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EDIT MAPPING FOR 835 ORDERED BY CLAIM ADJUSTMENT REASON CODE

LAST MODIFIED: FEBRUARY 25, 2014

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00199	MODIFIER REQUIRES MANUAL PRICE
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.			00927	MODIFIER INVALID FOR SUBMITTED PROCEDURE CODE
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.	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.	01344	PROCEDURE CODE MODIFIER MISSING
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.	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.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	02180	PT/OT/ST MODIFIER MISSING

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4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.	N519	INVALID COMBINATION OF HCPCS MODIFIERS.	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.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	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.	90868	MUST BILL FOR ONLY THE ADMIN AND TECH COMP USING APPROPIATE 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.	90870	MUST BILL ONLY THE PROF COMP USING APPROPRIATE MODIFIER FOR THIS SERVICE
5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.	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.	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.	90664	PHYSICIAN REIMBURSEMENT NOT APPROPRIATE FOR PLACE OF SERVICE

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6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.	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.	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.	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.	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.	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.	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.	01193	RATE CODE INVALID FOR CLIENT AGE < 18 OR > 64

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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.	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.	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.	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.	01333	RECIPIENT AGE LT 65, BILLED MLTC RATE CODE INVALID

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6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.			01639	DRUG-AGE PRECAUTION
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.	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.	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.	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.	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.	02150	PATIENT AGE DOES NOT MATCH WITH THE HOME HEALTH RATE
7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	00178	PROCEDURE INVALID FOR RECIPIENT SEX (PEND)

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7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	00289	PROCEDURE INVALID FOR SEX OF RECIPIENT
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.	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.	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.	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.	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.	00413	PROVIDER SPECIALTY NOT ON FILE

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8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.	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.	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.	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.	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.	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.	02126	SPECIALTY PHARMACY PROVIDER BILLING FOR NON-COVERED SPECIALTY DRUGS

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8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.	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.	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.	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.	91048	DENIED OMIG-SPECIALTY IS NOT WITHIN THE PROVIDER'S ENROLLMENT
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.	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
10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	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

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11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	00411	DRG CODE AND DIAGNOSIS CODE MISSING
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			00744	DIAGNOSIS CODE NOT VALID FOR AIDS RATE CODE
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			00775	DRG CODE EQUALS 469 OR 955 (PRIMARY DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS)
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	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).	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.			01160	INAPPROPRIATE PROCEDURE CODE FOR HIV DIAGNOSIS

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11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			01224	INVALID DIAGNOSIS CODE FOR OMR HOME AND COMMUNITY BASED SERVICES WAIVER CLAIM
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			01633	DRUG TO DISEASE PRECAUTION
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			02087	INVALID DIAGNOSIS/PROCEDURE COMBINATION
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	02109	INVALID DIAGNOSIS/DRUG CODE COMBINATION
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.			02133	RATE CODE INVALID FOR DRG CODE
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE			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.			90523	PROCEDURE NOT APPLICABLE FOR REPORTED DIAGNOSIS/DIAGNOSIS NOT SPECIFIC
12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.			01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED
13	THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.			91058	DENIED OMIG-RECIPIENT REPORTED AS DECEASED

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14	THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.			00102	SERVICE DATE PRIOR TO BIRTH DATE
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.	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.	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.	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.	00254	SERVICE CODE NOT EQUAL TO PA

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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.	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.	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.			00746	NO ELIGIBILITY RECORD ON 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.	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.	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.	01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY

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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.	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.	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.	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.	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.	90662	PRIOR APPROVAL NUMBER NOT ON FILE/EXPIRED/DELETED

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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.	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.	90879	PROC IS PART OF TX PLAN REQUIR ING 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.	90889	PRODUCT/ITEM DESCRIBED DOES NOT MATCH COST INVOICE/PA FILE
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.	91031	DENIED OMIG-PROCEDURE IS PART OF TREATMENT PLAN REQUIRING PRIOR APPROVAL

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.	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.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	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.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.	00018	DATE OF SERVICE/FILL DATE INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	00021	PATIENT STATUS CODE INVALID

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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.	00025	SPECIAL CONSIDERATION INDICATOR INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N329	MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE.	00026	DATE OF BIRTH 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.	00030	GROUP ID NUMBER NON-NUMERIC
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	00036	AMOUNT CHARGED IS MISSING OR INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	00039	PRIMARY DIAGNOSIS CODE BLANK

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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	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.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	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.	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.	00056	OTHER INSURANCE PAID INFORMATION INCONSISTENT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	00065	ABORTION / STERILIZATION 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.	00070	PROCEDURE 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.	00071	PLACE OF SERVICE 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.	00076	PROVIDER ID NUMBER 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.	00094	NUMBER OF UNITS NOT GREATER THAN ZERO

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00098	LOCATOR CODE INVALID
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).	00110	MEDICARE DATA INCONSISTENT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	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.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.	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.	00136	GROUP ID NUMBER NOT ON NYS MASTER FILE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.	00142	RECIPIENT BIRTH DATE NOT EQUAL FILE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA39	MISSING/INCOMPLETE/INVALID GENDER.	00144	RECIPIENT SEX NOT EQUAL FILE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	00146	PRIMARY/PRINCIPAL DIAGNOSIS 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.	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.	00198	LOCATION OF SERVICE INVALID FOR PROVIDER

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N3	MISSING CONSENT FORM.	00224	PROCEDURE INDICATES HYSTERECTOMY - CHECK FORMS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	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).	00226	PROCEDURE INDICATES STERILIZATION/STERILIZATION 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.	00227	PRIMARY DIAGNOSIS INDICATES ABORTION/ABORT 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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	N3	MISSING CONSENT FORM.	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.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).	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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	00265	ABORTION CODE INVALID FOR RECIPIENT SEX
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.	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.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.	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.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	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.			00400	ENCOUNTER CONTROL NUMBER MISSING

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.			00401	BENEFICIARY ID MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	00402	DIAGNOSIS CODE AND PROCEDURE CODE MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.			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.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	00406	DIAGNOSIS CODE MISSING

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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.	00408	CATEGORY OF SERVICE MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.			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.			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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.			00425	MMIS PLAN ID NOT HMO PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	00431	NEONATE BIRTH WEIGHT MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.	00433	OPER PROV ID NOT ON FILE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	00434	BIRTH WEIGHT NOT REASONABLE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA42	MISSING/INCOMPLETE/INVALID ADMISSION SOURCE.	00435	SOURCE OF ADMISSION CD INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	00436	TYPE OF BILL DIGIT 3 INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.			00437	CLAIM/ENCOUNTER INDICATOR 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.	00519	ORDERING/REFERRING/ PRESCRIBING PROVIDER LICENSE NUMBER INVALID

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	00525	PRESCRIBER LICENSE NUMBER IS MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.	00528	MISSING OR INVALID QUANTITY DISPENSED
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER	00532	DISPENSE AS WRITTEN CODE INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.	00534	DATE ORDERED INVALID
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.	00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00540	NUMBER OF DAYS SUPPLY INVALID
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	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.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE	00548	FILL DATE PRECEDES 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.	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.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.	00550	MAXIMUM QUANTITY EXCEEDED

