Provider Remittance Advice Codes

March 2021

Explanation of Benefit (EOB), Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) may appear on a Provider Remittance Advice (RA) or Provider Electronic Remittance Advice for Paid, Denied or Adjusted claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID PAY-						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL ETE/INVALID PAY- TO PROVIDER
0204	TO PROVIDER	20450745	22004224	40000404	22004204	4.6	Service Payment Information REF), if		PRIMARY
0201	RECIPIENT I.D. NUMBER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid patient
0203	MISSING	20150715	22991231	19000101	22991231	16	present.	N382	identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
							ALERT.) Refer to the 835 Healthcare		
							Policy Identification Segment (loop 2110		Missing/incomplete
	RECIPIENT ID -						Service Payment Information REF), if		/invalid patient
0204	OLD FORMAT	20150715	22991231	19000101	22991231	16	present.	N382	identifier.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
	PRESCRIBING						Advice Remark Code that is not an		MISSING/INCOMPL
	PROVIDER						ALERT.) Refer to the 835 Healthcare		ETE/INVALID
	NUMBER NOT						Policy Identification Segment (loop 2110		PRESCRIBING
	IN VALID						Service Payment Information REF), if		PROVIDER
0206	FORMAT	20150715	22991231	19000101	22991231	16	present.	N31	IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0207	INVALID/MISSI NG BIRTH WEIGHT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPL ETE/INVALID WEIGHT.
	PREGNANCY INDICATOR	20150725	22991231		22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0209	AT LEAST ONE OF THE SUBMITTED DELIVERIES IS MISSING A VALID BIRTHWEIGHT	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPL ETE/INVALID WEIGHT.
	BRAND MEDICALLY NECESSARY INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCOMPLETE/INVAL ID CONTRACT INDICATOR.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0211	INVALID REFILL INDICATOR VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete /invalid prescription quantity.
	MISSING PRESCRIPTION NUMBER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid prescription number.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0213	DATE PRESCRIBED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.
	DATE PRESCRIBED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0215	DATE DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPL ETE/INVALID DISPENSED DATE.
	DATE DISPENSED IS INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID DISPENSED DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0217	MISSING DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
0218	INVALID DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	QUANTITY DISPENSED IS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid prescription
0219	MISSING	20150715	22991231	19000101	22991231	16	present.	N378	quantity.
	QUANTITY DISPENSED IS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid prescription
0220	INVALID	20150715	22991231	19000101	22991231	16	present.	N378	quantity.

EOB	ЕОВ	CHECKWRITE EFFECTIVE		DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE		DATE	DATE		CARC DESCRIPTION	_	RARC DESCRIPTION
0221	MISSING DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.
	ESTIMATED DAYS SUPPLY INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0223	MISSING DIAGNOSIS INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	DIAGNOSIS TREATMENT INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0225	REFERRING PROVIDER - INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
0226	ANESTHESIA CLAIMS REQUIRE REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0227	THIRD PARTY PAYMENT AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	UNITS OF SERVICE MISSING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0234	PROCEDURE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	PROCEDURE CODE NOT IN VALID FORMAT	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0236	NO PROCEDURE FOR REVENUE CODE; MEDICAID HAS NO PAYMENT LIABILITY FOR THIS LINE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	DETAIL TO DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?to? date(s) of service.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0240	THE DETAIL "TO" DATE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete /invalid ?to? date(s) of service.
	SECONDARY DIAGNOSIS CODE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0243	MISSING MEDICARE PAID DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0244	THIRD DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0246	FOURTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
0247	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were exceeded.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0248	PLACE OF SERVICE IS MISSING OR BLANK	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
0249	PLACE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	. Missing/incomplete /invalid/inappropria te place of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0250	CLAIM HAS	20150715	22004 224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N/24	INCORRECT CLAIM FORM/FORMAT
	NO DETAILS FIRST	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.
	MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
	SECOND MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231		Procedure modifier was invalid on the date of service.		
	THIRD MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231		Procedure modifier was invalid on the date of service.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PATIENT RSN FOR VISIT REQ ON OUTPATIENT HOSP CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	ADMIT DIAGNOSIS INVALID ON OUTPATIENT HOSP CLAIM	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0257	PATIENT RSN FOR VISIT INVALID ON INPATIENT CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
0258	MISSING DIAGNOSIS CODE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0260	UNITS OF SERVICE NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.
	MISSING TOOTH NUMBER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0262	INVALID TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.
	INVALID TOOTH SURFACE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid tooth surface information.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0264	DETAIL FROM DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
0265	DETAIL FROM DATE OF SERVICE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0266	MISSING TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete /invalid tooth surface information.
	DUPLICATE TOOTH SURFACES SUBMITTED ON DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete /invalid tooth surface information.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0268	BILLED AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	DETAIL BILLED AMOUNT MISSING OR INVALID FORMAT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid charge.

EOB	ЕОВ	CHECKWRITE EFFECTIVE		DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE		DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0270	MISSING TOTAL CLAIM CHARGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete /invalid total charges.
0271	INVALID TOTAL CLAIM CHARGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete /invalid total charges.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIMARY DIAGNOSIS	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MA63	Missing/incomplete /invalid principal
0272	CODE INVALID	20150/15	22991231	19000101	22991231	16	present.	IVIA63	diagnosis.
	TYPE OF BILL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0273	MISSING	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.

		EFFECTIVE	CHECKARDITE						
CODE D	DESCRIPTION		CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TYPE OF BILL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0274 C	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.
	ADMIT DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid admission date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0276	ADMIT DATE	20450745	22004224	10000104	22004224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid admission
0276	INVALID	20150715	22991231	19000101	22991231	16	present.	MA40	date.
	INVALID						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	ADMISSION						Service Payment Information REF), if		/invalid admission
0277	HOUR	20150715	22991231	19000101	22991231	16	present.	N46	hour.

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

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0280	PATIENT STATUS IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete /invalid patient status.
	PATIENT STATUS IS INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid patient status.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MISSING COVERED						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid number of covered days during
0282	DAYS	20150715	22991231	19000101	22991231	16	present.	MA32	the billing period.
0283	COVERED DAYS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete /invalid number of covered days during the billing period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0284	PRIMARY CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M44	Missing/incomplete /invalid condition code.
0284	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	IVI44	code.
	SECOND						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
	CONDITON						Policy Identification Segment (loop 2110 Service Payment Information REF), if		/invalid condition
0285	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

		CHECKWRITE		DOS					
EOB I	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD CONDITION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
0286	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.
	FOURTH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M44	/invalid condition code.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0200	FIFTH CONDITION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M44	Missing/incomplete /invalid condition code.
0288	CODE INVALID	20150/15	22991231	19000101	22991231	10	present.	IVI44	code.
	SIXTH CONDITION						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
0289	CODE INVALID	20150715	22991231	19000101	22991231	16	present.	M44	code.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0290	SEVENTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.
	DATE FOR PRIMARY OCCURRENCE CODE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0296	DATE FOR PRIMARY OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0297	DATE FOR SECOND OCCURRENCE CODE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0298	DATE FOR SECOND OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0299	DATE FOR THIRD OCCURRENCE CODE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0300	DATE FOR THIRD OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	DATE FOR FOURTH OCCURRENCE CODE MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0302	DATE FOR FOURTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0302	CODE INVALID	20130713	22331231	13000101	22331231	10	present.	11233	DATE(S).
0304	CLAIM HAS TOO MANY DIAGNOSIS SEQUENCES	20170101	22991231	19000101	22991231	252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	N485	Missing Physical Therapy Certification.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0305	DIAGNOSIS SEQUENCE CONTAINS AN INVALID CHARACTER	20170101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
0306	BOTH ICD-9 AND ICD-10 CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.	N657	This should be billed with the appropriate code for these services.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0307	BOTH ICD-9 AND ICD-10 PROC CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.	N657	This should be billed with the appropriate code for these services.
0308	BOTH ICD-9 AND ICD-10 DIAG CODES NOT ALLOWED	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.	N657	This should be billed with the appropriate code for these services.
0309	ICD PROCEDURE VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231	19000101	22991231	181	Procedure code was invalid on the date of service.		
0310	ICD DIAGNOSIS VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231	19000101	22991231	146	Diagnosis was invalid for the date(s) of service reported.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIMARY DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	SECOND DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0313	THIRD DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	FOURTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0315	FIFTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	SIXTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SEVENTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	EIGHTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NINTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	DIAGNOSIS 10- 24 PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0330	DTP DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
	DATE LAST MENSTRUAL PERIOD MISSING OR IN FUTURE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0332	DATE FIRST PRENATAL VISIT MISSING OR IN FUTURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
	DTP DATE QUALIFIER MISSING	20181128	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0334	DTP DATE QUALIFIER INVALID	20181128	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
	FIRST PRENATAL VISIT DATE CRITERIA NOT MET	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0339	REVENUE CODE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	REVENUE CODE IS INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0350	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
0355	FIFTH DIAGNOSIS CODE INVALID		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0356	SIXTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
0357	SEVENTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

EOB	ЕОВ	CHECKWRITE EFFECTIVE		DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE		DATE	DATE		CARC DESCRIPTION	_	RARC DESCRIPTION
0358	EIGHTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	NINTH DIAGNOSIS CODE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0360	ADMITTING DIAGNOSIS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	ADMITTING DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0363	PRINCIPAL ICD PROCEDURE CODE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
0364	PRINCIPAL ICD PROCEDURE DATE MISSING		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID PRINCIPAL PROCEDURE DATE.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRINCIPAL ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPL ETE/INVALID PRINCIPAL PROCEDURE DATE.
	FIRST OTHER PROCEDURE CODE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

EOB				DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIRST OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FIRST OTHER ICD PROCEDURE DATE INVALID		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECOND OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M67	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE CODE(S)
	SECOND OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

EOB		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECOND OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	THIRD OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ		CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIRD OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	THIRD OTHER ICD PROCEDURE DATE INVALID		22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FOURTH OTHER ICD PROCEDURE DATE MISSING		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ				DOS					
	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FIFTH OTHER PROCEDURE CODE INVALID		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIFTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).
	FIFTH OTHER ICD PROCEDURE DATE INVALID		22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N302	MISSING/INCOMPL ETE/INVALID OTHER PROCEDURE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0381	ATTENDING PHYSICIAN PROVIDER NUMBER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0396	HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
0400	DETAIL UNITS OF SERVICE MUST BE GREATER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0411	DATE FOR FIFTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0412	DATE FOR FIFTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0413	DATE FOR SIXTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0414	DATE FOR SIXTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0415	DATE FOR SEVENTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0416	DATE FOR SEVENTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0417	DATE FOR EIGHTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
	DATE FOR EIGHTH OCCURRENCE CODE INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0433	MEDICARE DEDUCTIBLE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0434	MEDICARE COINSURANCE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0436	TOTAL MEDICARE ALLOWED AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	COPAY AMOUNT INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID QUADRANT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete /invalid oral cavity designation code.
	DENTAL PREDETERMIN ATION OF BENEFITS NOT ALLOWED	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0456	INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
0457	INVALID PRINCIPAL/OT HER PROCEDURE TYPE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0458	THE DIAGNOSIS CODE IN SEQUENCE 10- 24 IS IN AN INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
0459	VALUE CODE AMOUNT EXCEEDS MAXIMUM	19000101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0465	DATE FOR OCCURRENCE CODE 9-24 MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).
0466	DATE FOR OCCURRENCE CODE 9-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPL ETE/INVALID OCCURRENCE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CONDITION CODE 8-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.
	ICD PROCEDURE 7- 24 INVALID		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0474	ICD PROCEDURE 7- 24 OR DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPL ETE/INVALID PROCEDURE DATE(S).
0475	ICD PROCEDURE 7- 24 DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPL ETE/INVALID PROCEDURE DATE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0500	DATE PRESCRIBED AFTER BILLING DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPL ETE/INVALID PRESCRIBING DATE.
0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID DISPENSED DATE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0503	DATE DISPENSED AFTER BILLING DATE	20150715	22991231	19000101	22991231	110	BILLING DATE PREDATES SERVICE DATE.		
05.05	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED		22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MAO	Missing/incomplete /invalid value code(s) or
0505	AMOUNT.	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FIRST DATE OF SERV GREATER THAN LAST						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
0507	DATE OF SERV	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	TOTAL CHARGE DOES NOT EQUAL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	THE SUM OF						Service Payment Information REF), if		/invalid total
0508	ALL DETAILS	20150715	22991231	19000101	22991231	16	present.	M54	charges.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0514	DATE RECEIVED FOR PROCESSING- PRIOR TO DATE OF SERV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete /invalid ?to? date(s) of service.
	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid admission date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0526	DETAIL DATES NOT WITHIN HEADER DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
0527	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid ?from? date(s) of service.

500	500	CHECKWRITE	CUECKARDITE	DOS	DOC END	CARC		DADO	
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0537	HDR FROM DATE OF SERVICE > HDR TO DATE OF SERVICE SERVICE(S)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
	PAST THE MAXIMUM MEDICAID FILING LIMIT MEPD LATE	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
0557	FILING	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0568	DISCHARGE DATE IS LESS THAN ADMIT DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete /invalid discharge information.
	TOTAL DAYS LESS THAN COVERED DAYS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid number of covered days during the billing period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0571	SURGICAL PROCEDURE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid number of covered days during the billing period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE DATES ARE NOT IN SAME						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
0574	MONTH	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	SURGERY DTE CANNOT BE OUTSIDE HDR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL
0575	DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if	N341	ETE/INVALID SURGERY DATE.
05/5	DERVICE	20130/13	ZZZZIZZI	TACOUTOT	ZZ331Z31	10	present.	11341	SUNGENT DATE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0577	DETAIL SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
0595	MANUALLY SUSPEND FOR REVIEW	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	M85	Subjected to review of physician evaluation and management services.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0596	FILE SEPARATE CLAIMS FOR DIFFERENT YEARS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
	UNITS NOT EQUAL TO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0606	INVALID OTHER PAYER DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0620	TPL DEDUCTIBLE AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0621	TPL COINSURANCE AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0622	TPL COPAY AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0623	TPL PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TPL DETAIL PAYER HAS MULTIPLE MATCHING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR
0625	HDR PAYERS	20150715	22991231	19000101	22991231	16	present.	N245	OTHER INSURANCE.
	TPL DETAIL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	PAYER ID HAS						Service Payment Information REF), if		/invalid payer
0626	DUPLICATE	20150715	22991231	19000101	22991231	16	present.	M56	identifier.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0627	TPL HDR COINSURANCE <> SUM OF DTL COINSURANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0628	TPL HDR DEDUCTIBLE NOT EQUAL SUM OF DTL DEDUCTIBLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0629	TPL HDR COPAY NOT EQUAL SUM OF DTL COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0630	TPL HDR PAID AMT NOT EQUAL SUM OF DTL PAID AMT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TPL HDR PAYER HAS NO DETAIL PAYER INFORMATIO						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR
0632	N	20150715	22991231	19000101	22991231	16	1	N245	OTHER INSURANCE.
	TPL HDR PAYER ID IS DUPLICATE OF ANOTHER HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0634	TPL PAYER RESPONSIBILIT Y MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete /invalid payer identifier.
0635	TPL PAYER RESPONSIBILIT Y HIERARCHY IS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete /invalid payer identifier.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TPL TOTAL PAID AMT NOT EQUAL SUM OF HDR PAID AMT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0637	CLAIM WITH TPL AMOUNT MISSING TPL PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete /invalid payer identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID OTHER COVERAGE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		INCOMPLETE/INVAL ID PLAN INFORMATION FOR
0643	CODE	20150715	22991231	19000101	22991231	16	present.	N245	OTHER INSURANCE.
	OTHER PAYER PAT RESP AMT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid value code(s) or
0644	IS INVALID	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0645	OTHER PAYER PAT RESP QUALIFIER IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0646	PT RESPONSIBILIT Y MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N58	Missing/incomplete /invalid patient liability amount.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0647	OTHER PAYER AMOUNT MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M 49	Missing/incomplete /invalid value code(s) or amount(s).
	MO Systematic denial of recycled suspense. CLAIM NOT ADJUSTABLE DUE TO FULL REFUND OR INTERNAL UPDATE	20160501	22991231	19000101 19000101	22991231		Coverage/program guidelines were not met. Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0675	ADJ - RECIPIENT ID NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
0676	ADJ - PROVIDER ID NOT SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid designated provider number.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number
							ALERT.) Refer to the 835 Healthcare		(ICN), Claim Control
	ADJ - ORIGINAL ICN						Policy Identification Segment (loop 2110 Service Payment Information REF), if		Number (CCN), Document Control
0677	NOT FOUND	20150715	22991231	19000101	22991231	16	present.	M47	Number (DCN).
0678	ADJ - ORIGINAL ICN NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M47	Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0678	ORIGINAL ICN	20150715	22991231	19000101	22991231	16	not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110	Μ ⁴	47

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADJ - REQUEST RECIPIENT ID NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
	ADJ - REQUEST PROVIDER DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid replacement claim information.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
0681	ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
0682	ADJ - ORIGINAL CLAIM HAS ALREADY BEEN ADJUSTED	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	10147	rounder (Deiv).
0683	ADJ - ORIG CLM ADJUSTMENT ALREADY IN PROGRESS	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

	CHECKWRITE		DOS					
ЕОВ	EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
RECIPIENT DOES NOT MATCH	20150715	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAFO	Missing/incomplete /invalid replacement claim
ORIGINAL	20150715	22991231	19000101	22991231	16	present.	N152	information.
ADJ - ORIGINAL CLAIM NOT IN A PAID	20150715	22001221	19000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N142	The original claim was denied. Resubmit a new claim, not a replacement claim.
	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL ADJ - ORIGINAL CLAIM NOT IN	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL ADJ - ORIGINAL CLAIM NOT IN A PAID	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL ADJ - ORIGINAL CLAIM NOT IN A PAID	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL 20150715 22991231 19000101 ADJ - ORIGINAL ADJ - ORIGINAL CLAIM NOT IN A PAID	EOB DESCRIPTION DATE CHECKWRITE END DATE DATE DATE ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL 20150715 22991231 19000101 22991231 ADJ - ORIGINAL CLAIM NOT IN A PAID	EOB DESCRIPTION DATE CHECKWRITE EFFECTIVE DATE CODE ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL ADJ - ORIGINAL CLAIM NOT IN A PAID	EOB DESCRIPTION DATE CHECKWRITE END DATE DATE CODE CARC CODE CARC DESCRIPTION Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if Policy Identification Segment (loop 2110 Service Payment Information REF), if Service Payment Information REF), if	EOB DESCRIPTION DATE CHECKWRITE END DATE CHECKWRITE END DATE DATE CHECKWRITE END DATE CHECKWRITE END DATE CHECKWRITE END DATE CHECKWRITE DATE CODE CARC DESCRIPTION Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s) other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if Present.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0686	ADJ - REPLACEMEN T CLAIM NOT SAME CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete /invalid replacement claim information.
	CANNOT ADJUST THIS CLAIM DUE TO PROVIDER CHANGES. VOID THIS CLAIM AND RESUBMIT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid payer identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0688	CANNOT ADJUST THIS CLAIM DUE TO PHP TERMINATION . VOID THIS CLAIM AND RESUBMIT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
0689	ADJ - ORIGINAL CLAIM CANNOT BE ADJUSTED - NCCI	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	ADJUSTMENT RCO PROVIDER MISSING	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RCO PROVIDER NOT PRESENT ON ORIGINAL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on separate claim
0691	CLAIM	20150715	22991231	19000101	22991231	16	present.	N63	lines.
	ADJUSTMENT RCO PROVIDER DOES NOT MATCH						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Rebill services on separate claim
	MOTHER	20150715	22991231	19000101	22991231	16	present.	N63	lines.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FFS ADJUSTING ENCOUNTER OR ENCOUNTER ADJUSTING	20450745	22004224	10000101	22004224	4.6	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NG2	Rebill services on separate claim
0693	FFS	20150715	22991231	19000101	22991231	16	present.	N63	lines.
	DETAIL RATE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0800	NOT NUMERIC	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DTL RATE * DTL UNITS NOT EQUAL DTL BILLED AMOUNT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	MISSING OR INVALID PRESCRIBER ID QUALIFIER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DATED EXCEED SOBRA/QMB ELIGIBILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
	BILLING PROVIDER CANNOT BE PRESCRIBER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0805	NONCOVERED CHARGE IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	MEDICARE PAID AMOUNT MISSING OR INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0807	INVALID TPL ADJUDICATIO N DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.
0808	TPL ADJUDUCATIO N DATE CANNOT BE A FUTURE DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	VERIFY LIFETIME RESERVE AND COINS DAYS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid number of lifetime reserve
0809	TO COV DAYS	20150715	22991231	19000101	22991231	16	present.	MA35	days.
	INVALID DEDUCTIBLE AMT - SKILLED NURSING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0810	FACILITY	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HEADER FROM DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
0812	ADMIT DATE IS GREATER THAN ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete /invalid admission date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE PAID DATE >	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N207	MISSING/INCOMPL ETE/INVALID ADJUDICATION OR
0813	ICN DATE	20150715	22991231	19000101	22991231	16	present.	N307	PAYMENT DATE.
	DETAIL TO DATE OF						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	SERVICE > ICN						Service Payment Information REF), if		/invalid ?to? date(s)
0814	DATE	20150715	22991231	19000101	22991231	16	present.	M59	of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0815	SURGICAL ICD REQUIRES OPERATING PHYSICIAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
0816	COINSURANCE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA34	Missing/incomplete /invalid number of coinsurance days during the billing period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID COINSURANCE DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA34	Missing/incomplete /invalid number of coinsurance days during the billing period.
	LIFETIME RESERVE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete /invalid number of lifetime reserve days.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	LIFETIME RESERVE DAYS > MAX						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid number of lifetime reserve
0819	ALLOWED	20150715	22991231	19000101	22991231	16	present.	MA35	days.
	FROM DOS AND TO DOS MAY NOT SPAN THE	20450745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NGA	Rebill services on
		20150715	22991231	19000101	22991231	16	present.	N61	separate clair

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
							CARC DESCRIPTION		DADC DECEDIDATION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0821	NON- COVERED DAYS MISSING OR NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA33	Missing/incomplete /invalid noncovered days during the billing period.
	SURGICAL REVENUE								
	CODE								This should be
	REQUIRES ICD								billed with the
	SURGERY						Revenue code and Procedure code do		appropriate code
0822	CODE	20150715	22991231	19000101	22991231	199	not match.	N657	for these services.

