AETNA BETTER HEALTH® OF ILLINOIS

CARC	CARC Description	RARC	Description
1	DEDUCTIBLE AMOUNT		
2	COINSURANCE AMOUNT		
3	CO-PAYMENT AMOUNT		
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED		
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	M20	MISSING/INCOMPLETE/INVALID HCPCS.
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	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
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N108	MISSING/INCOMPLETE/INVALID UPGRADE INFORMATION.
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N519	Invalid combination of HCPCS modifiers.
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N572	THIS PROCEDURE IS NOT PAYABLE UNLESS APPROPRIATE NON-PAYABLE REPORTING CODES AND ASSOCIATED MODIFIERS ARE
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N657	This should be billed with the appropriate code for these services.
5	THE PROCEDURE CODE/TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF		
5	THE PROCEDURE CODE/TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
5	THE PROCEDURE CODE/TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF	MA109	CLAIM PROCESSED IN ACCORDANCE WITH AMBULATORY SURGICAL
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.		
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	M37	NOT COVERED WHEN THE PATIENT IS UNDER AGE 35.
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	M82	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50.
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S		
7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).		
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	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
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N684	PAYMENT DENIED AS THIS IS A SPECIALTY CLAIM SUBMITTED AS A GENERAL CLAIM.
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N822	Missing procedure modifier(s).
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N823	Incomplete/Invalid Procedure modifier(s).
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N822	Missing procedure modifier(s).
8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).	N823	Incomplete/Invalid Procedure modifier(s).
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.		
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	M37	Not covered when the patient is under age 35.
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	M82	Service is not covered when patient is under age 50.
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	M89	Not covered more than once under age 40.
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N129	Not eligible due to the patient's age.
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	N657	This should be billed with the appropriate code for these services.
10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.		
10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	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
10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.	N657	This should be billed with the appropriate code for these services.
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.		
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M51	Missing/ incomplete/ invalid procedure code(s).
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M64	Missing/ incomplete/ invalid other diagnosis.
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	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
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	MA63	Missing/incomplete/invalid principal diagnosis.
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	N657	This should be billed with the appropriate code for these services.
12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.		
12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	MA63	Missing/incomplete/invalid principal diagnosis.
12	THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.	N657	This should be billed with the appropriate code for these services.
13	THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.		

14	THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.		
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M119	MISSING/INCOMPLETE/INVALID/ DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE (NDC).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M12	DIAGNOSTIC TESTS PERFORMED BY A PHYSICIAN MUST INDICATE WHETHER PURCHASED SERVICES ARE INCLUDED ON THE CLAIM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M122	MISSING/INCOMPLETE/INVALID LEVEL OF SUBLUXATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M123	MISSING/INCOMPLETE/INVALID NAME, STRENGTH, OR DOSAGE OF THE DRUG FURNISHED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M124	MISSING INDICATION OF WHETHER THE PATIENT OWNS THE EQUIPMENT THAT REQUIRES THE PART OR SUPPLY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M125	MISSING/INCOMPLETE/INVALID INFORMATION ON THE PERIOD OF TIME FOR WHICH THE SERVICE/SUPPLY/EQUIPMENT WILL BE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M126	MISSING/INCOMPLETE/INVALID INDIVIDUAL LAB CODES INCLUDED IN
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M129	MISSING/INCOMPLETE/INVALID INDICATOR OF X-RAY AVAILABILITY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M133	CLAIM DID NOT IDENTIFY WHO PERFORMED THE PURCHASED DIAGNOSTIC TEST OR THE AMOUNT YOU WERE CHARGED FOR THE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M136	MISSING/INCOMPLETE/INVALID INDICATION THAT THE SERVICE WAS SUPERVISED OR EVALUATED BY A PHYSICIAN.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M20	MISSING/INCOMPLETE/INVALID HCPCS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M21	MISSING/INCOMPLETE/INVALID PLACE OF RESIDENCE FOR THIS SERVICE/ITEM PROVIDED IN A HOME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M22	MISSING/INCOMPLETE/INVALID NUMBER OF MILES TRAVELED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M24	MISSING/INCOMPLETE/INVALID NUMBER OF DOSES PER VIAL.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M44	MISSING/INCOMPLETE/INVALID CONDITION CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M45	MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M46	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M47	MISSING/INCOMPLETE/INVALID PAYER CLAIM CONTROL NUMBER. OTHER TERMS EXIST FOR THIS ELEMENT INCLUDING, BUT NOT LIMITED TO, INTERNAL CONTROL NUMBER (ICN), CLAIM CONTROL NUMBER (CCN), DOCUMENT CONTROL NUMBER (DCN).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M50	MISSING/INCOMPLETE/INVALID REVENUE CODE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M52	MISSING/INCOMPLETE/INVALID “FROM” DATE(S) OF SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M54	MISSING/INCOMPLETE/INVALID TOTAL CHARGES.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M56	MISSING/INCOMPLETE/INVALID PAYER IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M59	MISSING/INCOMPLETE/INVALID “TO” DATE(S) OF SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M65	ONE INTERPRETING PHYSICIAN CHARGE CAN BE SUBMITTED PER CLAIM WHEN A PURCHASED DIAGNOSTIC TEST IS INDICATED. PLEASE SUBMIT A SEPARATE CLAIM FOR EACH INTERPRETING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M67	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M73	THE HPSA/PHYSICIAN SCARCITY BONUS CAN ONLY BE PAID ON THE PROFESSIONAL COMPONENT OF THIS SERVICE. REBILL AS SEPARATE PROFESSIONAL AND TECHNICAL COMPONENTS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M79	MISSING/INCOMPLETE/INVALID CHARGE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M84	MEDICAL CODE SETS USED MUST BE THE CODES IN EFFECT AT THE TIME OF SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M91	LAB PROCEDURES WITH DIFFERENT CLIA CERTIFICATION NUMBERS MUST BE BILLED ON SEPARATE CLAIMS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M99	MISSING/INCOMPLETE/INVALID UNIVERSAL PRODUCT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA100	MISSING/INCOMPLETE/INVALID DATE OF CURRENT ILLNESS OR
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA110	MISSING/INCOMPLETE/INVALID INFORMATION ON WHETHER THE DIAGNOSTIC TEST(S) WERE PERFORMED BY AN OUTSIDE ENTITY OR IF NO PURCHASED TESTS ARE INCLUDED ON THE CLAIM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA111	MISSING/INCOMPLETE/INVALID PURCHASE PRICE OF THE TEST(S) AND/OR THE PERFORMING LABORATORY'S NAME AND ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA112	MISSING/INCOMPLETE/INVALID GROUP PRACTICE INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA113	INCOMPLETE/INVALID TAXPAYER IDENTIFICATION NUMBER (TIN) SUBMITTED BY YOU PER THE INTERNAL REVENUE SERVICE. YOUR CLAIMS CANNOT BE PROCESSED WITHOUT YOUR CORRECT TIN, AND YOU MAY NOT BILL THE PATIENT PENDING CORRECTION OF
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA114	MISSING/INCOMPLETE/INVALID INFORMATION ON WHERE THE SERVICES WERE FURNISHED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA115	MISSING/INCOMPLETE/INVALID PHYSICAL LOCATION (NAME AND ADDRESS, OR PIN) WHERE THE SERVICE(S) WERE RENDERED IN A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA116	DID NOT COMPLETE THE STATEMENT "HOMEBOUND" ON THE CLAIM TO VALIDATE WHETHER LABORATORY SERVICES WERE PERFORMED AT HOME OR IN AN INSTITUTION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA121	MISSING/INCOMPLETE/INVALID X-RAY DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA122	MISSING/INCOMPLETE/INVALID INITIAL TREATMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA128	MISSING/INCOMPLETE/INVALID FDA APPROVAL NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA134	MISSING/INCOMPLETE/INVALID PROVIDER NUMBER OF THE FACILITY WHERE THE PATIENT RESIDES.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA21	SSA RECORDS INDICATE MISMATCH WITH NAME AND SEX.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA27	MISSING/INCOMPLETE/INVALID ENTITLEMENT NUMBER OR NAME SHOWN ON THE CLAIM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA30	Missing/incomplete/invalid type of bill.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA31	MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF THE PERIOD BILLED.

16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA32	MISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAYS DURING THE BILLING PERIOD.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA33	MISSING/INCOMPLETE/INVALID NONCOVERED DAYS DURING THE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA34	MISSING/INCOMPLETE/INVALID NUMBER OF COINSURANCE DAYS DURING THE BILLING PERIOD.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA35	MISSING/INCOMPLETE/INVALID NUMBER OF LIFETIME RESERVE DAYS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA37	MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA39	MISSING/INCOMPLETE/INVALID GENDER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA40	MISSING/INCOMPLETE/INVALID ADMISSION DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA41	MISSING/INCOMPLETE/INVALID ADMISSION TYPE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA42	MISSING/INCOMPLETE/INVALID ADMISSION SOURCE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA43	MISSING/INCOMPLETE/INVALID PATIENT STATUS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA48	MISSING/INCOMPLETE/INVALID NAME OR ADDRESS OF RESPONSIBLE PARTY OR PRIMARY PAYER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA50	MISSING/INCOMPLETE/INVALID INVESTIGATIONAL DEVICE EXEMPTION NUMBER OR CLINICAL TRIAL NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA53	MISSING/INCOMPLETE/INVALID COMPETITIVE BIDDING DEMONSTRATION PROJECT IDENTIFICATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA58	MISSING/INCOMPLETE/INVALID RELEASE OF INFORMATION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA60	MISSING/INCOMPLETE/INVALID PATIENT RELATIONSHIP TO INSURED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA61	MISSING/INCOMPLETE/INVALID SOCIAL SECURITY NUMBER OR HEALTH INSURANCE CLAIM NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA64	OUR RECORDS INDICATE THAT WE SHOULD BE THE THIRD PAYER FOR THIS CLAIM. WE CANNOT PROCESS THIS CLAIM UNTIL WE HAVE RECEIVED PAYMENT INFORMATION FROM THE PRIMARY AND
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA65	MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA69	MISSING/INCOMPLETE/INVALID REMARKS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA70	MISSING/INCOMPLETE/INVALID PROVIDER REPRESENTATIVE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA71	MISSING/INCOMPLETE/INVALID PROVIDER REPRESENTATIVE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA75	MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA76	MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER FOR HOME HEALTH AGENCY OR HOSPICE WHEN PHYSICIAN IS PERFORMING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA81	MISSING/INCOMPLETE/INVALID PROVIDER/SUPPLIER SIGNATURE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA83	DID NOT INDICATE WHETHER WE ARE THE PRIMARY OR SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA88	MISSING/INCOMPLETE/INVALID INSURED'S ADDRESS AND/OR TELEPHONE NUMBER FOR THE PRIMARY PAYER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA89	MISSING/INCOMPLETE/INVALID PATIENT'S RELATIONSHIP TO THE INSURED FOR THE PRIMARY PAYER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA90	MISSING/INCOMPLETE/INVALID EMPLOYMENT STATUS CODE FOR THE PRIMARY INSURED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA94	DID NOT ENTER THE STATEMENT “ATTENDING PHYSICIAN NOT HOSPICE EMPLOYEE” ON THE CLAIM FORM TO CERTIFY THAT THE RENDERING PHYSICIAN IS NOT AN EMPLOYEE OF THE HOSPICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA96	CLAIM REJECTED. CODED AS A MEDICARE MANAGED CARE DEMONSTRATION BUT PATIENT IS NOT ENROLLED IN A MEDICARE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA97	MISSING/INCOMPLETE/INVALID MEDICARE MANAGED CARE DEMONSTRATION CONTRACT NUMBER OR CLINICAL TRIAL REGISTRY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA99	MISSING/INCOMPLETE/INVALID MEDIGAP INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N142	THE ORIGINAL CLAIM WAS DENIED. RESUBMIT A NEW CLAIM, NOT A REPLACEMENT CLAIM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N147	LONG TERM CARE CASE MIX OR PER DIEM RATE CANNOT BE DETERMINED BECAUSE THE PATIENT ID NUMBER IS MISSING, INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N148	MISSING/INCOMPLETE/INVALID DATE OF LAST MENSTRUAL PERIOD.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N150	MISSING/INCOMPLETE/INVALID MODEL NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N152	MISSING/INCOMPLETE/INVALID REPLACEMENT CLAIM INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N153	MISSING/INCOMPLETE/INVALID ROOM AND BOARD RATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N163	Medical record does not support code billed per the code definition.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N173	NO QUALIFYING HOSPITAL STAY DATES WERE PROVIDED FOR THIS EPISODE OF CARE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N182	THIS CLAIM/SERVICE MUST BE BILLED ACCORDING TO THE SCHEDULE FOR THIS PLAN.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N184	REBILL TECHNICAL AND PROFESSIONAL COMPONENTS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N188	The approved level of care does not match the procedure code submitted.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N190	MISSING CONTRACT INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N203	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N208	MISSING/INCOMPLETE/INVALID DRG CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N209	MISSING/INVALID/INCOMPLETE TAXPAYER IDENTIFICATION NUMBER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N213	MISSING/INCOMPLETE/INVALID FACILITY/DISCRETE UNIT DRG/DRG EXEMPT STATUS INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N229	INCOMPLETE/INVALID CONTRACT INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N230	INCOMPLETE/INVALID INDICATION OF WHETHER THE PATIENT OWNS THE EQUIPMENT THAT REQUIRES THE PART OR SUPPLY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N247	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON TAXONOMY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N248	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N249	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N250	MISSING/INCOMPLETE/INVALID ASSISTANT SURGEON SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N251	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER TAXONOMY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N252	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N254	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N256	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER