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00556	REFILL NUMBER EXCEEDS MAXIMUM MAX
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).	00561	DRUGS/SUPPLY CODE NOT ON FILE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME	00563	DAYS SUPPLY LESS THAN MINIMUM
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.	00570	NO PRICE ON DRUG FILE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	00600	ADMISSION DATE INVALID

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N46	MISSING/INCOMPLETE/INVALID ADMISSION HOUR.	00602	ADMISSION HOUR INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.	00603	ADMISSION TYPE CODE INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA65	MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS.	00604	ADMITTING 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.	00610	PRINCIPLE DIAGNOSIS CODE MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.	00613	PRINCIPLE PROCEDURE DATE INVALID

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00625	DISCHARGE DATE ILLOGICAL
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	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.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	00652	DISCHARGE 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.	00653	STATEMENT FROM DATE PRIOR TO ADMISSION DATE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).	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).	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.	N221	MISSING ADMITTING HISTORY AND PHYSICAL REPORT.	00663	PATIENT CONTROL 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.	00664	ATTENDING PHYSICIAN LICENSE NUMBER MISSING

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	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.	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.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	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.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	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.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	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.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	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.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.	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.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	00785	ALTERNATE LEVEL OF CARE (ALC) CLAIMS REQUIRE AN ALC DATE

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).	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.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	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.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	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.	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.	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.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	00790	DAYS LESS THAN THRESHOLD AND STILL A PATIENT OR DIED

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.	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.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	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.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	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.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.	00803	PATIENT BORN IN HOSPITAL/YEAR OF BIRTH DIFFERS FROM ADMIT YEAR

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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.	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.	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.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	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

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	00822	PATIENT NEWBORN - CONFLICTING ACCIDENT CODE ON FORM
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.	00827	PATIENT STILL IN HOSPITAL TRICARE CODE CONFLICTS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	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.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE BILLING PERIOD.	00835	NON COVERED DAYS GREATER THAN BILLING PERIOD

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).	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.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	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.	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE 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.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.	00856	INAPPROPRIATE AGE FOR PSYCHIATRIC PATIENT

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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.	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.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	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.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION	00901	CLAIM TYPE UNKNOWN
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.	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.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.	00915	SERVICE PROVIDER PROFESSION CODE INVALID

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N287	MISSING/INCOMPLETE/INVALID REFERRING 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.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	00917	ORAL CAVITY 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.	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 SURFACCE CODES
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.	00931	REQUIRED TOOTH FOR PROCEDURE INVALID

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	00932	REQUIRED QUADRANT FOR PROCEDURE INVALID
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.	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.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.	00935	IMPROPER NO OF SURFACES INDICATED
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	00938	PRESCRIBING PROVIDER PROFESSION CODE BLANK/PRESCRIBING PROVIDER ID NOT NUMERIC

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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.	01004	THRU SERVICE DATE INVALID
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.	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.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.	01009	REFERRAL DATA INCONSISTENT
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.	01011	TOTAL DAYS NOT NUMERIC
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.	01027	MEDICAID COVERAGE CODE 09 MEDICARE APPROVED AMOUNT MISSING

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	01035	STATUS DISCHARGED DESTINATION PROVIDER BLANK
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	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.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	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.	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE DAYS DURING THE BILLING PERIOD.	01039	MEDICAID (TITLE XIX) DAYS TOTAL INCORRECT

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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.	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED 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.	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.	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.	M59	MISSING/INCOMPLETE/INVALID “TO” DATE(S) OF SERVICE.	01044	DATES OF SERVICE CANNOT SPAN ACROSS MONTHS
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).	01045	BOX M=1/MEDICARE PYMT NOT BLANK

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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.	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.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).	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).	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).	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

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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.	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.	01073	PROCEDURE CODE FOR BLOCK BILL INVALID
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).	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.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.	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

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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).	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.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.	01119	INVALID OFFICE ACCOUNT NUMBER FOR ICM CLAIM
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).	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).	01182	RATE CODE NOT BILLABLE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	01221	REFERRING ID BLANK - OMH REHABILITATION

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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.	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.	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY IDENTIFIER.	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.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER 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.	01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE

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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.	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.	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.	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.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.	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.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	01283	UPPER DOLLAR LIMIT EXCEEDED
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.	01287	DATE OF SERVICE FOR TRAUMATIC BRAIN INJURY RATE NOT FIRST OF MONTH

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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.	01306	INVALID RATE CODE FOR HEMODIALYSIS CROSSOVER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	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.	01310	REQUIRED ARCH CODE/MISSING 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.	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

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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.	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.	01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.	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.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	01328	NURSE UNITS EXCEED 24 HOURS
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.	01334	RECIPIENT HAS NO MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.	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.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.	01357	PROVIDER ID AND SERVICE ID IDENTICAL
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).	01479	MULTIPLE RATE CODES SUBMITTED
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.	01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV

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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.	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.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	01600	DISCONTINUED NDC NUMBER
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.	01603	MAXIMUM DAYS SUPPLY EXCEEDED
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.	01604	OVERRIDE DENIED, UT NOT AT LIMIT
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).	01606	OTHER PAYOR AMOUNT MUST BE EQUAL TO ZERO

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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	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.	N407	YOU ARE NOT AN APPROVED SUBMITTER FOR THIS TRANSMISSION FORMAT.	01611	MISSING OR INVALID PROCESSOR CONTROL NUMBER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01612	MISSING OR INVALID ELIGIBILITY OVERRIDE CODE

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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	01614	CLAIM HAS NOT BEEN PAID OR CAPTURED
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	01615	MISSING OR INVALID PATIENT PAID AMOUNT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	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.	MA130	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID INFORMATION	01620	INVALID SEQUENCE NUMBER

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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.	N51	ELECTRONIC INTERCHANGE AGREEMENT NOT ON FILE FOR PROVIDER/SUBMITTER.	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.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	01629	INVALID PIN
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).	01631	CLIENT HAS OTHER INSURANCE

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M123	MISSING/INCOMPLETE/INVALID NAME	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.	N51	ELECTRONIC INTERCHANGE AGREEMENT NOT ON FILE FOR PROVIDER/SUBMITTER.	01645	PROVIDER CAN NOT ACCESS BY ACCOUNT TYPE
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.	01648	PROCESSOR CONTROL NUMBER NEEDED FOR REBILL/REVERSAL

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	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

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	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 REVEW 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).	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

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).	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.	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.	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.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	01718	TYPE OF BILL IS INVALID

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.	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.	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.	01721	PATIENT STATUS CONFLICTS WITH TYPE OF BILL
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	01723	TOTAL CLAIM CHARGE CONFLICT
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.	01724	LI DOS OUTSIDE FROM/THRU DATES

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.	01725	NON COVERED CHARGE CONFLICT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M79	MISSING/INCOMPLETE/INVALID CHARGE.	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.	MA67	CORRECTION TO A PRIOR CLAIM.	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.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	01735	TPL AMT IS INVALID