		CHECKWRITE EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT CHECK DIGIT IS MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
0824	UNBORN RECIPIENT PENDING ELIGIBILITY VERIFICATION	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE ALLOWED AMOUNT MISSING OR	20150715	22001221	19000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M/70	Missing/incomplete
0825	INVALID	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	TYPE OF BILL INVALID FOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0826	CLAIM TYPE	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0829	DAYS SUPPLY > 3 FOR EMERGENCY PHARMACY CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete /invalid prescription quantity.
0830	MEDICARE HDR ALLOW AMNT NOT EQUAL SUM OF DTL ALLOW	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0831	MEDICARE HDR PAID AMNT NOT EQUAL SUM OF DTL PAID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
	OTHER PAYER AMOUNT PAID QUALIFIER INVALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid charge.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CO- INSURANCE AMOUNT DOES NOT	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZO	Missing/incomplete
0833	BALANCE	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.
	MEDICARE DATA NOT FOUND - FORMAT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
0835	ERROR	20150715	22991231	19000101	22991231	16	present.	M79	/invalid charge.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0836	MEDICARE PAID, DEDUCTIBLE AMOUNTS INVALID - BOTH CANNOT BE ZERO **OR** MEDICAR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete /invalid charge.
0837	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COPAY AMOUNT DOES NOT BALANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
0839	REBILL SERVICES ON SEPARATE CLAIMS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0840	ICD-10 CLAIM SPANS ICD-10 START DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0841	ICD-9 CLAIM SPANS ICD-9 END DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ES CLAIM REQUIRES DELIVERY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	EMERG CLAIMS REQUIRE A CERTIFIED EMERGENCY	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with precertified/authorized services.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0844	HOSPICE CLAIM ONLY ONE LINE ALLOWED PER CLAIM ITEM.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0846	FACILITY PROVIDER NOT SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid provider number of the facility where the patient resides.

		CHECKWRITE		DOS					
EOB		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM QUANTITY AMOUNT EXCEEDS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid value code(s) or
0847	MAXIMUM	19000101	22991231	19000101	22991231	16	present.	M49	amount(s).
	SYSTEM ERROR - ADJ - ORIGINAL CLAIM NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete /invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DRG GROUP						Benefit maximum for this time period or		Policy benefits have
0927	NOT FOUND	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N587	been exhausted.
	BIRTH								
	WEIGHT CDE								
	VALUE GROUP						Coverage/program guidelines were not		
0928	NOT FOUND	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		MISSING/INCOMPL
							Advice Remark Code that is not an		ETE/INVALID
							ALERT.) Refer to the 835 Healthcare		BILLING
	NO PAY-TO						Policy Identification Segment (loop 2110		PROVIDER/SUPPLIE
	PROVIDER						Service Payment Information REF), if		R PRIMARY
1000	RECORD	20150715	22991231	19000101	22991231	16	present.	N257	IDENTIFIER.

500		CHECKWRITE		DOS	200 5112			2422	
EOB		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	D 4 D 6 D 5 6 6 D 1 D 7 1 0 4 1
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1001	BILLING PROVIDER NOT ENROLLED FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete /invalid group practice information.
1002	PERFORMING PROV NOT ELIGIBLE FOR DOS	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1003	PROVIDER INELIGIBLE ON DATE OF SERVICE	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
1004	BILLING PROVIDER NOT ENROLLED FOR DATES OF SERVICE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete /invalid group practice information.
1007	RENDERING PROVIDER IDENTIFIER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PERFORMING PROVIDER NOT IN BILLING	20150715	22004.224	10000101	22004224	D.7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		
1010	GROUP	20150715	22991231	19000101	22991231	В/	REF), if present.		
	HOSPICE SNF RATE NOT ON FILE OR INVALID SNF SVC LOCATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLINIC RATE NOT ON FILE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
1018	FOR HOSPITAL	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
	MULTIPLE RATES FOR LEVEL OF CARE - RATE CHANGE OVERLAPS SERVICE DATES; SPLIT						Claim spans eligible and ineligible periods of coverage. Rebill separate		The rate changed during the dates of
1019	BI	20150715	22991231	19000101	22991231	239	claims.	N144	service billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ATTENDING PHYSICIAN ID NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	FIRST OTHER (OPERATING) PROVIDER ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1024	BILLING PROVIDER NOT LISTED AS RECIPIENT LTC PROV	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1026	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1032	PROVIDER TYPE - CLAIM INPUT CONFLICT	20150715	22991231	19000101	22991231	170	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DEA NOT ON FILE FOR PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1039	PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1040	PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
1041	PRESCRIBER PRACTICE TYPE NOT VALID FOR DRUG SCHED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1065	PROVIDER NAME MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTENDING PROVIDER ID NOT ON FILE - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1071	OPERATING PROVIDER ID NOT ON FILE - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1072	ATTENDING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1073	OPERATING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
	PRESCRIBING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1079	ORDERING PROV NOT ENROLLED SVC LOCATION	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1081	REFERRING PROV NOT ENROLLED SVC LOC HDR- PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1082	REFERRING PROV NOT ENROLLED SVC LOC DTL- PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1083	REFERRING PROV NOT ENROLLED AT SVC LOC - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1084	ATTENDING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	OPERATING PROV - NOT ENROLLED AT SVC LOC - HDR		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1086	REFERRING PROV - NOT ENROLLED AT SVC LOC - DTL- UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1087	ATTENDING PROV - NOT ENROLLED AT SVC LOC - DTL		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1088	OPERATING PROV - NOT ENROLLED AT SVC LOC - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1089	PRESCRIBING PROV - NOT ENROLLED AT SVC LOC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1091	REFER PROV STATUS NOT VALID FOR DOS HDR- PHYS-DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1092	REFER PROV STATUS NOT VALID FOR DOS DTL-PHYS- DNTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1093	REFERRING PROV STATUS NOT VALID FOR DOS - HDR - UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	ATTENDING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1095	OPERATING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1096	REFERRING PROV - STATUS NOT VALID FOR DOS - DTL-UB	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1097	ATTENDING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
	OPERATING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1099	PRESCRIBING PROV - STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1100	ORDERING PROV - STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	184	The prescribing/ordering provider is not eligible to prescribe/order the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1200	MATERNITY DISTRICT PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE	DOS EFFECTIVE DATE	DOS END	CARC CODE		RARC CODE	RARC DESCRIPTION
1201	MATERNITY DISTRICT PROVIDER MISSING OR SPACES	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1202	MATERNITY PROVIDER NOT A DISTRICT PROVIDER	20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N95	This provider type/provider specialty may not bill this service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1203	MATERNITY DISTRICT PROVIDER NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1204	MATERNITY DISTRICT PROV STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1205	MATERNITY DISTRICT PROV NOT AN NPI	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
	MATERNITY DISTRICT PAYER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1207	MATERNITY DISTRICT PAYER - MORE THAN ONE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
	MATERNITY CLAIM FREQUENCY NOT 1 OR 8	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1209	MATERNITY CLAIM NOT AN ENCOUNTER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	MATERNITY ENCOUNTER - INVALID CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY						Exact duplicate claim/service (Use only		
	ENCOUNTER -						with Group Code OA except where state		
	DUPLICATE						workers' compensation regulations		
1211	CLAIM	20150715	22991231	19000101	22991231	18	requires CO).		
	MATERNITY ENCOUNTER -						Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Correction to a
1212	VOID CLAIM	20150715	22991231	19000101	22991231	96	present.	MA67	prior claim.
	SUBMITTER DOES NOT BEGIN WITH TPIDRCO FOR ENCOUNTER	20150715	22004224	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1220	CLAIMS	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1221	SUBMITTER BEGINS WITH TPIDRCO FOR NON- ENCOUNTER CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1225	BILLING PROVIDER TYPE IS RCO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1226	ENCOUNTER INDICATOR IS NOT Y	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1227	CLAIM IS FFS BUT SHOULD BE COVERED BY RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1228	ENCOUNTER IS PHARMACY OR DENTAL CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1229	MATERNITY CARE ENCOUNTER SERVICE NOT COVERED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER PROVIDER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1231	ENCOUNTER PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1232	ENCOUNTER PROVIDER NPI NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1233	ENC PROVIDER NOT ENROLLED AT SERVICE LOCATION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB EC		EFFECTIVE	CHECKWRITE		DOS END	CARC		RARC	
		DATE		DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
PR ST VA	NCOUNTER ROVIDER TATUS NOT ALID FOR	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
1234 DC	OS	20150715	22991231	19000101	22991231	16	present.	N256	R NAME.
	NCOUNTER						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		MISSING/INCOMPL
	ROVIDER MULTIPLE						ALERT.) Refer to the 835 Healthcare		ETE/INVALID
	ERVICE						Policy Identification Segment (loop 2110 Service Payment Information REF), if		BILLING PROVIDER/SUPPLIE
		20150715	22991231	19000101	22991231	16	present.	N256	R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1236	RCO PROVIDER NOT A VALID RCO PROVIDER TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	FQHC FFS RCO CLAIM MISSING RCO PAYER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1238	FQHC FFS RCO CLAIM RCO PAID AMT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1239	FQHC SUBMITTED RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1240	ENCOUNTER CLAIM RECIPIENT IS NOT IN AN RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ENCOUNTER CLAIM DATES OF SERVICE NOT ALL IN RCO	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER RECIPIENT CHANGES RCO DURING DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1243	ENCOUNTER CLAIM RCO DOES NOT MATCH RECIPIENT RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1250	NO ENCOUNTER PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	MORE THAN ONE ENCOUNTER PAYER SUBMITTED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1252	ENCOUNTER TCN MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
1253	ENCOUNTER ADJUDICATIO N DATE INVALID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID ADJUDICATION OR PAYMENT DATE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER ADJUDICATIO N DATE CANNOT BE IN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID ADJUDICATION OR
1254	FUTURE	20150715	22991231	19000101	22991231	16	present.	N307	PAYMENT DATE.
	ENCOUNTER MISSING DETAIL PAYER INFORMATIO N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVAL ID PLAN INFORMATION FOR OTHER INSURANCE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ENCOUNTER COPAY NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
1257	ENCOUNTER PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1258	ENCOUNTER SUM OF DTL COPAY NOT EQUAL HDR COPAY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
1259	ENCOUNTER SUM OF DTL PAID NOT EQUAL HDR PAID	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1260	ENCOUNTER COINSURANCE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	ENCOUNTER DEDUCTIBLE SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1262	ENCOUNTER PAID AMOUNT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	RCO DENIED CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1281	RCO DENIED CLAIM - TPL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
1282	RCO DENIED CLAIM - TIMELY FILING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RCO DENIED CLAIM - NOT AN RCO COVERED SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).
	RCO DENIED CLAIM - MISSING AUTHORIZATI ON OR REFERRAL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BILLING PROVIDER MUST BE GROUP PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
	VERIFY PERFORMING PROVIDER NOT GROUP PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION		RARC DESCRIPTION
1805		20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1806	EPSDT REFERRED SVCS RESTRICTED TO RECIPIENTS UNDER	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1807	CROSSOVER ONLY PROVIDER CANNOT BILL CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	REFERRING PROVIDER IS MISSING OR NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1809	REFERRING PROVIDER-NO SCREENING SPECIALTY FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1810	PERFORMING PROVIDER SPECIALTY NOT FOUND FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT / ADMIT AGE GREATER						The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		
1812	THAN 21	20150715	22991231	19000101	22991231	6	present.		
	PROVIDER SUSPENDED FOR OUTSTANDIN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		MISSING/INCOMPL ETE/INVALID PAY- TO PROVIDER
	G CREDIT BALANCE	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	N280	PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1814	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1815	PERF PROV ENROLL STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

EFFECTIVE DATE TY ST	CHECKWRITE END DATE	EFFECTIVE	DOC END				
Υ	IEND DATE		DOS END	CARC		RARC	
		DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
ST							
I							
ED					Services not provided by		
CT					network/primary care providers. Notes:		
20150715	22991231	19000101	22991231	242	This code replaces deactivated code 38.		
TY V 20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N95	This provider type/provider specialty may not bill this service.
20130713	22331231	13000101	22331231	0	present.	1133	bill tills service.
H 20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
os	22001221	10000101	22001221	E	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N477	Missing/incomplete /invalid/inappropria te place of service.
os					20150715 22991231 19000101 22991231 242	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PATIENT FIRST CLAIM REQUIRES A REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	MEDICAL LOCKIN - RECIPIENT LOCKED IN TO OTHER PROVIDER	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1822	MEDICAL LOCKIN - LOCKIN DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
	WAIVER ASSIGNMENT DATES OVERLAP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	LTC ASSIGNMENT DATES OVERLAP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
1824	CLAIM DATES	20150715	22991231	19000101	22991231	16	present.	MA31	the period billed.
	COBA DENIAL -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		INCORRECT CLAIM
	DO NOT						Service Payment Information REF), if		FORM/FORMAT
	CROSSOVER	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE FOR MATERNITY WAIVER/CARE RECIPIENT MUST BE BILLED WITH						This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment		
	GLOBAL						(loop 2110 Service Payment Information		
1826	SERVICE	20150715	22991231	19000101	22991231	В7	REF), if present.		
1027	NON-MEPD CLAIM FOR MEPD	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid beginning and ending dates of
1827	MEPD RECIPIENT	20150715	22991231	19000101	22991231	16	•	MA31	and ending d the period bi

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1828	BILLING PROVIDER NOT VALID FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1829	PERF PROV ENROLL STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1830	PROCEDURE REQUIRES BOTH ORDERING AND REF PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
	PROCEDURE REQUIRE EITHER ORDERING OR REF PROVIDER		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1832	PROCEDURE REQUIRES REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1833	PROCEDURE REQUIRES ORDERING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER UNDER REVIEW - BILLING	20150715	22991231	19000101	22991231	251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.
	PROVIDER UNDER REVIEW - PERFORMING		22991231		22991231		The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or remittance Advice Remark Code that is not an ALERT).	N28	Consent form requirements not fulfilled.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE REQUIRES PCP REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	MATERNITY SERVICE REQUIRES ACHN NETWORK REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1842	MATERNITY SERVICE REQUIRES DHCP CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1843	MATERNITY SERVICE REQUIRES ACHN NETWORK PARTICIPATIO	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1844	MATERNITY SERVICE REQUIRES ACHN ELIGIBILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	TAXONOMY IS INVALID BILLING PROVIDER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1901	TAXONOMY IS INVALID PREFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
1906	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1907	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
1912	TAXONOMY IS MISSING: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS MISSING: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS MISSING: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BILLING PROVIDER - NPI MISSING OR INVALID - AN NPI NUMBER IS REQUIRED AND WAS N	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
	NPI REQUIRED HEALTHCARE= Y PREMING PROV	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

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

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1934	DTL NPI REQUIRED HEALTHCARE= Y PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1935	DTL NPI REQUIRED HEALTHCARE= Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
1936	INVALID BILLING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
1937	INVALID PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1938	INVALID REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	INVALID FACILITY PROVIDER SPECIFIED	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1940	INVALID RENDERING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1941	INVALID OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1942	INVALID DTL OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1943	INVALID DTL PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1944	INVALID DTL REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
	MULTIPLE SERVICE LOCATIONS FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N259	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R SECONDARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1946	MULTIPLE SERVICE LOCATIONS FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N291	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.
1949	MULTIPLE SERVICE LOCATIONS FOR RENDERING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1952	MULTIPLE SERVICE LOCS FOR DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1960	NPI REQUIRED: ATTENDING PROVIDER (HEALTHCARE)		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1961	NPI REQUIRED: OPERATING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1962	NPI REQUIRED: REFERRING PROVIDER (HEALTHCARE)		22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1963	ATTENDING PROVIDER - NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1964	OPERATING PROVIDER- NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1965	ATTENDING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1966	OPERATING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPL ETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1968	NPI REQUIRED: ORDERING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1969	INVALID DTL ORDERING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPL ETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1970	INVALID ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1971	INVALID DTL ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPL ETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1972	INVALID OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
	INVALID DTL OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1976	TAXONOMY IS INVALID: DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1977	TAXONOMY IS NOT VALID FOR DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1978	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
1979	TAXONOMY IS NOT VALID FOR DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1980	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.
	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1982	TAXONOMY IS NOT VALID FOR REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.
1983	TAXONOMY IS NOT VALID FOR FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1984	TAXONOMY IS NOT VALID FOR OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1985	TAXONOMY IS INVALID: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1986	TAXONOMY IS INVALID: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPL ETE/INVALID RENDERING PROVIDER TAXONOMY.
	TAXONOMY IS INVALID: REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPL ETE/INVALID REFERRING PROVIDER TAXONOMY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1988	TAXONOMY IS INVALID: FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N295	MISSING/INCOMPL ETE/INVALID SERVICE FACILITY SECONDARY IDENTIFIER.
1989	TAXONOMY IS INVALID: OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPL ETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
1995	MMIS FACILITY PROVIDER ID NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPL ETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1996	THE RENDERING PROVIDER IS NOT ENROLLED IN THE MEDICAID PROGRAM.	20150715	22991231	19000101	22991231	185	The rendering provider is not eligible to perform the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER ID IS INVALID, IS NOT ON FILE OR NAME/NUMB ER DISAGREE.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R PRIMARY IDENTIFIER.
	RECIPIENT IS NOT ON ELIGIBILITY FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid patient identifier.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2002	RECIPIENT NOT ELIGIBLE FOR HEADER DATE OF SERVICE ITEMIZED	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2003	SERVICE DATE NOT IN ELIGIBILITY SPAN	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2009	RECIPIENT INELIGIBLE ON DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2042	PATIENT LIABILITY SEGMENT OVERLAP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ITEM NOT PAYABLE IN						Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110		
	LONG TERM						Service Payment Information REF), if		Patient ineligible for
2045	CARE FACILITY	20150715	22991231	19000101	22991231	96	present.	N30	this service.
	RECIPIENT PATIENT STATUS INVALID FOR	20150715	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAA 42	Missing/incomplete /invalid patient
2046	CLAIM	20150715	22991231	19000101	22991231	16	present.	MA43	status.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADMIT REASON/SOU RCE OF ADMISSION MISSING/INVA LID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MA42	Missing/incomplete /invalid admission
	RECIPIENT DISCHARGE RSN MISSING/INVA LID(SUSPEND)		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid discharge information.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2050	ADMIT DATE MUST EQUAL HDR FIRST SVC DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
	RECIPIENT ELIGIBILITY - CHIP OVERLAP		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT PARTIALLY ELIGIBILE - HEADER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete /invalid beginning and ending dates of the period billed.
	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid beginning and ending dates of the period billed.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT								
	COVERED BY								
	MEDICARE A						Claim/service not covered by this		
	(NO						payer/contractor. You must send the		
	ATTACHMENT						claim/service to the correct		
2500)	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY						Claim/service not covered by this		
	MEDICARE A						payer/contractor. You must send the		
	(WITH						claim/service to the correct		
2501	1	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY								
	MEDICARE B						Claim/service not covered by this		
	(NO						payer/contractor. You must send the		
	ATTACHMENT						claim/service to the correct		
2502)	20150715	22991231	19000101	22991231	109	payer/contractor.		
	RECIPIENT								
	COVERED BY								
	MEDICARE B						Claim/service not covered by this		
	(WITH						payer/contractor. You must send the		
	ATTACHMENT						claim/service to the correct		
2503)	20150715	22991231	19000101	22991231	109	payer/contractor.		
	FILE SHOWS								
	OTHER								_
	INSURANCE,								Missing/Incomplete
	SUBMIT TO						<u></u>		/Invalid prior
	OTHER						This care may be covered by another		Insurance Carrier(s)
2504	CARRIER	20150715	22991231	19000101	22991231	22	payer per coordination of benefits.	N4	EOB.