16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N259	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER SECONDARY IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N260	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER CONTACT INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N261	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N263	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N264	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N266	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N267	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N268	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER CONTACT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N269	MISSING/INCOMPLETE/INVALID OTHER PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N27	MISSING/INCOMPLETE/INVALID TREATMENT NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N271	MISSING/INCOMPLETE/INVALID OTHER PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N272	MISSING/INCOMPLETE/INVALID OTHER PAYER ATTENDING PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N273	MISSING/INCOMPLETE/INVALID OTHER PAYER OPERATING PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N274	MISSING/INCOMPLETE/INVALID OTHER PAYER OTHER PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N275	MISSING/INCOMPLETE/INVALID OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N276	MISSING/INCOMPLETE/INVALID OTHER PAYER REFERRING PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N277	MISSING/INCOMPLETE/INVALID OTHER PAYER RENDERING PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N278	MISSING/INCOMPLETE/INVALID OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N279	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N280	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N281	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N282	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N283	MISSING/INCOMPLETE/INVALID PURCHASED SERVICE PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N284	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER TAXONOMY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N285	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N288	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER TAXONOMY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N289	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N291	MISSING/INCOMPLETE/INVALID RENDING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N292	MISSING/INCOMPLETE/INVALID SERVICE FACILITY NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N293	MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N294	MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N295	MISSING/INCOMPLETE/INVALID SERVICE FACILITY SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N296	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N297	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER PRIMARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N298	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER SECONDARY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N299	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN DATE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N301	MISSING/INCOMPLETE/INVALID PROCEDURE DATE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N302	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N303	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N304	MISSING/INCOMPLETE/INVALID DISPENSED DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N305	MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N306	MISSING/INCOMPLETE/INVALID ACUTE MANIFESTATION DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N308	MISSING/INCOMPLETE/INVALID APPLIANCE PLACEMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N309	MISSING/INCOMPLETE/INVALID ASSESSMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N310	MISSING/INCOMPLETE/INVALID ASSUMED OR RELINQUISHED CARE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N312	MISSING/INCOMPLETE/INVALID BEGIN THERAPY DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N313	MISSING/INCOMPLETE/INVALID CERTIFICATION REVISION DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N314	MISSING/INCOMPLETE/INVALID DIAGNOSIS DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N315	MISSING/INCOMPLETE/INVALID DISABILITY FROM DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N316	MISSING/INCOMPLETE/INVALID DISABILITY TO DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N317	MISSING/INCOMPLETE/INVALID DISCHARGE HOUR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N318	MISSING/INCOMPLETE/INVALID DISCHARGE OR END OF CARE DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N319	MISSING/INCOMPLETE/INVALID HEARING OR VISION PRESCRIPTION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N32	CLAIM MUST BE SUBMITTED BY THE PROVIDER WHO RENDERED THE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N320	MISSING/INCOMPLETE/INVALID HOME HEALTH CERTIFICATION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N321	MISSING/INCOMPLETE/INVALID LAST ADMISSION PERIOD.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N322	MISSING/INCOMPLETE/INVALID LAST CERTIFICATION DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N323	MISSING/INCOMPLETE/INVALID LAST CONTACT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N324	MISSING/INCOMPLETE/INVALID LAST SEEN/VISIT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N325	MISSING/INCOMPLETE/INVALID LAST WORKED DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N326	MISSING/INCOMPLETE/INVALIDE LAST X-RAY DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N327	MISSING/INCOMPLETE/INVALID OTHER INSURED BIRTH DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N328	MISSING/INCOMPLETE/INVALID OXYGEN SATURATION TEST DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N329	MISSING/INCOMPLETE/INVALID PATIENT BIRTH DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N330	MISSING/INCOMPLETE/INVALID PATIENT DEATH DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N331	MISSING/INCOMPLETE/INVALID PHYSICIAN ORDER DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N332	MISSING/INCOMPLETE/INVALID PRIOR HOSPITAL DISCHARGE DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N333	MISSING/INCOMPLETE/INVALID PRIOR PLACEMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N334	MISSING/INCOMPLETE/INVALID RE-EVALUATION DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N335	MISSING/INCOMPLETE/INVALID REFERRAL DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N336	MISSING/INCOMPLETE/INVALID REPLACEMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N337	MISSING/INCOMPLETE/INVALID SECONDARY DIAGNOSIS DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N338	MISSING/INCOMPLETE/INVALID SHIPPED DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N339	MISSING/INCOMPLETE/INVALID SIMILAR ILLNESS OR SYMPTOM
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N34	INCORRECT CLAIM FORM/FORMAT FOR THIS SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N340	MISSING/INCOMPLETE/INVALID SUBSCRIBER BIRTH DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N341	MISSING/INCOMPLETE/INVALID SURGERY DATE.

16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N342	MISSING/INCOMPLETE/INVALID TEST PERFORMED DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N343	MISSING/INCOMPLETE/INVALID TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) TRIAL START DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N344	MISSING/INCOMPLETE/INVALID TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) TRIAL END DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N345	DATE RANGE NOT VALID WITH UNITS SUBMITTED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N346	MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N349	THE ADMINISTRATION METHOD AND DRUG MUST BE REPORTED TO ADJUDICATE THIS SERVICE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N359	MISSING/INCOMPLETE/INVALID HEIGHT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N37	MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N374	Primary Medicare Part A insurance has been exhausted and a Part B Remittance Advice is required.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N378	MISSING/INCOMPLETE/INVALID PRESCRIPTION QUANTITY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N382	MISSING/INCOMPLETE/INVALID PATIENT IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N384	RECORDS INDICATE THAT THE REFERENCED BODY PART/TOOTH HAS BEEN REMOVED IN A PREVIOUS PROCEDURE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N388	MISSING/INCOMPLETE/INVALID PRESCRIPTION NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N389	DUPLICATE PRESCRIPTION NUMBER SUBMITTED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N4	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N407	YOU ARE NOT AN APPROVED SUBMITTER FOR THIS TRANSMISSION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N430	PROCEDURE CODE IS INCONSISTENT WITH THE UNITS BILLED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N433	RESUBMIT THIS CLAIM USING ONLY YOUR NATIONAL PROVIDER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N434	MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N440	INCOMPLETE/INVALID ANESTHESIA PHYSICAL STATUS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N443	MISSING/INCOMPLETE/INVALID TOTAL TIME OR BEGIN/END TIME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N46	MISSING/INCOMPLETE/INVALID ADMISSION HOUR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N471	MISSING/INCOMPLETE/INVALID HIPPS RATE CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N519	Invalid combination of HCPCS modifiers.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N521	MISMATCH BETWEEN THE SUBMITTED PROVIDER INFORMATION AND THE PROVIDER INFORMATION STORED IN OUR SYSTEM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N53	MISSING/INCOMPLETE/INVALID POINT OF PICK-UP ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N547	A REFUND REQUEST (FREQUENCY TYPE CODE 8) WAS PROCESSED
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N554	MISSING/INCOMPLETE/INVALID FAMILY PLANNING INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N562	THE PROVIDER NUMBER OF YOUR INCOMING CLAIM DOES NOT MATCH THE PROVIDER NUMBER ON THE PROCESSED NOTICE OF ADMISSION (NOA) FOR THIS BUNDLED PAYMENT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N57	MISSING/INCOMPLETE/INVALID PRESCRIBING DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N572	THIS PROCEDURE IS NOT PAYABLE UNLESS APPROPRIATE NON-PAYABLE REPORTING CODES AND ASSOCIATED MODIFIERS ARE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N575	Mismatch between the submitted ordering/referring provider name and the ordering/referring provider name stored in our records.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N58	MISSING/INCOMPLETE/INVALID PATIENT LIABILITY AMOUNT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N595	Records reflect the injured party did not complete an Assignment of
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N596	Records reflect the injured party did not complete a Medical Authorization
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N61	REBILL SERVICES ON SEPARATE CLAIMS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N625	Missing/Incomplete/Invalid Workers' Compensation Claim Number.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N63	REBILL SERVICES ON SEPARATE CLAIM LINES.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N64	THE “FROM” AND “TO” DATES MUST BE DIFFERENT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N65	PROCEDURE CODE OR PROCEDURE RATE COUNT CANNOT BE DETERMINED, OR WAS NOT ON FILE, FOR THE DATE OF
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N653	The date of injury does not match the reported date of loss.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N657	This should be billed with the appropriate code for these services.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N685	MISSING/INCOMPLETE/INVALID PROSTHESIS, CROWN OR INLAY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N75	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N752	MISSING/INCOMPLETE/INVALID HIPPS TREATMENT AUTHORIZATION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N753	MISSING/INCOMPLETE/INVALID ATTACHMENT CONTROL NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N754	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER OR OTHER SOURCE QUALIFIER ON THE 1500 CLAIM FORM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N755	MISSING/INCOMPLETE/INVALID ICD INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N756	MISSING/INCOMPLETE/INVALID POINT OF DROP-OFF ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N76	MISSING/INCOMPLETE/INVALID NUMBER OF RIDERS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N763	THE DEMONSTRATION CODE IS NOT APPROPRIATE FOR THIS CLAIM; RESUBMIT WITHOUT A DEMONSTRATION CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N769	A lateral diagnosis is required.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N77	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N777	MISSING ASSIGNMENT OF BENEFITS INDICATOR.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N778	Missing Primary Care Physician Information.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N779	REPLACEMENT/VOID CLAIMS CANNOT BE SUBMITTED UNTIL THE ORIGINAL CLAIM HAS FINALIZED. PLEASE RESUBMIT ONCE PAYMENT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N780	Missing/incomplete/invalid end therapy date.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N784	Missing comprehensive procedure code.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N795	ITEM MUST BE RESUBMITTED AS A PURCHASE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.

16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N797	MISSING/INCOMPLETE/INVALID DATE QUALIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N798	SUBMIT A VOID REQUEST FOR THE ORIGINAL CLAIM AND RESUBMIT
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N8	CROSSOVER CLAIM DENIED BY PREVIOUS PAYER AND COMPLETE CLAIM DATA NOT FORWARDED. RESUBMIT THIS CLAIM TO THIS PAYER TO PROVIDE ADEQUATE DATA FOR ADJUDICATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N80	MISSING/INCOMPLETE/INVALID PRENATAL SCREENING
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N800	ONLY ONE SERVICE DATE IS ALLOWED PER CLAIM.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N803	SUBMISSION OF THE CLAIM FOR THE SERVICE RENDERED IS THE RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N81	PROCEDURE BILLED IS NOT COMPATIBLE WITH TOOTH SURFACE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N811	MISSING FEDERAL SEQUESTRATION REDUCTION FROM PRIOR
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N812	THE START SERVICE DATE THROUGH AND END SERVICE DATE CANNOT SPAN GREATER THAN 18 MONTHS.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N815	Missing/Incomplete/Invalid NCD Unit Count.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N816	Missing/Incomplete/Invalid NCD Unit of Measure.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N818	Claims Dates of Service do not match Electronic Visit Verification System.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N820	Electronic Visit Verification System units do not meet requirements of visit.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N821	Electronic Visit Verification System visit not found.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N822	Missing Procedure Modifier(s).
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N823	Incomplete/Invalid Procedure modifier(s).
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N827	Missing/Incomplete/Invalid Federal Information Processing Standard (FIPS) Code.
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N829	Missing/incomplete/invalid Diagnostics Exchange Z-Code Identifier.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N832	Duplicate occurrence code/occurrence span code.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N843	Missing/incomplete/invalid Core-Based Statistical Area (CBSA) code.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N846	National Drug Code (NDC) supplied does not correspond to the
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N847	National Drug Code (NDC) billed is obsolete.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N848	National Drug Code (NDC) billed cannot be associated with a product.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N852	The pay-to and rendering provider tax identification numbers (TINs) do not
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N94	Claim/Service denied because a more specific taxonomy code is required
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N163	Medical record does not support code billed per the code definition.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N843	Missing/incomplete/invalid Core-Based Statistical Area (CBSA) code.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N846	National Drug Code (NDC) supplied does not correspond to the
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N847	National Drug Code (NDC) billed is obsolete.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N848	National Drug Code (NDC) billed cannot be associated with a product.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N852	The pay-to and rendering provider tax identification numbers (TINs) do not
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not.
18	EXACT DUPLICATE CLAIM/SERVICE		
18	EXACT DUPLICATE CLAIM/SERVICE	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY
18	EXACT DUPLICATE CLAIM/SERVICE	N347	YOUR CLAIM FOR A REFERRED OR PURCHASED SERVICE CANNOT BE PAID BECAUSE PAYMENT HAS ALREADY BEEN MADE FOR THIS SAME SERVICE TO ANOTHER PROVIDER BY A PAYMENT CONTRACTOR
18	EXACT DUPLICATE CLAIM/SERVICE	N389	DUPLICATE PRESCRIPTION NUMBER SUBMITTED.
18	EXACT DUPLICATE CLAIM/SERVICE	N522	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A CROSSOVER CLAIM.
18	EXACT DUPLICATE CLAIM/SERVICE	N702	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OF
19	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER.		
19	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER.	N418	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION INSTRUCTIONS.

19	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER.	N722	PATIENT MUST USE WORKERS' COMPENSATION SET-ASIDE (WCSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
19	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER.	N728	A WORKERS' COMPENSATION INSURER HAS REPORTED HAVING ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.		
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	MA04	SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N723	PATIENT MUST USE LIABILITY SET-ASIDE (LSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N725	A LIABILITY INSURER HAS REPORTED HAVING ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N744	Adjusted because the services may be related to an auto/other accident.
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.		
21	This injury/illness is the liability of the no-fault carrier	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N724	PATIENT MUST USE NO-FAULT SET-ASIDE (NFSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N727	A NO-FAULT INSURER HAS REPORTED HAVING ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N728	A WORKERS' COMPENSATION INSURER HAS REPORTED HAVING ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N744	Adjusted because the services may be related to an auto/other accident.
22	This care may be covered by another payer per coordination of benefits		
22	This care may be covered by another payer per coordination of benefits	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either
22	This care may be covered by another payer per coordination of benefits	MA16	THE PATIENT IS COVERED BY THE BLACK LUNG PROGRAM. SEND THIS CLAIM TO THE DEPARTMENT OF LABOR, FEDERAL BLACK LUNG PROGRAM, P.O. BOX 828, LANHAM-SEABROOK MD 20703.
22	This care may be covered by another payer per coordination of benefits	MA64	OUR RECORDS INDICATE THAT WE SHOULD BE THE THIRD PAYER FOR THIS CLAIM. WE CANNOT PROCESS THIS CLAIM UNTIL WE HAVE RECEIVED PAYMENT INFORMATION FROM THE PRIMARY AND
22	This care may be covered by another payer per coordination of benefits	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
22	This care may be covered by another payer per coordination of benefits	N197	THE SUBSCRIBER MUST UPDATE INSURANCE INFORMATION DIRECTLY WITH PAYER.
22	This care may be covered by another payer per coordination of benefits	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
22	This care may be covered by another payer per coordination of benefits	N36	CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS BEFORE WE CAN CONSIDER PAYMENT.
22	This care may be covered by another payer per coordination of benefits	N374	Primary Medicare Part A insurance has been exhausted and a Part B Remittance Advice is required.
22	This care may be covered by another payer per coordination of benefits	N376	Subscriber/patient is assigned to active military duty, therefore primary coverage may be TRICARE.
22	This care may be covered by another payer per coordination of benefits	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
22	This care may be covered by another payer per coordination of benefits	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
22	This care may be covered by another payer per coordination of benefits	N598	Health care policy coverage is primary.
22	This care may be covered by another payer per coordination of benefits	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO COMPLETE PAYMENT DETERMINATION.
22	This care may be covered by another payer per coordination of benefits	N743	ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN EMPLOYMENT ACCIDENT.
22	This care may be covered by another payer per coordination of benefits	N744	ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN AUTO/OTHER ACCIDENT.
22	This care may be covered by another payer per coordination of benefits	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE		
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.	M112	REIMBURSEMENT FOR THIS ITEM IS BASED ON THE SINGLE PAYMENT AMOUNT REQUIRED UNDER THE DMEPOS COMPETITATIVE BIDDING PROGRAM FOR THE AREA WHERE THE PATIENT RESIDES.
24	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE	N806	Payment is included in the Global transplant allowance.
26	EXPENSES INCURRED PRIOR TO COVERAGE.		
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N128	THIS AMOUNT REPRESENTS THE PRIOR TO COVERAGE PORTION OF THE ALLOWANCE.
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N622	Not covered based on the date of injury/accident.
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N650	This policy was not in effect for this date of loss. No coverage is available.
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N652	The date of service is before the date of loss.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.		
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	MA47	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N619	Coverage terminated for non-payment of premium.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N622	Not covered based on the date of injury/accident.
27	EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N650	This policy was not in effect for this date of loss. No coverage is available.
29	THE TIME LIMIT FOR FILING HAS EXPIRED.		
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.		
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	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
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	MA61	MISSING/INCOMPLETE/INVALID SOCIAL SECURITY NUMBER OR HEALTH INSURANCE CLAIM NUMBER.
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT		