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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).	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.	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(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.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).	01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.	01998	SYSTEM UNAVAILABLE/HOST UNAVAILABLE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER EOB.	02001	CLAIM PAYER PD AMT NOT EQUAL TO SUM OF LINE PAYER PD AMT

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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.	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.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	02022	MISSING REFERRING 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.	02023	MISSING ATTENDING 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.	02024	MISSING OPERATING 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.	02025	MISSING RENDERING NPI

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.	02026	MISSING SUPERVISING 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.	02027	MISSING OTHER 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.	02028	MISSING ASSISTANT SURGEON 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.	02032	INVALID REFERRING 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.	02033	INVALID ATTENDING NPI

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.	02034	INVALID OPERATING 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.	02035	INVALID RENDERING 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.	02036	INVALID SUPERVISING 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.	02037	INVALID OTHER 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.	02038	INVALID ASSISTANT SURGEON NPI

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	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.	N253	MISSING/INCOMPLETE/INVALID ATTENDING 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.	N262	MISSING/INCOMPLETE/INVALID OPERATING 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.	N290	MISSING/INCOMPLETE/INVALID RENDERING 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.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY IDENTIFIER.	02046	SUPERVISING MMIS PROVIDER ID CAN NOT BE DERIVED

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.	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.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON 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.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	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.	N253	MISSING/INCOMPLETE/INVALID ATTENDING 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.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.	02054	INVALID NPI AND MMIS OPERATING PROVIDER ID COMBINATION

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.	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.	N297	MISSING/INCOMPLETE/INVALID SUPERVISING 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.	N270	MISSING/INCOMPLETE/INVALID OTHER 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.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON 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.	N61	REBILL SERVICES ON SEPARATE CLAIMS.	02059	MEDICAID DAYS INVALID ON CLAIMS WITH MEDICARE HMO DAYS. REBILL SEPARATELY.

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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).	02066	DRUG CODE MISSING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.	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.	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

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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.	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.	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.	02079	MISSING OR INVALID POA CODE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).	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.	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.	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.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	02096	PARTIAL UNIT BILLING NOT ALLOWED

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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.	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.	M47	MISSING/INCOMPLETE/INVALID INTERNAL OR DOCUMENT CONTROL NUMBER.	02111	MEDICARE INTERNAL CONTROL NUMBER 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).	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.0 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

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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.	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.	MA30	MISSING/INCOMPLETE/INVALID TYPE OF BILL.	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.	M23	MISSING INVOICE.	02168	ACQUISITION COST REQUIRED FOR CLOTTING FACTOR PRODUCTS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	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.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	02176	NO RATE CODE ON DIRECT CROSS OVER

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).	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.	MA112	MISSING/INCOMPLETE/INVALID GROUP PRACTICE INFORMATION.	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.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE	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.	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.	02229	SUBMITTED ICD PROCEDURE CODE IS OBSTETRIC DELIVERY AND CONDITION CODE '82' OR '83' NOT SUBMITTED

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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.	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.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS	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.	M59	MISSING/INCOMPLETE/INVALID “TO” DATE(S) OF SERVICE.	90011	RESUBMIT CLAIM USING BLOCK BILLING
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.	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.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	90015	REPEAT PROCEDURE/VISIT INDICATES SUBSEQUENT PROCEDURE CODE SHOULD BE USED

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.	90200	CLAIM SUBMITTED ON INCORRECT PAPER FORM.
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.	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.	N305	MISSING/INCOMPLETE/INVALID ACCIDENT DATE.	90520	IMPROPER COMPLETION OF ACCIDNT CODE FIELD
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	90522	SVC REQ APPROPRIATE REF PROV
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).	90602	DENIED PER REVIEW BY NYSDSS/ PROCEDURE CODE INCORRECT

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).	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.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.	90661	INSUFFICIENT INFORMATON/REBILL ON PAPER CLM WITH DOCUMENTATON TO SUPORT BILLNG THIS PROC CDE
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.	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.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER	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.	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.	90678	DENY PER REVIEW BY NYSDSS/ -QUANTITY BILLED GREATER THAN QUANTITY DISPENSED

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.	90860	DENY-BIRTH WEIGHT MISSING OR UNIDENTIFIED
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.	90863	UNITS BILLED INAPPROPRIATE; SEE PROC DESCRIP
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.	90865	DENTAL SITE INCORRECT OR CONFLICTS WITH POLICY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).	90867	PROC CODES BILLED ON THIS SVC DT ARE INCONSISTENT/INAPPROP
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90869	REPORT SUBMITTED DOES NOT ADEQUATELY DESCRIBE THE PROCEDURE/SERVICE PROVIDED

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	90878	REBILL INDICATING DENTAL ARCH IN FIELD #46
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS	90893	REBILL FOR PERSONAL TIME IN ATTENDANCE ONLY
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.	91001	DENIED OMIG-INCORRECT PROCEDURE CODE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	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.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	91004	DENIED OMIG-INCORRECT RATE CODE

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(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.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR 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.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	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.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.	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.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	91015	DENIED OMIG-DATE OF SERVICE INCORRECT/REBILL USING DATE OF INSERTION/COMPLETION

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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.	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.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.	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.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.	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.	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.	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.	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.	91039	DENIED OMIG-IMPROPER NUMBER OF SURFACES INDICATED

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16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS	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.	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.	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.	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.	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.	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	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.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	91063	DENIED OMIG-PROCEDURE BILLED NOT WITHIN DOH ISSUED PRIOR APPROVAL DATES
18	DUPLICATE CLAIM/SERVICE.			00707	EXACT DUP CATCH ALL PROCEDURE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
18	DUPLICATE CLAIM/SERVICE.			00755	THIS REFILL ALREADY PAID
18	DUPLICATE CLAIM/SERVICE.			01345	ORIGINAL DUPLICATE CLAIM IN HISTORY
18	EXACT DUPLICATE CLAIM/SERVICE	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.	02152	PEND RESOLUTION - STATE REVIEWER DENIED - MANUAL REVIEW
18	DUPLICATE CLAIM/SERVICE.			90892	DUPLICATE CLAIM PENDING OR IN SYSTEM
18	DUPLICATE CLAIM/SERVICE.			91034	DENIED OMIG-DUPLICATE CLAIM PENDING IN SYSTEM
18	DUPLICATE CLAIM/SERVICE.			91040	DENIED OMIG-DUPLICATE CLAIM IN HISTORY
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			00131	THIRD PARTY INDICATED/OTHER INSURANCE AMT NOT SUBMITTED
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			00152	RECIPIENT FILE INDICATES MEDICARE/NO MEDICARE PRESENT
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			00239	NO FAULT OR WORKMANS COMP INDICATED/NOT COVERED BY MEDICAID
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			01079	CATEGORY OF SERVICE REQUIRES MEDICARE