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

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2570	TPL DENIAL CAS CODE NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT CONTROL NUMBER NOT SUBMITTED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2573	ATTACHMENT NUMBER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2574	ATTACHMENT STATUS IS REJECTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2575	ATTACHMENT PROVIDER MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT RECIPIENT MISMATCH	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2577	ATTACHMENT DATE MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	ATTACHMENT /CLAIM REVIEW - INTERNAL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2579	ATTACHMENT /CLAIM REVIEW - AGENCY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2580	DETAIL CAS SEGMENT EXPECTED BUT NOT SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2581	HEADER CAS SEGMENT EXPECTED BUT NOT SUBMITTED	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2585	ATTACHMENT NUMBER ON ACTIVITY TABLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2586	ATTACHMENT STATUS SUSPEND - INTERNAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
2587	ATTACHMENT STATUS SUSPEND - AGENCY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RECIPIENT								MISSING/INCOMPL
	LOCK-IN TO								ETE/INVALID
	SPECIFIC								PRESCRIBING
	PRESCRIBING								PROVIDER
2603	PROVIDER	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N31	IDENTIFIER.
							The attachment/other documentation		
	STERILIZATION						that was received was incomplete or		
	DENIED						deficient. The necessary information is		
	BECAUSE						still needed to process the claim. At least		
	DOCUMENTAT						one Remark Code must be provided		
	ION DOES						(may be comprised of either the NCPDP		Consont form
	NOT MEET						Reject Reason Code, or remittance		Consent form
2800	HHS/MEDICAL	20150715	22991231	19000101	22991231	251	Advice Remark Code that is not an	N28	requirements not fulfilled.
2800	D REQUIREME	20150715	22991231	19000101	22991231	251	ALERT).	INZ8	runniea.
	HYSTERECTO						The attachment/other documentation		
	MY DENIED						that was received was incomplete or		
	BECAUSE						deficient. The necessary information is		
	DOCUMENTAT						still needed to process the claim. At least		
	ION DOES						one Remark Code must be provided		
	NOT MEET						(may be comprised of either the NCPDP		
	HHS/MEDICAI						Reject Reason Code, or remittance		Consent form
	D						Advice Remark Code that is not an		requirements not
2801	REQUIREMEN	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ABORTION								
	DENIED						The attachment/other documentation		
	BECAUSE						that was received was incomplete or		
	DOCUMENTAT						deficient. The necessary information is		
	ION DOES						still needed to process the claim. At least		
	NOT MEET						one Remark Code must be provided		
	HHS/MEDICAI						(may be comprised of either the NCPDP		
	D						Reject Reason Code, or remittance		Consent form
	REQUIREMEN						Advice Remark Code that is not an		requirements not
2802	TS.	20150715	22991231	19000101	22991231	251	ALERT).	N28	fulfilled.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
	DETAILS						Reject Reason Code, or Remittance		
	DETAILS						Advice Remark Code that is not an		
	COVERED BY						ALERT.) Refer to the 835 Healthcare		
	MORE THAN						Policy Identification Segment (loop 2110		Dalati and taken
2004	ONE PLAN	20150715	22001221	10000101	22001221	1.0	Service Payment Information REF), if	NIC1	Rebill services on
2804		20150715	22991231	19000101	22991231	Тр		N61	separate claims.
2005	DOS PRIOR TO	20150715	22001221	10000101	22001221	1.4	The date of birth follows the date of		
2805	DOB	20150715	22991231	19000101	22991231	14	service.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PREGNANCY INDICATOR IS INVALID FOR RECIPIENT SEX	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.
	COBA-NO MEDICAID ID FOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid patient identifier.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2808	COBA - MEDICARE ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete /invalid patient identifier.
	OFFICE VISIT REQUIRES GESTATIONAL AGE DIAGNOSIS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2810	DETAIL HAS MORE THAN ONE GESTATIONAL DIAGNOSIS CODE	19000101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	MORE THAN ONE GESTATIONAL DIAGNOSIS CODE	19000101	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
2812	DHCP BONUS SERVICES MUST BE BILLED SEPARATELY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete /invalid ?from? date(s) of service.
	UNITS EXCEED AUTHORIZED UNITS ON PA	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with precertified/authorized services.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PA NOT FOUND ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3001	DATABASE	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
	NDC						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3002		20150715	22991231	19000101	22991231	16	present.	M62	authorization code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3003	PROCEDURE REQUIRES PRIOR AUTHORIZATI ON	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M62	Missing/incomplete /invalid treatment authorization code.
	PRIOR AUTH UNITS/AMOU NTS USED	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid total charges.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	РА СИТВАСК						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		This is a split service and represents a portion of the units from the originally
3019	PERFORMED	20150725	22991231	19000101	22991231	45	arrangement.	N123	submitted service.
	CLAIM AND PA PRESCRIBING PROV DON'T MATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPL ETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE	DOS EFFECTIVE DATE	DOS END	CARC CODE		RARC CODE	RARC DESCRIPTION
3101	ONLINE PA DENIED BY HID, NDC REQUIRES PA	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid treatment authorization code.
3102	ONLINE PA PROCESS TIMEOUT OR INTERFACE PROBLEM	20160501	22991231	19000101	22991231		Coverage/program guidelines were not met.	WOZ	dutionzation code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLINE PA PROCESS RESPONSE FROM HID HAD ERRORS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.
	PA REQUIRED FOR CERTAIN	20130713					Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	TRANSPORTAT						Service Payment Information REF), if		/invalid treatment
3104	ION SERVICES	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAW 1 - BRAND WITH GENERIC EQUIVALENT REQUIRES						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid treatment
3105	OVERRIDE	20150715	22991231	19000101	22991231	16	present.	M62	authorization code.
3300	NEONATAL REVENUE - DIAGNOSIS CODE MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3301	BILL EMERGENCY PROCEDURE/R EVENUE TOGETHER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
	PROCEDURE AND REVENUE CODE COMBINATIO N NOT VALID	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MEDICARE PAID AMOUNT						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid value code(s) or
3303	EQUAL 100%	20150715	22991231	19000101	22991231	16	present.	M49	amount(s).
							The procedure/revenue code is		
	NON-						inconsistent with the patient's age.		
	COVERED SVC						Usage: Refer to the 835 Healthcare		
	FOR						Policy Identification Segment (loop 2110		
	RECIPIENT < 6						Service Payment Information REF), if		
3304	MONTHS OLD	20150715	22991231	19000101	22991231	6	present.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3305	NO BASE VALUE FOR ANESTHESIA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
3306	HEADER PAID AMOUNT EXCEEDS SPECIFIED DOLLAR AMOUNT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FQHC/PBRHC FFS/ENCOUNT ER PROCEDURE	20150715	22004 224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NCE 7	This should be billed with the appropriate code
3307	CONFLICT	20150715	22991231	19000101	22991231	16	present.	N657	for these services.
	PROCEDURE CODE/MODIFI ER NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
3308	RATE FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODE - TYPE OF BILL	20450745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
3309	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.
	REFILL NUMBER EXCEEDS MAXIMUM ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAYS SUPPLY IS GREATER THAN MAXIMUM DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.
	NDC DRUG, PRODUCT IS NOT PREFERRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PHARMACY ONLY - OTC DRUG NOT COVERED FOR LTC RECIP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NURSERY DAYS EXCEED LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3316	PHARMACY ONLY - NDC IS NOT PAYABLE BY ALABAMA MEDICAID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	CLAIM QUANTITY EXCEEDS NDC MAX UNITS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid prescription quantity.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SERVICE INCLUDED IN FACILITY FEE	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
	NO PRICING SEGMENT ON FILE - CONTACT MYERS AND STAUFFER AT 1-800-591-						Coverage/program guidelines were not		
	DAW CODE NOT ALLOWED WITH NDC SUMITTED	20160501	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.

		CHECKWRITE		DOS					
_		EFFECTIVE			DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	DADC DESCRIPTION
CODE	DESCRIPTION PROCEDURE	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RESTRICTION -								
	MODIFIER						Procedure modifier was invalid on the		
		20150715	22991231	19000101	22991231	182	date of service.		
3323	REQUIRED	20130713	22331231	13000101	22331231	102	dute of service.		
							The procedure code is inconsistent with		
	PROCEDURE						the modifier used. Usage: Refer to the		
	RESTRICTION -						835 Healthcare Policy Identification		
	NOT						Segment (loop 2110 Service Payment		
3324	ALLOWED	20150715	22991231	19000101	22991231	4	Information REF), if present.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		NA::/:
	OLIANITITY						Advice Remark Code that is not an		Missing/incomplete
	QUANTITY MUST BE						ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		/invalid name, strength, or dosage
	DIVISIBLE BY						Service Payment Information REF), if		of the drug
	PACKAGE SIZE	20150715	22991231	19000101	22991231	16		M123	furnished.
3325	PACKAGE SIZE	20150/15	22991231	19000101	22991231	тр	present.	IVI123	Turnisnea.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3326	PHARMACY MAINTENANC E SUPPLY REQUIRED FOR DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.
3327	NDC HAS INVALID THERAPEUTIC CLASS VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	RCO HDR PAID CLAIM PROCEDURE ALREADY	20450745	22004.224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		This should be billed with the appropriate code
3328	PRESENT	20150715	22991231	19000101	22991231	16	present.	N657	for these services.
	PRIMARY DIAGNOSIS REQUIRES PRESENT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	ADMISSION						Service Payment Information REF), if		/invalid principal
3351	INDICATOR	20150715	22991231	19000101	22991231	16	present.	MA63	diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECOND DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	THIRD DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	FIFTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3356	SIXTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	SEVENTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	EIGHTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	NINTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3360	DIAGNOSIS 10- 42 REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
3374	PROCEDURE REQUIRES BMI DIAGNOSIS FOR PCP PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
3375	TCM SVCS NOT ALLOWED FOR SAIL / E AND D WAIVERS	20160501	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
	FQHC ENCOUNTER EXCLUSION DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.
	MANUAL PRICING REQUIRED	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
3800	SERVICE COVERAGE HAS NOT BEEN DETERMINED	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
3998	BPA-RR-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RR-PROC - OTHER HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 Present. The diagnosis is inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 service Payment Information REF), if present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 deactivated/w			CHECKWRITE		DOS					
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 Present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 incomplete the NESTRICTION incomple	EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 provider type. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare provided (more alignment) in the strength of the section of the	CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
BPA-RP-DIAG - BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 inconsistent with the provider type. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. N657 for these service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 deactivated/w								The diagnosis is inconsistent with the		
BILL PROV PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if appropriate continuous present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 deactivated/w								provider type. The diagnosis is		
PRIMARY PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 billed with the appropriate co for these service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110)		BPA-RP-DIAG -						inconsistent with the provider type.		
PT/PS 4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 deactivated/w		BILL PROV						Usage: Refer to the 835 Healthcare		This should be
4001 RESTRICTION 20150715 22991231 19000101 22991231 12 present. Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 deactivated/w		PRIMARY						Policy Identification Segment (loop 2110		billed with the
Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare /invalid/ Policy Identification Segment (loop 2110 deactivated/w		PT/PS						Service Payment Information REF), if		appropriate code
submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare /invalid/ Policy Identification Segment (loop 2110 deactivated/w	4001	RESTRICTION	20150715	22991231	19000101	22991231	12	present.	N657	for these services.
BPA-RP-NDC -	4003		20450745	22004.224	10000101	22004224	16	submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		deactivated/withdr awn National Drug

		CHECKWRITE		DOS					
	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4004	NDC IS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4013	PROCEDURE CODE IS NO LONGER VALID NO PRICING	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	SEGMENT IS ON FILE.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The diagnosis is inconsistent with the		
							provider type. The diagnosis is		
	BPA-RP-DIAG -						inconsistent with the provider type.		
	PERF PROV						Usage: Refer to the 835 Healthcare		This should be
	PRIMARY						Policy Identification Segment (loop 2110		billed with the
	PT/PS						Service Payment Information REF), if		appropriate code
4016	RESTRICTION	20150715	22991231	19000101	22991231	12	present.	N657	for these services.
	BPA-RP-PROC -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid procedure
4021	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4023	BPA-RP-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.
4025	BPA-RP-NDC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4027	DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	146	Diagnosis was invalid for the date(s) of service reported.		
4028	BPA-RP-DIAG - GENDER RESTRICTION	20150715	22991231	19000101	22991231	10	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4029	BPA-RP-DIAG - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4030	BPA-RP-DIAG - AGE RESTRICTION BPA-PC-DIAG - GENDER RESTRICTION	20150715	22991231	19000101 19000101	22991231		The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODE IS MISSING/NOT	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid procedure
	ON FILE BPA-RP-PROC - AGE RESTRICTION	20150715	22991231	19000101	22991231		present. The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	code(s).
4035	BPA-RP-PROC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	7	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4036	BPA-RP-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	5	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4038	PATIENT REASON FOR VISIT DIAGNOSIS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4040	PRIMARY DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	SECONDARY DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4042	THIRD DIAGNOSIS CODE NOT ON FILE OR INACTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4043	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4044	BPA-RR-DIAG - NO RULE FOR ASSOC AGE	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4045	BPA-RR - NO RULE FOR BENEFIT PLAN	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
	DATE OF SERVICE BEFORE PROCEDURE IS						Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code billed is not correct/valid for the services billed or the date of service
4046	PAYABLE	20150715	22991231	19000101	22991231	96	present.	N56	billed.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4047	FIFTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	SIXTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4049	SEVENTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	EIGHTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4051	NINTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4052	ADMITTING DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRINCIPAL PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	FIRST OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SECOND OTHER PROCEDURE CODE NOT ON	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
4055	FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.
	THIRD OTHER PROCEDURE CODE NOT ON						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of
4056	FILE	20150715	22991231	19000101	22991231	16	present.	N65	service/provider.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
	FIFTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4059	REVENUE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-RR - NO RULE FOR CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4062	BPA-RR - NO RULE FOR COND CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.
	BPA-RP-ICD - GENDER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid gender.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR - NO RULE CURR BILL PROV CONTRACT	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	BPA-RR-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	BPA-RR-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4072	BPA-RR-DRG - NO RULE FOR ADMIT OR HDR DIAGNOSIS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-DIAG - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4075	BPA-RP-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-NDC - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4077	NON- COVERED REVENUE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-RR-PROC - ACHN PROVIDER INDICATOR	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - DIAG ROLE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-REV - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4100	BPA-PC-DIAG - FAMILY PLANNING IND	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4109	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - FAMILY PLANNING						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	IND						Service Payment Information REF), if		/invalid procedure
4112	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4117	BPA-PC-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	BPA-PC-PROC - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		EFFECTIVE							
CODE	DESCRIPTION		CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIE LIGIT	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ORAL CAVITY DESIGNATION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete /invalid oral cavity designation code.
II P 2	ICD PROCEDURE 7- 24 NOT ON	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4136	BPA-RP-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-NDC - BILL PROV PRIMARY PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-PROC - PERF PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-RP-REV - PERF PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-PC-REV - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-REV - FAMILY PLANNING IND	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE			CODE	RARC DESCRIPTION
4155	BPA-RR-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4157	BPA-PC-DIAG - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. This provider was not certified/eligible to be paid for this procedure/service on this		
4159	BPA-PC-ICD - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	B7	date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4160	BPA-PC-NDC - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4161	BPA-PC-PROC - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4162	BPA-PC-REV - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4164	INACTIVE DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	BPA-RR-NDC - NO RULE FOR BENEFIT PLAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4167	BPA-RR-REV - NO RULE FOR BENEFIT PLAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an		
	BPA-RP-PROC -						ALERT.) Refer to the 835 Healthcare		
	OTHER DTL						Policy Identification Segment (loop 2110		Missing/incomplete
	DIAG						Service Payment Information REF), if		/invalid procedure
4194	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M51	code(s).
									Based on policy this
							Charge exceeds fee schedule/maximum		payment
	CLAIM PRICED						allowable or contracted/legislated fee		constitutes
4200	AT ZERO	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4207	CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid CLIA certification number.
	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE A	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid CLIA certification number.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	INVALID TOOTH NUMBER FOR THIS PROCEDURE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid tooth number/letter.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4212	CLIA CERT REQUIREMEN TS NOT MET - CERT TYPE B OR L	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid CLIA certification number.
4215	BPA-RP-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete /invalid tooth number/letter.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - NO RULE FOR						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4219	TYPE OF BILL	20150715	22991231	19000101	22991231	16	present.	MA30	/invalid type of bill.
	BPA-RP-PROC - QUANTITY						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid days or
4224	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M53	units of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4225	INVALID INPATIENT REVENUE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	DIAGNOSIS MUST BE BILLED AT THE HIGHEST SUBDIVISION	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4227	BPA-RP-REV - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-NDC - MAX UNIT	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N62	Dates of service span multiple rate periods. Resubmit separate claims.
	BPA-RP-DIAG - NO COVERAGE		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	FOURTH								
	MODIFIER								
	INVALID FOR								
	DATE OF						Procedure modifier was invalid on the		
4245	SERVICE	20150715	22991231	19000101	22991231	182	date of service.		
	BPA-RR - NO								
	RULE FOR								
	PRIMARY								
4250	PT/PS	20450504	22004224	40000404	22004224	272	Coverage/program guidelines were not .		
4250	BILL/PERF	20160501	22991231	19000101	22991231	2/2	met.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
	DECIMAL						ALERT.) Refer to the 835 Healthcare		
	UNITS NOT						Policy Identification Segment (loop 2110		Missing/incomplete
	BILLABLE FOR						Service Payment Information REF), if		/invalid days or
4251	PROCEDURE.	20150715	22991231	19000101	22991231	16	present.	M53	units of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4252	DIAGNOSIS CODE 10-24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	M64	Missing/incomplete /invalid other
	BPA-RP-REV - AGE RESTRICTION	20150715	22991231	19000101	22991231		present. The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure code is inconsistent with	10104	diagnosis.
4256	BPA-RP-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4257	BPA-PC-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4260	NDC REQUIRED FOR PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INVALID UNIT OF MEASURE VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.
	NDC QUANTITY UNITS IS NOT NUMERIC	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4263	NDC QUANTITY UNITS IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.
4264	NDC NOT ON THE DRUG FILE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4265	INVALID HCPCS/NDC COMBINATIO N FOR PRIMARY NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4266	NDC NOT COVERED - PRIMARY NDC NOT ACTIVE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4267	NDC NOT COVERED - SECONDARY NDC NOT ACTIVE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NDC NOT COVERED - NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4269	NDC NOT COVERED - SECOND NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NDC NOT COVERED - NDC RATED LESS THAN EFFECTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DUPLICATE NDC FOR CLAIM DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	NDC NOT COVERED - OBSOLETE OR TERMINATED ON DOS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4273	INVALID NDC QUALIFIER CODE, MUST EQUAL N4 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4274	PRESCRIPTION QUALIFIER CODE, MUST EQUAL XZ DRUG UNIT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.
4275	PRICE IS NOT NUMERIC	20150715	22991231	19000101	22991231	175	Prescription is incomplete.	N668	Incomplete/invalid prescription.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
4276	DRUG UNIT PRICE IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.
4277	PROCEDURE REQUIRES NDC	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4278	NDC NOT COVERED - NDC NOT EFFECTIVE ON THE DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4279	NDC NOT COVERED - NDC INACTIVE ON THE DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4280	NDC NOT COVERED - NDC IN REJECT REGARDLESS ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4281	NDC NOT COVERED - REPACKAGED NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4282	PROCEDURE MUST BE SUBMITTED ON PAPER WITH APPROPRIATE NDC, DRUG DESCRIPTION, AN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4283	MANUAL PRICE NON- CLASSIFIED PROCEDURE	20150715	22991231	19000101	22991231	189	'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4310	BPA-PC-PROC - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-PROC - SECONDARY DTL DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-PC-PROC - ANY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC -ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-ICD - ADMIT DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4318	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-ICD - ANY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4320	BPA-PC-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-PC-REV - PRIMARY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4322	BPA-PC-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-DIAG - TYPE OF BILL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4364	BPA-PC-ICD - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete /invalid type of bill.
	BPA-RP-PROC - CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-NDC - CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-RP-ICD - CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4400	BPA-RP-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - ADMITTING DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4402	BPA-RR-PROC - ADMITTING DIAGNOSIS GROUP	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4402	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - ADMITTING DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4403		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4404	BPA-PC-ICD - ADMITTING DIAGNOSIS GROUP	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4404	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - ADMITTING DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4405		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4406	BPA-RP-REV - ADMITTING DIAGNOSIS GROUP	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZC	Missing/incomplete /invalid diagnosis or
4406	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - ADMITTING DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4407	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4409	BPA-RR-REV - ADMITTING DIAGNOSIS GROUP	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4408	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4409		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4410	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-PROC - PRIMARY HDR DIAGNOSIS GROUP	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS GROUP	20150715	22004 224	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	MZC	Missing/incomplete /invalid diagnosis or
4412	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-ICD - PRIMARY HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4414	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - PRIMARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		<u>.</u>
4415		20150715	22991231	19000101	22991231	16	present.	M76	/invalid diagnosis or condition.
4417	KESTRICTION	20130/13	22331231	13000101	22331231	10	ргезепс.	14170	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4416	BPA-PC-REV - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-REV - PRIMARY HDR DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4410	BPA-RP-PROC - SECONDARY HDR DIAGNOSIS GROUP	20150745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4418	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - SECONDARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
4419	GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M76	/invalid diagnosis or condition.
4413	KESTRICTION	20130/13	22331231	12000101	22331Z31	10	hieseiit.	14170	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - SECONDARY HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4420	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - SECONDARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Reumant Information REE) if		Missing/incomplete
4421	GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if	M76	/invalid diagnosis or
4421		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - SECONDARY HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4422	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - SECONDARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4423	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - SECONDARY HDR DIAGNOSIS GROUP						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4424	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - SECONDARY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
1125	GROUP	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if	M76	/invalid diagnosis or condition.
4425	RESTRICTION	20120/12	22331731	TACOUTOT	22331731	10	present.	ט/ועו	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4426	BPA-RR-REV - SECONDARY HDR DIAGNOSIS GROUP	20450745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC.	Missing/incomplete /invalid diagnosis or
4426	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4427	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - OTHER HDR DIAGNOSIS GROUP	20150715	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4428	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-PROC - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4429		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4420	BPA-RP-ICD - OTHER HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAZC	Missing/incomplete /invalid diagnosis or
4430	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4431		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-ICD - OTHER HDR DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4432	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-REV - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4433		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4424	BPA-PC-REV - OTHER HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAZC	Missing/incomplete /invalid diagnosis or
4434	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-REV - OTHER HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4435	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4436	BPA-RP-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - EMERGENCY DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4438	BPA-RR-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-ICD - EMERGENCY DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4440	BPA-PC-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-ICD - EMERGENCY DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4442	BPA-RP-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-REV - EMERGENCY DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4444	BPA-RR-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-PROC - ANY HDR DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4446	BPA-RP-ICD - ANY HDR DIAGNOSIS GROUP	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7.C	Missing/incomplete /invalid diagnosis or
4446	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-ICD - ANY HDR DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4447		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4448	BPA-RR-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-REV - ANY HDR DIAGNOSIS GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4450	BPA-PC-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-REV - ANY HDR DIAGNOSIS GROUP	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4470	BPA-RP-PROC - OTHER ANY DIAGNOSIS GROUP	20150715	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NA7C	Missing/incomplete /invalid diagnosis or
4479	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-PROC - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
	GROUP						Policy Identification Segment (loop 2110		Missing/incomplete
4480		20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M76	/invalid diagnosis or condition.
4400	MESTIMICTION	20130/13	22331231	13000101	~~331 ~ 31	10	hieseiit.	14170	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4494	BPA-RR-PROC - OTHER ANY DIAGNOSIS GROUP	20150745	22004224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC	Missing/incomplete /invalid diagnosis or
4481	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-ICD - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4482		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - OTHER ANY DIAGNOSIS GROUP	20450745	22004.224	10000101	22204224		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4483	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RR-ICD - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4484		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4405	BPA-RP-REV - OTHER ANY DIAGNOSIS GROUP	20450745	22004.224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NATC .	Missing/incomplete /invalid diagnosis or
4485	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-PC-REV - OTHER ANY DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	GROUP						Service Payment Information REF), if		/invalid diagnosis or
4486		20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4487	BPA-RR-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RR-NDC - ALGI	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-NDC - NO RULE FOR DISP AS WRITTEN IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4502	BPA-RP-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4503	BPA-PC-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
4504	BPA-RP-NDC - ALGI	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - NO RULE FOR URBAN/RURA L IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-PC-DIAG - PERF PROV ALL PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4508	BPA-PC-PROC - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
4509	BPA-PC-REV - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
4514	BPA-RP-PROC - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-DIAG - BILL PROV ALL PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
	BPA-PC-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-PC-REV - BILL PROV ALL PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4521	BPA-RP-DIAG - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-NDC - BILL PROV ALL PT/PS	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - BILL PROV ALL PT/PS	20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N/76	Missing/incomplete /invalid diagnosis or
4523	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-PROC - BILL PROV ALL						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
	PT/PS	20150715	22001221	10000101	22001221	16	Service Payment Information REF), if	N 4 E 1	/invalid procedure
4524	RESTRICTION	20150715	22991231	19000101	22991231	тр	present.	M51	code(s).

