TO PROV MANUAL	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90865	DENTAL SITE INCORRECT OR CONFLICTS WITH POLICY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
90866	AMT CHGD FOR MULT UNITS MUST CONFORM TO MULT SURG REIMBURS RULE	59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. (FOR EXAMPLE MULTIPLE SURGERY OR DIAGNOSTIC IMAGING, CONCURRENT ANESTHESIA.)		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90867	PROC CODES BILLED ON THIS SVC DT ARE INCONSISTENT/INAP PROP	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
90868	MUST BILL FOR ONLY THE ADMIN AND TECH COMP USING APPROPRIATE MODIFIER FOR SERV	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90869	REPORT SUBMITTED DOES NOT ADEQUATELY DESCRIBE THE PROCEDURE/SERVICE PROVIDED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
90870	MUST BILL ONLY THE PROF COMP USING APPROPRIATE MODIFIER FOR THIS SERVICE	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90871	COST OF MATERIALS OR SERVICE IS INCLUDED W/I FACILITY'S RATE	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.
90872	FEE EXCEEDS DOLLAR MAX FOR RESTORATIVE SVC - SEE POLICY SECTION	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90873	REBILL AS ADJ TO PAID CLAIM REPORT TOTAL UNITS + AMOUNT CHGD BASED ON MULT SURG RULE	59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. (FOR EXAMPLE MULTIPLE SURGERY OR DIAGNOSTIC IMAGING, CONCURRENT ANESTHESIA.		
90874	MULTIPLE UNITS ARE NOT WARRANTED; REBILL WITH BILATERAL MODIFIER 50/WB	96	NON-COVERED CHARGE(S).	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90875	RESUBMIT COST INVOICE INDENTIFYING ITEM PURCHASED/CALCULATING COST PER UNIT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N233	INCOMPLETE/INVALID OPERATIVE NOTE/REPORT.
90876	REPORT SHOWS 2 OR MORE SURGEON / RADIOLOGISTS - SPECIFY PRIMARY / ASSIST PROVIDERS	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.
90877	RESUBMIT W/RPT IDENTIFY REFER PROVIDER, MEDICAL NECESSITY, TEST RESULTS - TREATMENT PLAN	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N463	MISSING SUPPORT DATA FOR CLAIM.
90878	REBILL INDICATING DENTAL ARCH IN FIELD #46	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90879	PROC IS PART OF TX PLAN REQUIRING PA	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90880	X-RAY SUBMITTED WERE NON-DIAGNOSTIC	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N242	INCOMPLETE/INVALID RADIOLOGY FILM(S)/IMAGE(S).
90881	PA NOT REQUIRED-REFER TO "BY-REPORT" RULES	96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
90882	CLAIM DENIED, CONFLICTING PROC , CONTACT DOH	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.		
90883	PROCEDURES OR TREATMENT IS NOT CONSISTANT WITH PRESENT STANDARDS OF PRACTICE	56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.	N623	NOT COVERED WHEN DEEMED UNSCIENTIFIC/UNPROVEN/OUTMODED/EXPERIMENTAL/EXCESSIVE/INAPPROPRIATE.
90884	MODIFIER 62, SKILL OF TWO SURGEONS IS REQUIRED TO BILL FOR THIS OPERATIVE SESSION	96	NON-COVERED CHARGE(S).	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90885	PROCEDURE CONFLICTS WITH POLICY CRITERIA/REBILL WITH APPROPRIATE CODE	96	NON-COVERED CHARGE(S).	N365	THIS PROCEDURE CODE IS NOT PAYABLE. IT IS FOR REPORTING/INFORMATION PURPOSES ONLY.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90887	SERVICE NOT COVERED AS A SCREENING TEST	49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N390	THIS SERVICE/REPORT CANNOT BE BILLED SEPARATELY.
90888	SPECIALTY IS NOT WITHIN THE PROVIDER'S ENROLLMENT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
90889	PRODUCT/ITEM DESCRIBED DOES NOT MATCH COST INVOICE/PA FILE	15	THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
90890	MODIFIER NOT REQUIRED FOR THIS BILLING	96	NON-COVERED CHARGE(S).	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
90891	FAILURE TO RESPOND TO REQUESTED DOCUMENTATION BY DOH	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N102	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECEIVED TIMELY.
