Provider Remittance Advice Codes

August 2016

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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0201	INVALID PAY-TO PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER.
0203	RECIPIENT I.D. NUMBER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0204	RECIPIENT ID - OLD FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.
0206	PRESCRIBING PROVIDER NUMBER NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
0208	PREGNANCY INDICATOR INVALID	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0210	BRAND MEDICALLY NECESSARY INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N229	INCOMPLETE/INVALID CONTRACT INDICATOR.
0211	INVALID REFILL INDICATOR VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invali d prescription quantity.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0212	MISSING PRESCRIPTION NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N388	Missing/incomplete/invalid prescription number.
0213	DATE PRESCRIBED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0214	DATE PRESCRIBED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0215	DATE DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0216	DATE DISPENSED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0217	MISSING DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0218	INVALID DRUG CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
0219	QUANTITY DISPENSED IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invali d prescription quantity.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0220	QUANTITY DISPENSED IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invalid prescription quantity.
0221	MISSING DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0222	ESTIMATED DAYS SUPPLY INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
0223	MISSING DIAGNOSIS INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0224	DIAGNOSIS TREATMENT INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
0225	REFERRING PROVIDER - INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/IN VALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0226	ANESTHESIA CLAIMS REQUIRE REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
0227	THIRD PARTY PAYMENT AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0233	UNITS OF SERVICE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
0234	PROCEDURE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0235	PROCEDURE CODE NOT IN VALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0239	DETAIL TO DATE OF SERVICE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invali d "to" date(s) of service.
0240	THE DETAIL "TO" DATE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M59	Missing/incomplete/invali d "to" date(s) of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0242	SECONDARY DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0243	MISSING MEDICARE PAID DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/IN VALID ADJUDICATION OR PAYMENT DATE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0244	THIRD DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0246	FOURTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0247	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were eceeded.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0250	CLAIM HAS NO DETAILS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
0251	FIRST MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
0252	SECOND MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
0253	THIRD MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0255	PATIENT RSN FOR VISIT REQ ON OUTPATIENT HOSP CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0256	ADMIT DIAGNOSIS INVALID ON OUTPATIENT HOSP CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
0261	MISSING TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0262	INVALID TOOTH NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
0263	INVALID TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0266	MISSING TOOTH SURFACE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.
0267	DUPLICATE TOOTH SURFACES SUBMITTED ON DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N75	Missing/incomplete/invalid tooth surface information.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0268	BILLED AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0269	DETAIL BILLED AMOUNT MISSING OR INVALID FORMAT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.

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

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0274	TYPE OF BILL CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invali d type of bill.
0275	ADMIT DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invali d admission date.

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

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0280	PATIENT STATUS IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete/invalid patient status.
0281	PATIENT STATUS IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA43	Missing/incomplete/invalid patient status.

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

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0286	THIRD CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0287	FOURTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0290	SEVENTH CONDITION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0295	DATE FOR PRIMARY OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

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

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0301	DATE FOR FOURTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0311	PRIMARY DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0312	SECOND DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0313	THIRD DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0314	FOURTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0315	FIFTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0316	SIXTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0317	SEVENTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0318	EIGHTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0319	NINTH DIAGNOSIS PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0320	DIAGNOSIS 10-24 PRESENT ON ADMISSION INDICATOR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
0339	REVENUE CODE IS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0340	REVENUE CODE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0355	FIFTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0356	SIXTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0357	SEVENTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0358	EIGHTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0359	NINTH DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
0360	ADMITTING DIAGNOSIS MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0361	ADMITTING DIAGNOSIS CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.
0363	PRINCIPAL ICD PROCEDURE CODE IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0364	PRINCIPAL ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.
0365	PRINCIPAL ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0366	FIRST OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0367	FIRST OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0368	FIRST OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0369	SECOND OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S)

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0370	SECOND OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0371	SECOND OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0372	THIRD OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0373	THIRD OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0374	THIRD OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0375	FOURTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0376	FOURTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0377	FOURTH OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0378	FIFTH OTHER PROCEDURE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0379	FIFTH OTHER ICD PROCEDURE DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0380	FIFTH OTHER ICD PROCEDURE DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
0381	ATTENDING PHYSICIAN PROVIDER NUMBER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0395	HEADER STATEMENT COVERS PERIOD "FROM" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.
0396	HEADER STATEMENT COVERS PERIOD "FROM" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.
0398	STATEMENT COVERS PERIOD "THROUGH" DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0400	DETAIL UNITS OF SERVICE MUST BE GREATER THAN ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
0411	DATE FOR FIFTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/IN VALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0412	DATE FOR FIFTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0413	DATE FOR SIXTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0414	DATE FOR SIXTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0415	DATE FOR SEVENTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0416	DATE FOR SEVENTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0417	DATE FOR EIGHTH OCCURRENCE CODE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0418	DATE FOR EIGHTH OCCURRENCE CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
0433	MEDICARE DEDUCTIBLE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0434	MEDICARE COINSURANCE AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).
0436	TOTAL MEDICARE ALLOWED AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0438	COPAY AMOUNT INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
0450	INVALID QUADRANT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete/invali d oral cavity designation code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0455	DENTAL PREDETERMINATION 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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N30	Patient ineligible for this service.
0456	INVALID PROCEDURE TYPE ACC. TO PROCEDURE QUALIFIER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0457	INVALID PRINCIPAL/OTHER PROCEDURE TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0471	CONDITION CODE 8-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.
0473	ICD PROCEDURE 7-24 INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0500	DATE PRESCRIBED AFTER BILLING DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
0503	DATE DISPENSED AFTER BILLING DATE	20150715	22991231	19000101	22991231	110	BILLING DATE PREDATES SERVICE DATE.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0505	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED AMOUNT.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
0507	FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0508	TOTAL CHARGE DOES NOT EQUAL THE SUM OF ALL DETAILS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete/invalid total charges.
0512	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
0513	NAME ON CLAIM MUST MATCH NAME ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA36	Missing/incomplete/invalid patient name.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
0519	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
0527	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M52	Missing/incomplete/invali d "from" date(s) of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0537	HDR FROM DATE OF SERVICE > HDR TO DATE OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
0555	SERVICE(S) PAST THE MAXIMUM MEDICAID FILING LIMIT	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		
0557	MEPD LATE FILING	20150715	22991231	19000101	22991231	29	The time limit for filing has expired.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete/invali d discharge information.
0570	TOTAL DAYS LESS THAN COVERED DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA32	Missing/incomplete/invali d number of covered days during the billing period.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0571	SURGICAL PROCEDURE MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
0573	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0574	SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
0575	SURGERY DTE CANNOT BE OUTSIDE HDR DATES OF SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N341	MISSING/INCOMPLETE/IN VALID SURGERY DATE.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0602	UNITS NOT EQUAL TO TEETH BILLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0606	INVALID OTHER PAYER DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0623	TPL PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
0624	TPL DETAIL PAYER DOES NOT HAVE MATCHING HDR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0631	TPL - PATIENT RESPONSIBILITY IS ZERO FOR PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
0632	TPL HDR PAYER HAS NO DETAIL PAYER INFORMATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0633	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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
0634	TPL PAYER RESPONSIBILITY MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invali d payer identifier.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0635	TPL PAYER RESPONSIBILITY HIERARCHY IS DUPLICATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invali d payer identifier.
0636	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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0637	CLAIM WITH TPL AMOUNT MISSING TPL PAYER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invalid payer identifier.
0643	INVALID OTHER COVERAGE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0644	OTHER PAYER PAT RESP AMT IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
0645	OTHER PAYER PAT RESP QUALIFIER IS INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0646	PT RESPONSIBILITY MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N58	Missing/incomplete/invalid patient liability amount.
0647	OTHER PAYER AMOUNT MUST BE GT ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).
0666	MO Systematic denial of recycled suspense.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0675	ADJ - RECIPIENT ID NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invali d patient identifier.
0676	ADJ - PROVIDER ID NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N77	Missing/incomplete/invali d designated provider number.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0677	ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invali d 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	ADJ - ORIGINAL ICN NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invali d 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).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0679	ADJ - REQUEST RECIPIENT ID NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invali d patient identifier.
0680	ADJ - REQUEST PROVIDER DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invali d replacement claim information.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0681	ADJ - ORIGINAL ICN NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invali d 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	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0684	ADJ - REQUEST RECIPIENT DOES NOT MATCH ORIGINAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invali d replacement claim information.
0685	ADJ - ORIGINAL CLAIM NOT IN A PAID STATUS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N142	The original claim was denied. Resubmit a new claim, not a replacement claim.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0686	ADJ - REPLACEMENT CLAIM NOT SAME CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N152	Missing/incomplete/invali d replacement claim information.
0687	CANNOT ADJUST THIS CLAIM DUE TO PROVIDER CHANGES. VOID THIS CLAIM AND RESUBMIT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M56	Missing/incomplete/invali d payer identifier.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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.		
0690	ADJUSTMENT RCO PROVIDER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0691	RCO PROVIDER NOT PRESENT ON ORIGINAL CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.
0692	ADJUSTMENT RCO PROVIDER DOES NOT MATCH MOTHER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N63	Rebill services on separate claim lines.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0801	DTL RATE * DTL UNITS NOT EQUAL DTL BILLED AMOUNT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0802	MISSING OR INVALID PRESCRIBER ID QUALIFIER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0803	DATED EXCEED SOBRA/QMB ELIGIBILITY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0804	BILLING PROVIDER CANNOT BE PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0805	NONCOVERED CHARGE IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.
0806	MEDICARE PAID AMOUNT MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.