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	BPA-RP-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
4532	BPA-RR-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4533	BPA-RP-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-ICD - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4536	BPA-RP-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4538	BPA-RP-REV - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4539	BPA-PC-PROC - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - MIN UNIT RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete /invalid days or units of service.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-REV - SECONDARY HDR DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.
	BPA-RR - NO RULE CURR PERF PROV CONTRACT	20150715	22991231	19000101	22991231	В7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4564	BPA-RR-PROC - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RR-ICD - HDR SECONDARY DIAG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4566	BPA-RR-REV - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid principal diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4581	BPA-PC-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-DIAG - AGE RESTRICTION BPA-PC-NDC - AGE RESTRICTION	20150715	22991231	19000101	22991231		The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-PC-PROC -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4714	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-PC-REV -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4715	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
							attachment(s)/other documentation. At		
							least one Remark Code must be provided		
							(may be comprised of either the NCPDP		
							Reject Reason Code, or Remittance		
							Advice Remark Code that is not an		
							ALERT.) Refer to the 835 Healthcare		
	BPA-PC-ICD -						Policy Identification Segment (loop 2110		Missing/incomplete
	AGE						Service Payment Information REF), if		/invalid diagnosis or
4716	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4723	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-ICD - ANY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4726	BPA-RP-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-RP-PROC - ANY DTL DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4732	BPA-RP-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete /invalid admitting diagnosis.
	BPA-RP-REV - ANY HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4736	BPA-RP-REV - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-RP-PROC - ADMIT DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid admitting diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4742	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-RP-PROC - SECONDARY DTL DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-RP-PROC - DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete /invalid principal diagnosis.
	BPA-PC-ICD - HDR SECONDARY DIAG	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4748	BPA-PC-REV - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-REV - TYPE OF BILL	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete /invalid type of bill.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4755	BPA-PC-PROC - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-PC-DIAG - CURRENT BENEFIT PLAN	20150715	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4757	BPA-PC-REV - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - PLACE OF SERVICE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/inappropria te place of service.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Missing/incomplete
							Policy Identification Segment (loop 2110		
	BPA-RP-ICD -						Service Payment Information REF), if		/invalid other
4765	NO COVERAGE	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.
							The procedure/revenue code is		
							inconsistent with the patient's age.		
							Usage: Refer to the 835 Healthcare		
	BPA-RP-ICD -						Policy Identification Segment (loop 2110		
	AGE						Service Payment Information REF), if		
4766	RESTRICTION	20150715	22991231	19000101	22991231	6	present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4767	BPA-RP-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
	BPA-PC-NDC - BILL PROV PRIMARY PT/PS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-PROC -		22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4802	BPA-PC-DIAG - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
4803	BPA-PC-NDC - NO CONTRACT		22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - NO CONTRACT		22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

500	FOR	CHECKWRITE	OUE OWN DITE	DOS	DOC END	CARC		DADO	
ЕОВ	EOB	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4821	BPA-PC-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4822		20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete /invalid/inappropria te place of service.
4831	BPA-RR - NO REIMB RULE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4031	IVEHALD MOTE	20100301	22331231	113000101	22331231	414	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - OTHER DTL DIAG	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	Med	Missing/incomplete /invalid other
4835	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M64	diagnosis.
	BPA-PC-PROC -						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		INCORRECT CLAIM
	CLAIM TYPE						Service Payment Information REF), if		FORM/FORMAT
4871	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	N34	FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
	BPA-PC-NDC - CLAIM TYPE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4876	BPA-PC-ICD - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-DIAG - CONDITION CODE	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).
	BPA-RP-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4906	BPA-RP-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-DIAG - BENEFIT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

EOB EOB		EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE	DOS END DATE	CARC CODE		RARC CODE	RARC DESCRIPTION
CODE DESC	SCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
CONI		20150715	22001221	10000101	22001224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NAAA	Missing/incomplete /invalid condition
4911 REST	STRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
OCCU		20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-XX-DIAG - DIAG ROLE RESTRICTION - PC and RR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-ICD - OTHER HDR DIAGNOSIS	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid other diagnosis.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-PROC - ASSIGNMENT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
4933	BPA-PC-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-PROC - ASSIGNMENT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4939	BPA-PC-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
4940	BPA-RP-ICD - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-ICD - CONDITION CODE	20150715	22001221	10000104	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4941	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-RP-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4943	BPA-PC-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-PC-ICD - GENDER	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		Missing/incomplete /invalid gender.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-NDC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4948	BPA-RR-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).
	BPA-PC-ICD - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-ICD - CONDITION CODE	20450745	22004.224	10000104	22204224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4951	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-PC-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-NDC - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete /invalid/ deactivated/withdr awn National Drug Code (NDC).
4961	BPA-RP-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4962	BPA-PC-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.
	BPA-PC-PROC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete /invalid gender.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4064	BPA-PC-REV - GENDER	20150715	22001221	10000101	22001221	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete
4964	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	MA39	/invalid gender.
	BPA-PC-NDC - BENEFIT PLAN						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4965	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete /invalid diagnosis or condition.
	BPA-RP-REV - BENEFIT PLAN	20150715	22991231	19000101	22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-REV - CONDITION CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4971	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-RP-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete /invalid other diagnosis.
	BPA-PC-REV - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete /invalid revenue code(s).

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-REV - CONDITION CODE	20150715	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4976	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-PC-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RP-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).
	BPA-RP-PROC - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete /invalid condition code.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4982	BPA-RP-PROC - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPL ETE/INVALID OCCURRENCE CODE(S).
	BPA-PC-PROC - BENEFIT PLAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	Missing/incomplete /invalid procedure code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-PC-PROC - CONDITION CODE	20450745	22004.224	10000101	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid condition
4991	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M44	code.
	BPA-PC-PROC - OCCURRENCE CODE						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID OCCURRENCE
4992	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M45	CODE(S).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BPA-RR-PROC - PRIMARY DTL DIAG						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid diagnosis or
4993	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M76	condition.
	BPA-RP-NDC - SPECIFIC THERA CLASS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		Missing/incomplete /invalid/ deactivated/withdr awn National Drug
4994	RESTRICTION	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
4999	RECIPIENT IS PART D ELIGIBLE - CLAIM NOT COVERED. IF A RECIPIENT HAS MEDICAREP	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.
5000	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5001	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5002	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5003	ENCOUNTER EXACT DUPLICATE	20150715	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVAL ID CERTIFICATE OF MEDICAL NECESSITY.
5005	DENTAL DUPLICATE EXACT	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5006	OUR RECORDS SHOW THIS SERVICE HAS ALREADY BEEN PAID FOR THE DATE OF SERVICE BIL	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5010	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5011	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5012	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5013	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5014	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		
	OUR RECORDS								
	SHOW THIS								
	SERVICE FOR								
	THE DATE(S)						Exact duplicate claim/service (Use only		
	OF SERVICE						with Group Code OA except where state		
	BILLED IS A						workers' compensation regulations		
5015	DUPLICATE.	20150715	22991231	19000101	22991231	18	requires CO).		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5016	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5017	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231		Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5018	OUR RECORDS SHOW THIS SERVICE FOR THE DATE(S) OF SERVICE BILLED IS A DUPLICATE.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5019	ENCOUNTER EXACT DUPLICATE	20150715	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVAL ID CERTIFICATE OF MEDICAL NECESSITY.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5020	SUSPECT DUPLICATE OF ANOTHER PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5021	EXACT DUPLICATE OF ANOTHER PHARMACY CLAIM.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
5022	DUPLICATE RX NUMBER FOR SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5200	ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS AN OFFICE VISIT AND/OR	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ADMINISTRATI								
	ON FEE MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS AN						Healthcare Policy Identification Segment		with other service
	OFFICE VISIT						(loop 2110 Service Payment Information		rendered on the
5201	· · · · · · · · · · · · · · · · · · ·	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	CHEMOTHERA								
	PY								
	ADMINISTRATI						The benefit for this service is included in		
	ON FEE MAY						the payment/allowance for another		
	NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS THIS						(loop 2110 Service Payment Information		rendered on the
5202	PROCE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	CHEMOTHERA								
	PY								
	ADMINISTRATI						The benefit for this service is included in		
	ON FEE MAY						the payment/allowance for another		
	NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THES AME						Healthcare Policy Identification Segment		with other service
	DAY AS THIS						(loop 2110 Service Payment Information		rendered on the
5203	PROCE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5204	VENIPUNCTUR E AND LAB CODES ARE NOT ALLOWED ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5205	VENIPUNCTUR E AND LAB CODES ARE NOT ALLOWED ON THE SAME DAY.	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5206	THIS SERVICE IS INCLUDED IN THE FACILITY FEE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS SERVICE IS INCLUDED IN THE	20150715	22991231	19000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N20	Service not payable with other service rendered on the
5207	FACILITY FEE ADMINISTRATI	20150/15	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5208	CODE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ADMINISTRATI ON FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5209	CODE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUTPATIENT								
	CHEMOTHERA						The benefit for this service is included in		
	PY AND						the payment/allowance for another		
	EMERGENCY						service/procedure that has already been		
	DEPARTMENT						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE						Healthcare Policy Identification Segment		with other service
	CODES MAY						(loop 2110 Service Payment Information		rendered on the
5210		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	OUTPATIENT								
	CHEMOTHERA						The benefit for this service is included in		
	PY AND						the payment/allowance for another		
	EMERGENCY						service/procedure that has already been		
	DEPARTMENT						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE						Healthcare Policy Identification Segment		with other service
5044	CODES MAY	20450745	22004224	40000404	22004224		(loop 2110 Service Payment Information		rendered on the
5211		20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.
	PROCEDURE CODE								
							The benefit for this service is included in		
	CANNOT BE								
	BILLED ON						the payment/allowance for another		
	THE SAME DAY WITH						service/procedure that has already been adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	CODES Z5181-						(loop 2110 Service Payment Information		rendered on the
5213	Z518	20150715	22991231	19000101	22991231	07	REF), if present.	N20	same date.
3213	7319	20120/12	77331731	TAUUTUT	22331731	9/	ncr), ii present.	NZU	Same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5214	PROCEDURE CODE NOT ALLOWED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5216	COMBINATIO N VACCINES/SIN GLE COMPONENT CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5217	SINGLE COMPONENT/ COMBINATIO N VACCINES CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5218	SUPPLY CODE CANNOT BE BILLED WITH LAB OR OFFICE VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5219	SUPPLY CODE HAS BEEN PAID IN HISTORY, CANNOT BILL A LAB OR OFFICE VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5230	SUBSEQUENT PROCEDURE INCLUDED IN PRIMARY ANESTHESIA CHARGE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5231	SUBSEQUENT PROCEDURE INCLUDED IN PRIMARY ANESTHESIA CHARGE	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5232	DAILY MANAGEMEN T OF AN EPIDURAL OR SUBARACHNO ID CATHETER MAYNOT BE BILLED ON TH	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5233	DAILY MANAGEMEN T OF AN EPIDURAL OR SUBARACHNO ID CATHETER MAYNOT BE BILLED ON TH	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5234	ADDITIONAL PAIN CONTROL PROCEDURES PAID AT 50% OF MEDICAID ALLOWED.	20150725	22991231	19000101	22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
5235	ADDITIONAL PAIN CONTROL PROCEDURES PAID AT 50% OF MEDICAID ALLOWED.	20150725	22991231	19000101	22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
5236	QUALIFYING PROCEDURE LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ANESTHESIA NOT PAYABLE WITH OTHER ANESTHESIA ON SAME						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU
	DATE OF						(loop 2110 Service Payment Information		RE/SUPPLY HAVE
5237	SERVICE	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
5238	PHYSICIAN VISIT CODES/PRIMA RY ANESTHESIA CODES MAY NOT BE BILLED WITHIN 3 DAYS	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5239	PHYSICIAN VISIT CODES/PRIMA RY ANESTHESIA CODES MAY NOT BE BILLED WITHIN 3 DAYS	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5240	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE PERFORMED ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5241	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE PERFORMED ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5242	OUR RECORDS SHOW THIS NON- EMERGENCY TRANSPORT SERVICE HAS ALREADY BEEN PAID FOR	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
E260	BATTERIES MAY NOT BE PURCAHSED WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING	20150715	22001221	19000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE
5260	Al	20150715	22991231	19000101	22991231	97	REF), if present.	N357	NOT BEEN MET.
5261	BATTERIES MAY NOT BE PURCAHSED WITHIN 60 (SIXTY) DAYS OF PURCHASE OF HEARING AI	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5262	PROCEDURE CODES 92553, 92556 AND 92557 CANNOT BE BILLED ON THE SAME DAY BY THE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLINIC CODES Z5145-Z5149 CANNOT BE BILLED ON THE SAME DAY WITH SAME UNIQUE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5270	NUMB	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5271	CLINIC CODES AND E&M CODES CANNOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5280	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5281	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5282	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5283	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5284	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5285	DME HUMIDIFIER OR CPAP/CPAP CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5286	DME CPAP OR HUMIDIFIER/C PAP CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5287	DME CATHETER CONTRA FOR A4221	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5288	DME HUMIDIFIER OR BIPAP/BIPAP CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5289	DME BIPAP OR HUMIDIFIER/B IPAP CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ		CHECKWRITE EFFECTIVE			DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5291	REPLACEMEN T/REPAIR INCLUDED IN WARRANTY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5300	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5301	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5302	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5303	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5304	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5305	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5306	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5307	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ		CHECKWRITE EFFECTIVE		DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5308	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5309	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5310	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5311	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5312	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5313	PULP THERAPY COMBINATIO N NOT ALLOWED IN THIS CASE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5314	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5315	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5316	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5317	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5318	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5319	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5320	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5321	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5322	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5323	PULP THERAPY COMBINATIO N NOT ALLOWED	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5324	WHEN PROPHYLAXIS AND FLUORIDE ARE PERFORMED ON THE SAME DAY,THE COMBINED CODE M	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5325	WHEN PROPHYLAXIS AND FLUORIDE ARE PERFORMED ON THE SAME DAY,THE COMBINED CODE M	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5326	CORE BUILDUP NOT COVERED WITH OTHER RESTORATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5327	CORE BUILDUP NOT COVERED WITH OTHER RESTORATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5328	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5329	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5330	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5331	TWO RESTORATION S NOT COVERED FOR THE SAME TOOTH NUMBER SAME DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS X-RAY								
	PROCEDURE						The benefit for this service is included in		
	MAY NOT BE						the payment/allowance for another		
	BILLED						service/procedure that has already been		
	WITHIN 30						adjudicated. Usage: Refer to the 835		Service not payable
	(THIRTY) DAYS						Healthcare Policy Identification Segment		with other service
	OF A ROOT						(loop 2110 Service Payment Information		rendered on the
5332	_	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THIS X-RAY								
	PROCEDURE						The benefit for this service is included in		
	MAY NOT BE						the payment/allowance for another		
	BILLED						service/procedure that has already been		
	WITHIN 30						adjudicated. Usage: Refer to the 835		Service not payable
	(THIRTY) DAYS						Healthcare Policy Identification Segment		with other service
	OF A ROOT						(loop 2110 Service Payment Information		rendered on the
5333		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PALLIATIVE								
	(EMERGENCY)						The benefit for this service is included in		
	TREATMENT						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	DEFINITIVE						Healthcare Policy Identification Segment		with other service
	TREATMENT						(loop 2110 Service Payment Information		rendered on the
5334	OR	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PALLIATIVE								
	(EMERGENCY)						The benefit for this service is included in		
	TREATMENT						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	DEFINITIVE						Healthcare Policy Identification Segment		with other service
	TREATMENT						(loop 2110 Service Payment Information		rendered on the
5335	OR	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5336	DENTAL RECEMENT OF CROWNS NOT ALLOWED WITHIN 180 DAYS OF CROWN.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5338	ORAL EXAM EVALUATIONS ARE LIMITED TO ONE PER DAY.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5340	ORAL EVALUATION < 3 YRS (D0145) CONTRA	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5342	DENTAL FLOURIDE SAME DOS CONTRA	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5350	NO EXTRACTION CODE IN HISTORY IN 180 TIME FRAME.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5351	PULP CAP NOT ALLOWED FOR THIS TOOTH/DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5352	CLAIMS HISTORY SHOWS TOOTH HAS BEEN EXTRACTED.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5353	CLAIMS HISTORY SHOWS TOOTH HAS BEEN EXTRACTED.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
_		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5354	TEMPORARY FILLING NOT PAYABLE ON SAME DATE OF SERVICE AS DEFINITIVE FILLING	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5355	TEMPORARY FILLING NOT PAYABLE ON SAME DATE OF SERVICE AS DEFINITIVE FILLING	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5356	DENTAL SAME TOOTH CONTRA	20190101	22991231	20190101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5400	PROCEDURE CANNOT BE BILLED ON THE SAME DAY BY THE PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
3400	TROVIDER	20130713	22331231	13000101	22331231	57	inci j, ii present.	1120	Same date.
5401	PROCEDURE CANNOT BE BILLED ON THE SAME DAY BY THE PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
F403	SCREENING PROVIDER MAY NOT BILL FOR SCREENING EXAM AND INCLUSIVE MEDICAL	20150715	22004224	10000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	NZO	Service not payable with other service rendered on the same date.
5402		20150715	22991231	19000101	22991231	97	,		

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SCREENING								
	PROVIDER								
	MAY NOT BILL						The benefit for this service is included in		
	FOR						the payment/allowance for another		
	SCREENING						service/procedure that has already been		
	EXAM AND						adjudicated. Usage: Refer to the 835		Service not payable
	INCLUSIVE						Healthcare Policy Identification Segment		with other service
	MEDICAL						(loop 2110 Service Payment Information		rendered on the
5403	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	EDGDE VIIGIE								
	EPSDT VISIT						The benefit for this service is included in		
	HAS BEEN						the payment/allowance for another		
	PAID FOR THIS						service/procedure that has already been		Control of the
	RECIPIENT						adjudicated. Usage: Refer to the 835		Service not payable
	FOR THE						Healthcare Policy Identification Segment		with other service
F 404	SAME DATE	20150715	22001221	10000101	22001221	0.7	(loop 2110 Service Payment Information	NIGO	rendered on the
5404	OF SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	MORE THAN								
	ONE CONTACT						The benefit for this service is included in		
	LENS FITTING						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED FOR						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DATE OF						(loop 2110 Service Payment Information		rendered on the
5410	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MORE THAN								
	ONE CONTACT						The benefit for this service is included in		
	LENS FITTING						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED FOR						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DATE OF						(loop 2110 Service Payment Information		rendered on the
5411	SERVIC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE V2020						The benefit for this service is included in		
	AND V2025						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY OF						(loop 2110 Service Payment Information		rendered on the
5412	SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE V2020						The benefit for this service is included in		
	AND V2025						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY OF						(loop 2110 Service Payment Information		rendered on the
5413	SERVICE.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5414	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPH Y NOT COVERED ON THE SAME	20150715	22991231	19000101	22991231	07	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the
5414	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5415	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPH Y NOT COVERED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5416	VISUAL FIELDS/TONO METRY IS COVERED IN THE COMPLETE EYE EXAM	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
_		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5417	VISUAL FIELDS/TONO METRY IS COVERED IN THE COMPLETE EYE EXAM	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5430	AN INITIAL VISIT WILL NOT BE PAID ON SAME DATE OF SERVICE ASAN ANNUAL, PERIODIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5431	AN INITIAL VISIT WILL NOT BE PAID ON SAME DATE OF SERVICE ASAN ANNUAL, PERIODIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRENATAL								
	VISIT NOT						The benefit for this service is included in		
	COVERED FOR						the payment/allowance for another		
	THE SAME						service/procedure that has already been		
	DATE OF						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE OF						Healthcare Policy Identification Segment		with other service
	FAMILY						(loop 2110 Service Payment Information		rendered on the
5432		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PRENATAL								
	VISIT NOT						The benefit for this service is included in		
	COVERED FOR						the payment/allowance for another		
	THE SAME						service/procedure that has already been		
	DATE OF						adjudicated. Usage: Refer to the 835		Service not payable
	SERVICE OF						Healthcare Policy Identification Segment		with other service
- 400	FAMILY	20450745	22004224	40000404	22004224		(loop 2110 Service Payment Information		rendered on the
5433	PLANNING.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
									TIME FRANCE
									TIME FRAME
	PROCEDURE						The benefit for this service is included in		REQUIREMENTS BETWEEN THIS
	LIMITED TO								
	ONE SERVICE						the payment/allowance for another		SERVICE/PROCEDU RE/SUPPLY AND A
	DURING 60						service/procedure that has already been adjudicated. Usage: Refer to the 835		RELATED
	(SIXTY) DAY						Healthcare Policy Identification Segment		SERVICE/PROCEDU
	POSTPARTUM						(loop 2110 Service Payment Information		RE/SUPPLY HAVE
5434	PERIOD.	20150715	22991231	19000101	22991231	07	REF), if present.	N357	NOT BEEN MET.
3434	רבאוטט.	20120/12	ZZ331Z31	TACOUTOT	ZZZZIZZI	<i>31</i>	ner), ii preseiit.	14221	INOT DEEIN IVIET.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5436	SALPINGECTO MY WILL NOT BE PAID ON THE SAME DAY AS A TUBAL LIGATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5437	SALPINGECTO MY WILL NOT BE PAID ON THE SAME DAY AS A TUBAL LIGATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5438	COMPREHENS IVE EPSDT SCREENING AND FP VISIT MAY NOT BE BILLED ON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5439	COMPREHENS IVE EPSDT SCREENING AND FP VISIT MAY NOT BE BILLEDON THE SAME DAY.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5440	FAMILY PLANNING VISIT NOT PAYABLE AFTER STERILIZATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5441	FAMILY PLANNING VISIT NOT PAYABLE AFTER STERILIZATION	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5442	FP- LEVONORGES TREL-CONTRA (J7302-5 YR)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5443	FP- LEVONORGES TREL-CONTRA (Q0090-3 YR)	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5451	HOME HEALTH PROVIDERS CANNOT BILL INPATIENT AND OUTPATIENT SERVICES ON THE SAME	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5455	HOSPICE ONE PER DAY CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5456	HOSPICE ROUTINE CARE DOD REQUIRED FOR RN/SW ADD-ON	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5457	HOSPICE CONTINUOUS CARE VS RN/SW ADD- ON PAYMENT CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE		CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5460	ENT.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5461	ENT.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	THIS SERVICE						the payment/allowance for another		
	IS INCLUDED						service/procedure that has already been		
	IN THE						adjudicated. Usage: Refer to the 835		
	FACILITY FEE						Healthcare Policy Identification Segment		This service/report
	(REVENUE						(loop 2110 Service Payment Information		cannot be billed
5462	CODE 450).	20150715	22991231	19000101	22991231	97	REF), if present.	N390	separately.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5464		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROCEDURE								
	CODE IS PART						The benefit for this service is included in		
	OF THE						the payment/allowance for another		
	OUTPATIENT						service/procedure that has already been		
	SURGICAL						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service
	REIMBURSEM						(loop 2110 Service Payment Information		rendered on the
5465		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THIS								
	PROCEDURE IS						The benefit for this service is included in		
	PART OF						the payment/allowance for another		
	ANOTHER						service/procedure that has already been		
	PROCEDURE						adjudicated. Usage: Refer to the 835		Service not payable
	PERFORMED						Healthcare Policy Identification Segment		with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5470	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5471	THIS PROCEDURE IS PART OF ANOTHER PROCEDURE PERFORMED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5472	CHEMISTRY PROFILE AND CHEMICAL PANEL CANNOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5473	CHEMISTRY PROFILE AND CHEMICAL PANEL CANNOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB				EFFECTIVE		CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5474		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5475		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5476	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5477		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A						The benefit for this service is included in		
	URINALYSIS						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS						(loop 2110 Service Payment Information		rendered on the
5478		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A						The benefit for this service is included in		
	URINALYSIS						the payment/allowance for another		
	MAY NOT BE						service/procedure that has already been		
	BILLED ON						adjudicated. Usage: Refer to the 835		Service not payable
	THE SAME						Healthcare Policy Identification Segment		with other service
	DAY AS						(loop 2110 Service Payment Information		rendered on the
5479	URINALYSIS	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5480	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5481	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
	COMPLETE						(loop 2110 Service Payment Information		rendered on the
5482	CBC	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB		EFFECTIVE		EFFECTIVE		CARC		RARC	D 4 D 6 D 5 6 6 D 1 D 7 1 0 1 1
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS						The best fit for this control to the leader		
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		Camiaa wak waxabla
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service rendered on the
5483	COMPLETE CBC	20150715	22991231	19000101	22991231	0.7	(loop 2110 Service Payment Information REF), if present.	N20	same date.
3463	СВС	20130/13	22991231	19000101	22991231	97	KEF), II present.	INZU	Same date.
							The benefit for this service is included in		
	LAB SERVICES						the payment/allowance for another		
	MUST BE						service/procedure that has already been		
	BILLED WITH						adjudicated. Usage: Refer to the 835		Service not payable
	COMBINATIO						Healthcare Policy Identification Segment		with other service
	N CODE. SEE						(loop 2110 Service Payment Information		rendered on the
5484		20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							, ,		
	CHEMISTRY						The benefit for this service is included in		
	PROFILES						the payment/allowance for another		
	MUST BE						service/procedure that has already been		
	BILLED USING						adjudicated. Usage: Refer to the 835		Service not payable
	ONE						Healthcare Policy Identification Segment		with other service
	MULTICHANN						(loop 2110 Service Payment Information		rendered on the
5486	EL TEST CODE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COMPONENTS								
	OF A CBC MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	THE SAME						adjudicated. Usage: Refer to the 835		Service not payable
	DAY AS A						Healthcare Policy Identification Segment		with other service
5488	COMPLETE CBC	20150715	22991231	19000101	22991231	07	(loop 2110 Service Payment Information	N20	rendered on the
3488	СВС	20150/15	22991231	19000101	22991231	97	REF), if present.	NZU	same date.
							The benefit for this service is included in		
							the payment/allowance for another		
							service/procedure that has already been		
	LAB-						adjudicated. Usage: Refer to the 835		Service not payable
	CHLAMYDIA/G						Healthcare Policy Identification Segment		with other service
	ONORRHEA						(loop 2110 Service Payment Information		rendered on the
5490	CONTRA	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
							The benefit for this service is included in		
	PROCEDURE						the payment/allowance for another		
	CODE NOT						service/procedure that has already been		
	COVERED						adjudicated. Usage: Refer to the 835		Service not payable
	WHEN BILLED						Healthcare Policy Identification Segment		with other service
FF00	ON THE SAME	20150715	22001221	10000101	22001221	0.7	(loop 2110 Service Payment Information	N20	rendered on the
5500	DAY	20150715	22991231	19000101	22991231	9/	REF), if present.	NZU	same date.