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22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			01131	PAYMENT NOT ALLOWED UNTIL MEDICARE INSURANCE IS MAXIMIZED
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			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.			02004	RECIPIENT HAS MEDICARE PART D
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			90150	NYS REVIEW/RCPNT OTHER INS
22	THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.			90550	THIRD PARTY INSURANCE REVIEW
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			00123	AMOUNT CHARGED IS LESS THAN MEDICARE APPROVED AMOUNT
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	00264	UNLISTED SERVICES PROCEDURE CODE WITH MEDICARE INVOLVEMENT
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			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.			00823	TRICARE 1 INDICATED - OTHER INSURANCE FIELD NOT BLANK
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			00843	CALCULATED PAYMENT AMOUNT LT 0
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			00847	BILLING FOR DEDUCTIBLE BUT NO MEDICARE DAYS PRESENT

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23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			01261	GRADUATE MEDICAL EXPENSE NO REIMBURSABLE FOR MEDICARE DEDUCTIBLE/COINSURANCE CLAIM
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			01605	OTHER PAYOR AMOUNT MUST BE GREATER THAN ZERO
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			02098	MEDICARE/OTHER INSURANCE AMOUNTS INVALID
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			02114	ZERO PAYMENT ON MEDICARE CROSSOVER CLAIM
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			02137	MEDICARE COVERS 100% - NO PATIENT RESPONSIBILITY REMAINING FOR MEDICAID
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			02144	MEDICARE/MCO PAYER AMOUNTS NOT REASONABLE

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23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.			90517	OTH INS/MEDICARE PYMT EXCEEDS MEDICAID REIMBURSEMENT
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			00699	RECIPIENT COVERAGE INDICATES CAPITATION CLAIMS AND PREPAID CAPITATION PLAN REFER SERVICE ONLY
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			01171	PREPAID CAPITATION RECIPIENT-SERVICE INAPPROPRIATE FOR ENROLLEE
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			01172	PREPAID CAPITATION RECIPIENT - SERVICE COVERED WITHIN PLAN (DENY)
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			01174	PEND FOR STATE REVIEW - PCP PLAN CODE NOT ON CONTRACT FILE
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.	01254	CAPITATION CLAIM MUST COVER ENROLLMENT PERIOD
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			01497	FAMILY HEALTH PLUS CLAIM NOT COVERED
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.			91068	DENIED OMIG - PREPAID CAPITATION RECIPIENT, SERVICE COVERED WITHIN PLAN
26	EXPENSES INCURRED PRIOR TO COVERAGE.	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.			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.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	90162	NYS REVIEW/RCPNT INELIG DT SVC
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	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.	00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	90574	DATE OF SERVICE INCORRECT; REBILL USING LAST DATE OF RECIPIENT ELEGIBILITY
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			00073	SERVICE DATE OVER 90 DAYS/SEE ATTACHMENT

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			00414	SERVICE/ADMIT DATE PRIOR TO 1/1/96
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			00658	STATMENT THRU DATE IS MORE THAN 90 DAYS OF DATE RECEIVED
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			01007	THRU SERVICE DATE GT 90 DAYS OF RECEIPT
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			01018	THRU SERVICE DT GT 90 DAYS OF RECEIPT/REVIEW ATTACHMENT
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED
29	THE TIME LIMIT FOR FILING HAS EXPIRED.	N30	PATIENT INELIGIBLE FOR THIS 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.			01269	STOP LOSS CLAIM NOT RECEIVED WITHIN 6 MONTHS OF YEAR END
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			02115	MEDICARE CROSSOVER CLAIM IS 3 YEARS OLD
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			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.			02173	LOW BIRTH WEIGHT “KICK” RATE CLAIM NOT RECEIVED WITHIN ONE YEAR
29	THE TIME LIMIT FOR FILING HAS EXPIRED			02223	DELAY REASON CODE 15 (NATURAL DISASTER) INVALID
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			90073	MANUAL REVIEW; 90 DAY REG
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			90540	CLAIM OVER 730 DAYS OLD
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			90541	CLAIM OVER 730 DAYS OLD

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			90542	CLAIM OVER 730 DAYS OLD
29	THE TIME LIMIT FOR FILING HAS EXPIRED.			90680	DENY PER REVIEW BY NYSDSS/ -CLAIM RESUBMITTED MORE THAN 60 DAYS AFTER INITIAL DENIAL
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.			00074	RECIPIENT ID NUMBER INVALID
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.			00140	RECIPIENT ID NUMBER NOT ON FILE
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.			01619	INVALID ACCESS NUMBER
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.			90002	RCPNT NOT ON FILE; WILL RECYCLE
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.			90140	NYS REVIEW/RCPNT NOT ON FILE
39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE			00245	PRIOR APPROVAL INDICATED NOT APPROVED BY NYS
39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE			01647	DVS ERROR
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.	02141	RATE CODE INVALID FOR DETOX DRG CLAIM

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	90887	SERVICE NOT COVERED AS A SCREENING TEST
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.	00180	UNITS GREATER THAN MAXIMUM
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.	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.	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 ADVISOR/DENTAL ADVISOR/PEER REVIEW.	01730	ICD-9 PROCEDURE CODE REQUIRES REVIEW BY MAD

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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.	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.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.	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.	02220	UNITS GREATER THAN MAXIMUM
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.	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 OR DENTAL ADVISOR.	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.	90199	MODIFIER REQ MANUAL PRICING

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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.	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.	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.	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.	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.	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.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.	91041	DENIED OMIG-PROCEDURE EXCEEDS SERVICE LIMITS

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	91064	DENIED OMIG-NO PATIENT VISITS DURING TREATMENT QUARTER
55	PROCEDURE/TREATMENT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N623	NOT COVERED WHEN DEEMED UNSCIENTIFIC/UNPROVEN/OUTMODED/EXPERIMENTAL/EXCESSIVE/INAPPROPRIATE.	90508	DENIED PER MED REVIEW BY NYS/ OHSM-PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL
55	PROCEDURE/TREATMENT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.			90607	DENIED PER REVIEW BY NYSDSS/ PROCEDURE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL
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.	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.			91033	DENIED OMIG-PROCEDURES OR TREATMENT IS NOT CONSISTENT WITH PRESENT STANDARDS OF PRACTICE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. (FOR EXAMPLE MULTIPLE SURGERY OR DIAGNOSTIC IMAGING, CONCURRENT ANESTHESIA.)			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.			90873	REBILL AS ADJ TO PAID CLAIM REPORT TOTAL UNITS + AMOUNT CHGD BASED ON MULT SURG RULE
69	DAY OUTLIER AMOUNT.			90013	LONG STAY OUTLIERS DO NOT QUALIFY FOR COST OUTLIER CONS RESUBMIT AS 2946 AND 2956
95	PLAN PROCEDURES NOT FOLLOWED.			00748	SERVICE AUTHORIZATION RECORD EXHAUSTED
95	PLAN PROCEDURES NOT FOLLOWED.			00749	SERVICE AUTHORIZATION EXCEPTION CODE MISUSED; ACCESS EMEVS
95	PLAN PROCEDURES NOT FOLLOWED.			90612	DENIED PER REVIEW BY NYSDSS/ REQUIRED CARD SWIPE WAS NOT PERFORMED
96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	00129	RATE CODE NOT ON RATE FILE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.	00164	PROVIDER NOT MEMBER OF GROUP
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.	00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE
96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.	00231	ELECTIVE ABORTION NOT PAYABLE
96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	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).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE	00260	MEDICARE PART B AND OR D INDICATED BUT RECIPENT HAS NO SUCH COVERAGE ON FILE
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)
96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.	00507	RATE CODE INVALID FOR OUTPATIENT CLINIC CLAIM.
96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.	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