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

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0811	HEADER FROM DATE OF SERVICE > ICN DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA40	Missing/incomplete/invalid admission date.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0815	SURGICAL ICD REQUIRES OPERATING PHYSICIAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0817	INVALID COINSURANCE DAYS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA34	Missing/incomplete/invali d number of coinsurance days during the billing period.
0818	LIFETIME RESERVE DAYS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete/invali d number of lifetime reserve days.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0819	LIFETIME RESERVE DAYS > MAX ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA35	Missing/incomplete/invali d number of lifetime reserve days.
0820	FROM DOS AND TO DOS MAY NOT SPAN THE FISCAL YEAR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA33	Missing/incomplete/invali d noncovered days during the billing period.
0822	SURGICAL REVENUE CODE REQUIRES ICD SURGERY CODE	20150715	22991231	19000101	22991231	199	Revenue code and Procedure code do not match.	N657	This should be billed with the appropriate code for these services.
0823	RECIPIENT CHECK DIGIT IS MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invali d patient identifier.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0824	UNBORN RECIPIENT PENDING ELIGIBILITY VERIFICATION	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
0825	MEDICARE ALLOWED AMOUNT MISSING OR INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invali d charge.
0826	TYPE OF BILL INVALID FOR CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invali d type of bill.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invalid charge.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invali d charge.
0832	OTHER PAYER AMOUNT PAID QUALIFIER INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invali d charge.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M79	Missing/incomplete/invali d charge.
0837	CLAIM DATES OVERLAP PLAN EFFECTIVE DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0838	COPAY AMOUNT DOES NOT BALANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0842	ES CLAIM REQUIRES DELIVERY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
0843	EMERG CLAIMS REQUIRE A CERTIFIED EMERGENCY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with pre-certified/authorized services.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
0845	HOSPICE CLM DOS NOT WITHIN 60 DAYS OF INITIAL HOSPICE ELECTION	20160101	22991231	20160101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
0924	SYSTEM ERROR - ADJ - ORIGINAL CLAIM NOT FOUND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M47	Missing/incomplete/invali d 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).
0927	DRG GROUP NOT FOUND	20150715	22991231	19000101	22991231	119	Benefit maximum for this time period or occurrence has been reached.	N587	Policy benefits have been exhausted.
1000	NO PAY-TO PROVIDER RECORD	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/IN VALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA112	Missing/incomplete/invali d group practice information.
1002	PERFORMING PROV NOT ELIGIBLE FOR DOS	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: 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	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1007	RENDERING PROVIDER IDENTIFIER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1010	PERFORMING PROVIDER NOT IN BILLING GROUP	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1018	CLINIC RATE NOT ON FILE FOR HOSPITAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1019	MULTIPLE RATES FOR LEVEL OF CARE - RATE CHANGE OVERLAPS SERVICE DATES; SPLIT BI	20150715	22991231	19000101	22991231	239	Claim spans eligible and ineligible periods of coverage. Rebill separate claims.	N144	The rate changed during the dates of service billed.
1020	ATTENDING PHYSICIAN ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1021	FIRST OTHER (OPERATING) PROVIDER ID NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1032	PROVIDER TYPE - CLAIM INPUT CONFLICT	20150715	22991231	19000101	22991231	170	Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1038	DEA NOT ON FILE FOR PRESCRIBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N277	MISSING/INCOMPLETE/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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1065	PROVIDER NAME MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1070	ATTENDING PROVIDER ID NOT ON FILE - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1071	OPERATING PROVIDER ID NOT ON FILE - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1072	ATTENDING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1073	OPERATING PROVIDER ID NOT ON FILE - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1074	PRESCRIBING PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
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. Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1085	OPERATING PROV - NOT ENROLLED AT SVC LOC - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1094	ATTENDING PROV - STATUS NOT VALID FOR DOS - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1098	OPERATING PROV - STATUS NOT VALID FOR DOS - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1201	MATERNITY DISTRICT PROVIDER MISSING OR SPACES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1202	MATERNITY PROVIDER NOT A DISTRICT PROVIDER	20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: 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.
1203	MATERNITY DISTRICT PROVIDER NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1206	MATERNITY DISTRICT PAYER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1208	MATERNITY CLAIM FREQUENCY NOT 1 OR 8	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1209	MATERNITY CLAIM NOT AN ENCOUNTER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1210	MATERNITY ENCOUNTER - INVALID CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
1211	MATERNITY ENCOUNTER - DUPLICATE CLAIM	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1212	MATERNITY ENCOUNTER - VOID CLAIM	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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
1220	SUBMITTER DOES NOT BEGIN WITH TPIDRCO FOR ENCOUNTER CLAIMS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1225	BILLING PROVIDER TYPE IS RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1230	RCO PROVIDER MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1231	RCO PROVIDER NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1232	RCO PROVIDER NPI NOT SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1233	RCO PROVIDER NOT ENROLLED AT SERVICE LOCATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1234	RCO PROVIDER STATUS NOT VALID FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1235	RCO PROVIDER MULTIPLE SERVICE LOCATIONS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1236	RCO PROVIDER NOT A VALID RCO PROVIDER TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1241	ENCOUNTER CLAIM DATES OF SERVICE NOT ALL IN RCO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1242	ENCOUNTER RECIPIENT CHANGES RCO DURING DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1250	NO RCO PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1251	MORE THAN ONE RCO PAYER SUBMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1252	RCO TCN MISSING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
1253	RCO ADJUDICATION DATE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1254	RCO ADJUDICATION DATE CANNOT BE A FUTURE DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
1255	RCO MISSING DETAIL PAYER INFORMATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1256	RCO COPAY AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
1257	RCO PAID AMOUNT NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1260	RCO SUBMITS COINSURANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
1261	RCO SUBMITS DEDUCTIBLE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1280	RCO DENIED CLAIM	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
1281	RCO DENIED CLAIM - TPL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1282	RCO DENIED CLAIM - TIMELY FILING	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
1283	RCO DENIED CLAIM - NOT AN RCO COVERED SERVICE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1284	RCO DENIED CLAIM - MISSING AUTHORIZATION OR REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).
1803	BILLING PROVIDER MUST BE GROUP PROVIDER NUMBER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1804	VERIFY PERFORMING PROVIDER NOT GROUP PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1805	BILLING PROVIDER SPECIALTY NOT FOUND FOR CLAIM DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1806	EPSDT REFERRED SVCS RESTRICTED TO RECIPIENTS UNDER	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1807	CROSSOVER ONLY PROVIDER CANNOT BILL CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1808	REFERRING PROVIDER IS MISSING OR NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1809	REFERRING PROVIDER-NO SCREENING SPECIALTY FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1810	PERFORMING PROVIDER SPECIALTY NOT FOUND FOR DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.
1812	RECIPIENT / ADMIT AGE GREATER THAN 21	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1813	PROVIDER SUSPENDED FOR OUTSTANDING CREDIT BALANCE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1816	MATERNITY CARE MUST BE PERFORMED BY DISTRICT PROV	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1817	MATERNITY CARE PROV CAN ONLY BILL MATERNITY SVCS	20150715	22991231	19000101	22991231	8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: 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.
1818	WAIVER PROVIDER MISMATCH	20150715	22991231	19000101	22991231	242	Services not provided by network/primary care providers. Notes: This code replaces deactivated code 38.		
1819	INVALID POS FOR FQHC PROVIDER	20150715	22991231	19000101	22991231	5	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
1820	PATIENT FIRST CLAIM REQUIRES A REFERRAL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1821	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.		
1822	MEDICAL LOCKIN - LOCKIN DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
1823	WAIVER ASSIGNMENT DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1824	LTC ASSIGNMENT DATES OVERLAP CLAIM DATES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
1825	COBA DENIAL - DO NOT CROSSOVER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1826	SERVICE FOR MATERNITY WAIVER/CARE RECIPIENT MUST BE BILLED WITH GLOBAL SERVICE	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1827	NON-MEPD CLAIM FOR MEPD RECIPIENT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1831	PROCEDURE REQUIRE EITHER ORDERING OR REF PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1900	TAXONOMY IS INVALID BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1901	TAXONOMY IS INVALID PREFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1906	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1907	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1912	TAXONOMY IS MISSING: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1913	TAXONOMY IS MISSING: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1919	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1921	TAXONOMY IS MISSING: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1925	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1927	BILLING PROVIDER - NPI MISSING OR INVALID - AN NPI NUMBER IS REQUIRED AND WAS N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1928	NPI REQUIRED HEALTHCARE=Y PREMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1929	NPI REQUIRED HEALTHCARE=Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	MISSING/INCOMPLETE/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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1935	DTL NPI REQUIRED HEALTHCARE=Y REFERRING PROV	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1936	INVALID BILLING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1937	INVALID PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1938	INVALID REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1939	INVALID FACILITY PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1940	INVALID RENDERING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1941	INVALID OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1942	INVALID DTL OTHER PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1943	INVALID DTL PREFORMING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1944	INVALID DTL REFERRING PROVIDER SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1945	MULTIPLE SERVICE LOCATIONS FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
1946	MULT SAK PROV LOCS FOR PERFORMING PROV SPEC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER SECONDARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1949	MULTIPLE SERVICE LOCATIONS FOR RENDERING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.
1952	MULTIPLE SERVICE LOCS FOR DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1960	NPI REQUIRED: ATTENDING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1961	NPI REQUIRED: OPERATING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1962	NPI REQUIRED: REFERRING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
1963	ATTENDING PROVIDER - NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1964	OPERATING PROVIDER- NPI REQUIRED - HDR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1965	ATTENDING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1966	OPERATING PROVIDER- NPI REQUIRED - DTL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY IDENTIFIER.
1968	NPI REQUIRED: ORDERING PROVIDER (HEALTHCARE)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1969	INVALID DTL ORDERING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY IDENTIFIER.
1970	INVALID ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1971	INVALID DTL ATTENDING PROVIDER OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY IDENTIFIER.
1972	INVALID OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1973	INVALID DTL OTHER PROVIDER 1 OVERRIDE SPECIFIED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1974	TAXONOMY IS INVALID: DTL PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1975	TAXONOMY IS INVALID: DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
1976	TAXONOMY IS INVALID: DTL OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1978	TAXONOMY IS NOT VALID FOR DTL PERFORMING PROV	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1979	TAXONOMY IS NOT VALID FOR DTL REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
1980	TAXONOMY IS NOT VALID FOR BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1981	TAXONOMY IS NOT VALID FOR PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
1982	TAXONOMY IS NOT VALID FOR REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1983	TAXONOMY IS NOT VALID FOR FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
1984	TAXONOMY IS NOT VALID FOR OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1985	TAXONOMY IS INVALID: BILLING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
1986	TAXONOMY IS INVALID: PERFORMING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1987	TAXONOMY IS INVALID: REFERRING PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
1988	TAXONOMY IS INVALID: FACILITY PROVIDER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N295	MISSING/INCOMPLETE/INVALID SERVICE FACILITY SECONDARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
1989	TAXONOMY IS INVALID: OTHER PROVIDER 2	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY IDENTIFIER.
1995	MMIS FACILITY PROVIDER ID NOT ENROLLED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
1999	PROVIDER ID IS INVALID, IS NOT ON FILE OR NAME/NUMBER DISAGREE.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER PRIMARY IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2001	RECIPIENT IS NOT ON ELIGIBILITY FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invali d patient identifier.
2002	RECIPIENT NOT ELIGIBLE FOR HEADER DATE OF SERVICE	20150715	22991231	19000101	22991231	26	Expenses incurred prior to coverage.	N30	Patient ineligible for this service.
2003	ITEMIZED 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.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2047	ADMIT REASON/SOURCE OF ADMISSION MISSING/INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA42	Missing/incomplete/invalid admission source.
2048	RECIPIENT DISCHARGE RSN MISSING/INVALID(SUSPEND)	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N50	Missing/incomplete/invalid discharge information.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
2056	RECIPIENT ELIGIBILITY - CHIP OVERLAP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2057	RECIPIENT PARTIALLY ELIGIBILE - HEADER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