500		CHECKWRITE	01150/01/0155	DOS	200 5112				
EOB CODE	EOB DESCRIPTION	EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE	DOS END	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5501	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5502	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5503	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	- 4 - 6 - 5 - 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5504	POSTPARTUM VISIT WILL NOT BE PAID ON THE SAME DAY AS PRENATAL	20450745	22004.224	10000104	22204224	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5504	VISIT	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5505	POSTPARTUM VISIT WILL NOT BE PAID ON THE SAME DAY AS PRENATAL VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5506	SERVICE NOT PAYABLE WITH OTHER SERVICE ON SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5507	SERVICE NOT PAYABLE WITH OTHER SERVICE ON SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5508	SECONDARY SURGICAL PROCEDURE WITHIN THE SAME INCISION PAID AT 50% OF MEDICAID A	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5509	SECONDARY SURGICAL PROCEDURE WITHIN THE SAME INCISION PAID AT 50% OF MEDICAID A	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
FF10	PROCEDURE CODE IS LIMITED TO ONE PER RECIPIENT WITHIN SIXTY DAYS OF	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	Mac	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5510	DELIVERY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5511	PROCEDURE CODE IS LIMITED TO ONE PER RECIPIENT WITHIN 60 DAYS OF DELIVERY.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5512	PRENATAL VISIT NOT BE COVERED ON THE SAME DAY AS POSTPARTUM VISIT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5513	PRENATAL VISIT NOT BE COVERED ON THE SAME DAY AS POSTPARTUM VISIT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5514	THIS PROCEDURE CANNOT BE BILLED IN ADDITION TO THE DELIVERY CODE BILLED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5515	THIS PROCEDURE CANNOT BE BILLED IN ADDITION TO THE DELIVERY CODE BILLED	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ANTEPARTUM , POSTPARTUM CARE/VAGINA L DELIVERY MAY NOT BE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5516	BILLED WITH GLOBAL OB C	20150715	22991231	19000101	22991231	0.7	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
5517	ANTEPARTUM, POSTPARTUM CARE/VAGINA L DELIVERY MAY NOT BE BILLED WITH GLOBAL OB C	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5518	LOCAL ANESTHESIA PROCEDURES ARE COVERED IN THE TOTAL OB COST AND MAY NOT BE BIL	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS	D 00 END				
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5519	LOCAL ANESTHESIA PROCEDURES ARE COVERED IN THE TOTAL OB COST AND MAY NOT BE BIL	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5520	REGIONAL ANESTHESIA PAYMENT IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5521	REGIONAL ANESTHESIA PAYMENT IS 50% OF LEVEL III PRICE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N59	Please refer to your provider manual for additional program and provider information.
5522	ROUTINE PRENATAL LAB, OFFICE/HOSPI TAL VISITS MAY NOT BE BILLED WITH GLOBAL OB P	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ROUTINE								
	PRENATAL						The benefit for this service is included in		
	LAB,						the payment/allowance for another		
	OFFICE/HOSPI						service/procedure that has already been		
	TAL VISITS						adjudicated. Usage: Refer to the 835		Service not payable
	MAY NOT BE						Healthcare Policy Identification Segment		with other service
	BILLED WITH						(loop 2110 Service Payment Information		rendered on the
5523	GLOBAL OB P	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5524	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.
5525	POSTPARTUM SERVICES MAY NOT BE BILLED WITH GLOBAL OB ON OR WITHIN 62 DAYS OF DE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDU RE/SUPPLY AND A RELATED SERVICE/PROCEDU RE/SUPPLY HAVE NOT BEEN MET.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5526	MATERNITY GLOBAL/ANES THESIA NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5527	MATERNITY GLOBAL/DELIV ERY NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5528	MATERNITY GLOBAL/ULTR ASOUND NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

FOR	ron.	CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC	CARC DESCRIPTION	RARC	DADC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5529	MATERNITY GLOBAL/URIN ALYSIS NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5530	MATERNITY GLOBAL/BLOO D TEST NEGATIVE CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5531	MATERNITY GLOBAL/ANTE PARTUM CARE NEGATIVE CONTRA POSTPARTUM VISIT REQUIRES A	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5532	DELIVERY BETWEEN 21 & 56 DAYS OF VISIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MATERNITY								
	TRANSITION								
	PAYMENT								
	NOT								
	ALLOWED								
	WITH A								Exceeds
	GLOBAL								number/frequency
	DELIVERY IN						Benefit maximum for this time period or		approved/allowed
5534	HISTORY	20190715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
5600	PROCEDURE CANNOT BE BILLED ON THE SAME DAY AS CRITICAL CARE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5601	PROCEDURE CANNOT BE BILLED ON THE SAME DAY AS CRITICAL CARE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5602	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5603	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5604	PROCEDURE IS INCLUSIVE IN PRIMARY PROCEDURE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5605	PROCEDURE IS INCLUSIVE IN PRIMARY PROCEDURE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.
5606	PAYMENT MADE FOR SIMILAR PROCEDURE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5607	PAYMENT MADE FOR SIMILAR PROCEDURE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5608	SAME PROVIDER CANNOT BILL APPLICATION/ REMOVAL/RE PAIR OF CAST FOR THE SAME RECIP	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5609	SAME PROVIDER CANNOT BILL APPLICATION/ REMOVAL/RE PAIR OF CAST FOR THE SAME RECIP	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
5610	PROCEDURE CODES 95115, 95117 OR Z4998 SHALL NOT BE PAID ON THE SAME DAY AS PROC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5611	PROFESSIONA L SERVICES ARE INCLUDED IN THE PROVISION OF THE EXTRACT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5612	PROCEDURE CODES 95120- 95134 WILL NOT BE PAID ON THE SAME DAY AS PROCEDURE CODES	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5613	PROCEDURE CODES 95120- 95134 WILL NOT BE PAID ON THE SAME DAY AS PROCEDURE CODES	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE			CARC DESCRIPTION	CODE	RARC DESCRIPTION
5614	PROCEDURE NOT COVERED WHEN BILLED WITH PROCEDURE CODES 90918- 90947	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5615	PROCEDURE NOT COVERED WHEN BILLED WITH PROCEDURE CODES 90918- 90947	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5616	CRITICAL CARE CANNOT BE BILLED ON THE SAME DAY AS PROCEDURE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5617	PROCEDURE CANNOT BE BILLED ON THE SAME DAY AS CRITICAL CARE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5618	THE SAME PHYSICIAN MAY NOT BILL INTUBATION AND NEWBORN RESUSCITATIO N ON THE SAM	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5619	THE SAME PHYSICIAN MAY NOT BILL INTUBATION AND NEWBORN RESUSCITATIO N ON THE SAM	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5620	STANDBY/RES UCITATION/AT TENDANCE AT DELIVERY CANNOT BE BILLEDTOGET HER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5621	STANDBY/RES UCITATION/AT TENDANCE AT DELIVERY CANNOT BE BILLED TOGETHER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5622	ELECTROSHOC K THERAPY MAY NOT BE ON THE SAME DAY AS A HOSPITAL VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5623	ELECTROSHOC K THERAPY MAY NOT BE ON THE SAME DAY AS A HOSPITAL VISIT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5624	EMERGENCY ROOM VISIT/INITIAL HOSPITAL VISIT MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5625	EMERGENCY ROOM VISIT/INITIAL HOSPITAL VISIT MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROFESSIONA								
	L								
	COMPONENTS								
	AND						The benefit for this service is included in		
	HOSPITAL						the payment/allowance for another		
	VISITS MAY						service/procedure that has already been		
	NOT BE						adjudicated. Usage: Refer to the 835		Service not payable
	BILLED ON						Healthcare Policy Identification Segment		with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5626	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	PROFESSIONA								
	L								
	COMPONENTS								
	AND						The benefit for this service is included in		
	HOSPITAL						the payment/allowance for another		
	VISITS MAY						service/procedure that has already been		Camilaa wak wasabla
	NOT BE BILLED ON						adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
	THE SAME						(loop 2110 Service Payment Information		rendered on the
5627	DAY	20150715	22991231	19000101	22991231	07	REF), if present.	N20	same date.
3027	DAT	20130713	22991231	19000101	22991231	37	KEF), II present.	INZU	Same date.
	THE PAYMENT								
	FOR THIS								
	SERVICE WAS								
	PREVIOUSLY								
	MADE TO								
	ANOTHER						Previously paid. Payment for this		
	PROVIDER OR						claim/service may have been provided in		
5628	TO ANOT	20150715	22991231	19000101	22991231	B13	a previous payment.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE PAYMENT								
	FOR THIS								
	SERVICE WAS								
	PREVIOUSLY								
	MADE TO								
	ANOTHER						Previously paid. Payment for this		
	PROVIDER OR						claim/service may have been provided in		
5629	TO ANOT	20150715	22991231	19000101	22991231	B13	a previous payment.		
	INCIDENTAL								
	SURGERY MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED WITH						service/procedure that has already been		
	DEFINITIVE						adjudicated. Usage: Refer to the 835		Service not payable
	SURGERY ON						Healthcare Policy Identification Segment		with other service
- 620	THE SAME	20450745	22224224	40000404	22004224	0.7	(loop 2110 Service Payment Information		rendered on the
5630	DAY.	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	INCIDENTAL						The benefit for this service is included in		
	SURGERY MAY								
	NOT BE BILLED WITH						the payment/allowance for another		
	DEFINITIVE						service/procedure that has already been		Comice not navable
	SURGERY ON						adjudicated. Usage: Refer to the 835		Service not payable with other service
	THE SAME						Healthcare Policy Identification Segment		rendered on the
F621		20150715	22001221	10000101	22001221	0.7	(loop 2110 Service Payment Information	N20	
5631	DAY.	20150715	22991231	19000101	22991231	9/	REF), if present.	N2U	same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5632	EXPLORATORY LAP/LYSIS OF ADHESIONS MAY NOT BE BILLED ON THE SAME DAY WITH	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5633	INCIDENTAL SURGERY NOT COVERED WITH DEFINITIVE SURGERY ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5634	THE SAME PHYSICAIN MAY NOT BILL HOSPITAL VISIT AND DISCHARGE VISIT ON THE SAME	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE SAME PHYSICAIN MAY NOT BILL HOSPITAL VISIT AND DISCHARGE VISIT ON THE						The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		Service not payable with other service rendered on the
5635	SAME	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
5636	HYSTERECTO MY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTO MY P	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5637	HYSTERECTO MY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTO MY P	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5638	HOSPITAL ADMISSION/VI SITS MAY NOT BE BILLED ON OR AFTER OB GLOBAL	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5639	HOSPITAL ADMISSION/VI SITS MAY NOT BE BILLED ON OR AFTER OB GLOBAL	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5640	SUBSEQUENT HOSPITAL CARE MAY NOT BE BILLED ON SAME DAY AS INITIAL HOSPITAL CARE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	SUBSEQUENT								
	HOSPITAL								
	CARE MAY						The benefit for this service is included in		
	NOT BE						the payment/allowance for another		
	BILLED ON						service/procedure that has already been		
	SAME DAY AS						adjudicated. Usage: Refer to the 835		Service not payable
	INITIAL						Healthcare Policy Identification Segment		with other service
	HOSPITAL						(loop 2110 Service Payment Information		rendered on the
5641	CARE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ROUTINE								
	ANCILLARY						The benefit for this service is included in		
	SERVICES						the payment/allowance for another		
	ASSOCIATED						service/procedure that has already been		
	WITH AN						adjudicated. Usage: Refer to the 835		Service not payable
	ABORTION						Healthcare Policy Identification Segment		with other service
	ARE COVERED						(loop 2110 Service Payment Information		rendered on the
5642	IN THE TOTAL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	ROUTINE								
	ANCILLARY						The benefit for this service is included in		
	SERVICES						the payment/allowance for another		
	ASSOCIATED						service/procedure that has already been		
	WITH AN						adjudicated. Usage: Refer to the 835		Service not payable
	ABORTION						Healthcare Policy Identification Segment		with other service
	ARE COVERED						(loop 2110 Service Payment Information		rendered on the
5643	IN THE TOTAL	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5644	HOSPITAL VISITS AND SUBSEQUENT CRITICAL CARE MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5645	HOSPITAL VISITS AND SUBSEQUENT CRITICAL CARE MAY NOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5646	POST- OPERATIVE CARE IS INCLUDED IN THE SURGERY FEE AND CANNOT BE BILLED SEPARAT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5647	POST- OPERATIVE PHYSICIAN SERVICES FOR THE SAME DIAGNOSIS MAY NOT BE BILLED WITH	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5648	PROCEDURE CODES NOT ALLOWED ON THE SAME DAY (95130- 95134)	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5650	ONLY ONE OUTPATIENT OBSERVATION VISIT MAY BE BILLED PER DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5651	OUTPATIENT SERVICES NOT PAYABLE ON SAME DATE OF SERVICE	20200316	22991231	19000101	22991231	24	Charges are covered under a capitation agreement/managed care plan.	N806	Payment is included in the Global transplant allowance.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLY ONE INITIAL NICU PROCEDURE MAY BE BILLED PER HOSPITAL						Benefit maximum for this time period or		SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5652	STAY.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5653	SURGERY/CAS TING & STRAPPING CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5654	CASTING & STRAPPING/S URGERY CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
							The benefit for this service is included in		SERVICE DENIED
							the payment/allowance for another		BECAUSE PAYMENT
							service/procedure that has already been		ALREADY MADE
							adjudicated. Usage: Refer to the 835		FOR SAME/SIMILAR
	MULTIPLE						Healthcare Policy Identification Segment		PROCEDURE
	SURGERY						(loop 2110 Service Payment Information		WITHIN SET TIME
5655	CONTRAS	20150715	22991231	19000101	22991231	97	REF), if present.	M86	FRAME.
	THIS								
	PROCEDURE IS						The benefit for this service is included in		
	PART OF						the payment/allowance for another		
	ANOTHER						service/procedure that has already been		
	PROCEDURE						adjudicated. Usage: Refer to the 835		Service not payable
	PERFORMED						Healthcare Policy Identification Segment		with other service
	ON THE SAME						(loop 2110 Service Payment Information		rendered on the
5656	DAY	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	A								
	CARDIOLOGIS								
	T OR A						The benefit for this service is included in		
	RADIOLOGIST						the payment/allowance for another		
	CANNOT BILL						service/procedure that has already been		C - m .:
	THIS						adjudicated. Usage: Refer to the 835		Service not payable
	PROCEDURE						Healthcare Policy Identification Segment		with other service rendered on the
rcro	CODE ON THE	20150715	22001221	10000101	22004224	07	(loop 2110 Service Payment Information	Nac	
5658	SAME DAY	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	ONLY ONE HOSPITAL ADMISSION MAY BE BILLED PER HOSPITAL						Benefit maximum for this time period or		SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME
5660	STAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
5661	SUBSEQUENT CRITICAL CARE NOT VALID WITHOUT INITAL CARE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5664	INITIAL OFFICE VISIT CANNOT BE BILLED ANYTIME WITHIN 3 YEARS OF A PRIOR VISIT	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRIOR VISIT CANNOT BE BILLED WITHIN 3 YEARS PRIOR								Exceeds number/frequency
	TO AN INITIAL						Benefit maximum for this time period or		approved/allowed
5665	OFFICE VISIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
5666	NEW PATIENT/EXIS TING PATIENT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
5667	EXISTING PATIENT/NEW PATIENT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
5710	SERVICE CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5711	SERVICE CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5712	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5713	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5714	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5715	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5716	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5717	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5718	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5719	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5720	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5721	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5722	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE		EFFECTIVE	DOS END	CARC	CARC RECOURTION	RARC	DADO DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5723	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5726	THIS SERVICE IS NOT ALLOWED ON THE SAME DAY AS DAY TREATMENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5727	THIS SERVICE IS NOT ALLOWED ON THE SAME DAY AS DAY TREATMENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5728	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5729	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5730	THIS PROCEDURE CODE IS NOT COVERED WHEN BILLED WITH MEDICAL PSYCHOTHERA PY CODES	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	PROCEDURE								
	CODE IS NOT						The benefit for this service is included in		
	COVERED						the payment/allowance for another		
	WHEN BILLED						service/procedure that has already been		
	WITH						adjudicated. Usage: Refer to the 835		Service not payable
	MEDICAL						Healthcare Policy Identification Segment		with other service
	PSYCHOTHERA						(loop 2110 Service Payment Information		rendered on the
5731	PY CODES	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	THE SAME PROVIDER MAY NOT BILL HOSPITAL						The benefit for this service is included in the payment/allowance for another service/procedure that has already been		
	OTHERAPY ON						adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment		Service not payable with other service
5732	THE SAME DAY	20150715	22991231	19000101	22991231	07	(loop 2110 Service Payment Information REF), if present.	N20	rendered on the same date.
3/32	DAT	20130713	22991251	19000101	22991231	97	KEF), II present.	INZU	same date.
	THE SAME								
	PROVIDER						The benefit for this service is included in		
	MAY NOT BILL						the payment/allowance for another		
	HOSPITAL						service/procedure that has already been		
	VISITS/PSYCH						adjudicated. Usage: Refer to the 835		Service not payable
	OTHERAPY ON						Healthcare Policy Identification Segment		with other service
F722	THE SAME	20450745	22004224	40000404	22004224	0.7	(loop 2110 Service Payment Information	N.20	rendered on the
5733	DAY	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5734	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERA PY/OFFICE VISITS ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5735	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERA PY/OFFICE VISITS ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5736	SERVICES CANNOT BE BILLED ON THE SAME DAY BY THE SAME PROVIDER	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5738	SERVICES CANNOT BE BILLED ON THE SAME DAY FOR THE SAME RECIPIENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5750	PROCEDURE NOT COVERED WHEN BILLED WITH 76805, 76810 OR 76816 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5751	PROCEDURE NOT COVERED WHEN BILLED WITH 76805, 76810 OR 76816 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5752	PROCEDURE NOT COVERED WHEN BILLED WITH 76805 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5753	PROCEDURE NOT COVERED WHEN BILLED WITH 76805 ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5754	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	INDICATE						The benefit for this service is included in		
	THAT THIS						the payment/allowance for another		
	SERVICE HAS						service/procedure that has already been		
	ALREADY						adjudicated. Usage: Refer to the 835		Service not payable
	BEEN						Healthcare Policy Identification Segment		with other service
	PERFORMED						(loop 2110 Service Payment Information		rendered on the
5755	ON THIS PATIE	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
									Based on policy this
							Charge exceeds fee schedule/maximum		payment
							allowable or contracted/legislated fee		constitutes
5760	ESWL PRICING	20150725	22991231	19000101	22991231	45	arrangement.	N524	payment in full.
	INDEPENDENT								
	RURAL								
	HEALTH						The benefit for this service is included in		
	CLINICS						the payment/allowance for another		
	CANNOT BE						service/procedure that has already been		
	PAID FOR						adjudicated. Usage: Refer to the 835		Service not payable
	MORE THAN						Healthcare Policy Identification Segment		with other service
	ONE SERVICE						(loop 2110 Service Payment Information		rendered on the
5770	PER D	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.