32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	MA47	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT.
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N15	SERVICES FOR A NEWBORN MUST BE BILLED SEPARATELY.
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N375	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
33	INSURED HAS NO DEPENDENT COVERAGE.		
33	INSURED HAS NO DEPENDENT COVERAGE.	N578	Coverages do not apply to this loss.
34	INSURED HAS NO COVERAGE FOR NEWBORNS.		
35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED.		
35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED.	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT’S LIFETIME.
35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED.	N370	BILLING EXCEEDS THE RENTAL MONTHS COVERED/APPROVED BY
35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED.	N587	Policy benefits have been exhausted.
39	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS		
40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.		
40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.	N409	This service is related to an accidental injury and is not covered unless provided within a specific time frame from the date of the accident.
44	PROMPT-PAY DISCOUNT.		
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee		
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.		
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	M90	Not covered more than once in a 12 month period.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N129	Not eligible due to the patient's age.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N390	THIS SERVICE CANNOT BE BILLED SEPARATELY.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N427	PAYMENT FOR EYEGLASSES OR CONTACT LENSES CAN BE MADE ONLY AFTER CATARACT SURGERY.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N429	NOT COVERED SINCE IT IS CONSIDERED ROUTINE.
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N567	NOT COVERED WHEN CONSIDERED PREVENTATIVE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.		
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M1	X-RAY NOT TAKEN WITHIN THE PAST 12 MONTHS OR NEAR ENOUGH TO THE START OF TREATMENT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M26	THE INFO FURNISHED DOES NOT MEET THE NEED FOR THIS LEVEL OF SERVICE(LOS). IF YOU HAVE COLLECTED ANY AMT FROM THE PATIENT FOR LOS /ANY AMT THAT EXCEEDS THE LIMITING CHARGE FOR THE LESS EXTENSIVE SERVICE, THE LAW REQUIRES YOU TO
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M31	MISSING RADIOLOGY REPORT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M85	SUBJECTED TO REVIEW OF PHYSICIAN EVALUATION AND MANAGEMENT SERVICES.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	MA126	PANCREAS TRANSPLANT NOT COVERED UNLESS KIDNEY TRANSPLANT PERFORMED.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N124	Payment has been denied for the/made only for a less extensive service/item because the information furnished does not substantiate the need for the (more extensive) service/item. The patient is liable for the charges for this service/item as you informed the patient in writing before the service/item was furnished that we would not pay for it, and the patient

50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N161	THIS DRUG/SERVICE/SUPPLY IS COVERED ONLY WHEN THE ASSOCIATED SERVICE IS COVERED.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N163	MEDICAL RECORD DOES NOT SUPPORT CODE BILLED PER THE CODE DEFINITION.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N170	A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS NEEDED.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N178	MISSING PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N206	THE SUPPORTING DOCUMENTATION DOES NOT MATCH THE INFORMATION SENT ON THE CLAIM.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S).
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N227	INCOMPLETE/INVALID CERTIFICATE OF MEDICAL NECESSITY.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N229	INCOMPLETE/INVALID CONTRACT INDICATOR.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N237	INCOMPLETE/INVALID PATIENT MEDICAL RECORD FOR THIS SERVICE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N238	INCOMPLETE/INVALID PHYSICIAN CERTIFIED PLAN OF CARE.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N240	INCOMPLETE/INVALID RADIOLOGY REPORT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N242	Incomplete/invalid radiology film(s)/image(s).
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N244	INCOMPLETE/INVALID PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N372	ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE CHARGES ARE COVERED.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N383	NOT COVERED WHEN DEEMED COSMETIC.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N40	Missing radiology film(s)/image(s).
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N443	MISSING/INCOMPLETE/INVALID TOTAL TIME OR BEGIN/END TIME.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N455	MISSING PHYSICIAN ORDER.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N456	INCOMPLETE/INVALID PHYSICIAN ORDER.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N607	Service provided for non-compensable condition(s).
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N646	Reimbursement has been adjusted based on the guidelines for an assistant.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N658	The billed service(s) are not considered medical expenses.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N661	Documentation does not support that the services rendered were medically necessary.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N721	THIS SERVICE IS ONLY COVERED WHEN PERFORMED AS PART OF A CLINICAL TRIAL.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N734	THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N789	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING		
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING CONDITION.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING CONDITION.	N174	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PATIENT LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GROUP "PR".
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING CONDITION.	N204	SERVICES UNDER REVIEW FOR POSSIBLE PRE-EXISTING CONDITION. SEND MEDICAL RECORDS FOR PRIOR 12 MONTHS.
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N607	Service provided for non-compensable condition(s).
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
53	SERVICES BY AN IMMEDIATE RELATIVE OR A MEMBER OF THE SAME HOUSEHOLD ARE NOT COVERED.		
54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.		
54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N450	Covered only when performed by the primary treating physician or the
54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N646	Reimbursement has been adjusted based on the guidelines for an
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.		

55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N789	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.		
56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
56	PROCEDURE/TREATMENT HAS NOT BEEN DEEMED 'PROVEN TO BE EFFECTIVE' BY THE PAYER.	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.		
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N732	SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT REIMBURSABLE.
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N760	THIS FACILITY IS NOT AUTHORIZED TO RECEIVE PAYMENT FOR THE SERVICE(S).
58	TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N87	HOME USE OF BIOFEEDBACK THERAPY IS NOT COVERED.
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.		
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N633	Additional anesthesia time units are not allowed.
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N644	Reimbursement has been made according to the bilateral procedure rule.
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N670	This service code has been identified as the primary procedure code subject to the Medicare Multiple Procedure Payment Reduction (MPPR)
60	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.		
60	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
60	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
60	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.	N676	Service does not qualify for payment under the Outpatient Facility Fee Schedule.
60	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.	N806	Payment is included in the Global transplant allowance.
61	ADJUSTED FOR FAILURE TO OBTAIN SECOND SURGICAL OPINION		
66	BLOOD DEDUCTIBLE.		
69	DAY OUTLIER AMOUNT.		
70	COST OUTLIER - ADJUSTMENT TO COMPENSATE FOR ADDITIONAL COSTS.		
74	INDIRECT MEDICAL EDUCATION ADJUSTMENT.		
75	DIRECT MEDICAL EDUCATION ADJUSTMENT.		
76	DISPROPORTIONATE SHARE ADJUSTMENT.		
78	NON-COVERED DAYS/ROOM CHARGE ADJUSTMENT.		
85	PATIENT INTEREST ADJUSTMENT		
89	PROFESSIONAL FEES REMOVED FROM CHARGES.		
89	PROFESSIONAL FEES REMOVED FROM CHARGES.	N200	THE PROFESSIONAL COMPONENT MUST BE BILLED SEPARATELY.
90	INGREDIENT COST ADJUSTMENT. USAGE: TO BE USED FOR PHARMACEUTICALS		
91	DISPENSING FEE ADJUSTMENT.		
94	PROCESSED IN EXCESS OF CHARGES.		
95	PLAN PROCEDURES NOT FOLLOWED.		
95	PLAN PROCEDURES NOT FOLLOWED.	N182	This claim/service must be billed according to the schedule for this plan.
95	PLAN PROCEDURES NOT FOLLOWED.	N33	No record of health check prior to initiation of treatment.
95	PLAN PROCEDURES NOT FOLLOWED.	N385	Notification of admission was not timely according to published plan
95	PLAN PROCEDURES NOT FOLLOWED.	N584	Not covered based on the insured's noncompliance with policy or statutory
95	PLAN PROCEDURES NOT FOLLOWED.	N593	Not covered based on failure to attend a scheduled Independent Medical
95	PLAN PROCEDURES NOT FOLLOWED.	N594	Records reflect the injured party did not complete an Application for
95	PLAN PROCEDURES NOT FOLLOWED.	N595	Records reflect the injured party did not complete an Assignment of
95	PLAN PROCEDURES NOT FOLLOWED.	N596	Records reflect the injured party did not complete a Medical Authorization
95	PLAN PROCEDURES NOT FOLLOWED.	N630	Referral not authorized by attending physician.
95	PLAN PROCEDURES NOT FOLLOWED.	N779	Replacement/Void claims cannot be submitted until the original claim has finalized. Please resubmit once payment or denial is received.
95	PLAN PROCEDURES NOT FOLLOWED.	N803	SUBMISSION OF THE CLAIM FOR THE SERVICE RENDERED IS THE RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR
95	PLAN PROCEDURES NOT FOLLOWED.	N818	Claim Dates of Service do not match Electronic Visit Verification System.
95	PLAN PROCEDURES NOT FOLLOWED.	N819	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION

95	PLAN PROCEDURES NOT FOLLOWED.	N820	ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT.
95	PLAN PROCEDURES NOT FOLLOWED.	N821	ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND.
95	PLAN PROCEDURES NOT FOLLOWED.	N824	Electronic Visit Verification (EVV) data must be submitted through EVV
95	PLAN PROCEDURES NOT FOLLOWED.	N825	Early intervention guidelines were not met.
96	NON-COVERED CHARGE(S).	M1	X-RAY NOT TAKEN WITHIN THE PAST 12 MONTHS OR NEAR ENOUGH TO THE START OF TREATMENT.
96	NON-COVERED CHARGE(S).	M100	WE DO NOT PAY FOR AN ORAL ANTI-EMETIC DRUG THAT IS NOT ADMINISTERED FOR USE IMMEDIATELY BEFORE, AT, OR WITHIN 48 HOURS OF ADMINISTRATION OF A COVERED CHEMOTHERAPY DRUG.
96	NON-COVERED CHARGE(S).	M111	WE DO NOT PAY FOR CHIROPRACTIC MANIPULATIVE TREATMENT WHEN THE PATIENT REFUSES TO HAVE AN X-RAY TAKEN.
96	NON-COVERED CHARGE(S).	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
96	NON-COVERED CHARGE(S).	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
96	NON-COVERED CHARGE(S).	M116	PROCESSED UNDER A DEMONSTRATION PROJECT OR PROGRAM. PROJECT OR PROGRAM IS ENDING AND ADDITIONAL SERVICES MAY NOT BE PAID UNDER THIS PROJECT OR PROGRAM.
96	NON-COVERED CHARGE(S).	M117	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM.
96	NON-COVERED CHARGE(S).	M121	WE PAY FOR THIS SERVICE ONLY WHEN PERFORMED WITH A COVERED CRYOSURGICAL ABLATION.
96	NON-COVERED CHARGE(S).	M13	ONLY ONE INITIAL VISIT IS COVERED PER SPECIALTY PER MEDICAL
96	NON-COVERED CHARGE(S).	M134	PERFORMED BY A FACILITY/SUPPLIER IN WHICH THE PROVIDER HAS A FINANCIAL INTEREST.
96	NON-COVERED CHARGE(S).	M138	PATIENT IDENTIFIED AS A DEMONSTRATION PARTICIPANT BUT THE PATIENT WAS NOT ENROLLED IN THE DEMONSTRATION AT THE TIME SERVICES WERE RENDERED. COVERAGE IS LIMITED TO
96	NON-COVERED CHARGE(S).	M139	DENIED SERVICES EXCEED THE COVERAGE LIMIT FOR THE
96	NON-COVERED CHARGE(S).	M18	CERTAIN SERVICES MAY BE APPROVED FOR HOME USE. NEITHER A HOSPITAL NOR A SKILLED NURSING FACILITY (SNF) IS CONSIDERED
96	NON-COVERED CHARGE(S).	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
96	NON-COVERED CHARGE(S).	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
96	NON-COVERED CHARGE(S).	M26	THE INFO FURNISHED DOES NOT MEET THE NEED FOR THIS LEVEL OF SERVICE(LOS). IF YOU HAVE COLLECTED ANY AMT FROM THE PATIENT FOR LOS /ANY AMT THAT EXCEEDS THE LIMITING CHARGE FOR THE LESS EXTENSIVE SERVICE, THE LAW REQUIRES YOU TO
96	NON-COVERED CHARGE(S).	M28	THIS DOES NOT QUALIFY FOR PAYMENT UNDER PART B WHEN PART A COVERAGE IS EXHAUSTED OR NOT OTHERWISE AVAILABLE.
96	NON-COVERED CHARGE(S).	M3	EQUIPMENT IS THE SAME OR SIMILAR TO EQUIPMENT ALREADY
96	NON-COVERED CHARGE(S).	M37	NOT COVERED WHEN THE PATIENT IS UNDER AGE 35.
96	NON-COVERED CHARGE(S).	M41	WE DO NOT PAY FOR THIS AS THE PATIENT HAS NO LEGAL OBLIGATION TO PAY FOR THIS.
96	NON-COVERED CHARGE(S).	M55	WE DO NOT PAY FOR SELF-ADMINISTERED ANTI-EMETIC DRUGS THAT ARE NOT ADMINISTERED WITH A COVERED ORAL ANTI-CANCER
96	NON-COVERED CHARGE(S).	M61	WE CANNOT PAY FOR THIS AS THE APPROVAL PERIOD FOR THE FDA CLINICAL TRIAL HAS EXPIRED.
96	NON-COVERED CHARGE(S).	M8	WE DO NOT ACCEPT BLOOD GAS TESTS RESULTS WHEN THE TEST WAS CONDUCTED BY A MEDICAL SUPPLIER OR TAKEN WHILE THE PATIENT IS ON OXYGEN.
96	NON-COVERED CHARGE(S).	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
96	NON-COVERED CHARGE(S).	M82	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50.
96	NON-COVERED CHARGE(S).	M83	SERVICE IS NOT COVERED UNLESS THE PATIENT IS CLASSIFIED AS
96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
96	NON-COVERED CHARGE(S).	M87	CLAIM/SERVICE(S) SUBJECTED TO CFO-CAP PREPAYMENT REVIEW.
96	NON-COVERED CHARGE(S).	M89	NOT COVERED MORE THAN ONCE UNDER AGE 40.
96	NON-COVERED CHARGE(S).	M90	NOT COVERED MORE THAN ONCE IN A 12 MONTH PERIOD.
96	NON-COVERED CHARGE(S).	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT
96	NON-COVERED CHARGE(S).	MA109	Claim processed in accordance with ambulatory surgical guidelines.
96	NON-COVERED CHARGE(S).	MA123	YOUR CENTER WAS NOT SELECTED TO PARTICIPATE IN THIS STUDY, THEREFORE, WE CANNOT PAY FOR THESE SERVICES.
96	NON-COVERED CHARGE(S).	MA126	PANCREAS TRANSPLANT NOT COVERED UNLESS KIDNEY TRANSPLANT PERFORMED.
96	NON-COVERED CHARGE(S).	MA131	PHYSICIAN ALREADY PAID FOR SERVICES IN CONJUNCTION WITH THIS DEMONSTRATION CLAIM. YOU MUST HAVE THE PHYSICIAN WITHDRAW THAT CLAIM AND REFUND THE PAYMENT BEFORE WE
96	NON-COVERED CHARGE(S).	MA20	SKILLED NURSING FACILITY (SNF) STAY NOT COVERED WHEN CARE IS PRIMARILY RELATED TO THE USE OF AN URETHRAL CATHETER FOR CONVENIENCE OR THE CONTROL OF INCONTINENCE.
96	NON-COVERED CHARGE(S).	MA24	CHRISTIAN SCIENCE SANITARIUM/ SKILLED NURSING FACILITY (SNF) BILL IN THE SAME BENEFIT PERIOD.
96	NON-COVERED CHARGE(S).	MA25	A PATIENT MAY NOT ELECT TO CHANGE A HOSPICE PROVIDER MORE THAN ONCE IN A BENEFIT PERIOD.
96	NON-COVERED CHARGE(S).	MA47	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment.
96	NON-COVERED CHARGE(S).	MA54	PHYSICIAN CERTIFICATION OR ELECTION CONSENT FOR HOSPICE CARE NOT RECEIVED TIMELY.
96	NON-COVERED CHARGE(S).	MA55	NOT COVERED AS PATIENT RECEIVED MEDICAL HEALTH CARE SERVICES, AUTOMATICALLY REVOKING HIS/HER ELECTION TO RECEIVE RELIGIOUS NON-MEDICAL HEALTH CARE SERVICES.