207	INVALID/MISSIN G BIRTH WEIGHT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N207	MISSING/INCOMPLETE/IN VALID WEIGHT.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2077	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
2500	RECIPIENT COVERED BY MEDICARE A (NO ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2501	RECIPIENT COVERED BY MEDICARE A (WITH ATTACHMENT	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2502	RECIPIENT COVERED BY MEDICARE B (NO ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2503	RECIPIENT COVERED BY MEDICARE B (WITH ATTACHMENT)	20150715	22991231	19000101	22991231	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.		
2504	FILE SHOWS OTHER INSURANCE, SUBMIT TO OTHER CARRIER	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.
2505	RECIPIENT COVERED BY PRIVATE INSURANC(W/ATTACHMNT)	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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2603	RECIPIENT LOCK-IN TO SPECIFIC PRESCRIBING PROVIDER	20150715	22991231	19000101	22991231	206	National Provider Identifier - missing	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
2800	STERILIZATION DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREME	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.
2801	HYSTERECTOMY DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREMEN	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2802	ABORTION DENIED BECAUSE DOCUMENTATION DOES NOT MEET HHS/MEDICAID REQUIREMENTS.	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.
2804	DETAILS COVERED BY MORE THAN ONE PLAN CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N61	Rebill services on separate claims.
2805	DOS PRIOR TO DOB	20150715	22991231	19000101	22991231	14	The date of birth follows the date of service.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
2806	PREGNANCY INDICATOR IS INVALID FOR RECIPIENT SEX	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
2807	COBA-NO MEDICAID ID FOR MEDICARE ID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invalid patient identifier.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N382	Missing/incomplete/invali d patient identifier.
3000	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N54	Claim information is inconsistent with pre-certified/authorized services.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3003	PROCEDURE REQUIRES PRIOR AUTHORIZATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3006	PRIOR AUTH UNITS/AMOUNTS USED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M54	Missing/incomplete/invalid total charges.
3019	PA CUTBACK PERFORMED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N123	This is a split service and represents a portion of the units from the originally submitted service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
306	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.
307	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.
308	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
309	ICD PROCEDURE VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231	19000101	22991231	181	Procedure code was invalid on the date of service.		
310	ICD DIAGNOSIS VERSION INVALID FOR COMPLIANCE DATES	20150715	22991231	19000101	22991231	146	Diagnosis was invalid for the date(s) of service reported.		
3100	CLAIM AND PA PRESCRIBING PROV DON'T MATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3101	ONLINE PA DENIED BY HID, NDC REQUIRES PA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invali d treatment authorization code.
3102	ONLINE PA PROCESS TIMEOUT OR INTERFACE PROBLEM	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
3103	ONLINE PA PROCESS RESPONSE FROM HID HAD ERRORS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invali d treatment authorization code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3104	PA REQUIRED FOR CERTAIN TRANSPORTATION SERVICES	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.
3105	DAW 1 - BRAND WITH GENERIC EQUIVALENT REQUIRES OVERRIDE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invalid treatment authorization code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3300	NEONATAL REVENUE - DIAGNOSIS CODE MISMATCH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
3301	BILL EMERGENCY PROCEDURE/REVENUE TOGETHER	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3302	PROCEDURE AND REVENUE CODE COMBINATION NOT VALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
3303	MEDICARE PAID AMOUNT EQUAL 100%	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M49	Missing/incomplete/invali d value code(s) or amount(s).
3304	NON-COVERED SVC FOR RECIPIENT < 6 MONTHS OLD	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3305	NO BASE VALUE FOR ANESTHESIA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.		
3307	FQHC/PBRHC FFS/ENCOUNTER PROCEDURE CONFLICT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3308	PROCEDURE CODE/MODIFIER NOT ON RATE FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
3309	PROCEDURE CODE - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3311	REFILL NUMBER EXCEEDS MAXIMUM ALLOWED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d name, strength, or dosage of the drug furnished.
3312	DAYS SUPPLY IS GREATER THAN MAXIMUM DAYS SUPPLY	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d name, strength, or dosage of the drug furnished.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3313	NDC DRUG, PRODUCT IS NOT PREFERRED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invali d treatment authorization code.
3314	PHARMACY ONLY - OTC DRUG NOT COVERED FOR LTC RECIP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
3315	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
3317	CLAIM QUANTITY EXCEEDS NDC MAX UNITS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N378	Missing/incomplete/invali d prescription quantity.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3320	SERVICE INCLUDED IN 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. Note: 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.
3321	NO PRICING SEGMENT ON FILE - CONTACT MYERS AND STAUFFER AT 1-800-591-1183.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
3322	DAW CODE NOT ALLOWED WITH NDC SUMITTED	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d name, strength, or dosage of the drug furnished.
3323	PROCEDURE RESTRICTION - MODIFIER REQUIRED	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3324	PROCEDURE RESTRICTION - NOT ALLOWED	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
3325	QUANTITY MUST BE DIVISIBLE BY PACKAGE SIZE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d name, strength, or dosage of the drug furnished.
3326	PHARMACY MAINTENANCE SUPPLY REQUIRED FOR DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d name, strength, or dosage of the drug furnished.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3327	NDC HAS INVALID THERAPEUTIC CLASS VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
3351	PRIMARY DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3352	SECOND DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3353	THIRD DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3354	FOURTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3355	FIFTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3357	SEVENTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3358	EIGHTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3359	NINTH DIAGNOSIS REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
3360	DIAGNOSIS 10-24 REQUIRES PRESENT ON ADMISSION INDICATOR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3375	TCM SVCS NOT ALLOWED FOR SAIL / E AND D WAIVERS	20160501	12312299	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: 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.
3599	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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
3999	BPA-RR-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4001	BPA-RP-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	12	The diagnosis is inconsistent with the provider type. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4002	BPA-RP-NDC - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4004	NDC IS NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4013	PROCEDURE CODE IS NO LONGER VALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4014	NO PRICING SEGMENT IS ON FILE.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4016	BPA-RP-DIAG - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	12	The diagnosis is inconsistent with the provider type. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4021	BPA-RP-PROC - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4023	BPA-RP-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4029	BPA-RP-DIAG - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
4030	BPA-RP-DIAG - AGE RESTRICTION	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4031	BPA-PC-DIAG - GENDER RESTRICTION	20150715	22991231	19000101	22991231	10	The diagnosis is inconsistent with the patient's gender. Note: 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.
4032	PROCEDURE CODE IS MISSING/NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4034	BPA-RP-PROC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4035	BPA-RP-PROC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	7	The procedure/revenue code is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4036	BPA-RP-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	5	The procedure code/bill type is inconsistent with the place of service. Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4040	PRIMARY DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4041	SECONDARY DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4042	THIRD DIAGNOSIS CODE NOT ON FILE OR INACTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4043	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4044	BPA-RR-DIAG - NO RULE FOR ASSOC AGE	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Note: 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.		
4046	DATE OF SERVICE BEFORE PROCEDURE IS PAYABLE	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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4048	SIXTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4050	EIGHTH DIAGNOSIS CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4053	PRINCIPAL PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4054	FIRST OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4055	SECOND OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
4056	THIRD OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4057	FOURTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
4058	FIFTH OTHER PROCEDURE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4059	REVENUE CODE NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4061	BPA-RR - NO RULE FOR CLAIM TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invali d condition code.
4064	BPA-RP-ICD - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invali d gender.
4068	BPA-RR - NO RULE CURR BILL PROV CONTRACT	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4070	BPA-RR-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4071	BPA-RR-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invali d tooth number/letter.
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4073	BPA-RP-DIAG - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4075	BPA-RP-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4076	BPA-RP-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4077	NON-COVERED REVENUE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4093	BPA-RP-DIAG - DIAG ROLE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4094	BPA-PC-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4104	BPA-RP-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4106	BPA-RP-REV - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4109	BPA-PC-DIAG - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4112	BPA-PC-ICD - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4117	BPA-PC-NDC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4118	BPA-PC-PROC - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4120	ORAL CAVITY DESIGNATION CODE INVALID	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N346	Missing/incomplete/invalid oral cavity designation code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4128	ICD PROCEDURE 7-24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4138	BPA-RP-NDC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4140	BPA-RP-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4141	BPA-RP-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4142	BPA-RP-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4143	BPA-RP-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4144	BPA-PC-DIAG - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4149	BPA-PC-PROC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4150	BPA-PC-PROC - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4151	BPA-PC-REV - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4152	BPA-PC-REV - PERF PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4154	BPA-PC-REV - FAMILY PLANNING IND RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4155	BPA-RR-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invali d/inappropriate place of service.
4157	BPA-PC-DIAG - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4159	BPA-PC-ICD - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4160	BPA-PC-NDC - CURR PROV CONTRACT RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: 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	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: 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	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4164	INACTIVE DRUG	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4166	BPA-RR-NDC - NO RULE FOR BENEFIT PLAN	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4177	BPA-PC-ICD - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4194	BPA-RP-PROC - OTHER DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4200	CLAIM PRICED AT ZERO	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invalid CLIA certification number.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4208	CLIA NUMBER NOT EFFECTIVE FOR ENTIRE SVC PERIOD	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invali d CLIA certification number.
4210	BPA-RR-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4211	INVALID TOOTH NUMBER FOR THIS PROCEDURE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
4212	BILLING OUT OF CLIA CERTIFICATE TYPE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA120	Missing/incomplete/invalid CLIA certification number.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4215	BPA-RP-PROC - TOOTH NUMBER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N37	Missing/incomplete/invalid tooth number/letter.
4219	BPA-RR-REV - NO RULE FOR TYPE OF BILL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invalid type of bill.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4224	BPA-RP-PROC - QUANTITY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.
4225	INVALID INPATIENT REVENUE CODE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4226	DIAGNOSIS MUST BE BILLED AT THE HIGHEST SUBDIVISION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.
4227	BPA-RP-REV - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4231	BPA-PC-NDC - MAX UNIT RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
4240	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4244	BPA-RP-DIAG - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4245	FOURTH MODIFIER INVALID FOR DATE OF SERVICE	20150715	22991231	19000101	22991231	182	Procedure modifier was invalid on the date of service.		
4250	BPA-RR - NO RULE FOR PRIMARY PT/PS BILL/PERF	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4251	DECIMAL UNITS NOT BILLABLE FOR PROCEDURE.	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
4252	DIAGNOSIS CODE 10-24 NOT ON FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4254	BPA-RP-REV - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4256	BPA-RP-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4257	BPA-PC-PROC - MODIFIER RESTRICTION	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4261	INVALID UNIT OF MEASURE VALUE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
4262	NDC QUANTITY UNITS IS NOT NUMERIC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4263	NDC QUANTITY UNITS IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
4264	NDC NOT ON THE DRUG FILE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4268	NDC NOT COVERED - NDC NOT REBATABLE ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4270	NDC NOT COVERED - NDC RATED LESS THAN EFFECTIVE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4271	DUPLICATE NDC FOR CLAIM DETAIL	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4272	NDC NOT COVERED - OBSOLETE OR TERMINATED ON DOS	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4276	DRUG UNIT PRICE IS ZERO	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.