90892	DUPLICATE CLAIM PENDING OR IN SYSTEM	18	DUPLICATE CLAIM/SERVICE.		
90893	REBILL FOR PERSONAL TIME IN ATTENDANCE ONLY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
90999	CLAIM DATA IS NOT CONSISTENT WITH SUPPLIED EOMB DATA	129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
91000	DENIED OMIG-PROVIDER NOT CERTIFIED TO PERFORM BILLED SERVICES	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
91001	DENIED OMIG-INCORRECT PROCEDURE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
91002	DENIED OMIG-ITEM NOT REIMBURSABLE BY MEDICAID	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT
91003	DENIED OMIG-CANNOT USE FACILITY ID AS PRESCRIBER	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
91004	DENIED OMIG-INCORRECT RATE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
91005	DENIED OMIG-DRUG CANNOT BE BILLED AS OTC	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91006	DENIED OMIG-PROVIDER UNABLE TO PROVIDE SERVICE IN COUNTY	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.		
91007	DENIED OMIG-PRESCRIBER ID ON CLAIM DOES NOT MATCH PRESCRIBER ID ON PRESCRIPTION	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM
91008	DENIED OMIG-INCORRECT RX SERIAL BYPASS CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.
91009	DENIED OMIG-SERVICE NOT COVERED BY MEDICAID	96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE
91010	DENIED OMIG-INCORRECT RATE CODE/REBILL APPROPRIATE RATE CODE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
91011	DENIED OMIG-REPEAT PROCEDURE/NO ADEQUATE EXPLANATION PROVIDED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N463	MISSING SUPPORT DATA FOR CLAIM.
91012	DENIED OMIG-PROCEDURE INCLUDED WITHIN ANOTHER BILLED PROCEDURE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91013	DENIED OMIG-PROCEDURE INCLUDED IN THE FOLLOW-UP CARE	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
91014	DENIED OMIG-RECIPIENT INFORMATION PROVIDED ON CLAIM FORM IS INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.
91015	DENIED OMIG-DATE OF SERVICE INCORRECT/REBILL USING DATE OF INSERTION/COMPLETION	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
91016	DENIED OMIG-PROCEDURE REQUIRES WRITTEN REPORT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.
91017	DENIED OMIG-INFORMATION PROVIDED ON CLAIM FORM IS ILLEGIBLE OR MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
91018	DENIED OMIG-REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N102	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECEIVED TIMELY.

EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91019	DENIED OMIG-CLAIM SUBMITTED OR SERVICE PROVIDED CONTRARY TO MEDICAID POLICY	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
91020	DENIED OMIG-INSUFFICIENT INFORMATION/REBILL ON PAPER CLAIM WITH SUPPORTING DOCUMENTATION	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
91021	DENIED OMIG-DOCUMENTATION SUBMITTED DOES NOT SUPPORT CLAIM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.
91022	DENIED OMIG-DOCUMENTATION SUBMITTED REFLECTS SERVICE PERFORMED BY ANOTHER PROVIDER	250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.		
91023	DENIED OMIG-X-RAY/DIAGNOSTIC PHOTO/DIGITAL X-RAY SUBMITTED NON-DIAGNOSTIC FOR SERVICE PROVIDED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N242	INCOMPLETE/INVALID RADIOLOGY FILM(S)/IMAGE(S).
91024	DENIED OMIG-APPROPRIATE ATTACHMENT REQUIRED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91025	DENIED OMIG-REPORT SUBMITTED DOES NOT MATCH RECIPIENT OR PROVIDER LISTED ON CLAIM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM
91026	DENIED OMIG-PROCEDURE CONFLICTS WITH POLICY CRITERIA/REFER TO PROVIDER MANUAL	96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
91027	DENIED OMIG-PROCEDURE CONFLICTS WITH POLICY CRITERIA/REBILL WITH APPROPRIATE PROCEDURE CODE	96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
91028	DENIED OMIG-DENTAL SITE INCORRECT OR CONFLICTS WITH POLICY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH NUMBER/LETTER.
91029	DENIED OMIG-REPORT SUBMITTED DOES NOT ADEQUATELY DESCRIBE THE PROCEDURE/SERVICE PROVIDED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N233	INCOMPLETE/INVALID OPERATIVE NOTE/REPORT.
91030	DENIED OMIG-FEE EXCEEDS DOLLAR MAX FOR RESTORATIVE SERVICE/REFER TO PROVIDER MANUAL POLICY	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91031	DENIED OMIG-PROCEDURE IS PART OF TREATMENT PLAN REQUIRING PRIOR APPROVAL	15	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
91032	DENIED OMIG-CONFLICTING PROCEDURE IN HISTORY	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
91033	DENIED OMIG-PROCEDURES OR TREATMENT IS NOT CONSISTENT WITH PRESENT STANDARDS OF PRACTICE	56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.		