96	NON-COVERED CHARGE(S).	MA56	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT, BUT UNDER FEDERAL LAW, YOU CANNOT CHARGE the patient more than
96	NON-COVERED CHARGE(S).	MA57	Patient submitted written request to revoke his/her election for religious non-medical health care services.
96	NON-COVERED CHARGE(S).	MA73	INFORMATIONAL REMITTANCE ASSOCIATED WITH A MEDICARE DEMONSTRATION. NO PAYMENT ISSUED UNDER FEE-FOR-SERVICE MEDICARE AS PATIENT HAS ELECTED MANAGED CARE.
96	NON-COVERED CHARGE(S).	MA84	PATIENT IDENTIFIED AS PARTICIPATING IN THE NATIONAL EMPHYSEMA TREATMENT TRIAL BUT OUR RECORDS INDICATE THAT THIS PATIENT IS EITHER NOT A PARTICIPANT, OR HAS NOT YET BEEN APPROVED FOR THIS PHASE OF THE STUDY. CONTACT JOHNS
96	NON-COVERED CHARGE(S).	MA96	CLAIM REJECTED. CODED AS A MEDICARE MANAGED CARE DEMONSTRATION BUT PATIENT IS NOT ENROLLED IN A MEDICARE
96	NON-COVERED CHARGE(S).	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
96	NON-COVERED CHARGE(S).	N103	RECORDS INDICATE THIS PATIENT WAS A PRISONER OR IN CUSTODY OF A FEDERAL, STATE, OR LOCAL AUTHORITY WHEN THE SERVICE WAS RENDERED. THIS PAYER DOES NOT COVER ITEMS AND SERVICES FURNISHED TO AN INDIVIDUAL WHILE HE OR SHE IS IN
96	NON-COVERED CHARGE(S).	N104	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR CLAIMS JURISDICTION AREA. YOU CAN IDENTIFY THE CORRECT MEDICARE CONTRACTOR TO PROCESS THIS CLAIM/SERVICE THROUGH THE
96	NON-COVERED CHARGE(S).	N110	THIS FACILITY IS NOT CERTIFIED FOR FILM MAMMOGRAPHY.
96	NON-COVERED CHARGE(S).	N113	ONLY ONE INITIAL VISIT IS COVERED PER PHYSICIAN, GROUP PRACTICE OR PROVIDER.
96	NON-COVERED CHARGE(S).	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
96	NON-COVERED CHARGE(S).	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
96	NON-COVERED CHARGE(S).	N118	THIS SERVICE IS NOT PAID IF BILLED MORE THAN ONCE EVERY 28
96	NON-COVERED CHARGE(S).	N12	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been
96	NON-COVERED CHARGE(S).	N120	PAYMENT IS SUBJECT TO HOME HEALTH PROSPECTIVE PAYMENT SYSTEM PARTIAL EPISODE PAYMENT ADJUSTMENT. PATIENT WAS TRANSFERRED/DISCHARGED/READMITTED DURING PAYMENT
96	NON-COVERED CHARGE(S).	N121	MEDICARE PART B DOES NOT PAY FOR ITEMS OR SERVICES PROVIDED BY THIS TYPE OF PRACTITIONER FOR BENEFICIARIES IN A MEDICARE PART A COVERED SKILLED NURSING FACILITY (SNF) STAY.
96	NON-COVERED CHARGE(S).	N124	Payment has been denied for the/made only for a less extensive service/item because the information furnished does not substantiate the need for the (more extensive) service/item. The patient is liable for the charges for this service/item as you informed the patient in writing before the service/item was furnished that we would not pay for it, and the patient
96	NON-COVERED CHARGE(S).	N125	Payment has been (denied for the/made only for a less extensive) service/item because the information furnished does not substantiate the need for the (more extensive) service/item. If you have collected any amount from the patient, you must refund that amount to the patient within
96	NON-COVERED CHARGE(S).	N126	SOCIAL SECURITY RECORDS INDICATE THAT THIS INDIVIDUAL HAS BEEN DEPORTED. THIS PAYER DOES NOT COVER ITEMS AND SERVICES FURNISHED TO INDIVIDUALS WHO HAVE BEEN DEPORTED.
96	NON-COVERED CHARGE(S).	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
96	NON-COVERED CHARGE(S).	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
96	NON-COVERED CHARGE(S).	N141	THE PATIENT WAS NOT RESIDING IN A LONG-TERM CARE FACILITY DURING ALL OR PART OF THE SERVICE DATES BILLED.
96	NON-COVERED CHARGE(S).	N143	THE PATIENT WAS NOT IN A HOSPICE PROGRAM DURING ALL OR PART OF THE SERVICE DATES BILLED.
96	NON-COVERED CHARGE(S).	N15	SERVICES FOR A NEWBORN MUST BE BILLED SEPARATELY.
96	NON-COVERED CHARGE(S).	N157	TRANSPORTATION TO/FROM THIS DESTINATION IS NOT COVERED.
96	NON-COVERED CHARGE(S).	N158	TRANSPORTATION IN A VEHICLE OTHER THAN AN AMBULANCE IS
96	NON-COVERED CHARGE(S).	N159	PAYMENT DENIED/REDUCED BECAUSE MILEAGE IS NOT COVERED WHEN THE PATIENT IS NOT IN THE AMBULANCE.
96	NON-COVERED CHARGE(S).	N161	This drug/service/supply is covered only when the associated service is
96	NON-COVERED CHARGE(S).	N163	Medical record does not support code billed per the code definition.
96	NON-COVERED CHARGE(S).	N167	CHARGES EXCEED THE POST-TRANSPLANT COVERAGE LIMIT.
96	NON-COVERED CHARGE(S).	N171	PAYMENT FOR REPAIR OR REPLACEMENT IS NOT COVERED OR HAS EXCEEDED THE PURCHASE PRICE.
96	NON-COVERED CHARGE(S).	N174	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PATIENT LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GROUP "PR".
96	NON-COVERED CHARGE(S).	N176	SERVICES PROVIDED ABOARD A SHIP ARE COVERED ONLY WHEN THE SHIP IS OF UNITED STATES REGISTRY AND IS IN UNITED STATES WATERS. IN ADDITION, A DOCTOR LICENSED TO PRACTICE IN THE UNITED STATES MUST PROVIDE THE SERVICE.
96	NON-COVERED CHARGE(S).	N180	THIS ITEM OR SERVICE DOES NOT MEET THE CRITERIA FOR THE CATEGORY UNDER WHICH IT WAS BILLED.
96	NON-COVERED CHARGE(S).	N188	THE APPROVED LEVEL OF CARE DOES NOT MATCH THE PROCEDURE CODE SUBMITTED.
96	NON-COVERED CHARGE(S).	N194	TECHNICAL COMPONENT NOT PAID IF PROVIDER DOES NOT OWN THE EQUIPMENT USED.
96	NON-COVERED CHARGE(S).	N198	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO
96	NON-COVERED CHARGE(S).	N20	Service not payable with other service rendered on the same date.
96	NON-COVERED CHARGE(S).	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT
96	NON-COVERED CHARGE(S).	N30	PATIENT INELIGIBLE FOR THIS SERVICE.

96	NON-COVERED CHARGE(S).	N32	CLAIM MUST BE SUBMITTED BY THE PROVIDER WHO RENDERED THE
96	NON-COVERED CHARGE(S).	N33	No record of health check prior to initiation of treatment.
96	NON-COVERED CHARGE(S).	N348	YOU CHOSE THAT THIS SERVICE/SUPPLY/DRUG WOULD BE RENDERED/SUPPLIED AND BILLED BY A DIFFERENT
96	NON-COVERED CHARGE(S).	N35	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION.
96	NON-COVERED CHARGE(S).	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN
96	NON-COVERED CHARGE(S).	N356	NOT COVERED WHEN PERFORMED WITH, OR SUBSEQUENT TO, A NON-COVERED SERVICE.
96	NON-COVERED CHARGE(S).	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED
96	NON-COVERED CHARGE(S).	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
96	NON-COVERED CHARGE(S).	N370	BILLING EXCEEDS THE RENTAL MONTHS COVERED/APPROVED BY
96	NON-COVERED CHARGE(S).	N372	ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE CHARGES ARE COVERED.
96	NON-COVERED CHARGE(S).	N376	SUBSCRIBER/PATIENT IS ASSIGNED TO ACTIVE MILITARY DUTY, THEREFORE PRIMARY COVERAGE MAY BE TRICARE.
96	NON-COVERED CHARGE(S).	N383	NOT COVERED WHEN DEEMED COSMETIC.
96	NON-COVERED CHARGE(S).	N384	RECORDS INDICATE THAT THE REFERENCED BODY PART/TOOTH HAS BEEN REMOVED IN A PREVIOUS PROCEDURE.
96	NON-COVERED CHARGE(S).	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
96	NON-COVERED CHARGE(S).	N39	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH
96	NON-COVERED CHARGE(S).	N405	THIS SERVICE IS ONLY COVERED WHEN THE DONOR'S INSURER(S) DO NOT PROVIDE COVERAGE FOR THE SERVICE.
96	NON-COVERED CHARGE(S).	N406	THIS SERVICE IS ONLY COVERED WHEN THE RECIPIENT'S INSURER(S) DO NOT PROVIDE COVERAGE FOR THE SERVICE.
96	NON-COVERED CHARGE(S).	N408	THIS PAYER DOES NOT COVER DEDUCTIBLES ASSESSED BY A
96	NON-COVERED CHARGE(S).	N409	This service is related to an accidental injury and is not covered unless provided within a specific time frame from the date of the accident.
96	NON-COVERED CHARGE(S).	N410	NOT COVERED UNLESS THE PRESCRIPTION CHANGES.
96	NON-COVERED CHARGE(S).	N414	THIS SERVICE IS ALLOWED 4 TIMES IN A 12-MONTH PERIOD
96	NON-COVERED CHARGE(S).	N416	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD
96	NON-COVERED CHARGE(S).	N424	PATIENT DOES NOT RESIDE IN THE GEOGRAPHIC AREA REQUIRED FOR THIS TYPE OF PAYMENT
96	NON-COVERED CHARGE(S).	N425	STATUTORILY EXCLUDED SERVICE(S)
96	NON-COVERED CHARGE(S).	N426	NO COVERAGE WHEN SELF-ADMINISTERED
96	NON-COVERED CHARGE(S).	N427	PAYMENT FOR EYEGLASSES OR CONTACT LENSES CAN BE MADE ONLY AFTER CATARACT SURGERY.
96	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
96	NON-COVERED CHARGE(S).	N429	NOT COVERED SINCE IT IS CONSIDERED ROUTINE.
96	NON-COVERED CHARGE(S).	N43	BED HOLD OR LEAVE DAYS EXCEEDED.
96	NON-COVERED CHARGE(S).	N431	NOT COVERED WITH THIS PROCEDURE.
96	NON-COVERED CHARGE(S).	N435	EXCEEDS NUMBER/FREQUENCY APPROVED /ALLOWED WITHIN TIME PERIOD WITHOUT SUPPORT DOCUMENTATION.
96	NON-COVERED CHARGE(S).	N441	THIS MISSED APPOINTMENT IS NOT COVERED.
96	NON-COVERED CHARGE(S).	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
96	NON-COVERED CHARGE(S).	N450	COVERED ONLY WHEN PERFORMED BY THE PRIMARY TREATING PHYSICIAN OR THE DESIGNEE.
96	NON-COVERED CHARGE(S).	N507	PLAN DISTANCE REQUIREMENTS HAVE NOT BEEN MET.
96	NON-COVERED CHARGE(S).	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
96	NON-COVERED CHARGE(S).	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
96	NON-COVERED CHARGE(S).	N528	PATIENT IS ENTITLED TO BENEFITS FOR INSTITUTIONAL SERVICES.
96	NON-COVERED CHARGE(S).	N529	PATIENT IS ENTITLED TO BENEFITS FOR PROFESSIONAL SERVICES.
96	NON-COVERED CHARGE(S).	N538	A FACILITY IS RESPONSIBLE FOR PAYMENT TO OUTSIDE PROVIDERS WHO FURNISH THESE SERVICES/SUPPLIES/DRUGS TO ITS
96	NON-COVERED CHARGE(S).	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
96	NON-COVERED CHARGE(S).	N55	PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING PROVIDERS WERE NOT FOLLOWED.
96	NON-COVERED CHARGE(S).	N56	PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE SERVICES BILLED OR THE DATE OF SERVICE BILLED.
96	NON-COVERED CHARGE(S).	N564	PATIENT DID NOT MEET THE INCLUSION CRITERIA FOR THE DEMONSTRATION PROJECT OR PILOT PROGRAM.
96	NON-COVERED CHARGE(S).	N567	NOT COVERED WHEN CONSIDERED PREVENTATIVE.
96	NON-COVERED CHARGE(S).	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
96	NON-COVERED CHARGE(S).	N576	Services not related to the specific incident/claim/accident/loss being
96	NON-COVERED CHARGE(S).	N578	Coverages do not apply to this loss.
96	NON-COVERED CHARGE(S).	N584	Not covered based on the insured's noncompliance with policy or statutory
96	NON-COVERED CHARGE(S).	N587	Policy benefits have been exhausted.
96	NON-COVERED CHARGE(S).	N588	The patient has instructed that medical claims/bills are not to be paid.
96	NON-COVERED CHARGE(S).	N589	Coverage is excluded to any person injured as a result of operating a motor vehicle while in an intoxicated condition or while the ability to operate such a vehicle is impaired by the use of a drug.
96	NON-COVERED CHARGE(S).	N590	Missing independent medical exam detailing the cause of injuries sustained and medical necessity of services rendered.
96	NON-COVERED CHARGE(S).	N592	Adjusted because this is not the initial prescription or exceeds the amount allowed for the initial prescription.
96	NON-COVERED CHARGE(S).	N593	Not covered based on failure to attend a scheduled Independent Medical
96	NON-COVERED CHARGE(S).	N6	UNDER FEHB LAW (U.S.C. 8904(B)), WE CANNOT PAY MORE FOR COVERED CARE THAN THE AMOUNT MEDICARE WOULD HAVE ALLOWED IF THE PATIENT WERE ENROLLED IN MEDICARE PART A
96	NON-COVERED CHARGE(S).	N607	Service provided for non-compensable condition(s).
96	NON-COVERED CHARGE(S).	N61	REBILL SERVICES ON SEPARATE CLAIMS.
96	NON-COVERED CHARGE(S).	N621	Charges for Jurisdiction required forms, reports, or chart notes are not
96	NON-COVERED CHARGE(S).	N622	Not covered based on the date of injury/accident.