FOD.	FOR	CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC	CARC DESCRIPTION	RARC	DADC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE REQUIRES BMI DIAGNOSIS						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110		Missing/incomplete
5789	FOR PCP PROVIDER	20150715	22991231	19000101	22991231	16	Service Payment Information REF), if present.	M64	/invalid other diagnosis.
5790	PHYSICAL THERAPY ELECTRIC STIMULATION CONTRA	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5791	PROCEDURE CODE NOT COVERED WHEN BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5792	PHYSICAL THERAPY APPLIANCES CONTRA	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5800	RESIDENTIAL SERVICES AND RESPITE ,PERSONAL CARE/COMPA NION CARE NOT ALLOWED FOR	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5801	RESIDENTIAL SERVICES AND RESPITE ,PERSONAL CARE/COMPA NION CARE NOT ALLOWED FOR	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
E902	PREVOCATION AL SERVICES AND SUPPORTED EMPLOYMENT SHALL NOT BE PAID ON THE	20150715	22001221	10000101	22001221	0.7	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information	N20	Service not payable with other service rendered on the
5802	SAME D	20150715	22991231	19000101	22991231	9/	REF), if present.	N20	same date.
5803	PREVOCATION AL SERVICES AND SUPPORTED EMPLOYMENT SHALL NOT BE PAID ON THE SAME D	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5804	ONLY ONE TYPE OF RESPITE CARE IS ALLOWED FOR A GIVEN DATE OF SERVICE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	SHOW THIS WAVIER								
	SERVICE HAS								
	ALREADY						Exact duplicate claim/service (Use only		
	BEEN PAID						with Group Code OA except where state		
	FOR THE DATE						workers' compensation regulations		
5805	OF SERV	20171001	22991231	20171001	22991231	18	requires CO).		
							- cquire coy.		
	HEARING AND						The procedure code is inconsistent with		
	VISION						the modifier used. Usage: Refer to the		
	SCREENING						835 Healthcare Policy Identification		
	REQUIRE EP						Segment (loop 2110 Service Payment		
5811	MODIFIER.	20150715	22991231	19000101	22991231	4	Information REF), if present.		
	POST-								
	CATARACT								
	FOLLOW-UP								
	CARE HAS BEEN PAID TO						The precedure code is inconsistent with		
	THE SURGEON						The procedure code is inconsistent with the modifier used. Usage: Refer to the		
	ORPOST-						835 Healthcare Policy Identification		
	CATARACT						Segment (loop 2110 Service Payment		
5812	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	POST- CATARACT FOLLOW-UP CARE HAS BEEN PAID TO THE SURGEON ORPOST- CATARACT						The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment		
5813	FOLLO	20150715	22991231	19000101	22991231	4	Information REF), if present.		
5814	PROCEDURE NOT COVERED WITH SPECIFIC CODES.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5815	VISION AND HEARING SCREENING MUST BE BILLED WITH A REGULAR SCREENING AND ARE LI	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5816	HIV CODES MUST BE BILLED IN CONJUNCTION WITH FAMILY PLANNING CODES.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
F-04-7	REVENUE CODES 170 - 171 MUST NOT EXCEED 10 UNITS UNDER MOTHER'S	20450745	22004.224	10000104	22004224	110	Benefit maximum for this time period or	NG 40	Exceeds number/frequency approved/allowed
5817	THERAPY CODE PAYABLE ONLY WITH THERAPEUTIC TREATMENT.	20150715	22991231	19000101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N640 N390	This service/report cannot be billed separately.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
5819	OBSERVATION MUST BE BILLED IN CONJUNCTION WITH FACILITY FEE.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5820	LTC VENT CANNOT BE BILLED WITHOUT LTC STAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
5821	ADD - ON CODE CANNOT BE PAID WITHOUT PAID PRIMARY CODE	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	AVASTIN J9035 NEGATIVE						This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information		This service/report cannot be billed
5822	CONTRA	20150715	22991231	19000101	22991231	49	REF), if present.	N390	separately.
5823	PACE NH DEPENDENT ON PACE NON- NH BILLING	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5825	FP OUTPT LARC REQIURES INPT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
5830	PROCEDURE IS NOT PAYABLE WHEN BILLED WITHOUT A PAID ROOT CANAL FOR THE SAME	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5831	MEDICAID'S RECORD DO NOT SHOW A ROOT CANAL PAYMENT THEREFORE THIS PROCEDURE COD	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5832	MEDICAID'S RECORD DO NOT SHOW A ROOT CANAL PAYMENT THEREFORE THIS PROCEDURE COD	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI-MUE - UNITS OF SERVICE EXCEED MUE. RECIPIENT CANNOT BE						Coverage/program guidelines were		THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE
5900	BILLED.	20160501	22991231	19000101	22991231	273	exceeded.	N362	MAXIMUM.
5910	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON THIS CLAIM. RECIPIENT CANNOT	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.		
5911	NCCI - SERVICE NOT PAYABLE WITH ANOTHER SERVICE ON ANOTHER CLAIM. RECIPIENT CAN	20150715	22991231	19000101	22991231	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/fee schedule requirements.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5912	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT						This procedure or procedure/modifier		
	PAYABLE						combination is not compatible with		
	WITH						another procedure or		
	ANOTHER						procedure/modifier combination		
	SERVICE ON						provided on the same day according to		
	THIS CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5920	CANNOT	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5921	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5922	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI- SVC IS A								
	DUPE OF A						The benefit for this service is included in		
	PREVIOUSLY						the payment/allowance for another		
	DENIED NCCI						service/procedure that has already been		
	SVC.						adjudicated. Usage: Refer to the 835		Service not payable
	RECIPIENT						Healthcare Policy Identification Segment		with other service
	CANNOT BE						(loop 2110 Service Payment Information		rendered on the
5930	BILLED	20150715	22991231	19000101	22991231	97	REF), if present.	N20	same date.
	NCCI -SERVICE						This procedure or procedure/modifier		
	NOT PAYABLE						combination is not compatible with		
	WITH						another procedure or		
	ANOTHER						procedure/modifier combination		
	SERVICE ON						provided on the same day according to		
	THIS CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5940	CANNOT	20150715	22991231	19000101	22991231	236	fee schedule requirements.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5941	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	NCCI -								
	SERVICE NOT								
	PAYABLE						This procedure or procedure/modifier		
	WITH						combination is not compatible with		
	ANOTHER						another procedure or		
	SERVICE ON						procedure/modifier combination		
	ANOTHER						provided on the same day according to		
	CLAIM.						the National Correct Coding Initiative or		
	RECIPIENT						workers compensation state regulations/		
5942	CAN	20150715	22991231	19000101	22991231	236	fee schedule requirements.		
	THIS								
	AMBULANCE								
	SERVICE								
	PROCEDURE								
	CODE IS								
	LIMITED TO								Eveneds
	FOUR UNITS								Exceeds
	PER CALENDAR						Donafit maximum for this time nexted as		number/frequency
6001		20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NG40	approved/allowed
6001	MON	20150715	22991231	19000101	22991231	1119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INPATIENT/O								
	UTPATIENT/AS								
	C VISITS HAVE								
	BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6010	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	HEARING AID								
	REPAIR IS								Exceeds
	LIMITED TO								number/frequency
	TWO EVERY						Benefit maximum for this time period or		approved/allowed
6020	SIX MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MONAURAL								
	HEARING AID								
	BATTERIES								
	ARE LIMITED								
	TO ONE								Exceeds
	PACKAGE								number/frequency
	EVERY TWO						Benefit maximum for this time period or		approved/allowed
6021	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0021	MONAURAL			13000101		1117	Securitario nas securitarios.		time period.
	EARMOLDS								
	ARE LIMITED								Exceeds
	TO ONE EVERY								number/frequency
	FOUR						Benefit maximum for this time period or		approved/allowed
6022	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6023	HEARING AID REPAIR IS LIMITED TO ONCE EVERY SIX MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6024	THE PURCHASE OF A HEARING AID STETHOSCOPE IS LIMITED TO ONE EVERY TWO YEARS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6025	EARMOLDS ARE LIMITED TO TWO EVERY FOUR MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6026	BINAURAL HEARING AID BATTERIES ARE LIMITED TO TWO PACKAGES EVERY TWO MONTHS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	NICIA/ DATICNIT								
	NEW PATIENT CODE Z5147								
	MAY ONLY BE								
	BILLED ONCE								This service is paid
	PER LIFETIME						Lifetime benefit maximum has been		only once in a
6030	PER RECIPIENT	20150715	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	PERIAPICAL								Exceeds
	XRAYS - LIMIT								number/frequency
	5 PER CAL						Benefit maximum for this time period or		approved/allowed
6040	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE								
	CALENDAR YEAR LIMIT								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6041	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								Exceeds
	LIMITED TO								number/frequency
60.42	ONCE EVERY	20150715	22004224	40000404	22004264	440	Benefit maximum for this time period or	115.40	approved/allowed
6042	30 DAYS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE								
	CALENDAR								
	YEAR LIMIT								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6043	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	EMERGENCY								
	ORAL EXAM								
	(D0140)								
	LIMITED TO								Exceeds
	ONCE PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6044	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DENTAL								
	SERVICE								
	LIMITED TO								
	ONCE PER								This service is paid
	TOOTH/PER						Lifetime benefit maximum has been		only once in a
6045	LIFETIME.	20150715	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	PROCEDURE								
	CODE LIMITED								Exceeds
	TO ONCE								number/frequency
6046	EVERY SIX	20450745	22224	40000404	22004254	110	Benefit maximum for this time period or	11640	approved/allowed
6046	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROPHYLAXIS								Exceeds
	IS LIMITED TO								number/frequency
	ONCE EVERY 6						Benefit maximum for this time period or		approved/allowed
6047	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	ELLIODIDE IC								F de
	FLUORIDE IS								Exceeds
	LIMITED TO ONCE EVERY 6						Benefit maximum for this time period or		number/frequency
6048	MONTHS	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	approved/allowed within time period.
0048	IVIONTES	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	TWO PER								number/frequency
	LIFETIME PER						Benefit maximum for this time period or		approved/allowed
6049	тоотн.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO								
	ONE								Exceeds
	OCCURANCE								number/frequency
	EVERY SIX						Benefit maximum for this time period or		approved/allowed
6050	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6051	FULL SERIES/PANOR AMIC X-RAYS ARE LIMITED TO ONE EVERY THREE CALENDAR YEARS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6052	CODE, SERVICE, PROCEDURE, NDC OR STAY REQUIRES PRIOR AUTHORIZATI ON	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.
6053	COMPREHENS IVE DENTAL EXAM MAY ONLY BE BILLED ONCE PER LIFETIME PER PROVIDER.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6054	ORAL EVALUATION < 3 YRS (D0145)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6056	FLOURIDE VARNISH < 3YRS - LIMIT 3 PER CAL YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6057	FLOURIDE VARNISH < 3YRS - LIMIT 6 TOTAL	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6058	FLOURIDE VARNISH > 3YRS - LIMIT 1 PER CAL YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6059	FLOURIDE VARNISH FREQ < 3 YRS - LIMIT 1 PER 90 DAYS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6060	DENTAL BITEWING X- RAYS - LIMIT 1 PER 6 CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6061	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6062	DENTAL CROWNS LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6063	DENTAL CORE LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6064	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6065	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	20160608	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6066	DENTAL RESTORATION LIMIT 1 PER 6 MONTHS SAME TOOTH	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6067	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6068	DENTAL BITEWING X- RAYS - LIMIT 1 PER CAL YEAR	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6069	DENTAL INTRAORAL OCCLUSAL FILM - LIMIT 2 PER CAL YEAR	20150715	22991231	20150715	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DENTAL PERIAPICAL X- RAYS LIMITED WHEN USED	DAIL	ENDUALE	DAIL	DAIL	CODE		CODE	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact
							Transportation is only covered to the		the contractor to
6070	WITH BITEWING	20150715	22991231	20150715	22991231	117	closest facility that can provide the	N115	request a copy of the LCD.
8070	DITENVING	20130/13	22331231	20130/15	22991231	11/	necessary care.	INTID	the LCD.
	DENTAL INT CARIES LIMIT 5 PER 6 CAL						Benefit maximum for this time period or		Exceeds number/frequency approved/allowed
6071	MONTHS	20190101	22991231	20190101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DENTAL LIMIT								
	FOUR PER								This service is paid
	TOOTH PER						Lifetime benefit maximum has been		only once in a
6072	LIFETIME	20190101	22991231	20190101	22991231	35	reached.	N117	patient?s lifetime.
	DME								
	PROCEDURE								
	LIMITED TO 60								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6100	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 20								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6101	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								Even e de
	LIMITED TO 1								Exceeds
	PER 5 CALENDAR						Donafit magnimum for this time a pariod or		number/frequency
6102	YEARS	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
6102	TEARS	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	THIRTY (30)						Benefit maximum for this time period or		approved/allowed
6103	PER MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0103	F LIVINION I II.	20130/13	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO								Exceeds
	700 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6104	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DAME OF OCCU								
	DME CLOSED POUCH TOTAL								Tyes a de
	LIMIT OF 60								Exceeds
	PER CAL						Banafit maximum for this time paried or		number/frequency approved/allowed
6105	MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	within time period.
9102	IVIONTH	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO 30								number/frequency
	(THIRTY) PER						Benefit maximum for this time period or		approved/allowed
6106	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0100	DME	20130713	22331231	13000101	22331231	113	occarrence has been reached.	110.10	Within time period.
	PROCEDURE								
	LIMITED TO 40								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6107	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									·
	DME WC								
	PRESSURE								Exceeds
	PAD TOTAL								number/frequency
	LIMIT OF 1						Benefit maximum for this time period or		approved/allowed
6108	PER CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	CODE IS								Exceeds
	LIMTED TO								number/frequency
	100 PER						Benefit maximum for this time period or		approved/allowed
6109	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6110	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	THREE UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6111	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6112	PROCEDURE.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME CODES								
	LIMITED TO								Exceeds
	THIRTY-ONE								number/frequency
	UNITS PER						Benefit maximum for this time period or		approved/allowed
6113	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								_
	LIMITED TO 2								Exceeds
	PER						Danafit maximum for this time period or		number/frequency
6114	CALENDAR YEAR	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6114	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	MEDICAL								
	SUPPLIES								
	LIMIT IS								
	\$1,800.00 PER								Exceeds
	WAIVER YEAR,								number/frequency
	02/22-02/21.						Benefit maximum for this time period or		approved/allowed
6115	THE LIMIT HA	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 4								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6116	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 3								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6117	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT OF								
	TWO UNITS								
	PER MONTH								
	HAS BEEN								Exceeds
	EXCEEDED								number/frequency
	FOR THIS						Benefit maximum for this time period or		approved/allowed
6118	PROCEDURE	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE								
	CODE IS								Exceeds
	LIMITED TO						Donafit was in our familie time and in a		number/frequency
C120	ONE PER	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6120	MONTH. DME	20150715	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6121	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
5121	12,111	20130713	22331231	13000101	22331231	117	occarrence has been reached.	1,10-10	Within time period.
	LEG BAGS ARE								Exceeds
	LIMITED TO								number/frequency
	TWO PER						Benefit maximum for this time period or		approved/allowed
6122	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 8								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6123	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 3								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6124	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6125	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO								Exceeds
	120 PER						Barrelli and the second facilities and the second second		number/frequency
6426	CALENDAR	20450745	22004224	40000404	22004224	110	Benefit maximum for this time period or	NGAO	approved/allowed
6126	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME PROCEDURE								
	LIMITED TO								Exceeds
	400 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6127	MONTH	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0127	IVIOIVIII	20130/13	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6128	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 4								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6129	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE LIMITED TO 5								Europe de
	PER								Exceeds number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6130	MONTH	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0130	DME	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO 10								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6131	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 12								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6132	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 50								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6133	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO 90								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6134	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								5 l
	LIMITED TO								Exceeds
	100 PER CALENDAR						Danafit maximum for this time naried or		number/frequency
6135	MONTH	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed within time period.
0133	DME	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO								Exceeds
	500 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6136	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME					_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PROCEDURE								
	LIMITED TO								Exceeds
	1000 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6137	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC	CARC DESCRIPTION	RARC	DADC DECCRIPTION
CODE	DESCRIPTION DME	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	LIMITED TO 1								Exceeds
	PER 2								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6138	YEARS	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0138	DME	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMITED TO 4								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6139	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								·
	PROCEDURE								
	RENTAL								
	LIMITED TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6140	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	RENTAL								
	LIMITED TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6141	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

FOR	FOR	CHECKWRITE	CHECKARDITE	DOS	DOC FND	CARC		DARC	
EOB CODE	EOB DESCRIPTION	EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE	DOS END DATE	CARC	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
	DME PROCEDURE RENTAL LIMITED TO 31								Exceeds
6142	PER CALENDAR MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	number/frequency approved/allowed within time period.
6143	DME BATTERY CHARGER TOTAL LIMIT OF 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6144	DME BATTERY TOTAL LIMIT OF 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6145	DME NON- INSULIN PROC LIMIT OF 2 PER 3 CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6146	DME NON- INSULIN PROC LIMIT OF 1 PER 3 CAL MO		22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6147	DME INSULIN PROC LIMIT OF 4 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6148	DME INSULIN PROC LIMIT OF 3 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6149	DME INSULIN PROC LIMIT OF 2 PER CAL MO	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6150	VISION AND HEARING SCREENING ONE PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL								
	SCREENING IS								
	LIMITED TO								This service is paid
6454	ONCE PER	20450745	22004224	40000404	22004224	25	Lifetime benefit maximum has been	N/4/4-7	only once in a
6151	LIFETIME	20150715	22991231	19000101	22991231	35	reached.	N117	patient?s lifetime.
	EPSDT								
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
	BEEN						Benefit maximum for this time period or		approved/allowed
6152		20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0132	LACEEDED	20130713	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.
	EPSDT								
	SCREENING								Exceeds
	LIMIT HAS								number/frequency
	BEEN						Benefit maximum for this time period or		approved/allowed
6153	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MAXIMUN								Exceeds
	UNIT LIMIT								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6154	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	EDCD-								
	EPSDT								el
	SCREENING								Exceeds
	LIMIT HAS						Danafit mayimum for this time a register		number/frequency
6155	BEEN	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	NE 40	approved/allowed
6155	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6179	THE ALLOWED EYE EXAM LIMITATION HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6180	THE ALLOWED LENS LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6181	THE ALLOWED LENS LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6182	THE ALLOWED FRAMES LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6183	THE ALLOWED EYE EXAM LIMITATION HAS BEEN EXCEEDED.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6184	THE ALLOWED FITTING LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6185	EYE LENS LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6186	EYE FRAME LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6187	EYE EXAM LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6188	EYE FITTING LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6189	EYE EXAM LIMIT 1 PER 3 YR (21 AND OLDER)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6190	EYE REFRACTION LIMIT 1 PER 3 YR (21 AND OLDER)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6191	EYE REFRACTION LIMIT LESS THAN 21	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6192	EYE REFRACTION LIMIT 1 PER 2 YEARS (21 AND OLDER)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6193	EYE EXAM LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6194	EYE REFRACTION LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6195	EYE FRAME LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6196	EYE LENS LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6197	EYE FITTING LIMIT 1 PER 3 YR (21 AND >)	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	PROCEDURE IS								
	LIMITED TO								
	SIXTEEN (16)								Exceeds
	UNITS PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6200	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	FAMILY								
	PLANNING								
	PERIODIC								
	FOLLOW-UP IS								
	LIMITED TO								Exceeds
	FOUR (4)								number/frequency
	VISITS PER						Benefit maximum for this time period or		approved/allowed
6201	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6202	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE IS								F
	LIMITED TO								Exceeds
	ONE PER						Donafit manufacture for this time a residual co		number/frequency
C202	POSTPARTUM	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NIC 40	approved/allowed
6203	PERIOD.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	INITIAL VISIT								
	IS LIMITED TO								
	ONE PER								
	RECIPIENT,								
	PER								
	PROVIDER,						Lifetime benefit maximum has been		
6204	PER LIFETIME	20150715	22991231	19000101	22991231	35	reached.		
	THIS								
	PROCEDURE								
	CODE IS								
	LIMITED TO								Exceeds
	ONE EVERY								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6205	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE 11795 IS								
	LIMITED TO								
	ONE EVERY								Exceeds
	365 DAYS AND								number/frequency
	PROCEDURE						Benefit maximum for this time period or		approved/allowed
6206	CODE 11977	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THESE NORPLANT SERVICES MUST BE BILLED USING THE APPROPRIATE COMBINATIO N CODE O	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
	PROCEDURE IS LIMITED TO ONE SERVICE EVERY 70 DAYS.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROCEDURE LIMITED TO ONE SERVICE DURING 60 (SIXTY) DAY POSTPARTUM PERIOD.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6210	RADIOLOGY - LEVONORGES TREL IU LIMIT - 1 PER 5 YRS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DEPO-								
	PROVERA								
	INJECTION								_
	LIMITED TO								Exceeds
	ONE PER EVERY 70						Danafit maximum for this time paried or		number/frequency approved/allowed
	DAYS.	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	within time period.
6211	DAYS.	20150/15	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	FP-								Exceeds
	LEVONORGES								number/frequency
	TREL-IU LIMIT-						Benefit maximum for this time period or		approved/allowed
6212	1 PER 3 YRS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	W/UA								
	MODIFIER IS								Exceeds
	LIMITED TO 4								number/frequency
	EVERY 12						Benefit maximum for this time period or		approved/allowed
6213	MONTHS	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.
	DDOCEDURE								
	PROCEDURE W/UB, UC, UD								
	MODIFIER IS								
	LIMITED TO 12								Exceeds
	EVERY								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
		20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6230	MORE THAN ONE MEDICAL ENCOUNTER (Z5298) CANNOT BE PAID ON THE SAME DATE OF SERV	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6231	MORE THAN ONE DENTAL ENCOUNTER (D9430)CANN OT BE PAID ON THE SAME DATE OF SERVIC	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6240	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6241	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6242	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231		Benefit maximum for this time period or	N640	Exceeds number/frequency approved/allowed within time period.
6243	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6244	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6245	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6246	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6248	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6249	HBO LIMIT HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6260	NUMBER OF HOME HEALTH VISITS EXCEED LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6270	HOSPICE ONE (1) UNIT PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								
	REACHED FOR								Exceeds
	THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6280		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	OUTPATIENT								
	VISITS HAVE								
	BEEN								
	EXCEEDED								Exceeds
	FOR THIS								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6281		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	INPATIENT								
	DAYS HAVE								
	BEEN								
	EXEEDED FOR								Exceeds
	THIS								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6282	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	REVENUE								
	CODES 170 -								
	171 MUST								
	NOT EXCEED								
	10 UNITS PER								e
	NEWBORN								Exceeds
	UNDER						Danielit manimum facilitis ilinia and il		number/frequency
6202	MOTHER'S	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NICAO	approved/allowed
6283	NUMB	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6284	MEPD FISCAL YEAR DOLLAR LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6285	HOSPITAL EMERG LIMIT 3 DAYS PER ADMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6290	MULTIPLE URINALYSIS TESTS CANNOT BE BILLED ON THE SAME DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6291	SPECIMEN COLLECTION FEE IS LIMITED TO ONE PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	LAB DRUG								Exceeds
	SCREENING								number/frequency
	LIMIT OF 1						Benefit maximum for this time period or		approved/allowed
6292	PER DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	LAB ?DRUG								Exceeds
	SCREENING								number/frequency
	LIMIT OF 1						Benefit maximum for this time period or		approved/allowed
6293	EVERY 7 DAYS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								_
	PROCEDURE IS								Exceeds
	LIMITED TO 12								number/frequency
6200	UNITS EVERY	20450745	22004224	40000404	22004224	440	Benefit maximum for this time period or	NGAO	approved/allowed
6300	24 MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	MORE THAN ONE								
	OBSTETRICAL								
	DELIVERY								
	CODE MAY								
	NOT BE								Exceeds
	BILLED W								number/frequency
	ITHIN SIX						Benefit maximum for this time period or		approved/allowed
6301	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MORE THAN								
	THREE OFFICE								
	VISITS MAY								
	NOT BE								Exceeds
	BILLED WITH								number/frequency
	PREGNANCY						Benefit maximum for this time period or		approved/allowed
	DIAGNOSIS.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0302	MORE THAN	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	ONE								
	OBSTETRICAL								
	DELIVERY								
	CODE MAY								
	NOT BE								Exceeds
	BILLED								number/frequency
	WITHIN SIX						Benefit maximum for this time period or		approved/allowed
6303	MONTHS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0303	MONTHS.	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	OBSTETRICAL								Exceeds
	CARE LIMIT								number/frequency
	FOR						Benefit maximum for this time period or		approved/allowed
6304	SPECIALTY 921	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0304	JI LCIALIT JZI	20130713	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.
									Exceeds
	ES - VAGINAL								number/frequency
	DELIVERY						Benefit maximum for this time period or		approved/allowed
6305	LIMIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6306	ES - C- SECTION LIMIT LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6307	PRENATAL OFFICE VISIT LIMIT PERINATOLOG IST	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6308	TOBACCO CESSATION COUNSELING LIMIT 4 PER 12 MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6309	TOBACCO CESSATION COUNSELING LIMIT 1 PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6310	THE QUANTITY DISPENSED EXCEEDS THE MAXIMUM QUANTITY ALLOWED FOR THE DRUG CODE P	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6311	QTY DISPENSED EXCEEDS MAX QTY BASED ON PA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete /invalid name, strength, or dosage of the drug furnished.
6312	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6313	MONTHLY SCRIPT LIMIT EXCEEDED - BRANDED DRUG	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6314	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6315	MONTHLY SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6316	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6317	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6318	MONTHLY BRAND SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
0310	EXCEEDED	20130713	22991251	19000101	22991231	119	occurrence has been reached.	11040	within time period.
6319	MONTHLY TOTAL SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6320	MONTHLY MAXIMUM SCRIPT LIMIT EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6321	MME DAILY EXCEEDED FOR RECIPIENT OVERRIDE PA 0009993621 MAY BE USED TO BYPASS E	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OPIOID NAIVE								
	RECIPIENT								
	(CHILD) HAS								
	EXCEEDED								Exceeds
	MME MAX								number/frequency
	AND/OR DAYS						Benefit maximum for this time period or		approved/allowed
6322	SUPPLY MAX	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	001010 11411/5								
	OPIOID NAIVE								
	RECIPIENT								
	(ADULT) HAS EXCEEDED								
	MME MAX								Exceeds
	AND/ OR								number/frequency
	DAYS SUPPLY						Benefit maximum for this time period or		approved/allowed
6323	MAX	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6325	SHORT ACTING OPIOID WITHIN 180 DAYS OF NAIVE OPIOID REQUIRES PA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete /invalid treatment authorization code.
6326	MME DAILY EXCEEDED FOR RECIPIENT OVERRIDE PA 0009996322 MAY BE USED TO BYPASS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6330	HAS RESERVE MEDICINE THAT EXCEEDS LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PHARMACY								
	STABLE								
	THERAPY								
	REQUIREMEN						Coverage/program guidelines were not		
6331	T NOT MET	20160501	22991231	19000101	22991231	272	met.		
	PHARMACY								
	STABLE								
	THERAPY								
	REQUIREMEN						Coverage/program guidelines were not		
6332	T NOT MET	20160501	22991231	19000101	22991231	272	met.		
	DRUG SCREEN								
	DAILY MAX								Exceeds
	FOR						Barrelli and the second facility is a second disconnected as		number/frequency
62.40	PRESENCE OF	20474004	22004224	20474004	22004224	440	Benefit maximum for this time period or	NGAO	approved/allowed
6340	DRUGS	20171001	22991231	20171001	22991231	119	occurrence has been reached.	N640	within time period.
	DRUG SCREEN								
	DAILY MAX								
	FOR G-								Exceeds
	CODE(S) IS								number/frequency
	LIMITED TO 1						Benefit maximum for this time period or		approved/allowed
6341	PER DAY	20171001	22991231	20171001	22991231	110	occurrence has been reached.	N640	within time period.
0341	LENDAI	201/1001	22331231	201/1001	22331231	117	occurrence has been reached.	14040	within time period.
	DME								
	GESTATIONAL								Exceeds
	INSULIN LIMIT								number/frequency
	4 BOXES PER						Benefit maximum for this time period or		approved/allowed
6350	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6351	DME GESTATIONAL INSULIN LIMIT 2 BOXES PER MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6400	SPECIMEN COLLECTION FEE IS LIMITED TO ONE PER DAY	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6401	OB ULTRASOUND LIMIT HAS BEEN REACHED FOR THIS RECIPIENT. ANY FURTHER WILL REQUI	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6402	SCREENING MAMMOGRA PHY IS LIMITED TO ONE PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								
	REACHED FOR								Exceeds
	THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6403	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								
	LIMITED TO								
	ONCE EVERY								
	THIRTY(30)								Exceeds
	DAYS BY THE								number/frequency
	SAME BILLING						Benefit maximum for this time period or		approved/allowed
6404	PROVIDER	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO								
	ONE								Exceeds
	OCCURENCE						Barrelli and the second facilities and the second second		number/frequency
C 4 O F	EVERY SIX	20450745	22004224	10000101	22004224	110	Benefit maximum for this time period or	NC 40	approved/allowed
6405		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	NEWBORN CODE MAY								
	NOT BE								This service is paid
	BILLED MORE						Lifetime benefit maximum has been		only once in a
6406		20150715	22991231	19000101	22991231	25	reached.	N117	patient?s lifetime.
0400	I HAIN UNCE	20120/12	ZZ331Z31	TACOUTOT	ZZZZIZZI	33	reactieu.	INTT\	patientrs metime.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6407	THE SAME PROVIDER MAY NOT BILL MORE THAN ONE NEW PATIENT OFFICE VISIT PER RECIP	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6408	PHYSICIAN IS LIMITED TO ONE VISIT PER DAY PER RECIPIENT	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6409	REQUESTED INPATIENT HOSPITAL SERVICES EXCEED LIMIT OF 16	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6410	PHYSICIAN OFFICE VISIT LIMITATION HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6411	INITIAL CRITICAL CARE LIMITED TO ONE PER DAY	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6412	ER AND CRITICAL CARE CODE ONE PER CLAIM.	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.
6413	REQUESTED INPATIENT HOSPITAL SERVICES EXCEED LIMIT OF 16	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6416	EMG PROCEDURE LIMIT TO 4 PER CAL YR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