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96	NON-COVERED CHARGE(S).	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.	00551	ITEM NOT ELIGIBLE FOR PAYMENT ON FILL DATE
96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.	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).	N633	ADDITIONAL ANESTHESIA TIME UNITS ARE NOT ALLOWED.	00690	ANESTHESIA UNITS GREATER THAN MAX
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	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.	00696	PROVIDER ON CLAIM NOT RECIPIENT PREPAID CAPITATION PROVIDER
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	00709	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 08)
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.	00777	HOSPITAL LOCATION FOR THE DRG NOT FOUND ON CPG TABLE
96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.	00780	INVALID RATE CODE FOR INPATIENT CLAIM
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	00866	MEDICAID COVERAGE CODE 10; RECIPIENT INELIGIBLE FOR THIS SERVICE

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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	00929	NO FEE ON FILE/STATE REVIEW
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE 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.	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).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE	01002	RECIPIENT COVERED BY MEDICARE PART-B; RE-BILL WITH PART-B RATE
96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.	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).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	01028	RATE CODE INVALID FOR CMCM/MSC CATEGORY OF SERVICE
96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.	01067	BED RETENTION DAYS OVER LIMIT FOR PATIENT STATUS
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	01107	MEDICAID COVERAGE CODE 09, TITLE XIX DAYS PRESENT

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96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	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).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.	01136	RATE CODE INVALID FOR CLINIC
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	01158	ENHANCED FEE PROCEDURE CODE USED FOR NON-QUALIFIED RECIPIENT OR PROVIDER
96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	01162	INVALID OMH SPEC/RATE CODE
96	NON-COVERED CHARGE(S).	N194	TECHNICAL COMPONENT NOT PAID IF PROVIDER DOES NOT OWN THE EQUIPMENT USED.	01163	TECHNICAL COMPONENT NOT APPROPRIATE FOR PRACTITIONER CLAIM
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01166	CHIROPRACTIC ORDER/REFERRAL INVALID - RECIPIENT NOT QUALIFIED MEDICARE BENEFICIARY
96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.	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.	01198	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY

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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.	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).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01205	PROCEDURE CODE ONLY VALID FOR CARE AT HOME 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	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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.	01213	CLAIM MUST BE SUBMITTED ELECTRONICALLY USING HIPAA COMPLIANT ANSI X12 837 CLAIM SUBMISSION FORMAT
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	01229	RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE
96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.	01250	EXCEEDED MAX OF 75 THERAPEUTIC LEAVE DAYS IN A 12 - MONTH PERIOD
96	NON-COVERED CHARGE(S).	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	01252	GROUP OPERATING CPD NOT FOUND FOR PROVIDER
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	01257	RATE CODE NOT BILLABLE AS SEPARATE CLAIM
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	01259	INVALID RATE FOR CLIENT NOT PCP ENROLLEE
96	NON-COVEERED 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	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	01278	MENTAL RETARDATION/DEVELOPMENTALLY DISABLED/TRAUMATIC BRAIN INJURY SERVICES NOT REIMBURSABLE

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96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.	01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01293	PROVIDER/GROUP REIMBURSED FOR MEDICARE 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	01296	BED RES/THERA LVE DAYS NOT ALLOWED FOR COV CD H RECIP
96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.	01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER
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	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).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))

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96	NON-COVERED CHARGE(S).	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.	01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS 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).	N61	REBILL SERVICES ON SEPARATE CLAIMS.	01482	DIFFERENCE IN CLAIM TYPE AND/OR COS BETWEEN LINES
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.	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

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96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.	01646	ONLINE ADJUSTMENTS/REBILLS NOT ALLOWED FOR DVS ITEMS
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	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	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).	N47	CLAIM CONFLICTS WITH ANOTHER INPATIENT STAY.	01726	CLIENT READMITTED WITHIN 14 DAYS OF DISCHARGE
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.	01728	PROCEDURE/CLAIM TYPE CONFLICT
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	02005	NURSING HOME TRANSITION AND DIVERSION MEDICAID WAIVER (NHTD) WAIVER PROGRAM RATE CODE REQUIRES RECIPIENT WITH EXCEPTION CODE 60.

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96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	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).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.	02014	CLAIM UNDER REVIEW BY THE OFFICE OF THE STATE COMPTROLLER
96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.	02067	ATTENDING PROVIDER NOT LINKED TO BILLING PROVIDER
96	NON-COVERED CHARGE(S).	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT	02078	DRUG SUBMITTED NOT REBATEABLE
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	02128	RATE CODE INVALID - RECIPIENT EXCEPTION EQUAL TO 30
96	NON-COVERED CHARGE(S).	N633	ADDITIONAL ANESTHESIA TIME UNITS ARE NOT ALLOWED.	02143	SUBMITTED MINUTES GREATER THAN MAXIMUM MINUTES
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	02154	INVALID LOCATOR CODE FOR RECIPIENT COUNTY

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96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.	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).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE	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	02212	HEALTH HOME RATE CODE - CLIENT DOES NOT HAVE HEALTH HOME PAYMENT WEIGHT ON TABLE
96	NON-COVERED CHARGE(S).	N30		02214	PODIATRY SER VICES NOT REIMBURSABLE FOR 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	02215	RECIPIENT ELIGIBLE FOR INPATIENT SERVICES ONLY
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	90500	PROC OR COST OR MATERIALS NOT REIMBURSABLE BY MEDICAID
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.	90518	NO FRTHR PYMT FOR THIS SESSION

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96	NON-COVERED CHARG(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.	90519	PROVIDER NOT APPROVED FOR THIS SERVICE
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	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	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 SUBMITTE D OR SERVICE PROVIDED IS CON- TRARY 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 SUBMIT- TED OR SERVICE PROVIDED IS CON TRARY TO MEDICAID POLICY
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.	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.	90858	DENY-CHARGES DO NOT MEET THRESHOLD
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.	90874	MULTIPLE UNITS ARE NOT WARRANTED; REBILL WITH BILATERAL MODIFIER 50/WB

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96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.	90881	PA NOT REQUIRED-REFER TO "BY-REPORT" RULES
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.	90884	MODIFIER 62, SKILL OF TWO SURGEONS IS REQUIRED TO BILL FOR THIS OPERATIVE SESSION
96	NON-COVERED CHARGE(S).	N365	THIS PROCEDURE CODE IS NOT PAYABLE. IT IS FOR REPORTING/INFORMATION PURPOSES ONLY.	90885	PROCEDURE CONFLICTS WITH POLICY CRITERIA/REBILL WITH APPROPRIATE CODE
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.	90890	MODIFIER NOT REQUIRED FOR THIS BILLING
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	91009	DENIED OMIG-SERVICE NOT COVERED BY MEDICAID
96	NON-COVERED CHARGE(S).	N59	PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.	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