96	NON-COVERED CHARGE(S).	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
96	NON-COVERED CHARGE(S).	N624	The associated Workers' Compensation claim has been withdrawn.
96	NON-COVERED CHARGE(S).	N626	New or established patient E/M codes are not payable with chiropractic
96	NON-COVERED CHARGE(S).	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
96	NON-COVERED CHARGE(S).	N630	Referral not authorized by attending physician.
96	NON-COVERED CHARGE(S).	N633	Additional anesthesia time units are not allowed.
96	NON-COVERED CHARGE(S).	N636	Adjusted because this is reimbursable only once per injury.
96	NON-COVERED CHARGE(S).	N637	Consultations are not allowed once treatment has been rendered by the
96	NON-COVERED CHARGE(S).	N640	Exceeds number/frequency approved/allowed within time period.
96	NON-COVERED CHARGE(S).	N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.
96	NON-COVERED CHARGE(S).	N647	Adjusted based on diagnosis-related group (DRG).
96	NON-COVERED CHARGE(S).	N651	No Personal Injury Protection/Medical Payments Coverage on the policy at the time of the loss.
96	NON-COVERED CHARGE(S).	N652	The date of service is before the date of loss.
96	NON-COVERED CHARGE(S).	N653	The date of injury does not match the reported date of loss.
96	NON-COVERED CHARGE(S).	N658	The billed service(s) are not considered medical expenses.
96	NON-COVERED CHARGE(S).	N665	Services by an unlicensed provider are not reimbursable.
96	NON-COVERED CHARGE(S).	N666	Only one evaluation and management code at this service level is covered during the course of care.
96	NON-COVERED CHARGE(S).	N676	Service does not qualify for payment under the Outpatient Facility Fee
96	NON-COVERED CHARGE(S).	N68	PRIOR PAYMENT BEING CANCELLED AS WE WERE SUBSEQUENTLY NOTIFIED THIS PATIENT WAS COVERED BY A DEMONSTRATION PROJECT IN THIS SITE OF SERVICE. PROFESSIONAL SERVICES WERE INCLUDED IN THE PAYMENT MADE TO THE FACILITY. YOU MUST
96	NON-COVERED CHARGE(S).	N721	THIS SERVICE IS ONLY COVERED WHEN PERFORMED AS PART OF A CLINICAL TRIAL.
96	NON-COVERED CHARGE(S).	N722	PATIENT MUST USE WORKERS' COMPENSATION SET-ASIDE (WCSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
96	NON-COVERED CHARGE(S).	N726	A CONDITIONAL PAYMENT IS NOT ALLOWED.
96	NON-COVERED CHARGE(S).	N732	SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT
96	NON-COVERED CHARGE(S).	N734	THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
96	NON-COVERED CHARGE(S).	N744	Adjusted because the services may be related to an auto/other accident.
96	NON-COVERED CHARGE(S).	N765	This payer does not cover co-insurance assessed by a previous payer.
96	NON-COVERED CHARGE(S).	N766	This payer does not cover co-payment assessed by a previous payer.
96	NON-COVERED CHARGE(S).	N776	This service is not a covered Telehealth service.
96	NON-COVERED CHARGE(S).	N789	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
96	NON-COVERED CHARGE(S).	N808	Not covered for this provider type / provider specialty.
96	NON-COVERED CHARGE(S).	N81	PROCEDURE BILLED IS NOT COMPATIBLE WITH TOOTH SURFACE
96	NON-COVERED CHARGE(S).	N819	Patient not enrolled in Electronic Visit Verification System.
96	NON-COVERED CHARGE(S).	N821	Electronic Visit Verification System visit not found.
96	NON-COVERED CHARGE(S).	N83	NO APPEAL RIGHTS. ADJUDICATIVE DECISION BASED ON THE PROVISIONS OF A DEMONSTRATION PROJECT.
96	NON-COVERED CHARGE(S).	N840	Worker's compensation claim filed with a different state.
96	NON-COVERED CHARGE(S).	N844	This claim, or a portion of this claim, was processed in accordance with the Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency
96	NON-COVERED CHARGE(S).	N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
96	NON-COVERED CHARGE(S).	N853	The number of modalities performed per session exceeds our acceptable
96	NON-COVERED CHARGE(S).	N86	A FAILED TRIAL OF PELVIC MUSCLE EXERCISE TRAINING IS REQUIRED IN ORDER FOR BIOFEEDBACK TRAINING FOR THE TREATMENT OF URINARY INCONTINENCE TO BE COVERED.
96	NON-COVERED CHARGE(S).	N87	HOME USE OF BIOFEEDBACK THERAPY IS NOT COVERED.
96	NON-COVERED CHARGE(S).	N90	COVERED ONLY WHEN PERFORMED BY THE ATTENDING PHYSICIAN.
96	NON-COVERED CHARGE(S).	N92	THIS FACILITY IS NOT CERTIFIED FOR DIGITAL MAMMOGRAPHY.
96	NON-COVERED CHARGE(S).	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
96	NON-COVERED CHARGE(S).	N96	PATIENT MUST BE REFRACTORY TO CONVENTIONAL THERAPY (DOCUMENTED BEHAVIORAL, PHARMACOLOGIC AND/OR SURGICAL CORRECTIVE THERAPY) AND BE AN APPROPRIATE SURGICAL CANDIDATE SUCH THAT IMPLANTATION WITH ANESTHESIA CAN
96	NON-COVERED CHARGE(S).	N840	Worker's compensation claim filed with a different state.
96	NON-COVERED CHARGE(S).	N844	This claim, or a portion of this claim, was processed in accordance with the Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency
96	NON-COVERED CHARGE(S).	N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
96	NON-COVERED CHARGE(S).	N853	The number of modalities performed per session exceeds our acceptable
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.		
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M109	WE HAVE PROVIDED YOU WITH A BUNDLED PAYMENT FOR A TELECONSULTATION. YOU MUST SEND 25 PERCENT OF THE TELECONSULTATION PAYMENT TO THE REFERRING PRACTITIONER.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M112	REIMBURSEMENT FOR THIS ITEM IS BASED ON THE SINGLE PAYMENT AMOUNT REQUIRED UNDER THE DMEPOS COMPETITATIVE BIDDING PROGRAM FOR THE AREA WHERE THE PATIENT RESIDES.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	MA109	CLAIM PROCESSED IN ACCORDANCE WITH AMBULATORY SURGICAL GUIDELINES.

97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N122	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N19	PROCEDURE CODE INCIDENTAL TO PRIMARY PROCEDURE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N390	THIS SERVICE CANNOT BE BILLED SEPARATELY.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N472	PAYMENT FOR THIS SERVICE HAS BEEN ISSUED TO ANOTHER PROVIDER.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N626	New or established patient E/M codes are not payable with chiropractic care codes.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N637	Consultations are not allowed once treatment has been rendered by the same provider.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N646	Reimbursement has been adjusted based on the guidelines for an assistant.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N666	Only one evaluation and management code at this service level is covered during the course of care.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N67	PROF PROV SVCS NOT PAID SEPARATELY. INCLUDED IN FAC PMT UNDER A DEMO PROJECT. APPLY TO FAC FOR PMT, RESUBMIT CLAIM IF: THE FACI NOTIFIES THE PATIENT WAS EXCLUDED FROM DEMO; OR IF YOU FURNISHED SVCS IN ANOTHER POS ON THE DATE
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N806	Payment is included in the Global transplant allowance.
100	PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY		
101	PREDETERMINATION: ANTICIPATED PAYMENT UPON COMPLETION OF SERVICES OR CLAIM ADJUDICATION.		
102	MAJOR MEDICAL ADJUSTMENT.		
103	PROVIDER PROMOTIONAL DISCOUNT (E.G., SENIOR CITIZEN DISCOUNT).		
104	MANAGED CARE WITHHOLDING.		
105	TAX WITHHOLDING.		
106	PATIENT PAYMENT OPTION/ELECTION NOT IN EFFECT.		
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS		
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS CLAIM.	M121	WE PAY FOR THIS SERVICE ONLY WHEN PERFORMED WITH A COVERED CRYOSURGICAL ABLATION.
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	MA66	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	N122	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	N173	No qualifying hospital stay dates were provided for this episode of care.
107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	N674	Not covered unless a pre-requisite procedure/service has been provided.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.		
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M10	EQUIPMENT PURCHASES ARE LIMITED TO THE FIRST OR THE TENTH MONTH OF MEDICAL NECESSITY.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M36	THIS IS THE 11TH RENTAL MONTH. WE CANNOT PAY FOR THIS UNTIL YOU INDICATE THAT THE PATIENT HAS BEEN GIVEN THE OPTION OF CHANGING THE RENTAL TO A PURCHASE.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M7	NO RENTAL PAYMENTS AFTER THE ITEM IS PURCHASED, OR RETURNED AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M94	Information supplied does not support a break in therapy. A new capped rental period will not begin.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N171	PAYMENT FOR REPAIR OR REPLACEMENT IS NOT COVERED OR HAS EXCEEDED THE PURCHASE PRICE.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N370	BILLING EXCEEDS THE RENTAL MONTHS COVERED/APPROVED BY
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N372	ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE CHARGES ARE COVERED.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N518	NO SEPARATE PAYMENT FOR ACCESSORIES WHEN FURNISHED FOR USE WITH OXYGEN EQUIPMENT.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N795	ITEM MUST BE RESUBMITTED AS A PURCHASE.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N812	The start service date through and end service date cannot span greater
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.		
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	M11	DME, ORTHOTICS AND PROSTHETICS MUST BE BILLED TO THE DME CARRIER WHO SERVICES THE PATIENT'S ZIP CODE.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N104	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR CLAIMS JURISDICTION AREA. YOU CAN IDENTIFY THE CORRECT MEDICARE CONTRACTOR TO PROCESS THIS CLAIM/SERVICE THROUGH THE
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N105	THIS IS A MISDIRECTED CLAIM/SERVICE FOR AN RRB BENEFICIARY. SUBMIT PAPER CLAIMS TO THE RRB CARRIER: PALMETTO GBA, P.O. BOX 10066, AUGUSTA, GA 30999. CALL 888-355-9165 FOR RRB EDI INFORMATION FOR ELECTRONIC CLAIMS PROCESSING.

109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N106	Payment for services furnished to Skilled Nursing Facility (SNF) inpatients (except for excluded services) can only be made to the SNF. You must request payment from the SNF rather than the patient for this service.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N127	THIS IS A MISDIRECTED CLAIM/SERVICE FOR A UNITED MINE WORKERS OF AMERICA (UMWA) BENEFICIARY. PLEASE SUBMIT
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N36	CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS BEFORE WE CAN CONSIDER PAYMENT.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N418	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION INSTRUCTIONS.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N538	A FACILITY IS RESPONSIBLE FOR PAYMENT TO OUTSIDE PROVIDERS WHO FURNISH THESE SERVICES/SUPPLIES/DRUGS TO ITS
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N557	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA. THE CLAIM MUST BE FILED TO THE PAYER/PLAN IN WHOSE SERVICE AREA THE SPECIMEN WAS COLLECTED.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N558	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA. THE CLAIM MUST BE FILED TO THE PAYER/PLAN IN WHOSE SERVICE AREA THE EQUIPMENT WAS RECEIVED.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N559	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA. THE CLAIM MUST BE FILED TO THE PAYER/PLAN IN WHOSE SERVICE AREA THE ORDERING PHYSICIAN IS LOCATED.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N576	Services not related to the specific incident/claim/accident/loss being reported.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N747	THIS IS A MISDIRECTED CLAIM/SERVICE. SUBMIT THE CLAIM TO THE PAYER/PLAN WHERE THE PATIENT RESIDES.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N802	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA. THE CLAIM MUST BE FILED TO THE PAYER/PLAN IN WHOSE SERVICE AREA THE RENDERING PHYSICIAN IS LOCATE.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N840	Worker's compensation claim filed with a different state.
109	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	N840	Worker's compensation claim filed with a different state.
110	BILLING DATE PREDATES SERVICE DATE.		
110	BILLING DATE PREDATES SERVICE DATE.	M52	Missing/incomplete/invalid "from" date(s) of service.
110	BILLING DATE PREDATES SERVICE DATE.	M59	Missing/incomplete/invalid "to" date(s) of service.
110	BILLING DATE PREDATES SERVICE DATE.	N622	Not covered based on the date of injury/accident.
111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.		
111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.	N777	MISSING ASSIGNMENT OF BENEFITS INDICATOR.
112	SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT		
114	PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG		
114	PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG	M102	Service not performed on equipment approved by the FDA for this
114	PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG	M61	We cannot pay for this as the approval period for the FDA clinical trial has
114	PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG ADMINISTRATION.	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
115	PROCEDURE POSTPONED, CANCELED, OR DELAYED.		
116	THE ADVANCE INDEMNIFICATION NOTICE SIGNED BY THE PATIENT DID NOT COMPLY WITH REQUIREMENTS.		
117	TRANSPORTATION IS ONLY COVERED TO THE CLOSEST FACILITY THAT CAN PROVIDE THE NECESSARY CARE.		
117	TRANSPORTATION IS ONLY COVERED TO THE CLOSEST FACILITY THAT CAN PROVIDE THE NECESSARY CARE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
118	ESRD NETWORK SUPPORT ADJUSTMENT.		
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN		
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	M139	DENIED SERVICES EXCEED THE COVERAGE LIMIT FOR THE
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	M7	No rental payments after the item is purchased, returned or after the total of issued rental payments equals the purchase price.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	M83	SERVICE IS NOT COVERED UNLESS THE PATIENT IS CLASSIFIED AS
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.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	M89	NOT COVERED MORE THAN ONCE UNDER AGE 40.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	M90	NOT COVERED MORE THAN ONCE IN A 12 MONTH PERIOD.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N117	This service is paid only once in a patient's lifetime.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED
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.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N411	THIS SERVICE IS ALLOWED ONE TIME IN A 6-MONTH PERIOD.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N412	THIS SERVICE IS ALLOWED 2 TIMES IN A 12-MONTH PERIOD.