500		CHECKWRITE	CUE CULL DITE	DOS	DOC END	CARC		2426	
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6418	OB ULTRASOUND YEARLY LIMIT PERINATOLOG ISTS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6419	SCREENING MAMMOGRA PHY IS LIMITED TO ONE PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6420	MATERNITY BONUS PAYMENTS LIMITED 1 PER 6 MONTHS	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6422	THIS CLAIM IS COUNTED TOWARD THE ANNUAL BMI REQUIREMEN T	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6510	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6511	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6512	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6513	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE IS								Exceeds
	LIMITED TO 5						Barrelli and the second facilities and the second second		number/frequency
6544	UNITS PER	20450745	22224	40000404	22224224	440	Benefit maximum for this time period or	11640	approved/allowed
6514	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								
	PROCEDURE IS								Evenede
	LIMITED TO								Exceeds
	ONE EPISODE						Benefit maximum for this time period or		number/frequency approved/allowed
6515	A YEAR	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0212	A TEAR	20130/13	ZZZZIZZI	TACOUTOT	ZZ331Z31	113	occurrence has been reached.	11040	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6516	THIS PROCEDURE IS LIMITED TO 52 UNITS PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6517	THIS PROCEDURE IS LIMITED TO 10 (TEN) UNITS PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6518	PROCEDURE CODE IS LIMITED TO 104 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6519	PROCEDURE CODE IS LIMITED TO 104 TIMES PER YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6520	PROCEDURE CODE IS LIMITED TO 104 TIMES A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	DADC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	365 EPISODES						Benefit maximum for this time period or		approved/allowed
6521	A YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THIS								Exceeds
	PROCEDURE IS								number/frequency
	LIMITED TO 52						Benefit maximum for this time period or		approved/allowed
6522	UNITS A YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN EXCEEDED								Even a de
	FOR THE								Exceeds number/frequency
	CALDEAR						Benefit maximum for this time period or		approved/allowed
6523	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0323	BENEFITS	20130713	22331231	13000101	22331231	113	occurrence has been reached.	140 10	Within time period.
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6524	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6525	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6526	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDEF FOR								Exceeds
	THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6527	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	BENEFITS								
	HAVE BEEN								
	EXCEEDED								Exceeds
	FOR THE								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6528	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE IS								Exceeds
	LIMITED TO						S 60		number/frequency
	260 UNITS A						Benefit maximum for this time period or		approved/allowed
6529	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
									Exceeds
	PROCEDURE IS								number/frequency
	LIMITED TO 8						Benefit maximum for this time period or		approved/allowed
6530	UNITS A YEAR.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0230	DIVITO A TLAN.	20130/13	22331231	13000101	22331231	113	occurrence has been reached.	11040	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6531	PROCEDURE CODE IS LIMITED TO 312 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6532	PROCEDURE IS LIMITED TO 1040 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6533	PROCEDURE IS LIMITED TO 1040 UNITS A YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6534	PROCEDURE IS LIMITED TO 2016 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6535	PROCEDURE IS LIMITED TO 130 UNITS A CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

FOD.	FOR	CHECKWRITE	CHECKARDITE	DOS	DOC FND	CARC		DADC	
EOB CODE	EOB DESCRIPTION	EFFECTIVE DATE	CHECKWRITE END DATE	EFFECTIVE DATE	DOS END	CARC	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6536	PROCEDURE IS LIMITED TO 104 TIMES A CALENDAR YEAR.	20150715	22991231	19000101	22991231		Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6537	PROCEDURE IS LIMITED TO 365 TIMES A CALENDAR YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6538	YEARLY LIMIT FOR CRISIS INTERVENTIO N HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6539	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6540	PSYCHOTHERA PY SERVICES ARE LIMITED TO 12 (TWELVE) PER CALENDAR YEAR AT		22001221	10000101	22001221	110	Benefit maximum for this time period or	N640	Exceeds number/frequency approved/allowed
6540	PLACE OF	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
6541	DIAGNOSTIC ASSESSMENTS ARE LIMITED TO ONE ENCOUNTER PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6542	PROCEDURE IS LIMITED TO 4160 UNITS A YEAR.	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6543	PSYCHOLOGY/ REHAB - PSYCHOLOGY DX TESTING	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6544	PSYCHOLOGY/ REHAB - NEUROPSYCH OLOGY DX TESTING	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6546	PSYCHOLOGY/ REHAB - PPSYCHOLOGY LIMIT 52 A YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6547	PSYCHOLOGY/ REHAB - INDIVIDUAL THERAPY 1 PER WEEK	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6548	PSYCHOLOGY/ REHAB - GROUP THERAPY 1 PER WEEK	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6549	MENTAL HEALTH NON- EMERGENCY TRANSPORATI ON LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

		CHECKWRITE		DOS					
EOB		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE IS								Exceeds
	LIMITED TO 2								number/frequency
	UNITS PER						Benefit maximum for this time period or		approved/allowed
6550	QUARTER	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DADIOLOGY 0								e d.
	RADIOLOGY &								Exceeds
	CARDIOLOGY - PROCEDURE						Panafit maximum for this time paried or		number/frequency approved/allowed
6600		20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	
6600	DIALYSIS	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	ULTRAFILTRAT								
	ION CODES								
	Z5256 AND								
	Z5266 ARE								Exceeds
	LIMITED TO A								number/frequency
	TOTAL OF 3						Benefit maximum for this time period or		approved/allowed
6610		20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	CODE IS								
	LIMITED TO								Exceeds
	156 UNITS PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6611	YEAR.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE CODE IS								
	LIMITED TO								Exceeds
	ONE UNIT PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6612	MONTH.	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0012	PROCEDURE	20130713	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	CODE IS								
	LIMITED TO 12								
	UNITS PER						Lifetime benefit maximum has been		
6613	LIFETIME.	20150715	22991231	19000101	22991231	35	reached.		
0020	THIS								
	PROCEDURE								
	CODE IS								
	LIMITED TO								Exceeds
	ONE PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6630	MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6640	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6641	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6642	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6643	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6644	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE						Donafit was in our familie time was indicated		number/frequency
CCAF	HAS BEEN	20150715	22001221	10000101	22001221	110	Benefit maximum for this time period or	N640	approved/allowed
6645	EXCEEDED. THE YEARLY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	เงช40	within time period.
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6646	EXCEEDED.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0040	LACLEDED.	20130/13	22331231	13000101	22331Z31	113	occurrence has been reached.	14040	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THE YEARLY								
	LIMIT FOR								
	THIS								Exceeds
	PROCEDURE								number/frequency
	HAS BEEN						Benefit maximum for this time period or		approved/allowed
6647	EXCEEDED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	THE LIMIT FOR								
	THESE								
	SERVICES HAS								
	BEEN								
	REACHED FOR								Exceeds
	THIS								number/frequency
	CONTRACT						Benefit maximum for this time period or		approved/allowed
6650	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	UNITS BILLED								
	FOR								
	PROCEDURE								
	CODE EXCEED								Exceeds
	MAXIMUM								number/frequency
	UNITS						Benefit maximum for this time period or		approved/allowed
6651	ALLOWED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	_								
	UNITS BILLED								
	FOR								
	PROCEDURE								
	CODE EXCEED								Exceeds
	MAXIMUM								number/frequency
	UNITS						Benefit maximum for this time period or		approved/allowed
6652	ALLOWED	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROCEDURE								
	LIMITED TO								
	1080								
	HOURS,PER								
	WAIVER YEAR								Exceeds
	OCTOBER 1 - SEPTEMBER						Danafit maximum for this time naried or		number/frequency approved/allowed
6653	30.	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	within time period.
0033	50.	20130713	22991251	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	LAHWV -								Exceeds
	LIMITED								number/frequency
	\$1000 PER						Benefit maximum for this time period or		approved/allowed
6654	WAIVER YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	LAHWV-								
	TRANSPORTAT								Exceeds
	ION LIMITED								number/frequency
	\$1000 PER						Benefit maximum for this time period or		approved/allowed
6655	WAIVER YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PERSONAL								Exceeds
	CARE								number/frequency
	BACHELORS						Benefit maximum for this time period or		approved/allowed
6656	DEGREE LIMIT	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6657	PERSONAL CARE MASTERS DEGREE LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6658	SPEECH/HEARI NG THERAPY LIMIT	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6659	WAIVER SPECIALIZED SUPPLY LIMIT	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6660	WAIVER SERVICE LIMITED TO \$5000 PER WAIVER YEAR	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6661	PACE GLOBAL FEE LIMITED TO ONE PER MONTH	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