4277	PROCEDURE REQUIRES NDC	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn 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.		
4310	BPA-PC-PROC - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4311	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4312	BPA-PC-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4313	BPA-PC-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4314	BPA-RP-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4315	BPA-PC-PROC - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4316	BPA-PC -ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4317	BPA-PC-ICD - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.
4318	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4319	BPA-PC-ICD - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4320	BPA-PC-REV - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invalid admitting diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4321	BPA-PC-REV - PRIMARY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4322	BPA-PC-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4362	BPA-PC-DIAG - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invali d type of bill.
4364	BPA-PC-ICD - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invali d type of bill.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4371	BPA-RP-PROC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4372	BPA-PC-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4373	BPA-RP-NDC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4374	BPA-RP-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4376	BPA-RP-ICD - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4400	BPA-RP-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4401	BPA-PC-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4402	BPA-RR-PROC - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4403	BPA-RP-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4404	BPA-PC-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4405	BPA-RR-ICD - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4406	BPA-RP-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4407	BPA-PC-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4408	BPA-RR-REV - ADMITTING DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4409	BPA-RP-PROC - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4410	BPA-PC-PROC - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4411	BPA-RR-PROC - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4412	BPA-RP-ICD - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4413	BPA-PC-ICD - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4414	BPA-RR-ICD - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4415	BPA-RP-REV - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4416	BPA-PC-REV - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4417	BPA-RR-REV - PRIMARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4418	BPA-RP-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4419	BPA-PC-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4420	BPA-RR-PROC - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4421	BPA-RP-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4422	BPA-PC-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4423	BPA-RR-ICD - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4424	BPA-RP-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4425	BPA-PC-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4426	BPA-RR-REV - SECONDARY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4427	BPA-RP-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4428	BPA-PC-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4429	BPA-RR-PROC - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4430	BPA-RP-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4431	BPA-PC-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4432	BPA-RR-ICD - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4433	BPA-RP-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4434	BPA-PC-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4435	BPA-RR-REV - OTHER HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4436	BPA-RP-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4437	BPA-PC-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4438	BPA-RR-PROC - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4439	BPA-RP-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4440	BPA-PC-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4441	BPA-RR-ICD - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4442	BPA-RP-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4443	BPA-PC-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4444	BPA-RR-REV - EMERGENCY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4445	BPA-RR-PROC - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4446	BPA-RP-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4447	BPA-PC-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4448	BPA-RR-ICD - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4449	BPA-RP-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4450	BPA-PC-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4451	BPA-RR-REV - ANY HDR DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4479	BPA-RP-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4480	BPA-PC-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4481	BPA-RR-PROC - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4482	BPA-RP-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4483	BPA-PC-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4484	BPA-RR-ICD - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4485	BPA-RP-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4486	BPA-PC-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4487	BPA-RR-REV - OTHER ANY DIAGNOSIS GROUP RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4500	BPA-RR-NDC - ALGI RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4501	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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4502	BPA-RP-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4503	BPA-PC-PROC - EPSDT REFERRAL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4504	BPA-RP-NDC - ALGI RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4505	BPA-RR-PROC - NO RULE FOR URBAN/RURAL IND	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4506	BPA-PC-DIAG - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/IN VALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4511	BPA-RP-DIAG - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4515	BPA-RP-REV - PERF PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4516	BPA-PC-DIAG - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4517	BPA-PC-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4518	BPA-PC-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4519	BPA-PC-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4520	BPA-PC-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4522	BPA-RP-NDC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4523	BPA-RP-ICD - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4524	BPA-RP-PROC - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4525	BPA-RP-REV - BILL PROV ALL PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).
4526	BPA-PC-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4529	BPA-RP-REV - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4530	BPA-RR-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4535	BPA-RP-ICD - EMERGENCY DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4540	BPA-PC-PROC - MIN UNIT RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M53	Missing/incomplete/invali d days or units of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4560	BPA-RP-ICD - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4561	BPA-RP-REV - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4562	BPA-RP-REV - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
4563	BPA-RR - NO RULE CURR PERF PROV CONTRACT	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4564	BPA-RR-PROC - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4565	BPA-RR-ICD - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4566	BPA-RR-REV - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4580	BPA-RP-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4581	BPA-PC-PROC - DIAGNOSIS RESTRICTION - GROUP	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invalid principal diagnosis.
4711	BPA-PC-DIAG - AGE RESTRICTION	20150715	22991231	19000101	22991231	9	The diagnosis is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4713	BPA-PC-NDC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4714	BPA-PC-PROC - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4715	BPA-PC-REV - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4716	BPA-PC-ICD - AGE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4724	BPA-RP-ICD - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.
4731	BPA-RP-PROC - ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.
4733	BPA-RP-REV - ANY HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4741	BPA-RP-PROC - ADMIT DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA65	Missing/incomplete/invali d admitting diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4743	BPA-RP-PROC - SECONDARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4744	BPA-RP-PROC - SECONDARY HDR DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4745	BPA-RP-PROC - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4746	BPA-RP-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA63	Missing/incomplete/invali d principal diagnosis.
4747	BPA-PC-ICD - HDR SECONDARY DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4751	BPA-PC-REV - TYPE OF BILL RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA30	Missing/incomplete/invali d type of bill.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4756	BPA-PC-DIAG - CURRENT BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4762	BPA-PC-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invali d/inappropriate place of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4765	BPA-RP-ICD - NO COVERAGE	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.
4766	BPA-RP-ICD - AGE RESTRICTION	20150715	22991231	19000101	22991231	6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
4767	BPA-RP-ICD - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4775	BPA-PC-NDC - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4776	BPA-PC-DIAG - BILL PROV PRIMARY PT/PS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4801	BPA-PC-PROC - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4802	BPA-PC-DIAG - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4803	BPA-PC-NDC - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4804	BPA-PC-REV - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4806	BPA-PC-ICD - NO CONTRACT	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4821	BPA-PC-PROC - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invali d/inappropriate place of service.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4822	BPA-PC-DIAG - PLACE OF SERVICE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M77	Missing/incomplete/invalid/inappropriate place of service.
4831	BPA-RR - NO REIMB RULE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
4835	BPA-PC-PROC - OTHER DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4871	BPA-PC-PROC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4872	BPA-PC-DIAG - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4873	BPA-PC-NDC - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4874	BPA-PC-REV - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4876	BPA-PC-ICD - CLAIM TYPE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
4900	BPA-RP-DIAG - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4901	BPA-RP-DIAG - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invali d condition code.
4902	BPA-RP-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/IN VALID OCCURRENCE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4905	BPA-RP-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4906	BPA-RP-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4910	BPA-PC-DIAG - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4911	BPA-PC-DIAG - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4912	BPA-PC-DIAG - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4913	BPA-XX-DIAG - DIAG ROLE RESTRICTION - PC and RR	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4923	BPA-PC-ICD - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invali d other diagnosis.
4927	BPA-RP-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4928	BPA-RP-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4929	BPA-RP-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4933	BPA-PC-PROC - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.
4937	BPA-PC-DIAG - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4938	BPA-PC-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4939	BPA-PC-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4940	BPA-RP-ICD - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4941	BPA-RP-ICD - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4942	BPA-RP-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4943	BPA-PC-REV - OTHER HDR DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4944	BPA-PC-ICD - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
4947	BPA-RR-NDC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4948	BPA-RR-PROC - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4949	BPA-RR-REV - ASSIGNMENT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invalid revenue code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4950	BPA-PC-ICD - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.
4951	BPA-PC-ICD - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4952	BPA-PC-ICD - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4960	BPA-RP-NDC - BENE PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4961	BPA-RP-PROC - PROV COUNTY RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4962	BPA-PC-NDC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4963	BPA-PC-PROC - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.
4964	BPA-PC-REV - GENDER RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA39	Missing/incomplete/invalid gender.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4965	BPA-PC-NDC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
4966	BPA-RR - DIAGNOSIS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invali d diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4970	BPA-RP-REV - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4971	BPA-RP-REV - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invali d condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4972	BPA-RP-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4973	BPA-RR-PROC - ANY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M64	Missing/incomplete/invalid other diagnosis.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4975	BPA-PC-REV - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M50	Missing/incomplete/invali d revenue code(s).
4976	BPA-PC-REV - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invali d condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4977	BPA-PC-REV - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4980	BPA-RP-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4981	BPA-RP-PROC - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invali d condition code.
4982	BPA-RP-PROC - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/IN VALID OCCURRENCE CODE(S).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4990	BPA-PC-PROC - BENEFIT PLAN RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
4991	BPA-PC-PROC - CONDITION CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M44	Missing/incomplete/invalid condition code.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4992	BPA-PC-PROC - OCCURRENCE CODE RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
4993	BPA-RR-PROC - PRIMARY DTL DIAG RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M76	Missing/incomplete/invalid diagnosis or condition.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
4994	BPA-RP-NDC - SPECIFIC THERA CLASS RESTRICTION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M119	Missing/incomplete/invali d/ deactivated/withdrawn National Drug Code (NDC).
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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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).		
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVALID 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).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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).		
5010	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).		
5011	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).		
5012	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).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5013	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).		