119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N413	THIS SERVICE IS ALLOWED 2 TIMES IN A BENEFIT YEAR.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N414	THIS SERVICE IS ALLOWED 4 TIMES IN A 12-MONTH PERIOD.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N415	THIS SERVICE IS ALLOWED 1 TIME IN AN 18-MONTH PERIOD.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N416	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N417	THIS SERVICE IS ALLOWED 1 TIME IN A 5-YEAR PERIOD
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.	N435	EXCEEDS NUMBER/FREQUENCY APPROVED /ALLOWED WITHIN TIME PERIOD WITHOUT SUPPORT DOCUMENTATION.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N587	Policy benefits have been exhausted.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N636	Adjusted because this is reimbursable only once per injury.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N640	Exceeds number/frequency approved/allowed within time period.
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N786	Benefit limitation for the orthodontic active and/or retention phase of
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N853	The number of modalities performed per session exceeds our acceptable
119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N853	The number of modalities performed per session exceeds our acceptable
121	INDEMNIFICATION ADJUSTMENT - COMPENSATION FOR OUTSTANDING MEMBER RESPONSIBILITY.		
122	PSYCHIATRIC REDUCTION.		
128	NEWBORN'S SERVICES ARE COVERED IN THE MOTHER'S ALLOWANCE.		
129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	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
129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	MA36	MISSING/INCOMPLETE/INVALID PATIENT NAME.
129	PRIOR PROCESSING INFORMATION APPEARS INCORRECT.	N48	CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION RECEIVED FROM OTHER INSURANCE CARRIER.
130	CLAIM SUBMISSION FEE.		
131	CLAIM SPECIFIC NEGOTIATED DISCOUNT.		
132	PREARRANGED DEMONSTRATION PROJECT ADJUSTMENT.		
133	THE DISPOSITION OF THIS SERVICE LINE IS PENDING FURTHER REVIEW.		
134	TECHNICAL FEES REMOVED FROM CHARGES.		
135	INTERIM BILLS CANNOT BE PROCESSED.		
136	FAILURE TO FOLLOW PRIOR PAYER'S COVERAGE RULES.		
137	REGULATORY SURCHARGES, ASSESSMENTS, ALLOWANCES OR HEALTH RELATED TAXES.		
139	CONTRACTED FUNDING AGREEMENT - SUBSCRIBER IS EMPLOYED BY THE PROVIDER OF SERVICES.		
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT		
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.	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
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.	MA27	MISSING/INCOMPLETE/INVALID ENTITLEMENT NUMBER OR NAME SHOWN ON THE CLAIM.
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT	MA36	Missing/incomplete/invalid patient name.
140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT	N382	Missing/incomplete/invalid patient identifier.
142	MONTHLY MEDICAID PATIENT LIABILITY AMOUNT.		
143	PORTION OF PAYMENT DEFERRED.		
144	INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE.		
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.		
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M64	MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS.
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	MA65	MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS.
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
146	DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.	N657	This should be billed with the appropriate code for these services.
147	PROVIDER CONTRACTED/NEGOTIATED RATE EXPIRED OR NOT ON FILE.		
148	INFORMATION FROM ANOTHER PROVIDER WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE.	ANY	
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.		
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT’S LIFETIME.
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N587	Policy benefits have been exhausted.
149	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED FOR THIS SERVICE/BENEFIT CATEGORY.	N786	Benefit limitation for the orthodontic active and/or retention phase of treatment.
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.		
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	M25	The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he/she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request an appeal, we will, upon application from the patient, reimburse him/her for the amount you have collected from him/her in excess of any deductible and coinsurance
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	M26	The information furnished does not substantiate the need for this level of service. If you have collected any amount from the patient for this level of service /any amount that exceeds the limiting charge for the less extensive service, the law requires you to refund that amount to the patient within 30 days of receiving this notice. The requirements for refund are in 1824(I) of the Social Security Act and 42CFR411.408. The section specifies that physicians who knowingly and willfully fail to make appropriate refunds may be subject to civil monetary penalties and/or exclusion from the
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N124	Payment has been denied for the/made only for a less extensive service/item because the information furnished does not substantiate the need for the (more extensive) service/item. The patient is liable for the charges for this service/item as you informed the patient in writing before the service/item was furnished that we would not pay for it, and the patient
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N125	Payment has been (denied for the/made only for a less extensive) service/item because the information furnished does not substantiate the need for the (more extensive) service/item. If you have collected any amount from the patient, you must refund that amount to the patient within
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N163	Medical record does not support code billed per the code definition.
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
150	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.	N640	Exceeds number/frequency approved/allowed within time period.
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.		
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	M3	Equipment is the same or similar to equipment already being used.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	M69	Paid at the regular rate as you did not submit documentation to justify the modified procedure code.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	M86	Service denied because payment already made for same/similar procedure within set time frame.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N206	The supporting documentation does not match the information sent on the claim.
151	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.	N362	The number of Days or Units of Service exceeds our acceptable maximum.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N435	Exceeds number/frequency approved /allowed within time period without support documentation.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N640	Exceeds number/frequency approved/allowed within time period.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N853	The number of modalities performed per session exceeds our acceptable maximum.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N640	Exceeds number/frequency approved/allowed within time period.
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N853	The number of modalities performed per session exceeds our acceptable maximum.
152	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LENGTH OF SERVICE.		
152	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LENGTH OF SERVICE.	M26	THE INFO FURNISHED DOES NOT MEET THE NEED FOR THIS LEVEL OF SERVICE(LOS). IF YOU HAVE COLLECTED ANY AMT FROM THE PATIENT FOR LOS /ANY AMT THAT EXCEEDS THE LIMITING CHARGE FOR THE LESS EXTENSIVE SERVICE, THE LAW REQUIRES YOU TO
152	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LENGTH OF SERVICE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
152	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LENGTH OF SERVICE.	N640	Exceeds number/frequency approved/allowed within time period.
153	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS		
154	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS DAY'S		
155	PATIENT REFUSED THE SERVICE/PROCEDURE.		
157	SERVICE/PROCEDURE WAS PROVIDED AS A RESULT OF AN ACT OF WAR.		
158	SERVICE/PROCEDURE WAS PROVIDED OUTSIDE OF THE UNITED STATES.		
158	SERVICE/PROCEDURE WAS PROVIDED OUTSIDE OF THE UNITED STATES.	N176	SERVICES PROVIDED ABOARD A SHIP ARE COVERED ONLY WHEN THE SHIP IS OF UNITED STATES REGISTRY AND IS IN UNITED STATES WATERS. IN ADDITION, A DOCTOR LICENSED TO PRACTICE IN THE UNITED STATES MUST PROVIDE THE SERVICE.
158	SERVICE/PROCEDURE WAS PROVIDED OUTSIDE OF THE UNITED STATES.	N418	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION
159	SERVICE/PROCEDURE WAS PROVIDED AS A RESULT OF TERRORISM.		
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT		
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT	N167	CHARGES EXCEED THE POST-TRANSPLANT COVERAGE LIMIT.
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT EXCLUSION.	N356	NOT COVERED WHEN PERFORMED WITH, OR SUBSEQUENT TO, A NON-COVERED SERVICE.
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT	N425	Statutorily excluded service(s).
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT	N607	Service provided for non-compensable condition(s).
160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT	N622	Not covered based on the date of injury/accident.
161	PROVIDER PERFORMANCE BONUS		
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.		

163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M130	MISSING INVOICE OR STATEMENT CERTIFYING THE ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE OF
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M141	MISSING PHYSICIAN CERTIFIED PLAN OF CARE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M19	MISSING OXYGEN CERTIFICATION/RE-CERTIFICATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M23	MISSING INVOICE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M29	MISSING OPERATIVE REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M30	MISSING PATHOLOGY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M31	MISSING RADIOLOGY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N146	MISSING SCREENING DOCUMENT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N178	MISSING PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N186	NON-AVAILABILITY STATEMENT (NAS) REQUIRED FOR THIS SERVICE. CONTACT THE NEAREST MILITARY TREATMENT FACILITY (MTF) FOR
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S).
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N221	MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N26	MISSING ITEMIZED BILL.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N3	MISSING CONSENT FORM.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N375	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N391	MISSING EMERGENCY DEPARTMENT RECORDS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N393	MISSING PROGRESS NOTES OR REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N395	MISSING LABORATORY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N398	MISSING ELECTIVE CONSENT FORM.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N40	Missing radiology film(s)/image(s).
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N403	MISSING FACILITY CERTIFICATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N42	MISSING MENTAL HEALTH ASSESSMENT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N445	MISSING DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N451	MISSING ADMISSION SUMMARY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N453	MISSING CONSULTATION REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N455	MISSING PHYSICIAN ORDER.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N457	MISSING DIAGNOSTIC REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N459	MISSING DISCHARGE SUMMARY.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N461	MISSING NURSING NOTES.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N465	MISSING PHYSICAL THERAPY NOTES/REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N467	MISSING REPORT OF TESTS AND ANALYSIS REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N473	MISSING CERTIFICATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N475	MISSING COMPLETED REFERRAL FORM.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N477	MISSING DENTAL MODELS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N481	MISSING MODELS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N485	MISSING PHYSICAL THERAPY CERTIFICATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N487	MISSING PROSTHETICS OR ORTHOTICS CERTIFICATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N489	MISSING REFERRAL FORM.

163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N493	MISSING DOCTOR FIRST REPORT OF INJURY.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N495	MISSING SUPPLEMENTAL MEDICAL REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N497	MISSING MEDICAL PERMANENT IMPAIRMENT OR DISABILITY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N499	MISSING MEDICAL LEGAL REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N501	MISSING VOCATIONAL REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N503	MISSING WORK STATUS REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N555	MISSING MEDICATION LIST.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL EXTRACTIONS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N681	MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL THERAPY/MAINTENANCE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N683	MISSING/INCOMPLETE/INVALID PRIOR TREATMENT DOCUMENTATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N685	MISSING/INCOMPLETE/INVALID PROSTHESIS, CROWN OR INLAY CODE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO COMPLETE PAYMENT DETERMINATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N706	MISSING DOCUMENTATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N708	MISSING ORDERS.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N710	MISSING NOTES.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N712	MISSING SUMMARY.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N714	MISSING REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N716	MISSING CHART.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N718	MISSING DOCUMENTATION OF FACE-TO-FACE EXAMINATION.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N729	MISSING PATIENT MEDICAL/DENTAL RECORD FOR THIS SERVICE.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N737	MISSING SLEEP STUDY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N739	MISSING VEIN STUDY REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N745	MISSING AMBULANCE REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N749	MISSING BLOOD GAS REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N785	Missing current radiology film/images.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N791	MISSING HISTORY & PHYSICAL REPORT.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
163	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.		
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N42	MISSING MENTAL HEALTH ASSESSMENT.
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT RECEIVED IN A TIMELY FASHION.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
166	THESE SERVICES WERE SUBMITTED AFTER THIS PAYERS RESPONSIBILITY FOR PROCESSING CLAIMS UNDER THIS PLAN ENDED.		
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.		
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	MA63	Missing/incomplete/invalid principal diagnosis.
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N428	Not covered when performed in this place of service.
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N607	Service provided for non-compensable condition(s).

167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N647	Adjusted based on diagnosis-related group (DRG).
169	ALTERNATE BENEFIT HAS BEEN PROVIDED.		
169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	MA109	CLAIM PROCESSED IN ACCORDANCE WITH AMBULATORY SURGICAL
169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.		
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	M143	THE PROVIDER MUST UPDATE LICENSE INFORMATION WITH THE
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N348	YOU CHOSE THAT THIS SERVICE/SUPPLY/DRUG WOULD BE RENDERED/SUPPLIED AND BILLED BY A DIFFERENT
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N665	Services by an unlicensed provider are not reimbursable.
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N732	SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N90	COVERED ONLY WHEN PERFORMED BY THE ATTENDING PHYSICIAN.
170	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.		
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N110	THIS FACILITY IS NOT CERTIFIED FOR FILM MAMMOGRAPHY.
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N121	Medicare Part B does not pay for items or services provided by this type of practitioner for beneficiaries in a Medicare Part A covered Skilled Nursing
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N732	SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT REIMBURSABLE.
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N762	THIS FACILITY IS NOT CERTIFIED FOR TOMOSYNTHESIS (3-D) MAMMOGRAPHY.
171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	N92	THIS FACILITY IS NOT CERTIFIED FOR DIGITAL MAMMOGRAPHY.
172	PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS		
172	PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS	M13	Only one initial visit is covered per specialty per medical group.
173	SERVICE/EQUIPMENT WAS NOT PRESCRIBED BY A PHYSICIAN.		
173	SERVICE/EQUIPMENT WAS NOT PRESCRIBED BY A PHYSICIAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
173	SERVICE/EQUIPMENT WAS NOT PRESCRIBED BY A PHYSICIAN.	N574	Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.
173	SERVICE/EQUIPMENT WAS NOT PRESCRIBED BY A PHYSICIAN.	N667	Missing prescription.
173	SERVICE/EQUIPMENT WAS NOT PRESCRIBED BY A PHYSICIAN.	N668	Incomplete/invalid prescription.
174	SERVICE WAS NOT PRESCRIBED PRIOR TO DELIVERY.		
174	SERVICE WAS NOT PRESCRIBED PRIOR TO DELIVERY.	N115	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to
174	SERVICE WAS NOT PRESCRIBED PRIOR TO DELIVERY.	N667	Missing prescription.
174	SERVICE WAS NOT PRESCRIBED PRIOR TO DELIVERY.	N668	Incomplete/invalid prescription.
175	PRESCRIPTION IS INCOMPLETE.		
175	PRESCRIPTION IS INCOMPLETE.	N319	Missing/incomplete/invalid hearing or vision prescription date.
175	PRESCRIPTION IS INCOMPLETE.	N378	Missing/incomplete/invalid prescription quantity.
175	PRESCRIPTION IS INCOMPLETE.	N388	Missing/incomplete/invalid prescription number.
175	PRESCRIPTION IS INCOMPLETE.	N389	Duplicate prescription number submitted.
175	PRESCRIPTION IS INCOMPLETE.	N592	Adjusted because this is not the initial prescription or exceeds the amount allowed for the initial prescription.
175	PRESCRIPTION IS INCOMPLETE.	N668	Incomplete/invalid prescription.
176	PRESCRIPTION IS NOT CURRENT.		
176	PRESCRIPTION IS NOT CURRENT.	N592	Adjusted because this is not the initial prescription or exceeds the amount allowed for the initial prescription.
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.		
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	N375	Missing/incomplete/invalid questionnaire/information required to determine dependent eligibility.
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	N503	Missing Work Status Report.
177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	N503	Missing Work Status Report.
178	PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.		
179	PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS.		
180	PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS.		
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.		
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	M20	MISSING/INCOMPLETE/INVALID HCPCS.
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION
181	PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N56	Procedure code billed is not correct/valid for the services billed or the date
182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.		
182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
182	PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	N657	This should be billed with the appropriate code for these services.
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.		
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N574	OUR RECORDS INDICATE THE ORDERING/REFERRING PROVIDER IS OF A TYPE/SPECIALTY THAT CANNOT ORDER OR REFER. PLEASE VERIFY THAT THE CLAIM ORDERING/REFERRING PROVIDER INFORMATION IS ACCURATE OR CONTACT THE ORDERING/REFERRING PROVIDER.
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N630	Referral not authorized by attending physician.
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
183	THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N808	Not covered for this provider type / provider specialty.
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.		