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96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	91032	DENIED OMIG-CONFLICTING PROCEDURE IN HISTORY
96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.	91035	DENIED OMIG-CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	91042	DENIED OMIG-PROCEDURE CONFLICTS WITH PRIOR SERVICE
96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	91051	DENIED OMIG-PROCEDURE CODE CONFLICTS WITH PROPOSED TREATMENT PLAN OR PRIOR APPROVAL REQUEST
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.	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

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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.	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.	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.	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

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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.	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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	00758	DUPLICATE INPATIENT/PHARMACY CLAIM

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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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	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

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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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	00766	DUPLICATE DENTAL/CLINIC (0164)

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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.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	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.	01178	DUPLICATE PRINCIPAL PAS CLAIM ON HISTORY FILE

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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.	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.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	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.	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY BILLED AND ADJUDICATED.	01272	CLAIM CONFLICTS WITH PREVIOUSLY STATE VOIDED CLAIM

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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.	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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	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.	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

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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.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.	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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	02113	DUPLICATE OF EXISTING CROSSOVER IN HISTORY

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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.	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.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.	02167	PROFESSIONAL SERVICE INCLUDED IN MEDICAID RATE

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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.	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.	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

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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.	02197	CONFLICTING SURGERY WITH UNRELATED E&M CODE DURING POSTOP PERIOD (PEND)

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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

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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	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.	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.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.	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.	N19	PROCEDURE CODE INCIDENTAL TO PRIMARY PROCEDURE.	90505	DENIED PER MED REVIEW BY NYS/ OHSM-THIS PROC IS INCLUDED WITHIN ANOTHER BILLED PROC

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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.	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.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.	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.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.	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.	90604	DENIED PER REVIEW BY NYSDSS/ THIS PROCEDURE IS INCLUDED WIT HIN ANOTHER BILLED PROCEDURE

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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.	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.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.	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	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.	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.	N390	THIS SERVICE/REPORT CANNOT BE BILLED SEPARATELY.	90679	DENY PER REVIEW BY NYSDSS/ -SET UP AND DELIVERY CHARGES INCLUDED IN COST OF EQUIPMENT

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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.	90727	MANUAL REVIEW/NR DUP IN HISTRY
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.	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.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.	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.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.	91043	DENIED OMIG-NEAR DUPLICATE CLAIM IN HISTORY

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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.	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.	91061	SERVICE PREVIOUSLY PAID ON MEDICARE CROSSOVER
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.			00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.			02085	AFTER HOUR PROCEDURE REQUIRES AT LEAST ONE OTHER PAID CLAIM LINE
109	CLAIM NOT COVERED BY THIS PAYER/CONTRACTOR.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.	00286	CHILD CARE RECIPIENT BILL AGENCY
110	BILLING DATE PREDATES SERVICE DATE.			00016	BILLING DATE INVALID
110	BILLING DATE PREDATES SERVICE DATE.			00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE
110	BILLING DATE PREDATES SERVICE DATE.			01005	THRU SERVICE DATE AFTER RECEIPT DATE

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112	SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.			90614	PROCEDURE BILLED FOR SERVICES NOT PROVIDED
112	SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.			90672	DENY PER REVIEW BY NYSDSS/ -CLAIM SUBMITTED FOR ITEM NOT ORDERED
125	SUBMISSION/BILLING ERROR(S).	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.	02073	OTHER INSURANCE/MEDICARE DATA NOT BALANCE
129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N152	MISSING/INCOMPLETE/INVALID REPLACEMENT CLAIM INFORMATION.	00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE
129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.	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.	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.	90999	CLAIM DATA IS NOT CONSISTENT WITH SUPPLIED EOMB DATA

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136	FAILURE TO FOLLOW PRIOR PAYER'S COVERAGE RULES. (USE ONLY WITH GROUP CODE OA)			02195	DENIED PER PRIOR PAYER'S ADJUDICATION
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.			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.			90609	DENIED PER REVIEW BY NYSDSS/ RECIPIENT INFORMATION ON CLAIM FORM IS NOT CORRECT
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.	00148	SECONDARY DIAGNOSIS NOT ON FILE
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	00412	DIAGNOSIS CODE NOT ON FILE
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	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

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146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.	02106	DIAGNOSIS CANNOT BE BILLED AS PRIMARY
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.			90197	UNTS GRTR 1 REQ MANUAL PRICING
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.	00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED
154	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS DAY'S SUPPLY.			90452	CLAIM DENIED - SUPPORTING DOCUMENT NOT RECEIVED WITHIN 180 DAYS
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.	90611	DENIED PER REVIEW BY NYSDSS/ REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME
166	THESE SERVICES WERE SUBMITTED AFTER THIS PAYERS RESPONSIBILITY FOR PROCESSING CLAIMS UNDER THIS PLAN ENDED.			02000	CLAIM HAS BEEN PLACED IN FISCAL PEND STATUS BY NYS DOH

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167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N647	ADJUSTED BASED ON DIAGNOSIS-RELATED GROUP (DRG).	00776	ASSIGNED DRG HAS NO PRICING IN SYSTEM
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.	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.	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.	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.	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.	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.	02110	SERVICING PROVIDER PROFESSION CODE IS NOT ALLOWED FOR CLINIC
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.	01161	TYPE OF BILL INVALID FOR OMH SPECIALTY CODE

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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.	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.	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.	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.	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.	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.	90603	DENIED PER REVIEW BY NYSDSS/ UNLISTED LAB TEST MAY NOT BE PERFORMED IN PROVIDER'S OFFICE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	90871	COST OF MATERIALS OR SERVCE IS INCLUDED W/I FACILITY'S RATE
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.	91044	DENIED OMIG-LOCATION OF SERVICE INVALID FOR PROVIDER
175	PRESCRIPTION IS INCOMPLETE.			00526	PRESCRIPTION / ORDER NUMBER IS MISSING
175	PRESCRIPTION IS INCOMPLETE.			00531	AUTHORIZED REFILLS NUMBER INVALID
175	PRESCRIPTION IS INCOMPLETE.			01613	MISSING OR INVALID COMPOUND CODE
175	PRESCRIPTION IS INCOMPLETE.			02002	PRESCRIPTION SERIAL NUMBER MISSING
175	PRESCRIPTION IS INCOMPLETE.	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.	02060	PRESCRIPTION SERIAL NUMBER REPORTED AS MISSING/STOLEN
175	PRESCRIPTION IS INCOMPLETE.			02061	PRESCRIPTION SERIAL NUMBER CANNOT BE ADJUSTED
175	PRESCRIPTION IS INCOMPLETE.			02116	MISSING PRESCRIPTION ORIGIN CODE
175	PRESCRIPTION IS INCOMPLETE.			02117	INVALID PRESCRIPTION ORIGIN CODE
175	PRESCRIPTION IS INCOMPLETE.	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER	02129	NO ORIGINAL PRESCRIPTION FOR REFILL
175	PRESCRIPTION IS INCOMPLETE.			90524	INSUFFICIENT DIOP CHANGE/NEW AND OLD RX MISSING
176	PRESCRIPTION IS NOT CURRENT.			00530	NEW / REFILL NUMBER INVALID