5014	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).		
5015	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).		
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).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5017	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).		
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N227	INCOMPLETE/INVALID CERTIFICATE OF MEDICAL NECESSITY.
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).		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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	ADMINISTRATION 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. Note: 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.
5201	ADMINISTRATION 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. Note: 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.
5202	CHEMOTHERAPY ADMINISTRATION FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCE	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5203	CHEMOTHERAPY ADMINISTRATION FEE MAY NOT BE BILLED ON THES AME DAY AS THIS PROCE	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. Note: 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.
5204	VENIPUNCTURE 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. Note: 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	VENIPUNCTURE 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5207	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. Note: 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.
5208	ADMINISTRATION FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE 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. Note: 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.
5209	ADMINISTRATION FEE MAY NOT BE BILLED ON THE SAME DAY AS THIS PROCEDURE 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. Note: 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.
5210	OUTPATIENT CHEMOTHERAPY AND EMERGENCY DEPARTMENT SERVICE CODES MAY NOT BE BILLE	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5211	OUTPATIENT CHEMOTHERAPY AND EMERGENCY DEPARTMENT SERVICE CODES MAY NOT BE BILLE	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. Note: 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.
5213	PROCEDURE CODE CANNOT BE BILLED ON THE SAME DAY WITH PROCEDURE CODES Z5181-Z518	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. Note: 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.
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. Note: 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	COMBINATION VACCINES/SINGLE 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5217	SINGLE COMPONENT/COMBINATION 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. Note: 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.
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. Note: 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5231	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. Note: 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 MANAGEMENT OF AN EPIDURAL OR SUBARACHNOID 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. Note: 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 MANAGEMENT OF AN EPIDURAL OR SUBARACHNOID 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. Note: 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.
5234	ADDITIONAL PAIN CONTROL PROCEDURES PAID AT 50% OF MEDICAID ALLOWED.	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5235	ADDITIONAL PAIN CONTROL PROCEDURES PAID AT 50% OF MEDICAID ALLOWED.	20150725	22991231	19000101	22991231	45	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. Note: 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.
5237	ANESTHESIA NOT PAYABLE WITH OTHER ANESTHESIA ON 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5238	PHYSICIAN VISIT CODES/PRIMARY 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5239	PHYSICIAN VISIT CODES/PRIMARY 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5260	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5270	CLINIC CODES Z5145-Z5149 CANNOT BE BILLED ON THE SAME DAY WITH SAME UNIQUE NUMB	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. Note: 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.
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. Note: 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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: 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.
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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5286	DME CPAP OR HUMIDIFIER/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. Note: 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.
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. Note: 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. Note: 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/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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5291	REPLACEMENT/ 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5300	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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.
5302	PULP THERAPY COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5303	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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.
5305	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5307	PULP THERAPY COMBINATION 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. Note: 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.
5308	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5311	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 COMBINATION 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. Note: 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.
5314	PULP THERAPY COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5315	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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.
5317	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5319	PULP THERAPY COMBINATION 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. Note: 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.
5320	PULP THERAPY COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 COMBINATION 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5323	PULP THERAPY COMBINATION 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. Note: 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. Note: 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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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 RESTORATIONS 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. Note: 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.
5329	TWO RESTORATIONS 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. Note: 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 RESTORATIONS 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. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5331	TWO RESTORATIONS 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. Note: 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.
5332	THIS X-RAY PROCEDURE MAY NOT BE BILLED WITHIN 30 (THIRTY) DAYS OF A ROOT CANAL	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. Note: 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.
5333	THIS X-RAY PROCEDURE MAY NOT BE BILLED WITHIN 30 (THIRTY) DAYS OF A ROOT CANAL	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5334	PALLIATIVE (EMERGENCY)TREATMENT MAY NOT BE BILLED WITH DEFINITIVE TREATMENT 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. Note: 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.
5335	PALLIATIVE (EMERGENCY)TREATMENT MAY NOT BE BILLED WITH DEFINITIVE TREATMENT 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. Note: 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.
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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.
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. Note: 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.
5402	SCREENING PROVIDER MAY NOT BILL FOR SCREENING EXAM AND INCLUSIVE MEDICAL 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. Note: 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.
5403	SCREENING PROVIDER MAY NOT BILL FOR SCREENING EXAM AND INCLUSIVE MEDICAL 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5404	EPSDT VISIT HAS BEEN PAID FOR THIS RECIPIENT FOR THE 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. Note: 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.
5410	MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR 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. Note: 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.
5411	MORE THAN ONE CONTACT LENS FITTING CANNOT BE BILLED FOR 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. Note: 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.
5412	PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DAY 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5413	PROCEDURE CODE V2020 AND V2025 CANNOT BE BILLED ON THE SAME DAY 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. Note: 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.
5414	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPHY 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. Note: 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.
5415	EPSDT VISION SCREEN AND EXTERNAL OCULAR PHOTOGRAPHY 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. Note: 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/TONOMETRY 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5417	VISUAL FIELDS/TONOMETRY 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. Note: 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. Note: 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. Note: 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.
5432	PRENATAL VISIT NOT COVERED FOR THE SAME DATE OF SERVICE OF 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5433	PRENATAL VISIT NOT COVERED FOR THE SAME DATE OF SERVICE OF 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. Note: 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.
5434	PROCEDURE LIMITED TO ONE SERVICE DURING 60 (SIXTY) DAY POSTPARTUM PERIOD.	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5436	SALPINGECTOMY 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. Note: 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	SALPINGECTOMY 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5438	COMPREHENSIVE 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. Note: 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.
5439	COMPREHENSIVE 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. Note: 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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5442	FP-LEVONORGESTREL-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-LEVONORGESTREL-CONTRA (Q0090-3 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.
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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: 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.
5460	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	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. Note: 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.
5461	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5462	THIS SERVICE IS INCLUDED IN THE FACILITY FEE (REVENUE CODE 450).	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5464	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	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. Note: 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.
5465	PROCEDURE CODE IS PART OF THE OUTPATIENT SURGICAL PROCEDURE REIMBURSEMENT.	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. Note: 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.
5470	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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. Note: 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.
5474	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5475	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5476	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5477	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5478	COMPONENTS OF A URINALYSIS MAY NOT BE BILLED ON THE SAME DAY AS URINALYSIS	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5479	COMPONENTS OF A URINALYSIS MAY NOT BE BILLED ON THE SAME DAY AS URINALYSIS	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. Note: 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.
5480	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5481	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5482	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5483	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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.
5484	LAB SERVICES MUST BE BILLED WITH COMBINATION CODE. SEE CPT.	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. Note: 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.
5486	CHEMISTRY PROFILES MUST BE BILLED USING ONE MULTICHANNEL TEST 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. Note: 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.
5488	COMPONENTS OF A CBC MAY NOT BE BILLED ON THE SAME DAY AS A COMPLETE CBC	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5490	LAB-CHLAMYDIA/GONORRHEA 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. Note: 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.
5500	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. Note: 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.
5501	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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
5504	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. Note: 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.
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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5510	PROCEDURE CODE IS LIMITED TO ONE PER RECIPIENT WITHIN SIXTY 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.
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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: 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.
5516	ANTEPARTUM, POSTPARTUM CARE/VAGINAL 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. Note: 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.
5517	ANTEPARTUM, POSTPARTUM CARE/VAGINAL 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5522	ROUTINE PRENATAL LAB, OFFICE/HOSPITAL 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. Note: 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.
5523	ROUTINE PRENATAL LAB, OFFICE/HOSPITAL 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. Note: 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.
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED SERVICE/PROCEDURE/SUPPLY HAVE NOT BEEN MET.
5526	MATERNITY GLOBAL/ANESTHESIA 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. Note: 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/DELIVERY 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. Note: 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/ULTRASOUND 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5529	MATERNITY GLOBAL/URINALYSIS 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. Note: 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/BLOOD 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. Note: 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/ANTEPARTUM CARE 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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. Note: 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.
5608	SAME PROVIDER CANNOT BILL APPLICATION/REMOVAL/REPAIR 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. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5609	SAME PROVIDER CANNOT BILL APPLICATION/REMOVAL/REPAIR 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. Note: 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. Note: 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.
5611	PROFESSIONAL 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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 RESUSCITATION 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. Note: 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 RESUSCITATION 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. Note: 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.
5620	STANDBY/RESUCITATION/ATTENDANCE AT DELIVERY CANNOT BE BILLEDTOGETHER.	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5621	STANDBY/RESUCITATION/ATTENDANCE 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. Note: 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	ELECTROSHOCK 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. Note: 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.
5623	ELECTROSHOCK 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5625	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. Note: 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.