184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N574	OUR RECORDS INDICATE THE ORDERING/REFERRING PROVIDER IS OF A TYPE/SPECIALTY THAT CANNOT ORDER OR REFER. PLEASE VERIFY THAT THE CLAIM ORDERING/REFERRING PROVIDER INFORMATION IS ACCURATE OR CONTACT THE ORDERING/REFERRING PROVIDER.
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N790	PROVIDER/SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
184	THE PRESCRIBING/ORDERING PROVIDER IS NOT ELIGIBLE TO PRESCRIBE/ORDER THE SERVICE BILLED.	N808	Not covered for this provider type / provider specialty.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.		
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N450	Covered only when performed by the primary treating physician or the
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N570	Missing/incomplete/invalid credentialing data.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N684	PAYMENT DENIED AS THIS IS A SPECIALTY CLAIM SUBMITTED AS A GENERAL CLAIM.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N790	PROVIDER/SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N808	Not covered for this provider type / provider specialty.
185	THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
186	LEVEL OF CARE CHANGE ADJUSTMENT.		
187	Consumer Spending Account payments (includes but is not limited to Flexible Spending Account, Health Savins Account, Health Reimbursement Account, etc.)		
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.		
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.	M102	Service not performed on equipment approved by the FDA for this purpose.
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.	M61	We cannot pay for this as the approval period for the FDA clinical trial has expired.
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
188	THIS PRODUCT/PROCEDURE IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS.	N415	THIS SERVICE IS ALLOWED 1 TIME IN AN 18-MONTH PERIOD.
189	NOT OTHERWISE CLASSIFIED' OR 'UNLISTED' PROCEDURE CODE (CPT/HCPCS) WAS BILLED WHEN THERE IS A SPECIFIC PROCEDURE CODE FOR THIS		
189	NOT OTHERWISE CLASSIFIED' OR 'UNLISTED' PROCEDURE CODE (CPT/HCPCS) WAS BILLED WHEN THERE IS A SPECIFIC PROCEDURE CODE FOR THIS	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF SPECIFICITY.
189	NOT OTHERWISE CLASSIFIED' OR 'UNLISTED' PROCEDURE CODE (CPT/HCPCS) WAS BILLED WHEN THERE IS A SPECIFIC PROCEDURE CODE FOR THIS	N657	This should be billed with the appropriate code for these services.
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.		
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.	N106	PAYMENT FOR SERVICES FURNISHED TO SKILLED NURSING FACILITY (SNF) INPATIENTS (EXCEPT FOR EXCLUDED SERVICES) CAN ONLY BE MADE TO THE SNF. YOU MUST REQUEST PAYMENT FROM THE SNF RATHER THAN THE PATIENT FOR THIS SERVICE.
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.	N107	SERVICES FURNISHED TO SKILLED NURSING FACILITY (SNF) INPATIENTS MUST BE BILLED ON THE INPATIENT CLAIM. THEY CANNOT BE BILLED SEPARATELY AS OUTPATIENT SERVICES.
190	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.	N538	A FACILITY IS RESPONSIBLE FOR PAYMENT TO OUTSIDE PROVIDERS WHO FURNISH THESE SERVICES/SUPPLIES/DRUGS TO ITS
192	NON STANDARD ADJUSTMENT CODE FROM PAPER REMITTANCE.		
193	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly		
194	ANESTHESIA PERFORMED BY THE OPERATING PHYSICIAN, THE ASSISTANT SURGEON OR THE ATTENDING PHYSICIAN.		
194	ANESTHESIA PERFORMED BY THE OPERATING PHYSICIAN, THE ASSISTANT SURGEON OR THE ATTENDING PHYSICIAN.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
195	REFUND ISSUED TO AN ERRONEOUS PRIORITY PAYER FOR THIS CLAIM/SERVICE.		
197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT		
197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT	N83	NO APPEAL RIGHTS. ADJUDICATIVE DECISION BASED ON THE PROVISIONS OF A DEMONSTRATION PROJECT.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED		
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N435	Exceeds number/frequency approved /allowed within time period without support documentation.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N640	Exceeds number/frequency approved/allowed within time period.
198	PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	N758	ADJUSTED BASED ON THE PRIOR AUTHORIZATION DECISION.
199	REVENUE CODE AND PROCEDURE CODE DO NOT MATCH.		
199	REVENUE CODE AND PROCEDURE CODE DO NOT MATCH.	N657	This should be billed with the appropriate code for these services.

200	EXPENSES INCURRED DURING LAPSE IN COVERAGE		
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE	N619	Coverage terminated for non-payment of premium.
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE	N650	This policy was not in effect for this date of loss. No coverage is available.
201	PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH 'SET ASIDE ARRANGEMENT' OR OTHER AGREEMENT.	N722	PATIENT MUST USE WORKERS' COMPENSATION SET-ASIDE (WCSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
201	PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH 'SET ASIDE ARRANGEMENT' OR OTHER AGREEMENT.	N723	PATIENT MUST USE LIABILITY SET-ASIDE (LSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
201	PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH 'SET ASIDE ARRANGEMENT' OR OTHER AGREEMENT.	N724	PATIENT MUST USE NO-FAULT SET-ASIDE (NFSA) FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
202	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.		
202	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.	N658	The billed service(s) are not considered medical expenses.
203	DISCONTINUED OR REDUCED SERVICE.		
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN		
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N12	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N129	Not eligible due to the patient's age.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N157	Transportation to/from this destination is not covered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N158	Transportation in a vehicle other than an ambulance is not covered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N171	Payment for repair or replacement is not covered or has exceeded the purchase price.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N383	Not covered when deemed cosmetic.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N426	No coverage when self-administered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N428	Not covered when performed in this place of service.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N429	Not covered when considered routine.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N441	This missed/cancelled appointment is not covered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N567	NOT COVERED WHEN CONSIDERED PREVENTATIVE.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N651	No Personal Injury Protection/Medical Payments Coverage on the policy at the time of the loss.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N658	The billed service(s) are not considered medical expenses.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N666	Only one evaluation and management code at this service level is covered during the course of care.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N789	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
205	PHARMACY DISCOUNT CARD PROCESSING FEE		
206	NATIONAL PROVIDER IDENTIFIER - MISSING.		
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
206	NATIONAL PROVIDER IDENTIFIER - MISSING.	N77	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT		
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N77	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.		
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N253	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N255	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N258	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N262	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N286	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N290	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY

208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N31	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N516	Records indicate a mismatch between the submitted NPI and EIN.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N562	THE PROVIDER NUMBER OF YOUR INCOMING CLAIM DOES NOT MATCH THE PROVIDER NUMBER ON THE PROCESSED NOTICE OF ADMISSION (NOA) FOR THIS BUNDLED PAYMENT.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N77	MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
209	PER REGULATORY OR OTHER AGREEMENT. THE PROVIDER CANNOT COLLECT THIS AMOUNT FROM THE PATIENT. HOWEVER, THIS AMOUNT MAY BE BILLED TO SUBSEQUENT PAYER. REFUND TO PATIENT IF COLLECTED.		
210	PAYMENT ADJUSTED BECAUSE PRE-CERTIFICATION/AUTHORIZATION NOT RECEIVED IN A TIMELY FASHION		
211	NATIONAL DRUG CODES (NDC) NOT ELIGIBLE FOR REBATE, ARE NOT COVERED.		
212	ADMINISTRATIVE SURCHARGES ARE NOT COVERED		
212	ADMINISTRATIVE SURCHARGES ARE NOT COVERED	N658	The billed service(s) are not considered medical expenses.
213	NON-COMPLIANCE WITH THE PHYSICIAN SELF REFERRAL PROHIBITION LEGISLATION OR PAYER POLICY.		
215	BASED ON SUBROGATION OF A THIRD PARTY SETTLEMENT		
216	BASED ON THE FINDINGS OF A REVIEW ORGANIZATION		
219	BASED ON EXTENT OF INJURY.		
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.		
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N411	THIS SERVICE IS ALLOWED ONE TIME IN A 6-MONTH PERIOD.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N412	THIS SERVICE IS ALLOWED 2 TIMES IN A 12-MONTH PERIOD.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N587	Policy benefits have been exhausted.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N633	Additional anesthesia time units are not allowed.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N640	Exceeds number/frequency approved/allowed within time period.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N853	The number of modalities performed per session exceeds our acceptable maximum.
222	EXCEEDS THE CONTRACTED MAXIMUM NUMBER OF HOURS/DAYS/UNITS BY THIS PROVIDER FOR THIS PERIOD. THIS IS NOT PATIENT SPECIFIC.	N853	The number of modalities performed per session exceeds our acceptable maximum.
223	ADJUSTMENT CODE FOR MANDATED FEDERAL, STATE OR LOCAL LAW/REGULATION THAT IS NOT ALREADY COVERED BY ANOTHER CODE AND IS MANDATED BEFORE A NEW CODE CAN BE CREATED.		
224	PATIENT IDENTIFICATION COMPROMISED BY IDENTITY THEFT. IDENTITY VERIFICATION REQUIRED FOR PROCESSING THIS AND FUTURE CLAIMS.		
225	PENALTY OR INTEREST PAYMENT BY PAYER (ONLY USED FOR PLAN TO PLAN ENCOUNTER REPORTING WITHIN THE 837)		
226	INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	ANY	
227	INFORMATION REQUESTED FROM THE PATIENT/INSURED/RESPONSIBLE PARTY WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE.	ANY	
228	DENIED FOR FAILURE OF THIS PROVIDER, ANOTHER PROVIDER OR THE SUBSCRIBER TO SUPPLY REQUESTED INFORMATION TO A PREVIOUS PAYER		
228	DENIED FOR FAILURE OF THIS PROVIDER, ANOTHER PROVIDER OR THE SUBSCRIBER TO SUPPLY REQUESTED INFORMATION TO A PREVIOUS PAYER	N555	MISSING MEDICATION LIST.
228	DENIED FOR FAILURE OF THIS PROVIDER, ANOTHER PROVIDER OR THE SUBSCRIBER TO SUPPLY REQUESTED INFORMATION TO A PREVIOUS PAYER	N556	INCOMPLETE/INVALID MEDICATION LIST.
229	PARTIAL CHARGE AMOUNT NOT CONSIDERED BY MEDICARE DUE TO THE INITIAL CLAIM TYPE OF BILL BEING 12X.		
231	MUTUALLY EXCLUSIVE PROCEDURES CANNOT BE DONE IN THE SAME		
231	MUTUALLY EXCLUSIVE PROCEDURES CANNOT BE DONE IN THE SAME DAY/SETTING.	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
232	INSTITUTIONAL TRANSFER AMOUNT.		
233	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.		
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M14	NO SEPARATE PAYMENT FOR AN INJECTION ADMINISTERED DURING AN OFFICE VISIT, AND NO PAYMENT FOR A FULL OFFICE VISIT IF THE PATIENT ONLY RECEIVED AN INJECTION.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M15	SEPARATELY BILLED SERVICES/TESTS HAVE BEEN BUNDLED AS THEY ARE CONSIDERED COMPONENTS OF THE SAME PROCEDURE. SEPARATE PAYMENT IS NOT ALLOWED.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M2	NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N122	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N390	THIS SERVICE CANNOT BE BILLED SEPARATELY.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N518	NO SEPARATE PAYMENT FOR ACCESSORIES WHEN FURNISHED FOR USE WITH OXYGEN EQUIPMENT.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N626	New or established patient E/M codes are not payable with chiropractic
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N67	PROF PROV SVCS NOT PAID SEPARATELY. INCLUDED IN FAC PMT UNDER A DEMO PROJECT. APPLY TO FAC FOR PMT, RESUBMIT CLAIM IF: THE FACI NOTIFIES THE PATIENT WAS EXCLUDED FROM DEMO; OR IF YOU FURNISHED SVCS IN ANOTHER POS ON THE DATE
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N676	Service does not qualify for payment under the Outpatient Facility Fee
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N806	Payment is included in the Global transplant allowance.