91034	DENIED OMIG-DUPLICATE CLAIM PENDING IN SYSTEM	18	DUPLICATE CLAIM/SERVICE.		
91035	DENIED OMIG-CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED	96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
91036	DENIED OMIG-INVALID COMBINATION OF TOOTH SURFACE CODES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
91037	DENIED OMIG-REQUIRED TOOTH FOR PROCEDURE CODE INVALID/INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91038	DENIED OMIG-REQUIRED QUADRANT FOR PROCEDURE CODE INVALID/INCORRECT	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
91039	DENIED OMIG-IMPROPER NUMBER OF SURFACES INDICATED	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
91040	DENIED OMIG-DUPLICATE CLAIM IN HISTORY	18	DUPLICATE CLAIM/SERVICE.		
91041	DENIED OMIG-PROCEDURE EXCEEDS SERVICE LIMITS	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
91042	DENIED OMIG-PROCEDURE CONFLICTS WITH PRIOR SERVICE	96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
91043	DENIED OMIG-NEAR DUPLICATE CLAIM IN HISTORY	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
91044	DENIED OMIG-LOCATION OF SERVICE INVALID FOR PROVIDER	171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
91045	DENIED OMIG-SERVICE PREVIOUSLY PAID TO PROVIDER OR TO ANOTHER PROVIDER	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91046	DENIED OMIG-ANESTHESIA TIME NOT SUPPLIED/CALCULATED INCORRECTLY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS
91047	DENIED OMIG-UNITS BILLED INAPPROPRIATE/REFER TO PROVIDER MANUAL POLICY	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
91048	DENIED OMIG-SPECIALTY IS NOT WITHIN THE PROVIDER'S ENROLLMENT	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
91049	DENIED OMIG-IMPROPER COMPLETION OF CLAIM FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
91050	DENIED OMIG-ORTHODONTIC REPORTS INCOMPLETE OR MISSING	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
91051	DENIED OMIG-PROCEDURE CODE CONFLICTS WITH PROPOSED TREATMENT PLAN OR PRIOR APPROVAL REQUEST	96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
91052	DENIED OMIG-CURRENT RADIOGRAPHS NOT SUBMITTED	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91053	DENIED OMIG- FEE EXCEEDS DOLLAR MAXIMUM FOR RADIOGRAPHIC SERVICE.REFER TO PROVIDER MANUAL	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
91054	DENIED OMIG- INCORRECT LOCATION (SURFACE, TOOTH, QUAD) INDICATED ON CLAIM	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/ INVALID TOOTH NUMBER/LETTER.
91055	DENIED OMIG- SERVICE DATE BILLED INCORRECT, REBILL WITH CORRECT SERVICE DATE	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
91056	DENIED OMIG- CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND PAID	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
91057	DENIED OMIG- INFORMATION ON DOCUMENTATION SUBMITTED IS MISSING OR ILLEGIBLE	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
91058	DENIED OMIG- RECIPIENT REPORTED AS DECEASED	13	THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.		
91059	RESUBMIT CLAIM WITH MEDICARE EOMB ATTACHMENT	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N4	MISSING/INCOMPLETE/ INVALID PRIOR INSURANCE CARRIER(S) EOB.

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91060	MEDICARE PART C REQUIRES ELECTRONIC CLAIM SUBMISSION	216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
91061	SERVICE PREVIOUSLY PAID ON MEDICARE CROSSOVER	97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
91062	DENIED OMIG-REQUESTED LABORATORY INVOICE/SLIPS OR DOCUMENTS MISSING	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N102	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECEIVED TIMELY.
91063	DENIED OMIG-PROCEDURE BILLED NOT WITHIN DOH ISSUED PRIOR APPROVAL DATES	16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
91064	DENIED OMIG-NO PATIENT VISITS DURING TREATMENT QUARTER	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
91065	DENIED OMIG-RESTRICTED RECIPIENT, SERVICE NOT PROVIDED/ORDERED BY PRIMARY DENTIST	243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		

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EDIT NO.	EDIT DESCRIPTION	CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION
91066	DENIED OMIG-IMPROPER COMPLETION OF CLAIM FORM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE
91067	DENIED OMIG-INCOMPLETE TREATMENT RECORD	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
91068	DENIED OMIG - PREPAID CAPITATION RECIPIENT, SERVICE COVERED WITHIN PLAN	24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.		
91069	DENIED OMIG-RADIOGRAPHS NOT PROPERLY MOUNTED/DATED/LABELED	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.
91070	DENIED OMIG-NUMBER OF RADIOGRAPHS SUBMITTED UNEQUAL TO NUMBER REFLECTED IN RECORD/CLAIM	251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM
91071	DENIED OMIG-PROVIDER NOT AUTHORIZED FOR CONTINUED CARE	185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.		