5626	PROFESSIONAL COMPONENTS AND HOSPITAL VISITS 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. Note: 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.
5627	PROFESSIONAL COMPONENTS AND HOSPITAL VISITS 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5628	THE PAYMENT FOR THIS SERVICE WAS PREVIOUSLY MADE TO ANOTHER PROVIDER OR TO ANOT	20150715	22991231	19000101	22991231	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.		
5629	THE PAYMENT FOR THIS SERVICE WAS PREVIOUSLY MADE TO ANOTHER PROVIDER OR TO ANOT	20150715	22991231	19000101	22991231	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.		
5630	INCIDENTAL SURGERY MAY NOT BE BILLED 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. Note: 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.
5631	INCIDENTAL SURGERY MAY NOT BE BILLED 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5632	EXPLORATORY LAP/LYSIS OF ADHESIONS MAY NOT BE BILLED ON THE SAME DAY WITH OTHER	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. Note: 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. Note: 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. Note: 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.
5635	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5636	HYSTERECTOMY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTOMY 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. Note: 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	HYSTERECTOMY ANCILLARY CODES MAY NOT BE PAID IN ADDITION TO THE HYSTERECTOMY 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. Note: 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.
5638	HOSPITAL ADMISSION/VISITS 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. Note: 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/VISITS 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
5641	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. Note: 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.
5642	ROUTINE ANCILLARY SERVICES ASSOCIATED WITH AN ABORTION ARE COVERED IN THE TOTAL	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. Note: 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.
5643	ROUTINE ANCILLARY SERVICES ASSOCIATED WITH AN ABORTION ARE COVERED IN THE TOTAL	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: 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.
5652	ONLY ONE INITIAL NICU PROCEDURE MAY BE BILLED PER HOSPITAL STAY.	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.
5653	SURGERY/CASTING & 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5654	CASTING & STRAPPING/SURGERY 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. Note: 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.
5655	MULTIPLE SURGERY CONTRAS	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. Note: 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.
5656	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. Note: 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.
5658	A CARDIOLOGIST OR A RADIOLOGIST CANNOT BILL THIS PROCEDURE CODE 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5660	ONLY ONE HOSPITAL ADMISSION MAY BE BILLED PER HOSPITAL STAY	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.
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. Note: 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	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.
5665	PRIOR VISIT CANNOT BE BILLED WITHIN 3 YEARS PRIOR TO AN INITIAL OFFICE 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.
5666	NEW PATIENT/EXISTING 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: 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.
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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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 PSYCHOTHERAPY 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. Note: 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.
5731	THIS PROCEDURE CODE IS NOT COVERED WHEN BILLED WITH MEDICAL PSYCHOTHERAPY 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5732	THE SAME PROVIDER MAY NOT BILL HOSPITAL VISITS/PSYCHOTHERAPY 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. Note: 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.
5733	THE SAME PROVIDER MAY NOT BILL HOSPITAL VISITS/PSYCHOTHERAPY 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. Note: 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.
5734	THE SAME PROVIDER MAY NOT BILL PSYCHOTHERAPY/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. Note: 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 PSYCHOTHERAPY/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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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. Note: 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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. Note: 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. Note: 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.
5755	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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5760	ESWL PRICING	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
577	DETAIL SERVICE DATES ARE NOT IN SAME MONTH	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA31	Missing/incomplete/invali d beginning and ending dates of the period billed.
5770	INDEPENDENT RURAL HEALTH CLINICS CANNOT BE PAID FOR MORE THAN ONE SERVICE PER 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5780	CASE MANAGEMENT SERVICE LIMITED TO ONE PER MONTH	20151215	22991231	19000101	22991231	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: 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.
5790	PHYSICAL THERAPY ELECTRIC STIMULATION 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. Note: 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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5800	RESIDENTIAL SERVICES AND RESPITE ,PERSONAL CARE/COMPANION 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. Note: 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/COMPANION 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. Note: 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.
5802	PREVOCATIONAL 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. Note: 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.
5803	PREVOCATIONAL 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
5811	HEARING AND VISION SCREENING REQUIRE EP MODIFIER.	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5812	POST-CATARACT FOLLOW-UP CARE HAS BEEN PAID TO THE SURGEON ORPOST-CATARACT FOLLO	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
5813	POST-CATARACT FOLLOW-UP CARE HAS BEEN PAID TO THE SURGEON ORPOST-CATARACT FOLLO	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5817	REVENUE CODES 170 -171 MUST NOT EXCEED 10 UNITS UNDER MOTHER'S NUMBER.	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5818	THERAPY CODE PAYABLE ONLY WITH THERAPEUTIC 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
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. Note: 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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5822	AVASTIN J9035 NEGATIVE CONTRA	20150715	22991231	19000101	22991231	49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5823	PACE NH DEPENDENT ON PACE NON-NH BILLING	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: 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. Note: 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.
5830	PROCEDURE IS NOT PAYABLE WHEN BILLED WITHOUT A PAID ROOT CANAL FOR THE SAME TOO	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N390	This service/report cannot be billed separately.
5900	NCCI-MUE - UNITS OF SERVICE EXCEED MUE. RECIPIENT CANNOT BE BILLED.	20160501	22991231	19000101	22991231	273	Coverage/program guidelines were eceeded.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.		
5912	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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5920	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.		
5921	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.		
5922	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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5930	NCCI- SVC IS A DUPE OF A PREVIOUSLY DENIED NCCI SVC. RECIPIENT CANNOT BE 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. Note: 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.
5940	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.		
5941	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.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
5942	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.		
6001	THIS AMBULANCE SERVICE PROCEDURE CODE IS LIMITED TO FOUR UNITS PER CALENDAR MON	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.
6010	INPATIENT/OUT PATIENT/ASC VISITS HAVE BEEN EXCEEDED FOR THE 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6020	HEARING AID REPAIR IS LIMITED TO TWO 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.
6021	MONAURAL HEARING AID BATTERIES ARE LIMITED TO ONE PACKAGE 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.
6022	MONAURAL EARMOLDS ARE LIMITED TO ONE 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6030	NEW PATIENT CODE Z5147 MAY ONLY BE BILLED ONCE PER LIFETIME PER RECIPIENT	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6040	PERIAPICAL XRAYS - LIMIT 5 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.
6041	THE CALENDAR YEAR LIMIT HAS BEEN EXCEEDED FOR THIS PROCEDURE	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6042	PROCEDURE LIMITED TO ONCE EVERY 30 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.
6043	THE CALENDAR YEAR LIMIT HAS BEEN EXCEEDED FOR THIS PROCEDURE	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.
6044	EMERGENCY ORAL EXAM (D0140) LIMITED TO ONCE 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.
6045	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFETIME.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6046	PROCEDURE CODE 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6047	PROPHYLAXIS IS LIMITED TO ONCE EVERY 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.
6048	FLUORIDE IS LIMITED TO ONCE EVERY 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.
6049	PROCEDURE LIMITED TO TWO PER LIFETIME PER TOOTH.	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.
6050	PROCEDURE CODE IS LIMITED TO ONE OCCURANCE 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.
6051	FULL SERIES/PANORAMIC 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6052	CODE, SERVICE, PROCEDURE, NDC OR STAY REQUIRES PRIOR AUTHORIZATIO N	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M62	Missing/incomplete/invali d treatment authorization code.
6053	COMPREHENSIV E DENTAL EXAM MAY ONLY BE BILLED ONCE PER LIFETIME PER PROVIDER.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
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.
6100	DME PROCEDURE LIMITED TO 60 PER CALENDAR 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.
6101	DME PROCEDURE LIMIT TO 20 PER CALENDAR 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.
6102	DME PROCEDURE LIMITED TO 1 PER 5 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.
6103	PROCEDURE IS LIMITED TO THIRTY (30) 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6104	DME PROCEDURE LIMITED TO 700 PER CALENDAR 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.
6105	DME CLOSED POUCH TOTAL LIMIT OF 60 PER CAL 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.
6106	PROCEDURE IS LIMITED TO 30 (THIRTY) 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.
6107	DME PROCEDURE LIMITED TO 40 PER CALENDAR 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.
6108	DME WC PRESSURE PAD TOTAL LIMIT OF 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.
6109	PROCEDURE CODE IS LIMTED TO 100 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6110	THE LIMIT OF TWO UNITS PER MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE	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.
6111	THE LIMIT OF THREE UNITS PER MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE.	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.
6112	THE LIMIT OF TWO UNITS PER MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE.	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.
6113	DME CODES LIMITED TO THIRTY-ONE UNITS 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.
6114	DME PROCEDURE LIMITED TO 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6115	MEDICAL SUPPLIES LIMIT IS $1,800.00 PER WAIVER YEAR, 02/22-02/21. THE LIMIT HA	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.
6116	DME PROCEDURE LIMITED TO 1 PER 4 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.
6117	DME PROCEDURE LIMITED TO 3 PER CALENDAR 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.
6118	THE LIMIT OF TWO UNITS PER MONTH HAS BEEN EXCEEDED FOR THIS PROCEDURE	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.
6120	THIS PROCEDURE CODE IS 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6121	DME PROCEDURE LIMITED TO 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.
6122	LEG BAGS ARE LIMITED TO TWO 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.
6123	DME PROCEDURE LIMITED TO 8 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.
6124	DME PROCEDURE LIMITED TO 1 PER 3 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.
6125	DME PROCEDURE LIMITED TO 2 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6126	DME PROCEDURE LIMITED TO 120 PER CALENDAR 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.
6127	DME PROCEDURE LIMITED TO 400 PER CALENDAR 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.
6128	DME PROCEDURE LIMITED TO 1 PER CALENDAR 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.
6129	DME PROCEDURE LIMITED TO 4 PER CALENDAR 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.
6130	DME PROCEDURE LIMITED TO 5 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6131	DME PROCEDURE LIMITED TO 10 PER CALENDAR 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.
6132	DME PROCEDURE LIMITED TO 12 PER CALENDAR 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.
6133	DME PROCEDURE LIMITED TO 50 PER CALENDAR 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.
6134	DME PROCEDURE LIMITED TO 90 PER CALENDAR 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.
6135	DME PROCEDURE LIMITED TO 100 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6136	DME PROCEDURE LIMITED TO 500 PER CALENDAR 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.
6137	DME PROCEDURE LIMITED TO 1000 PER CALENDAR 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.
6138	DME PROCEDURE LIMITED TO 1 PER 2 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.
6139	DME PROCEDURE LIMITED TO 4 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.
6140	DME PROCEDURE RENTAL LIMITED TO 1 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6141	DME PROCEDURE RENTAL LIMITED TO 2 PER CALENDAR 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.
6142	DME PROCEDURE RENTAL LIMITED TO 31 PER CALENDAR 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.
6143	DME BATTERY CHARGER TOTAL LIMIT OF 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6146	DME NON-INSULIN PROC LIMIT OF 1 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.
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.
6151	INITIAL SCREENING IS LIMITED TO ONCE PER LIFETIME	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
6152	EPSDT SCREENING 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6153	EPSDT SCREENING 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.
6154	MAXIMUN UNIT 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.
6155	EPSDT SCREENING 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6200	THIS PROCEDURE IS LIMITED TO SIXTEEN (16) UNITS 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.
6201	FAMILY PLANNING PERIODIC FOLLOW-UP IS LIMITED TO FOUR (4) VISITS 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.
6202	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6203	THIS PROCEDURE IS LIMITED TO ONE PER 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.
6204	INITIAL VISIT IS LIMITED TO ONE PER RECIPIENT, PER PROVIDER, PER LIFETIME	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
6205	THIS PROCEDURE CODE IS LIMITED TO ONE EVERY 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.
6206	PROCEDURE CODE 11795 IS LIMITED TO ONE EVERY 365 DAYS AND PROCEDURE CODE 11977	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6207	THESE NORPLANT SERVICES MUST BE BILLED USING THE APPROPRIATE COMBINATION 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. Note: 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.
6208	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.
6209	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 - LEVONORGESTREL 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.
6211	DEPO-PROVERA INJECTION LIMITED TO ONE PER 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6212	FP-LEVONORGESTREL-IU LIMIT-1 PER 3 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.