FOR		CHECKWRITE	CHECKARDITE	DOS	DOC END	CARC		DADC	
		EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC	CARC DESCRIPTION	RARC	DADC DECEDIDATION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6662	WAIVER SERVICE LIMITED TO \$1000 PER WAIVER YEAR	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6663	WAIVER SERVICE LIMITED TO \$2000 PER WAIVER YEAR WAIVER -	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
	PROF & TECH THERAPEUTIC BEHAVIOR LIMITED TO 1200 UNITS	20151215	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6665	WAIVER - PROFESSIONA L THERAPEUTIC BEHAVIOR LIMITED TO	20151215	22001221	10000101	22001221	110	Benefit maximum for this time period or	N/S 4/O	Exceeds number/frequency approved/allowed
6665	800 UNITS WAIVER SERVICE LIMITED TO \$5000 PER CALENDAR	20151215	22991231	19000101	22991231	119	occurrence has been reached. Benefit maximum for this time period or	N640	Exceeds number/frequency approved/allowed
6666	MONTH	20161001	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
6668	WAIVER SERVICE LIMITED TO 144 UNITS PER WAIVER YEAR		22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6669		20180201	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6670	THE YEARLY LIMIT FOR THIS PROCEDURE HAS BEEN EXCEEDED	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6671	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS RECIP	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient?s lifetime.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	OUR RECORDS								
	INDICATE								
	THAT THIS								
	SERVICE HAS								
	ALREADY								
	BEEN								
6673	PERFORMED	20150715	22001221	10000101	22004224	25	Lifetime benefit maximum has been		
6672	ON THIS PATIE	20150/15	22991231	19000101	22991231	35	reached.		
	PROCEDURE IS								Exceeds
	LIMITED TO								number/frequency
	ONE (1) EVERY						Benefit maximum for this time period or		approved/allowed
6673	TWO YEARS.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	CLAIM STILL						Exact duplicate claim/service (Use only		
	IN PROCESS.						with Group Code OA except where state		
	PLEASE DO						workers' compensation regulations		
6674	NOT REBILL.	20150715	22991231	19000101	22991231	18	requires CO).		
	WAIVER								
	SERVICES								Exceeds
	LIMITED TO								number/frequency
	200 UNITS PER						Benefit maximum for this time period or		approved/allowed
6675	LIFETIME	20180201	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WAIVER								
	SERVICE								Exceeds
	LIMITED TO								number/frequency
	\$10000 PER						Benefit maximum for this time period or		approved/allowed
6676	*	20180201	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0070	VV/(IVEICTE/(IC	20100201	22331231	13000101	22331231	113	occurrence has been reached.	14040	within time period.
	PROCEDURE								
	CODE								SERVICE DENIED
	CANNOT BE								BECAUSE PAYMENT
	BILLED MORE								ALREADY MADE
	THAN SIX(6)								FOR SAME/SIMILAR
	TIMES WITH								PROCEDURE
	THE SAME						Benefit maximum for this time period or		WITHIN SET TIME
6677	MODIFIER.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	M86	FRAME.
	SUPPORTED								
	LIVING								
	SERVICES								Exceeds
	LIMITED TO								number/frequency
	3087.90 PER						Benefit maximum for this time period or		approved/allowed
6678	MONTH	20150715	22991231	20190101	22991231	119	occurrence has been reached.	N640	within time period.
	ABA INITIAL								
	ASSESSMENT								Exceeds
	LIMITED TO						Danielia manimum famalia dina a control de		number/frequency
6696	TWICE PER	20150715	22001221	10000101	22004224	110	Benefit maximum for this time period or	NC40	approved/allowed
6680	CAL YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	REVENUE								
	CODE 183 IS								
	LIMITED TO 6								Exceeds
	DAYS EACH								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6690	QUARTER.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	REVENUE								
	CODE 184 IS								
	LIMITED TO 14								Exceeds
	DAYS PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6691	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								Exceeds
	PROCEDURE								number/frequency
	LIMITED TO 1						Benefit maximum for this time period or		approved/allowed
6700	PER 8 CAL YRS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0700	TER O CAL TRO	20130713	22331231	13000101	22331231	113	occurrence has been reached.	14040	within time period.
	DME								Exceeds
	PROCEDURE								number/frequency
	LIMIT TO 1						Benefit maximum for this time period or		approved/allowed
6701	PER DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 1								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6702	WEEK	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 15								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6703	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 35								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6704	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE LIMIT TO 150								Europe de
	PER								Exceeds number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6705	MONTH	20150715	22991231	19000101	22991231	110	occurrence has been reached.	N640	within time period.
0703	DME	20130713	22991231	13000101	22991231	113	occurrence has been reached.	11040	within time period.
	PROCEDURE								
	LIMIT TO 180								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6706	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 210								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6707	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER 3								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6708	MONTHS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 3								Exceeds
	PER								number/frequency
6700	CALENDAR	20450745	22004224	40000404	22224224	440	Benefit maximum for this time period or	11640	approved/allowed
6709	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME PROCEDURE								
	LIMIT TO 5								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6710	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0710	DME	20130713	22331231	13000101	22331231	113	occurrence has been reached.	14040	within time period.
	PROCEDURE								
	LIMIT TO 6								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6711	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6712	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 10								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6713	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 12								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6714	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								- 1
	LIMIT TO 2								Exceeds
	PER						Donafit magnimum for this time a pariod or		number/frequency
6715	CALENDAR YEARS	20150715	22001221	19000101	22001221	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6715	DME	20150/15	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	PROCEDURE								
	LIMIT TO 31								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6716	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
0710	DME	20130713	22331231	13000101	22331231	113	occarrence has been reached.	11010	within time period.
	PROCEDURE								
	LIMIT TO 150								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6717	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMIT TO 31								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6718	MONTH	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMITED TO								Exceeds
	(1) PER 8								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6719	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME								
	PROCEDURE								
	LIMIT TO 1								Exceeds
	PER						Donafit was in our familie time was indicated		number/frequency
6720	CALENDAR 7 YEARS	20150715	22991231	19000101	22991231	110	Benefit maximum for this time period or occurrence has been reached.	N640	approved/allowed
6720	YEARS	20150715	22991231	19000101	22991231	119	occurrence has been reached.	11040	within time period.
	DME REPAIRS								Exceeds
	LIMITED								number/frequency
	\$1000 PER						Benefit maximum for this time period or		approved/allowed
6721	DAY	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME POWER								
	TIRES LIMIT 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6722	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
6723	DME BACK CUSHIONS LIMIT 1 PER 2 CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6724	DME SEAT CUSHIONS LIMIT 1 PER 1 CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6725	DME FOOTREST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6726	DME ARMREST LIMIT 2 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
6727	DME HEADREST LIMIT 1 PER CALENDAR YEAR	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME SAFETY								
	VEST LIMIT 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6728	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME MANUAL								
	TIRES LIMIT 2								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6729	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME MANUAL								
	CASTERS								Exceeds
	LIMIT 2 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6730	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME POWER								
	CASTERS								Exceeds
	LIMIT 4 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6731	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	DME GENERAL								
	CUSHION								Exceeds
	LIMIT 1 PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6732	YEAR	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DME								
	PROCEDURE								
	LIMITED TO 15								Exceeds
	PER								number/frequency
	CALENDAR						Benefit maximum for this time period or		approved/allowed
6735	MONTH.	20150715	22991231	19000101	22991231	119	occurrence has been reached.	N640	within time period.
	CLAIM FAILED								
	A PRODUR								
7000	ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7000	ALLINI	20130713	22991231	13000101	22991231	1/3	rrescription is incomplete.		
	INFORMATIO								
	NAL PRODUR								
7001	ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
	CLAIM DENIED								
	FOR PRODUR						Coverage/program guidelines were not		
7002	REASONS	20160501	22991231	19000101	22991231	272	met.		
	PRODUR								
	ALERT								
	REQUIRES PA								
	FOR								
7003	OVERRIDE	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
	NON-								
	OVERRIDEABL						,		
	E PRODUR						Coverage/program guidelines were not		
7004	ALERT	20160501	22991231	19000101	22991231	272	met.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7101	ADMIT DATE LESS THAN FIRST DATE OF SERVICE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7102	TYPE OF BILL INDICATES LATE CHARGES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7103	INTERIM CLAIM LESS THAN MINIMUM STAY	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7104	INTERIM CLAIM PATIENT STATUS IS DISCHARGED	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7105	NURSERY AND NON- NURSERY REVENUE CODES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	PROVIDER DRG BASE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7107	PROVIDER DRG COST TO CHARGE RATIO IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7110	DRG AGE THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7111	DRG OUTLIER THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7112	DRG MARGINAL COST PERCENT NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7115	DRG INVALID PRINCIPAL DIAGNOSIS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7116	DRG CODE COULD NOT BE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7117	DRG INVALID RECIPIENT AGE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7118	DRG INVALID RECIPIENT GENDER	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7119	DRG INVALID DISCHARGE STATUS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7120	DRG INVALID BIRTH WEIGHT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7121	DRG GESTATIONAL AGE AND BIRTH WEIGHT CONFLICT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DRG CODE NOT ON FILE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7123	DRG CODE ON REVIEW	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
	DRG CODE NOT ON RATE FILE	20140101	22991231		22991231		Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7125	DRG INITIALIZATIO N FAILED	20120101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7126	SUPPLEMENT AL PYMT PERCENT NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PROVIDER MISSING FROM DRG RATE TABLE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7128	DRG - MAJOR DIAGNOSTIC CATEGORY NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
7129	DAY OUTLIER THRESHOLD NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.
7130	DAY OUTLIER PER DIEM AMOUNT NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE R NAME.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CONFLICT								
	CODE ON								
	RESPONSE								
	CLAIM DOES								
7503	NOT MATCH	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
	PROVIDER								
	REQUESTED								
	ADDITIONAL								
	PAYMENT								
	DUE TO						Charge exceeds fee schedule/maximum		
	MISCELLANEO						allowable or contracted/legislated fee		Correction to a
8006	US ERROR.	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	PROVIDER								
	REQUESTED								
	CLAIM								
	ADJUSTMENT								
	DUE TO						Charge exceeds fee schedule/maximum		
	BILLING						allowable or contracted/legislated fee		Correction to a
8007	ERROR.	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	PROVIDER								
	SENT REFUND								
	DUE TO								
	PATIENT						Charge exceeds fee schedule/maximum		
	LIABILITY						allowable or contracted/legislated fee		Correction to a
8076	PROCES	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	AGENCY								
	REQUESTED								
	REFUND DUE						Charge exceeds fee schedule/maximum		
	TO OTHER						allowable or contracted/legislated fee		Correction to a
8097	INSURANCE	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	KARC DESCRIPTION
8128	AGENCY INITIATED OFFSET DUE TO MEDICARE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8134	AGENCY INITIATED OFFSET DUE TO MISCELLANEO US OR UNSPECIFIED ERROR	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
8136	HPE INITIATED ADJUSTMENT S DUE TO PROCESSING ERROR AGENCY INITIATED OFFSET OF	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8140	OUT-PATIENT CLAIM DUE TO PAID IN- PATIENT CLAIM	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8141	SAVE FOR FUTURE USE.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8168	AGENCY INITIATED ADJUSTMENT DUE TO RATE CHANGE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8169	AGENCY INITIATED ADJUSTMENT DUE TO SYSTEM CHANGES.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8170	AGENCY INITIATED ADJUSTMENT DUE TO DISPENSING FEE CHANGE	20160721	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8184	MASS ADJUSTMENT - PROCEDURE CODE RATE CHANGE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	MASS								
	ADJUSTMENT -						Charge exceeds fee schedule/maximum		
	OTHER						allowable or contracted/legislated fee		Correction to a
8187	REQUEST	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	MASS								
	ADJUSTMENT -								
	VOID						Charge exceeds fee schedule/maximum		
	TRANSACTION						allowable or contracted/legislated fee		
8188	S	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	ADJUSTMENT -								
	VOID								
	TRANSACTION						Charge exceeds fee schedule/maximum		
	S - WARRANT						allowable or contracted/legislated fee		
8190	CANCELLED	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	ADJUSTMENT -								
	VOID								
	TRANSACTION						Charge exceeds fee schedule/maximum		
	S OTHER						allowable or contracted/legislated fee		
8191	REQUEST	20150725	22991231	19000101	22991231	45	arrangement.		
	MASS								
	ADJUSTMENT -								
	VOID								
	TRANSACTION								
	S IDENTIFIED						Charge exceeds fee schedule/maximum		
	BY EXTERNAL						allowable or contracted/legislated fee		Correction to a
8199	ENTITY	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
	DESCRIPTION	DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
8200	CORRECTION TO A PRIOR CLAIM DUPLICATE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations	MA67	Correction to a prior claim.
8201	PAYMENT	20150715	22991231	19000101	22991231	18	requires CO).		
8202	CLAIM BILLED IN ERROR	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8203	BILLED UNDER WRONG RECIPIENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA36	Missing/incomplete /invalid patient name.
8204	PRIMARY INSURANCE PAYMENT RECEIVED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE	CARC CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8205	PROVIDER TO	20151204	22991231	19000101	22991231		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8206	DUE TO MEDICARE PRIMARY	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8207	RECOUPMENT OTHER	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8208	NCCI REDETERMINI ATION - HISTORY VOID	20151204	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
8209	NCCI ADMINISTRATI VE REVIEW - HISTORY VOID	20151204	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
8210	WORKER'S COMP - PROVIDER	20150715	22991231	19000101	22991231	19	This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	WORKER'S						This is a work-related injury/illness and		
	COMP -						thus the liability of the Worker's		
8211	RECIPIENT	20150715	22991231	19000101	22991231	19	Compensation Carrier.		
							Charge exceeds fee schedule/maximum		
							allowable or contracted/legislated fee		
8216	TPL ERROR	20150725	22991231	19000101	22991231	45	arrangement.		
	DUE TO								
	MISCELLANEO								
	US OR						Charge exceeds fee schedule/maximum		
	UNSPECIFIED						allowable or contracted/legislated fee		
8217	REASON	20150725	22991231	19000101	22991231	45	arrangement.		
							Payment adjusted because charges have		
8220	FULL REFUND	20151204	22991231	19000101	22991231	23	been paid by another payer.		
	PARTIAL						Payment adjusted because charges have		
8221	REFUND	20151204	22991231	19000101	22991231	23	been paid by another payer.		
	SAVE FOR						Coverage/program guidelines were not		
8222	FUTURE USE	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
	SAVE FOR						Coverage/program guidelines were not		
8223	FUTURE USE.	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
	SAVE FOR						Coverage/program guidelines were not		
8224	FUTURE USE.	20150715	22991231	19000101	22991231	B5	met or were exceeded.		
							Charge exceeds fee schedule/maximum		
	CAPITATION -						allowable or contracted/legislated fee		
8227	EPSDT CLAIM	20150725	22991231	19000101	22991231	45	arrangement.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8229	CAPITATION - FAMILY PLANNING	20150715	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
8233	SAVE FOR FUTURE USE.	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
8235	AGENCY INITIATED OFFSET DUE TO THIRD PARTY COVERAGE	20151204	22991231	19000101	22991231	88	Adjustment amount represents collection against receivable created in prior overpayment.		
8241	ADJUSTMENT GENERATED DUE TO CHANGE IN PATIENT LIABILITY	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
8242	ADJUSTMENT GENERATED DUE TO RATE CHANGE	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

EOB	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
8243	ADJUSTMENT GENERATED DUE TO RECIPIENT DATE OF DEATH	20151204	22991231	19000101	22991231		The date of death precedes the date of service.	MA67	Correction to a prior claim.
8247	ADJUSTMENT GENERATED DUE TO DRG PROVIDER RATE CHANGE	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
8248	ADJUSTMENT GENERATED DUE TO RECIPIENT RCO ASSIGNMENT	20150725	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
8249	ADJUSTMENT GENERATED DUE TO HOSPICE RETRO REVIEW	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE		CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	HPE INITIATED VOID DUE TO CHANGE IN PROVIDER ID OR SERVICE LOCATION INFORMATIO						Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if		MISSING/INCOMPL ETE/INVALID BILLING PROVIDER/SUPPLIE
8251		20150715	22991231	19000101	22991231	16	present.	N258	R ADDRESS.
	ADJUSTMENT TO CROSSOVER PAID PRIOR TO AIM IMPLEMENTA TION DATE. THIS CLAIM						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		Correction to a
8299	HAS	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS								
	ACCOUNTS						Non-covered charge(s). At least one		
	RECEIVABLE						Remark Code must be provided (may be		
	WAS						comprised of either the NCPDP Reject		
	ESTABLISHED						Reason Code, or Remittance Advice		
	FOR THE						Remark Code that is not an ALERT.)		
	WRONG						Usage: Refer to the 835 Healthcare		
	AMOUNT. WE						Policy Identification Segment (loop 2110		
	HAVE MADE						Service Payment Information REF), if		Correction to a
8454	COR	20150715	22991231	19000101	22991231	96	present.	MA67	prior claim.
	THIS CLAIM								
	HAS BEEN								
	DENIED DUE								
	TO A POS								
	REVERSAL								
	TRANSACTION						Coverage/program guidelines were not		
8515	•	20160501	22991231	19000101	22991231	272	met.		
	THIS CLAIM								
	DENIED DUE								
	ТО А								
	PROVIDER						Charge exceeds fee schedule/maximum		
0=46	VOID					l	allowable or contracted/legislated fee		Correction to a
8516	REQUEST.	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	THIS CLAIM								
	ADJUSTMENT								
	DUE TO A						Charge even de foe sehedule /maximum		
	PROVIDER SUBMITTED						Charge exceeds fee schedule/maximum		Correction to a
0517		20151204	22001221	10000101	22001221	1 E	allowable or contracted/legislated fee	N4A67	
8517	REQUEST	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

ЕОВ	EOB	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
0550	THIS SERVICE IS NOT COVERED BY	20454204	22004224	10000101	22004224	0.6	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	NGAS	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee
8550	MEDICAID	20151204	22991231	19000101	22991231	96	present.	N643	schedule.
	THIS DRUG IS CURRENTLY ON THE ALABAMA MEDICAID PHYSICIAN DRUG LIST	20450745	22004.224	10000104	22004224	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if	N 440	Missing/incomplete /invalid/ deactivated/withdr awn National Drug
8552	(APPENDIX H)	20150715	22991231	19000101	22991231	16	present.	M119	Code (NDC).

		CHECKWRITE		DOS					
		EFFECTIVE		EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	THIS SERVICE REQUIRES THE USE OF A MODIFIER TO INDICATE						The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification		Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the
8553	ANATOMICAL SITE, DISTIN	20150715	22991231	19000101	22991231	4	Segment (loop 2110 Service Payment Information REF), if present.	MA130	complete/correct information.
	NCCI REDETERMINI ATION - APPROVED	20151204	22991231	19000101	22991231		Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA91	This determination is the result of the appeal you filed.
8555	NCCI REDETERMINI ATION - DENIED - NO APPEAL	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N661	Documentation does not support that the services rendered were medically necessary.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE				CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
8556	NCCI REDETERMINI ATION - DENIED	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N661	Documentation does not support that the services rendered were medically necessary.
8557	NCCI ADMINISTRATI VE REVIEW - APPROVED	20151204	22991231	19000101	22991231	59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA91	This determination is the result of the appeal you filed.
8558	NCCI ADMINISTRATI VE REVIEW - DENIED	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N661	Documentation does not support that the services rendered were medically necessary.

500	500	CHECKWRITE	CUECKARDITE	DOS	DOC END	CARC		2426	
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	D 4 D 6 D 5 6 6 D 1 D 7 1 0 1 1
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PAPER CLAIM AND OPERATIVE NOTE REQUIRED FOR PAYMENT DECISION. PLEASE						Attachment/other documentation referenced on the claim was not		Missing post- operative images/visual field
8560	RESUBMIT.	20150715	22991231	19000101	22991231	163	received.	N678	results.
8985	AN AUDIT ADJUSTMENT WAS CREATED RELATED TO THIS CLAIM TO RECOUP AN OVERPAYMEN T	20150715	22991231	19000101	22991231	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
8986	CLAIM ADJUSTMENT PAID BASED ON ORIGINAL CLAIM.	20150715	22991231	19000101	22991231	06	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM								
	ADJUSTMENT								
	PAID BASED								
	ON RECIPIENT								
	ELIGIBILITY IN								
	EFFECT AT						Coverage/program guidelines were not		
8987	THE TIME THE	20160501	22991231	19000101	22991231	272	met.		
	ACENICY								
	AGENCY INITIATED						Charge eveneds for schodule /maximum		
	OFFSET DUE						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		Correction to a
8989	TO MEDICARE	20151204	22991231	19000101	22991231	4 E		MA67	prior claim.
6969	TO WEDICARE	20131204	22991231	19000101	22991231	43	arrangement.	IVIAU7	prior ciaiiii.
							Claim/service lacks information or has		
							submission/billing error(s). Usage: Do		
							not use this code for claims		
	SYSTEM						attachment(s)/other documentation. At		
	ERROR -						least one Remark Code must be provided		
	DETAIL						(may be comprised of either the NCPDP		
	MEDICARE						Reject Reason Code, or Remittance		
	AMOUNTS. A						Advice Remark Code that is not an		
	SYSTEM						ALERT.) Refer to the 835 Healthcare		
	ERROR						Policy Identification Segment (loop 2110		
	RESULTED IN						Service Payment Information REF), if		
8991	THE DELETI	20151204	22991231	19000101	22991231	16	present.		

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM MODIFIED POST- PROCESSING. PERFORMING PROVIDER						This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835		
							_		
	RESTORED TO						Healthcare Policy Identification Segment		
0003	SUBMITTED	20150715	22001221	10000101	22001221	D-7	(loop 2110 Service Payment Information		
8993	VALU	20150715	22991231	19000101	22991231	В/	REF), if present.		
	CLAIM MODIFIED								
	POST-								
	PROCESSING.								
	BILLING								
	PROVIDER								
	OVERRIDDEN						Charge exceeds fee schedule/maximum		
	TO FORCE						allowable or contracted/legislated fee		Correction to a
8995	CLAIM TO	20151204	22991231	19000101	22991231	45		MA67	prior claim.
	PATIENT		35			_			1
	LIABILITY						Charge exceeds fee schedule/maximum		
	REPROCESSIN						allowable or contracted/legislated fee		Correction to a
8996	G	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.

		CHECKWRITE		DOS					
EOB	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	CLAIM MODIFIED POST- PROCESSING. THE BILLED AMOUNT WAS CHANGED TO ZERO ON THE						Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes		Missing/incomplete
8997		20151204	22991231	19000101	22991231	125	whenever appropriate.	M79	/invalid charge.
8999	CLAIM HAS BEEN SUPER- SUSPENDED.	20151204	22991231	19000101	22991231	133	The disposition of this claim/service is pending further review.		
9001	REIMBURSEM ENT REDUCED BY THE RECIPIENT'S CO-PAYMENT AMOUNT.	20151002	22991231	19000101	22991231	3	Co-payment Amount		
9003	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED AMOUNT.	20151002	22991231	19000101	22991231	22	Payment adjusted because charges have been paid by another payer.		
9003	CLAIM PAID WITH TPL DENIAL	20151002	22991231		22991231		Payment adjusted because charges have been paid by another payer.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	COVERED DAYS ON THIS CLAIM HAVE BEEN SYSTEMATICA LLY REDUCED TO MEET THE						Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		
9500	ALLOWED	20151204	22991231	19000101	22991231	45	arrangement.		
9501	PRICING ADJUSTMENT - MEDICARE IP PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9502	PRICING ADJUSTMENT - MEDICARE PART B HEADER PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9503	PRICING ADJUSTMENT - MEDICARE HEADER PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
9504	PRICING ADJUSTMENT - MEDICARE HEADER COINSURANCE + DEDUCTIBLE PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9505	PRICING ADJUSTMENT - MEDICARE LONG TERM CARE PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9506	PRICING ADJUSTMENT - MEDICARE DETAIL COINSURANCE + DEDUCTIBLE PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRICING ADJUSTMENT - MEDICARE PART B DETAIL						Charge exceeds fee schedule/maximum		
	1 PRICING						allowable or contracted/legislated fee		Correction to a
9507	APPLIED	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
9508	PRICING ADJUSTMENT - MEDICARE PART B DETAIL 2 PRICING APPLIED DAYS	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9601	COVERED ADJUSTED FOR ES/EMERG DELIVERY DAYS	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete /invalid occurrence span code(s).
9602	COVERED ADJUSTED FOR EMERG DAY LIMIT	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete /invalid occurrence span code(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	DAYS								
	COVERED								
	ADJUSTED								
	FOR								
	MEDICARE								Missing/incomplete
	DAYS LIMIT								/invalid occurrence
9603	MET	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	DAYS								
	COVERED								
	ADJUSTED								Missing/incomplete
	FOR PARTIAL								/invalid occurrence
9604	ELIGIBILITY	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	CUTBACK -								
	CLAIM								
	PROCESSED						Charge exceeds fee schedule/maximum		
0000	AS AN	20454204	22004224	10000101	22004224	4-	allowable or contracted/legislated fee		
9800	ENCOUNTER.	20151204	22991231	19000101	22991231	45	arrangement.		
	TPL AMOUNT						Payment adjusted because charges have		
9907	APPLIED	20151204	22991231	19000101	22991231	23	been paid by another payer.		
3307	7 II T LILD	20131201	22331231	13000101	22331231	23	been paid by another payer.		
	PRICING								
	ADJUSTMENT -								
	PHARMACY						Charge exceeds fee schedule/maximum		
	PRICING						allowable or contracted/legislated fee		
9908	APPLIED	20150725	22991231	19000101	22991231	45	arrangement.		

ЕОВ	ЕОВ	CHECKWRITE EFFECTIVE	CHECKWRITE	DOS EFFECTIVE	DOS END	CARC		RARC	
		DATE	END DATE	DATE	DATE		CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PHARMACY INCENTIVE FEE APPLIED	19990101	22991231	19990101	22991231		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
	PHARMACY DISPENSING	20151204	22991231	19000101	22991231		Dispensing fee adjustment.		
9911	PRICING ADJUSTMENT - LONG TERM CARE PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9913	FQHC RCO PAID AMOUNT ADJUSTMENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete /invalid value code(s) or amount(s).

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PRICING								
	ADJUSTMENT -								
	REV FEE						Charge exceeds fee schedule/maximum		
	PRICING						allowable or contracted/legislated fee		Correction to a
9914	APPLIED	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
	PRICING								
	ADJUSTMENT -								
	UCC RATE						Charge exceeds fee schedule/maximum		
	PRICING						allowable or contracted/legislated fee		
	APPLIED	20150725	22991231	19000101	22991231	45	arrangement.		
	PRICING								
	ADJUSTMENT -								
	MAX FEE						Charge exceeds fee schedule/maximum		
	PRICING						allowable or contracted/legislated fee		
9918	APPLIED	20150725	22991231	19000101	22991231	45	arrangement.		
	DDIGING.								
	PRICING								
	ADJUSTMENT -						Charge averaged for selective /marriage.		
	PROVIDER LOC PRICING						Charge exceeds fee schedule/maximum		
9919	APPLIED	20150725	22991231	19000101	22991231	45	allowable or contracted/legislated fee		
9919	APPLIED	20130723	22991231	19000101	22991231	45	arrangement.		
	PRICING								
	ADJUSTMENT -						Charge exceeds fee schedule/maximum		
	ZERO PRICING						allowable or contracted/legislated fee		Correction to a
	APPLIED	20151204	22991231	19000101	22991231	45	arrangement.	MA67	prior claim.
5520								,,	p
	PRICING								
	ADJUSTMENT -						Charge exceeds fee schedule/maximum		
	PA PRICING						allowable or contracted/legislated fee		
	APPLIED	20150725	22991231	19000101	22991231	45	arrangement.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
	PAYMENT								
	REDUCED DUE								
	TO PATIENT LIABILITY						Claim adjusted by the monthly Madisaid		
9922	DEDUCTION.	20151204	22991231	19000101	22991231	1/12	Claim adjusted by the monthly Medicaid patient liability amount.		
9922	DEDUCTION.	20131204	22991251	19000101	22991231	142			
	CLAIM HAS						Charge exceeds fee schedule/maximum		
	CUTBACK						allowable or contracted/legislated fee		
9926	AMOUNT	20150725	22991231	19000101	22991231	45	arrangement.		
	PRICING								
	ADJUSTMENT -								Missing/incomplete
	DRG PRICING								/invalid occurrence
9928	APPLIED	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	span code(s).
	PRICING								
	ADJUSTMENT -								
	RCO HDR PAID						Charge exceeds fee schedule/maximum		
	PRICING						allowable or contracted/legislated fee		
9929	APPLIED	20150715	22991231	19000101	22991231	45	arrangement.		
							-		
	PRICING								
	ADJUSTMENT -								
	ENCOUNTER						Charge exceeds fee schedule/maximum		
	RATE PRICING						allowable or contracted/legislated fee		
9930	APPLIED	20150725	22991231	19000101	22991231	45	arrangement.		

		CHECKWRITE		DOS					
ЕОВ	ЕОВ	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
9931	PRICING ADJUSTMENT - ENCOUNTER PAID AMOUNT APPLIED	20150715	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9932	PRICING ADJUSTMENT - HOSPICE PRICING APPLIED	20150715	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9933	HOSPICE ENHANCED DAYS PAID	20150715	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9935	PRICING ADJUSTMENT - MAX FLAT FEE PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9936	PRICING ADJUSTMENT - TPL PAYER PRICING APPLIED	20151204	22991231	19000101	22991231	23	Payment adjusted because charges have been paid by another payer.		
9939	CLAIM IS ZERO PAID	20150715	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

		CHECKWRITE		DOS					
EOB	EOB	EFFECTIVE	CHECKWRITE	EFFECTIVE	DOS END	CARC		RARC	
CODE	DESCRIPTION	DATE	END DATE	DATE	DATE	CODE	CARC DESCRIPTION	CODE	RARC DESCRIPTION
									Please refer to your
	CLAIM								provider manual for
	DENIED.								additional program
	CORRECT AND								and provider
9990	RESUBMIT.	20151204	22991231	19000101	22991231	A1	Claim/Service denied.	N59	information.