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.			00706	STOP-LOSS REQUIRES MANUAL PRICING
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS	N543	INCOMPLETE/INVALID INCOME VERIFICATION	02222	SPEND DOWN DATA INCONSISTENT
178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.			01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN
178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.			01602	NO COVERAGE; EXCESS INCOME SPENDDOWN
179	PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS.			80345	STERILIZATION CONSENT FORM - INVALID WAIT TIME
180	PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS.			02184	CLIENT IS NONRESIDENT - THERAPEUTIC AND HOSPITAL LEAVE DAYS ARE NOT ALLOWED
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.			00170	PROCEDURE CODE NOT ON FILE
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.			00204	PROCEDURE CODE INACTIVE ON SERVICE DATE
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).	00544	NDC CODE NON-NUMERIC

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.			00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER 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.			00939	ORDERING/REFERRING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.			00942	ORDERING/REFERRING PROVIDER DECEASED ON SERVICE/ORDER DATE
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.			01008	REFERRING PROVIDER PROFESSION CODE INVALID
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.			01165	CHIROPRACTIC ORDER/REFERRAL INVALID FOR SERVICE
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.			01183	REFERRAL INVALID FOR SERVICE
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID

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184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			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.			00940	PRESCRIBING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			00943	PRESCRIBING PROVIDER DECEASED ON ORDER DATE
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC

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184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			01127	NURSE PRACTITIONER/MIDWIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.			01498	OPTOMETRIST INDICATED NOT QUALIFIED TO PRESCRIBE
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED			00753	ONLY UPSTATE CONTRACTOR ALLOWED TO BILL FOR SERVICE
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.			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.			91006	DENIED OMIG-PROVIDER UNABLE TO PROVIDE SERVICE IN COUNTY
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.			91071	DENIED OMIG-PROVIDER NOT AUTHORIZED FOR CONTINUED CARE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.			00553	DRUG INVALID FOR RECIPIENT SEX
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.			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.			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.			01634	DRUG TO DRUG INTERACTION

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188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.			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
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.	90514	SERVICE COVERED BY LISTED PROCEDURE CODE
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.			00867	PHARMACY SERVICE INCLUDED IN OUT-OF-STATE FACILITY RATE

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190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.			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.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT ISSUED THE FACILITY.	01316	PHARMACY SERVICE INCLUDED IN FACILITY RATE
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.			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
197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.			00552	CLAIM REQUIRES PRIOR APPROVAL
198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.	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.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.	00728	PA REQUIRED - STAY GT 15 DAYS OR LEVEL OF CARE CHANGED

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198	PRECERTIFICATION/AUTHORIZATION EXCEEDED.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN SERVICE DATES.	90857	DENY-EXTENDED ORTHODONTIC PERI OD EXPIRED
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE			00162	RECIPIENT INELIGIBLE ON SERVICE DATE
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE			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			01175	PREPAID CAPITATION RECIPIENT - MULTIPLE COVERAGE
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE			90834	NYS REVIEW/RECIPIENT INELIGIBLE FOR PART OF STAY
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	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	02084	RECIPIENT EXCEPTION MUST = 74 TO BILL THIS RATE

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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	02089	RECIPIENT EXCEPTION MUST = 23 TO BILL THIS RATE
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	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	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PACKAGE	02127	RATE CODE INVALID - RECIPIENT EXCEPTION NOT EQUAL 30
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	91002	DENIED OMIG-ITEM NOT REIMBURSABLE BY MEDICAID
206	NATIONAL PROVIDER IDENTIFIER - MISSING.			02020	MISSING BILLING NPI
206	NATIONAL PROVIDER IDENTIFIER - MISSING.			02021	MISSING GROUP NPI
206	NATIONAL PROVIDER IDENTIFIER - MISSING.			02029	MISSING PRESCRIBING NPI
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.	00078	REFERRING PROVIDER ID NUMBER INVALID

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207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.	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			02039	INVALID PRESCRIBING NPI
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			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.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	02049	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			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.	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO PROVIDER.	02138	PHARMACIST NOT AFFILIATED TO PHARMACY
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			02216	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			02217	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED

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208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.	02218	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			02219	ORDERING MMIS PROVIDER ID CAN NOT BE DERIVED
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.			90001	PROV NOT ON FILE; WILL RECYCLE
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	00562	DRUG PRICE NOT AVAILABLE ON FILL DATE
211	NATIONAL DRUG CODES (NDC) NOT ELIGIBLE FOR REBATE, ARE NOT COVERED.			02119	BRAND REQUIRED INSTEAD OF GENERIC EQUIVALENT
216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.	91060	MEDICARE PART C REQUIRES ELECTRONIC CLAIM SUBMISSION
233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.			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

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233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.			02107	SERIOUS ADVERSE EVENT RATE CODE NOT ALLOWED ON ORIGINAL CLAIM
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.	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
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.			00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.			00263	SERVICING PROVIDER ID OR LICENSE NO AND PROFESSION CODE ARE REQUIRED
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.			00432	ATTEND PROV ID NOT ON FILE
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.			01238	SERVICE LICENSE NOT ON NYS LICENSE FILE

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	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.	01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS			02221	SPENDDOWN CLIENT ALC CLAIM – PP CODE 07 NOT FOUND
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.			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

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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.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.	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.	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

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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.	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.	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.			01239	SUPERVISING PROVIDER OF THE SUBMITTED ORDERER/PRESCRIBER WAS EXCLUDED PRIOR TO SERVICE DATE.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.			01242	ORDER/REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.			91065	DENIED OMIG-RESTRICTED RECIPIENT, SERVICE NOT PROVIDED/ORDERED BY PRIMARY DENTIST
249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.			02139	PSYCHIATRIC RE-ADMISSION CLAIM

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N668	INCOMPLETE/INVALID PRESCRIPTION	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.			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.			91022	DENIED OMIG-DOCUMENTATION SUBMITTED REFLECTS SERVICE PERFORMED BY ANOTHER PROVIDER
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.	80310	INVALID STERILIZATION CONSENT FORM ATTACHED

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N228	INCOMPLETE/INVALID CONSENT FORM.	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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	80340	STERILIZATION CONSENT FORM ILLEGIBLE
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.	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.	N475	MISSING COMPLETED REFERRAL FORM.	80510	INVALID MCCP REFERRAL FORM

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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.	N228	INCOMPLETE/INVALID 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.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.	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.	MA75	MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE.	80620	HYSTERECTOMY CONSENT FORM - RECIPIENT SIGNATURE ALTERED / MISSING

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N228	INCOMPLETE/INVALID CONSENT FORM.	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.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90014	SIZE OF REPAIR/LACERATION NOT INDICATED WITHIN REPORT