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. Note: 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)CANNOT 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. Note: 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.
6242	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6247	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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6280	THE LIMIT FOR THESE SERVICES HAS BEEN REACHED FOR THE 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.
6281	OUTPATIENT VISITS HAVE BEEN EXCEEDED FOR THIS 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.
6282	INPATIENT DAYS HAVE BEEN EXEEDED FOR THIS 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6283	REVENUE CODES 170 -171 MUST NOT EXCEED 10 UNITS PER NEWBORN UNDER MOTHER'S NUMB	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.
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. Note: 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6292	LAB DRUG SCREENING LIMIT OF 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.
6293	LAB ?DRUG SCREENING LIMIT OF 1 EVERY 7 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.
6300	THIS PROCEDURE IS LIMITED TO 12 UNITS EVERY 24 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.
6301	MORE THAN ONE OBSTETRICAL DELIVERY CODE MAY NOT BE BILLED W ITHIN 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.
6302	MORE THAN THREE OFFICE VISITS MAY NOT BE BILLED WITH PREGNANCY DIAGNOSIS.	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6303	MORE THAN ONE OBSTETRICAL DELIVERY CODE MAY NOT BE BILLED WITHIN 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.
6304	OBSTETRICAL CARE LIMIT FOR SPECIALTY 921	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.
6305	ES - VAGINAL DELIVERY 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.
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 PERINATOLOGIST	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6310	THE QUANTITY DISPENSED EXCEEDS THE MAXIMUM QUANTITY ALLOWED FOR THE DRUG CODE P	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.
6311	QTY DISPENSED EXCEEDS MAX QTY BASED ON PA	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M123	Missing/incomplete/invali d 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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6313	MONTHLY SCRIPT LIMIT EXCEEDED - BRANDED DRUG	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.
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.
6318	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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6330	RECIPIENT 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.
6331	PHARMACY STABLE THERAPY REQUIREMENT NOT MET	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
6332	PHARMACY STABLE THERAPY REQUIREMENT NOT MET	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
6350	DME GESTATIONAL INSULIN LIMIT 4 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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 MAMMOGRAPHY 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.
6403	THE LIMIT FOR THESE SERVICES HAS BEEN REACHED FOR THE 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6404	PROCEDURE IS LIMITED TO ONCE EVERY THIRTY(30) DAYS BY THE SAME BILLING PROVIDER	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.
6405	PROCEDURE CODE IS LIMITED TO ONE OCCURENCE 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.
6406	NEWBORN CODE MAY NOT BE BILLED MORE THAN ONCE	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a patient's lifetime.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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. Note: 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.
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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6413	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.
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.
6418	OB ULTRASOUND YEARLY LIMIT PERINATOLOGISTS	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.
6511	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6512	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.
6513	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.
6514	THIS PROCEDURE IS LIMITED TO 5 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.
6515	THIS PROCEDURE IS LIMITED TO ONE EPISODE 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6521	THIS PROCEDURE IS LIMITED TO 365 EPISODES 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.
6522	THIS PROCEDURE IS LIMITED TO 52 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.
6523	BENEFITS HAVE BEEN EXCEEDED FOR THE CALDEAR 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6524	BENEFITS HAVE BEEN EXCEEDED FOR THE 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.
6525	BENEFITS HAVE BEEN EXCEEDED FOR THE 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.
6526	BENEFITS HAVE BEEN EXCEEDED FOR THE 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.
6527	BENEFITS HAVE BEEN EXCEEDEF FOR THE 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.
6528	BENEFITS HAVE BEEN EXCEEDED FOR THE 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6529	PROCEDURE IS LIMITED TO 260 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.
6530	PROCEDURE IS LIMITED TO 8 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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6536	PROCEDURE IS LIMITED TO 104 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.
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 INTERVENTION 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.
6540	PSYCHOTHERAPY SERVICES ARE LIMITED TO 12 (TWELVE) PER CALENDAR YEAR AT PLACE OF	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
6544	PSYCHOLOGY/REHAB - NEUROPSYCHOLOGY 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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 TRANSPORATION 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.
6550	PROCEDURE IS LIMITED TO 2 UNITS PER QUARTER	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.
6600	RADIOLOGY & CARDIOLOGY - PROCEDURE REQUIRES PA	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.
6610	DIALYSIS ULTRAFILTRATION CODES Z5256 AND Z5266 ARE LIMITED TO A TOTAL OF 3 PER	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.
6611	PROCEDURE CODE IS LIMITED TO 156 UNITS 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6612	PROCEDURE CODE IS LIMITED TO ONE UNIT PER CALENDAR 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.
6613	PROCEDURE CODE IS LIMITED TO 12 UNITS PER LIFETIME.	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		
6630	THIS PROCEDURE CODE IS LIMITED TO ONE PER CALENDAR 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.
6640	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.
6641	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6642	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.
6643	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.
6644	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.
6645	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.
6646	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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6647	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.
6650	THE LIMIT FOR THESE SERVICES HAS BEEN REACHED FOR THIS CONTRACT 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.
6651	UNITS BILLED FOR PROCEDURE CODE EXCEED MAXIMUM UNITS ALLOWED	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.
6652	UNITS BILLED FOR PROCEDURE CODE EXCEED MAXIMUM UNITS ALLOWED	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 DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6653	PROCEDURE LIMITED TO 1080 HOURS,PER WAIVER YEAR OCTOBER 1 - SEPTEMBER 30.	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.
6654	LAHWV - LIMITED $1000 PER WAIVER 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.
6655	LAHWV-TRANSPORTATION LIMITED $1000 PER WAIVER 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.
6656	PERSONAL CARE BACHELORS 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.
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/HEARING 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6659	ID WAIVER SERVICE LIMITED TO $1800 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.
6660	ID 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.
6662	ID 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	ID WAIVER SERVICE LIMITED TO $2000 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.
6664	ID WAIVER - 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6665	ID WAIVER - PROFESSIONAL THERAPEUTIC BEHAVIOR LIMITED TO 800 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.
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.
6672	OUR RECORDS INDICATE THAT THIS SERVICE HAS ALREADY BEEN PERFORMED ON THIS PATIE	20150715	22991231	19000101	22991231	35	Lifetime benefit maximum has been reached.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6673	PROCEDURE IS LIMITED TO ONE (1) 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.
6674	CLAIM STILL IN PROCESS. PLEASE DO NOT REBILL.	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO).		
6677	PROCEDURE CODE CANNOT BE BILLED MORE THAN SIX(6) TIMES WITH THE SAME MODIFIER.	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.
6690	REVENUE CODE 183 IS LIMITED TO 6 DAYS EACH CALENDAR QUARTER.	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.
6691	REVENUE CODE 184 IS LIMITED TO 14 DAYS PER CALENDAR 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.
6700	DME PROCEDURE LIMITED TO 1 PER 8 CAL 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6701	DME PROCEDURE LIMIT TO 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.
6702	DME PROCEDURE LIMIT TO 1 PER CALENDAR 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.
6703	DME PROCEDURE LIMIT TO 15 PER CALENDAR 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.
6704	DME PROCEDURE LIMIT TO 35 PER CALENDAR 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.
6705	DME PROCEDURE LIMIT TO 150 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6706	DME PROCEDURE LIMIT TO 180 PER CALENDAR 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.
6707	DME PROCEDURE LIMIT TO 210 PER CALENDAR 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.
6708	DME PROCEDURE LIMIT TO 2 PER 3 CALENDAR 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.
6709	DME PROCEDURE LIMIT TO 3 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.
6710	DME PROCEDURE LIMIT TO 5 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.
6711	DME PROCEDURE LIMIT TO 6 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6712	DME PROCEDURE LIMIT TO 2 PER 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.
6713	DME PROCEDURE LIMIT TO 10 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.
6714	DME PROCEDURE LIMIT TO 12 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.
6715	DME PROCEDURE LIMIT TO 2 PER 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.
6716	DME PROCEDURE LIMIT TO 31 PER CALENDAR 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6717	DME PROCEDURE LIMIT TO 150 PER CALENDAR 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.
6718	DME PROCEDURE LIMIT TO 31 PER CALENDAR 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.
6719	DME PROCEDURE LIMITED TO (1) PER 8 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.
6720	DME PROCEDURE LIMIT TO 1 PER 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.
6721	DME REPAIRS LIMITED $1000 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.
6722	DME POWER TIRES 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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.
6728	DME SAFETY VEST 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
6729	DME MANUAL TIRES 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.
6730	DME MANUAL CASTERS 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.
6731	DME POWER CASTERS LIMIT 4 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.
6732	DME GENERAL CUSHION 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.
7000	CLAIM FAILED A PRODUR ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7001	INFORMATIONA L PRODUR ALERT	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7002	CLAIM DENIED FOR PRODUR REASONS	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7003	PRODUR ALERT REQUIRES PA FOR OVERRIDE	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
7004	NON-OVERRIDEABLE PRODUR ALERT	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
7101	ADMIT DATE LESS THAN FIRST DATE OF SERVICE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7102	TYPE OF BILL INDICATES LATE CHARGES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7103	INTERIM CLAIM LESS THAN MINIMUM STAY	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7104	INTERIM CLAIM PATIENT STATUS IS DISCHARGED	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7105	NURSERY AND NON-NURSERY REVENUE CODES	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7106	PROVIDER DRG BASE RATE IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7107	PROVIDER DRG COST TO CHARGE RATIO IS ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7110	DRG AGE THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7111	DRG OUTLIER THRESHOLD NOT ON FILE OR ZERO	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7116	DRG CODE COULD NOT BE DETERMINED	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7117	DRG INVALID RECIPIENT AGE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7118	DRG INVALID RECIPIENT GENDER	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7119	DRG INVALID DISCHARGE STATUS	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7120	DRG INVALID BIRTH WEIGHT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7121	DRG GESTATIONAL AGE AND BIRTH WEIGHT CONFLICT	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7122	DRG CODE NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7123	DRG CODE ON REVIEW	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7124	DRG CODE NOT ON RATE FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7125	DRG INITIALIZATION FAILED	20120101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7126	SUPPLEMENTAL PYMT PERCENT NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7127	PROVIDER MISSING FROM DRG RATE TABLE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
7128	DRG - MAJOR DIAGNOSTIC CATEGORY NOT ON FILE	20140101	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
7503	CONFLICT CODE ON RESPONSE CLAIM DOES NOT MATCH	20150715	22991231	19000101	22991231	175	Prescription is incomplete.		
8006	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO MISCELLANEOUS ERROR.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8007	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO BILLING ERROR.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8076	PROVIDER SENT REFUND DUE TO PATIENT LIABILITY PROCES	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8097	AGENCY REQUESTED REFUND DUE TO OTHER INSURANCE	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
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 MISCELLANEOUS 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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: 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 ADJUSTMENTS DUE TO PROCESSING ERROR	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8140	AGENCY INITIATED OFFSET OF 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.
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.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8199	MASS ADJUSTMENT - VOID TRANSACTIONS IDENTIFIED BY EXTERNAL ENTITY	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8200	CORRECTION TO A PRIOR CLAIM	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8201	DUPLICATE PAYMENT	20150715	22991231	19000101	22991231	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations 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) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA36	Missing/incomplete/invali d patient name.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
8205	PROVIDER TO REBILL	20151204	22991231	19000101	22991231	45	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 REDETERMINIATION - 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
8209	NCCI ADMINISTRATIVE 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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC 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. Note: 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 CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8243	ADJUSTMENT GENERATED DUE TO RECIPIENT DATE OF DEATH	20151204	22991231	19000101	22991231	13	The date of death precedes the date of service.	MA67	Correction to a prior claim.
8251	HPE INITIATED VOID DUE TO CHANGE IN PROVIDER ID OR SERVICE LOCATION INFORMATION	20150715	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER ADDRESS.
8299	ADJUSTMENT TO CROSSOVER PAID PRIOR TO AIM IMPLEMENTATION DATE. THIS CLAIM HAS	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

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

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8454	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG AMOUNT. WE HAVE MADE COR	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 [sic] Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA67	Correction to a prior claim.
8515	THIS CLAIM HAS BEEN DENIED DUE TO A POS REVERSAL TRANSACTION.	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		
8516	THIS CLAIM DENIED DUE TO A PROVIDER VOID REQUEST.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8517	THIS CLAIM ADJUSTMENT DUE TO A PROVIDER SUBMITTED REQUEST	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

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

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8553	THIS SERVICE REQUIRES THE USE OF A MODIFIER TO INDICATE ANATOMICAL SITE, DISTIN	20150715	22991231	19000101	22991231	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
8554	NCCI REDETERMINIATION - APPROVED	20151204	22991231	19000101	22991231	59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: 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 REDETERMINIATION - DENIED - NO APPEAL	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: 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.
8556	NCCI REDETERMINIATION - DENIED	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: 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.

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8557	NCCI ADMINISTRATIVE REVIEW - APPROVED	20151204	22991231	19000101	22991231	59	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: 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 ADMINISTRATIVE REVIEW - DENIED	20160501	22991231	19000101	22991231	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: 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.
8560	PAPER CLAIM AND OPERATIVE NOTE REQUIRED FOR PAYMENT DECISION. PLEASE RESUBMIT.	20150715	22991231	19000101	22991231	163	Attachment/other documentation referenced on the claim was not received.	N678	Missing post-operative images/visual field results.
8987	CLAIM ADJUSTMENT PAID BASED ON RECIPIENT ELIGIBILITY IN EFFECT AT THE TIME THE	20160501	22991231	19000101	22991231	272	Coverage/program guidelines were not met.		

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8989	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.
8991	SYSTEM ERROR - DETAIL MEDICARE AMOUNTS. A SYSTEM ERROR RESULTED IN THE DELETI	20151204	22991231	19000101	22991231	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
8993	CLAIM MODIFIED POST-PROCESSING. PERFORMING PROVIDER RESTORED TO SUBMITTED VALU	20150715	22991231	19000101	22991231	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
8995	CLAIM MODIFIED POST-PROCESSING. BILLING PROVIDER OVERRIDDEN TO FORCE CLAIM TO	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8996	PATIENT LIABILITY REPROCESSING	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
8997	CLAIM MODIFIED POST-PROCESSING. THE BILLED AMOUNT WAS CHANGED TO ZERO ON THE E	20151204	22991231	19000101	22991231	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M79	Missing/incomplete/invali d charge.
8999	CLAIM HAS BEEN SUPER-SUSPENDED.	20151204	22991231	19000101	22991231	133	The disposition of this claim/service is pending further review.		
9001	REIMBURSEME NT REDUCED BY THE RECIPIENT'S CO-PAYMENT AMOUNT.	20151002	22991231	19000101	22991231	3	Co-payment Amount		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9003	NO PAYMENT MADE-TPL IS MORE THAN THE ALLOWED AMOUNT.	20151002	22991231	19000101	22991231	23	Payment adjusted because charges have been paid by another payer.		
928	BIRTH WEIGHT CDE VALUE GROUP NOT FOUND	20150715	22991231	19000101	22991231	B5	Coverage/program guidelines were not met or were exceeded.		
9500	COVERED DAYS ON THIS CLAIM HAVE BEEN SYSTEMATICALLY REDUCED TO MEET THE ALLOWED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee 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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
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.
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.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9507	PRICING ADJUSTMENT - MEDICARE PART B DETAIL 1 PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9508	PRICING ADJUSTMENT - MEDICARE PART B DETAIL 2 PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9601	DAYS COVERED ADJUSTED FOR ES/EMERG DELIVERY	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete/invali d occurrence span code(s).
9602	DAYS COVERED ADJUSTED FOR EMERG DAY LIMIT	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete/invali d occurrence span code(s).
9603	DAYS COVERED ADJUSTED FOR MEDICARE DAYS LIMIT MET	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete/invali d occurrence span code(s).

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9604	DAYS COVERED ADJUSTED FOR PARTIAL ELIGIBILITY	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete/invalid occurrence span code(s).
9800	CUTBACK - CLAIM PROCESSED AS AN ENCOUNTER.	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9907	TPL AMOUNT APPLIED	20151204	22991231	19000101	22991231	23	Payment adjusted because charges have been paid by another payer.		
9908	PRICING ADJUSTMENT - PHARMACY PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9910	PHARMACY DISPENSING FEE APPLIED	20151204	22991231	19000101	22991231	91	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.		
9914	PRICING ADJUSTMENT - REV FEE PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9916	PRICING ADJUSTMENT - UCC RATE PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9919	PRICING ADJUSTMENT - PROVIDER LOC PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9920	PRICING ADJUSTMENT - ZERO PRICING APPLIED	20151204	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	MA67	Correction to a prior claim.
9921	PRICING ADJUSTMENT - PA PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9922	PAYMENT REDUCED DUE TO PATIENT LIABILITY DEDUCTION.	20151204	22991231	19000101	22991231	142	Claim adjusted by the monthly Medicaid patient liability amount.		
9926	CLAIM HAS CUTBACK AMOUNT	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9928	PRICING ADJUSTMENT - DRG PRICING APPLIED	20120101	22991231	19000101	22991231	A1	Claim/Service denied.	M46	Missing/incomplete/invali d occurrence span code(s).
9930	PRICING ADJUSTMENT - ENCOUNTER RATE PRICING APPLIED	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		
9931	PRICING ADJUSTMENT - ENCOUNTER PAID AMOUNT APPLIED	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.		
9990	CLAIM DENIED. CORRECT AND RESUBMIT.	20151204	22991231	19000101	22991231	A1	Claim/Service denied.	N59	Please refer to your provider manual for additional program and provider information.

EOB CODE	EOB DESCRIPTION	CHECKWRITE EFFECTIVE DATE	CHECKWRITE END DATE	DOS EFFECTIVE DATE	DOS END DATE	CARC CODE	CARC DESCRIPTION	RARC CODE	RARC DESCRIPTION
9998	CLAIM WAS PRICED IN ACCORDANCE WITH MEDICAID POLICY	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
9998	CLAIM WAS PRICED IN ACCORDANCE WITH MEDICAID POLICY	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	N524	Based on policy this payment constitutes payment in full.
9999	PROCESSED PER MEDICAID POLICY	20150725	22991231	19000101	22991231	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		

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