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	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.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM	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.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	90610	DENIED PER REVIEW BY NYSDSS/ INFORMATION ON CLAIM FORM ILLEGIBLE OR MISSING

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	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.	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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	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.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM	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.	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY IDENTIFIER.	90876	REPORT SHOWS 2 OR MORE SURGEON / RADIOLOGISTS - SPECIFY PRIMARY / ASSIST PROVIDERS

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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).	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.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM	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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	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.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.	91021	DENIED OMIG-DOCUMENTATION SUBMITTED DOES NOT SUPPORT CLAIM

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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).	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.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM	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.	N233	INCOMPLETE/INVALID OPERATIVE NOTE/REPORT.	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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	91049	DENIED OMIG-IMPROPER COMPLETION OF CLAIM FORM

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N205	INFORMATION PROVIDED WAS ILLEGIBLE	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	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.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	91067	DENIED OMIG-INCOMPLETE TREATMENT RECORD

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.	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.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE CLAIM	91070	DENIED OMIG-NUMBER OF RADIOGRAPHS SUBMITTED UNEQUAL TO NUMBER REFLECTED IN RECORD/CLAIM
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	00172	PROC REQUIRES MANUAL PRICING
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.	02080	APG CLAIM BASE RATE CHANGE TABLE LIMITS REACHED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.	80305	NO STERILIZATION CONSENT FORM ATTACHED

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.	80355	STERILIZATION CONSENT FORM - CONTACT FISCAL AGENT CUSTOMER RELATIONS
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N475	MISSING COMPLETED REFERRAL FORM.	80505	MCCP REFERRAL FORM MISSING
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.	80605	NO HYSTERECTOMY CONSENT FORM ATTACHED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.	90234	PEND: REVIEW CONSENT FORM
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90501	PROCEDURE REQUIRES WRITTEN REPORT/RPT NOT ATTACHED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.	90521	NEED FOR 2 PAIRS OF EYEGLASSES HAS NOT BEEN DOCUMENTED

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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.	90575	DESCRIBE DRUG PURCHASED AND TOTAL DOSAGE ADMINISTERED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N445	MISSING DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.	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.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR FOR AN UNLISTED/BY REPORT PROCEDURE.	90601	DENIED PER REVIEW BY NYSDSS/ PROCEDURE REQUIRES WRITTEN REPORT
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90666	DENY PER REVIEW BY NYSDSS/ -FISCAL ORDER NOT SUBMITTED MISSING
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90855	DENY-PHC ORTHODONTIC REPORTS I NCOMPLETE/MISSING
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	90861	APPROPRIATE ATTACHMNT REQUIRED

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252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N233	INCOMPLETE/INVALID OPERATIVE NOTE/REPORT.	90875	RESUBMIT COST INVOICE INDENTIFYING ITEM PURCHASED/CALCULATING COST PER UNIT
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N463	MISSING SUPPORT DATA FOR CLAIM.	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.	N102	THIS CLAIM HAS BEEN DENIED WITHOUT REVIEWING THE MEDICAL RECORD BECAUSE THE REQUESTED RECORDS WERE NOT RECEIVED OR WERE NOT RECEIVED TIMELY.	90891	FAILURE TO RESPOND TO REQUESTED DOCUMENTATION BY DOH
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N463	MISSING SUPPORT DATA FOR CLAIM.	91011	DENIED OMIG-REPEAT PROCEDURE/NO ADEQUATE EXPLANATION PROVIDED
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.	91016	DENIED OMIG-PROCEDURE REQUIRES WRITTEN REPORT
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.	91018	DENIED OMIG-REQUESTED DOCUMENTATION NOT SUBMITTED IN REQUIRED TIME FRAME

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252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N225	INCOMPLETE/INVALID DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	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.	91024	DENIED OMIG-APPROPRIATE ATTACHMENT REQUIRED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N29	MISSING DOCUMENTATION/ORDERS/NOTES/SUMMARY/REPORT/CHART.	91052	DENIED OMIG-CURRENT RADIOGRAPHS NOT SUBMITTED
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.	91059	RESUBMIT CLAIM WITH MEDICARE EOMB ATTACHMENT
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.	91062	DENIED OMIG-REQUESTED LABORATORY INVOICE/SLIPS OR DOCUMENTS MISSING
A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.	00674	INVALID ADJUST CODE FOR STATE TSN ADJUSTMENT/VOID
A1	CLAIM/SERVICE DENIED.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.	00695	NON-PAY RECIPIENT BILLED

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A1	CLAIM/SERVICE DENIED.	N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.	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.	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.	01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA
A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.	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.	90005	NEW YORK STATE REVIEW

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A1	CLAIM/SERVICE DENIED.	N10	PAYMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.	90006	MEDICAL 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.	90007	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.	90008	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.	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.	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.	90561	MANUAL REVIEW

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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
A8	UNGROUPABLE DRG.			00410	DRG CODE MISSING
A8	UNGROUPABLE DRG.			00774	GROUPER ABEND/INTERNAL RECYCLE
A8	UNGROUPABLE DRG.			00791	DRG EQUALS 470 OR 956 (GROUPER WAS UNABLE TO DETERMINE A VALID DRG)
B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01164	RECIP NOT QMB - SVCS NOT REIMBURSABLE FOR COS
B1	NON-COVERED VISITS.	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.	01305	RECIPIENT NOT ELIGIBLE FOR TRANSPLANT PROCEDURE CODE
B1	NON-COVERED VISITS.	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.	01319	RECIPIENT EXCEPTION INVALID FOR HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAM
B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01336	RECIPIENT DATA INCONSISTENT FOR RATE CODE
B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	01337	INFORMATION INCONSISTENT FOR FHP PROGRAM

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.	02153	PROS RATE CODE INVALID FOR LTHHCP, TBI AND NHTD PROGRAMS
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.			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.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.	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.			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.	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.			90882	CLAIM DENIED, CONFLICTING PROC , CONTACT DOH

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.			91045	DENIED OMIG-SERVICE PREVIOUSLY PAID TO PROVIDER OR TO ANOTHER PROVIDER
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).	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.			02108	SMOKING CESSATION COUNSELING (SCC) PROCEDURE INVALID

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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.	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.			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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.			00605	CLAIM PREVIOUSLY PAID USING ANOTHER PROVIDER NUMBER
B5	COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.			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.			01204	DUR NOT PERFORMED PRIOR TO DISPENSING DRUG
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.			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

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.			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.			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.			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.			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.			01141	PROVIDER EXCEPTION IND REQUIRES PEND (OMIG)

CLAIM ADJUSTMENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMIT ADVICE REMARK CODE	REMARK CODE DESCRIPTION	EDIT NO.	EDIT DESCRIPTION
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.			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.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).	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.			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.			01630	M/I PROCESSOR CONTROL NUMBER OR NO TSN FOUND FOR PROVIDER ID

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B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.			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.			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.			02094	NO NYC SERVICES - AMBULETTE
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.			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

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B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.			91000	DENIED OMIG-PROVIDER NOT CERTIFIED TO PERFORM BILLED SERVICES