234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N83	NO APPEAL RIGHTS. ADJUDICATIVE DECISION BASED ON THE PROVISIONS OF A DEMONSTRATION PROJECT.
235	SALES TAX		
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		
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	N644	Reimbursement has been made according to the bilateral procedure rule.
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	N657	This should be billed with the appropriate code for these services.
237	LEGISLATED/REGULATORY PENALTY.	ANY	
238	CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE, THIS IS THE REDUCTION FOR THE INELIGIBLE PERIOD. (USE ONLY WITH GROUP CODE PR)		
239	CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE. REBILL SEPARATE CLAIMS.		
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.		
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	M76	MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	MA63	MISSING/INCOMPLETE/INVALID PRINCIPAL DIAGNOSIS.
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	N207	MISSING/INCOMPLETE/INVALID WEIGHT.
240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	N657	This should be billed with the appropriate code for these services.
241	LOW INCOME SUBSIDY (LIS) CO-PAYMENT AMOUNT		
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N450	COVERED ONLY WHEN PERFORMED BY THE PRIMARY TREATING PHYSICIAN OR THE DESIGNEE.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N655	Payment based on provider's geographic region.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N655	Payment based on provider's geographic region.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.		
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	N450	COVERED ONLY WHEN PERFORMED BY THE PRIMARY TREATING PHYSICIAN OR THE DESIGNEE.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	N630	Referral not authorized by attending physician.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
243	SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
245	PROVIDER PERFORMANCE PROGRAM WITHHOLD.		
246	THIS NON-PAYABLE CODE IS FOR REQUIRED REPORTING ONLY.		
246	THIS NON-PAYABLE CODE IS FOR REQUIRED REPORTING ONLY.	N572	THIS PROCEDURE IS NOT PAYABLE UNLESS APPROPRIATE NON-PAYABLE REPORTING CODES AND ASSOCIATED MODIFIERS ARE
247	DEDUCTIBLE FOR PROFESSIONAL SERVICE RENDERED IN AN INSTITUTIONAL SETTING AND BILLED ON AN INSTITUTIONAL CLAIM.		
248	COINSURANCE FOR PROFESSIONAL SERVICE RENDERED IN AN INSTITUTIONAL SETTING AND BILLED ON AN INSTITUTIONAL CLAIM.		
249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.		
249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.	N561	The bundled claim originally submitted for this episode of care includes related readmissions. You may resubmit the original claim to receive a corrected payment based on this readmission.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M124	MISSING INDICATION OF WHETHER THE PATIENT OWNS THE EQUIPMENT THAT REQUIRES THE PART OR SUPPLY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M130	MISSING INVOICE OR STATEMENT CERTIFYING THE ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE OF
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M131	MISSING PHYSICIAN FINANCIAL RELATIONSHIP FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M132	MISSING PACEMAKER REGISTRATION FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M141	MISSING PHYSICIAN CERTIFIED PLAN OF CARE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M142	MISSING AMERICAN DIABETES ASSOCIATION CERTIFICATE OF RECOGNITION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M19	Missing oxygen certification/re-certification.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M23	Missing invoice.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M29	MISSING OPERATIVE REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M30	MISSING PATHOLOGY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M31	MISSING RADIOLOGY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either

250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N146	MISSING SCREENING DOCUMENT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N163	Medical record does not support code billed per the code definition.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N170	A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS NEEDED.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N175	MISSING REVIEW ORGANIZATION APPROVAL.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N178	MISSING PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N186	NON-AVAILABILITY STATEMENT (NAS) REQUIRED FOR THIS SERVICE. CONTACT THE NEAREST MILITARY TREATMENT FACILITY (MTF) FOR
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N206	The supporting documentation does not match the information sent on the claim.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S).
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N221	MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N26	MISSING ITEMIZED BILL.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N3	MISSING CONSENT FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N375	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N391	MISSING EMERGENCY DEPARTMENT RECORDS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N393	MISSING PROGRESS NOTES OR REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N395	MISSING LABORATORY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N398	MISSING ELECTIVE CONSENT FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N40	Missing radiology film(s)/image(s).
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N401	MISSING PERIODONTAL CHARTING.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N403	MISSING FACILITY CERTIFICATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N42	MISSING MENTAL HEALTH ASSESSMENT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N445	MISSING DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N451	MISSING ADMISSION SUMMARY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N453	MISSING CONSULTATION REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N455	MISSING PHYSICIAN ORDER.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N457	MISSING DIAGNOSTIC REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N459	MISSING DISCHARGE SUMMARY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N461	MISSING NURSING NOTES.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N463	MISSING SUPPORT DATA FOR CLAIM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N465	MISSING PHYSICAL THERAPY NOTES/REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N467	MISSING REPORT OF TESTS AND ANALYSIS REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N473	MISSING CERTIFICATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N475	MISSING COMPLETED REFERRAL FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N477	MISSING DENTAL MODELS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N481	MISSING MODELS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N485	MISSING PHYSICAL THERAPY CERTIFICATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N487	MISSING PROSTHETICS OR ORTHOTICS CERTIFICATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N489	MISSING REFERRAL FORM.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N491	MISSING/INCOMPLETE/INVALID EXCLUSIONARY RIDER CONDITION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N493	MISSING DOCTOR FIRST REPORT OF INJURY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N495	MISSING SUPPLEMENTAL MEDICAL REPORT.

250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N497	MISSING MEDICAL PERMANENT IMPAIRMENT OR DISABILITY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N499	MISSING MEDICAL LEGAL REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N501	MISSING VOCATIONAL REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N503	MISSING WORK STATUS REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N542	MISSING INCOME VERIFICATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N555	MISSING MEDICATION LIST.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N590	Missing independent medical exam detailing the cause of injuries sustained and medical necessity of services rendered.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N667	Missing prescription.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL EXTRACTIONS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N681	MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL THERAPY/MAINTENANCE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N683	MISSING/INCOMPLETE/INVALID PRIOR TREATMENT DOCUMENTATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO COMPLETE PAYMENT DETERMINATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N706	MISSING DOCUMENTATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N708	MISSING ORDERS.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N710	MISSING NOTES.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N712	MISSING SUMMARY.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N714	MISSING REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N716	MISSING CHART.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N718	MISSING DOCUMENTATION OF FACE-TO-FACE EXAMINATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N729	MISSING PATIENT MEDICAL/DENTAL RECORD FOR THIS SERVICE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N737	MISSING SLEEP STUDY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N739	MISSING VEIN STUDY REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N745	MISSING AMBULANCE REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N749	MISSING BLOOD GAS REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N785	Missing current radiology film/images.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N791	MISSING HISTORY & PHYSICAL REPORT.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N80	MISSING/INCOMPLETE/INVALID PRENATAL SCREENING INFORMATION.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N163	Medical record does not support code billed per the code definition.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT.	N850	Missing/incomplete/invalid narrative explaining/describing this service/treatment.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	M42	THE MEDICAL NECESSITY FORM MUST BE PERSONALLY SIGNED BY THE ATTENDING PHYSICIAN.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA111	MISSING/INCOMPLETE/INVALID PURCHASE PRICE OF THE TEST(S) AND/OR THE PERFORMING LABORATORY'S NAME AND ADDRESS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA75	MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA81	MISSING/INCOMPLETE/INVALID PROVIDER/SUPPLIER SIGNATURE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	MA88	MISSING/INCOMPLETE/INVALID INSURED'S ADDRESS AND/OR TELEPHONE NUMBER FOR THE PRIMARY PAYER.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N170	A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS NEEDED.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N205	INFORMATION PROVIDED WAS ILLEGIBLE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S).
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N222	INCOMPLETE/INVALID ADMITTING HISTORY AND PHYSICAL REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N224	INCOMPLETE/INVALID DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.

251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N226	INCOMPLETE/INVALID AMERICAN DIABETES ASSOCIATION CERTIFICATE OF RECOGNITION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N227	INCOMPLETE/INVALID CERTIFICATE OF MEDICAL NECESSITY.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N228	INCOMPLETE/INVALID CONSENT FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N231	INCOMPLETE/INVALID INVOICE OR STATEMENT CERTIFYING THE ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N232	INCOMPLETE/INVALID ITEMIZED BILL.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N233	INCOMPLETE/INVALID OPERATIVE REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N234	INCOMPLETE/INVALID OXYGEN CERTIFICATION/RE-CERTIFICATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N235	INCOMPLETE/INVALID PACEMAKER REGISTRATION FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N236	INCOMPLETE/INVALID PATHOLOGY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N237	INCOMPLETE/INVALID PATIENT MEDICAL RECORD FOR THIS SERVICE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N238	INCOMPLETE/INVALID PHYSICIAN CERTIFIED PLAN OF CARE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N239	INCOMPLETE/INVALID PHYSICIAN FINANCIAL RELATIONSHIP FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N240	INCOMPLETE/INVALID RADIOLOGY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N241	INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N242	Incomplete/invalid radiology film(s)/image(s).
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N243	INCOMPLETE/INVALID/NOT APPROVED SCREENING DOCUMENT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N244	INCOMPLETE/INVALID PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N331	MISSING/INCOMPLETE/INVALID PHYSICIAN ORDER DATE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N354	INCOMPLETE/INVALID INVOICE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N375	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N392	INCOMPLETE/INVALID EMERGENCY DEPARTMENT RECORDS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N394	INCOMPLETE/INVALID PROGRESS NOTES OR REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N396	INCOMPLETE/INVALID LABORATORY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N399	INCOMPLETE/INVALID ELECTIVE CONSENT FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N402	INCOMPLETE/INVALID PERIODONTAL CHARTING.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N404	INCOMPLETE/INVALID FACILITY CERTIFICATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N440	INCOMPLETE/INVALID ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N446	INCOMPLETE/INVALID DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N452	INCOMPLETE/INVALID ADMISSION SUMMARY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N454	INCOMPLETE/INVALID CONSULTATION REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N456	INCOMPLETE/INVALID PHYSICIAN ORDER.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N458	INCOMPLETE/INVALID DIAGNOSTIC REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N460	INCOMPLETE/INVALID DISCHARGE SUMMARY.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N462	INCOMPLETE/INVALID NURSING NOTES.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N466	INCOMPLETE/INVALID PHYSICAL THERAPY NOTES/REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N468	INCOMPLETE/INVALID REPORT OF TESTS AND ANALYSIS REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N474	INCOMPLETE/INVALID CERTIFICATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N476	INCOMPLETE/INVALID COMPLETED REFERRAL FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N478	INCOMPLETE/INVALID DENTAL MODELS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N480	INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N482	INCOMPLETE/INVALID MODELS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N486	INCOMPLETE/INVALID PHYSICAL THERAPY CERTIFICATION.

251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N488	INCOMPLETE/INVALID PROSTHETICS OR ORTHOTICS CERTIFICATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N490	INCOMPLETE/INVALID REFERRAL FORM.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N491	MISSING/INCOMPLETE/INVALID EXCLUSIONARY RIDER CONDITION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N494	INCOMPLETE/INVALID DOCTOR FIRST REPORT OF INJURY.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N496	INCOMPLETE/INVALID SUPPLEMENTAL MEDICAL REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N498	INCOMPLETE/INVALID MEDICAL PERMANENT IMPAIRMENT OR DISABILITY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N500	INCOMPLETE/INVALID MEDICAL LEGAL REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N502	INCOMPLETE/INVALID VOCATIONAL REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N504	INCOMPLETE/INVALID WORK STATUS REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N543	INCOMPLETE/INVALID INCOME VERIFICATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N556	INCOMPLETE/INVALID MEDICATION LIST.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N570	MISSING/INCOMPLETE/INVALID CREDENTIALING DATA.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N668	Incomplete/invalid prescription.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N679	INCOMPLETE/INVALID POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL EXTRACTIONS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N681	MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL THERAPY/MAINTENANCE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N683	MISSING/INCOMPLETE/INVALID PRIOR TREATMENT DOCUMENTATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO COMPLETE PAYMENT DETERMINATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N705	INCOMPLETE/INVALID DOCUMENTATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N707	INCOMPLETE/INVALID ORDERS.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N709	INCOMPLETE/INVALID NOTES.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N711	INCOMPLETE/INVALID SUMMARY.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N713	INCOMPLETE/INVALID REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N715	INCOMPLETE/INVALID CHART.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N717	INCOMPLETE/INVALID DOCUMENTATION OF FACE-TO-FACE EXAMINATION.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N730	INCOMPLETE/INVALID PATIENT MEDICAL/DENTAL RECORD FOR THIS SERVICE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N731	INCOMPLETE/INVALID MENTAL HEALTH ASSESSMENT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N736	INCOMPLETE/INVALID SLEEP STUDY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N738	INCOMPLETE/INVALID VEIN STUDY REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N746	INCOMPLETE/INVALID AMBULANCE REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N750	INCOMPLETE/INVALID BLOOD GAS REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N768	Incomplete/invalid initial evaluation report.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N78	THE NECESSARY COMPONENTS OF THE CHILD AND TEEN CHECKUP (EPSDT) WERE NOT COMPLETED.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N792	INCOMPLETE/INVALID HISTORY & PHYSICAL REPORT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N80	MISSING/INCOMPLETE/INVALID PRENATAL SCREENING INFORMATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M125	MISSING/INCOMPLETE/INVALID INFORMATION ON THE PERIOD OF TIME FOR WHICH THE SERVICE/SUPPLY/EQUIPMENT WILL BE
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M130	MISSING INVOICE OR STATEMENT CERTIFYING THE ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE OF
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M131	MISSING PHYSICIAN FINANCIAL RELATIONSHIP FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M132	MISSING PACEMAKER REGISTRATION FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M141	MISSING PHYSICIAN CERTIFIED PLAN OF CARE.

252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M142	MISSING AMERICAN DIABETES ASSOCIATION CERTIFICATE OF RECOGNITION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M143	THE PROVIDER MUST UPDATE LICENSE INFORMATION WITH THE PAYER.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M19	MISSING OXYGEN CERTIFICATION/RE-CERTIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M21	MISSING/INCOMPLETE/INVALID PLACE OF RESIDENCE FOR THIS SERVICE/ITEM PROVIDED IN A HOME.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M23	MISSING INVOICE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M29	MISSING OPERATIVE REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M30	MISSING PATHOLOGY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M31	MISSING RADIOLOGY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M42	THE MEDICAL NECESSITY FORM MUST BE PERSONALLY SIGNED BY THE ATTENDING PHYSICIAN.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA111	MISSING/INCOMPLETE/INVALID PURCHASE PRICE OF THE TEST(S) AND/OR THE PERFORMING LABORATORY'S NAME AND ADDRESS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA27	MISSING/INCOMPLETE/INVALID ENTITLEMENT NUMBER OR NAME SHOWN ON THE CLAIM.
252	An attachment/other documentation is required to adjudicate this claim/service.	MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA75	MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA76	MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER FOR HOME HEALTH AGENCY OR HOSPICE WHEN PHYSICIAN IS PERFORMING
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA81	MISSING/INCOMPLETE/INVALID PROVIDER/SUPPLIER SIGNATURE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA88	MISSING/INCOMPLETE/INVALID INSURED'S ADDRESS AND/OR TELEPHONE NUMBER FOR THE PRIMARY PAYER.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	MA92	MISSING PLAN INFORMATION FOR OTHER INSURANCE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N146	MISSING SCREENING DOCUMENT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N170	A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS NEEDED.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N175	MISSING REVIEW ORGANIZATION APPROVAL.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N178	MISSING PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N186	NON-AVAILABILITY STATEMENT (NAS) REQUIRED FOR THIS SERVICE. CONTACT THE NEAREST MILITARY TREATMENT FACILITY (MTF) FOR
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N191	THE PROVIDER MUST UPDATE INSURANCE INFORMATION DIRECTLY WITH PAYER.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N204	SERVICES UNDER REVIEW FOR POSSIBLE PRE-EXISTING CONDITION. SEND MEDICAL RECORDS FOR PRIOR 12 MONTHS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S).
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221	MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N241	INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N26	MISSING ITEMIZED BILL.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N3	MISSING CONSENT FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N331	MISSING/INCOMPLETE/INVALID PHYSICIAN ORDER DATE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N350	MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N375	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N391	MISSING EMERGENCY DEPARTMENT RECORDS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N393	MISSING PROGRESS NOTES OR REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N395	MISSING LABORATORY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N398	MISSING ELECTIVE CONSENT FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N40	Missing radiology film(s)/image(s).
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N401	MISSING PERIODONTAL CHARTING.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N403	MISSING FACILITY CERTIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N42	MISSING MENTAL HEALTH ASSESSMENT.

252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N445	INCOMPLETE/INVALID DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N451	MISSING ADMISSION SUMMARY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N453	MISSING CONSULTATION REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N455	MISSING PHYSICIAN ORDER.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N457	MISSING DIAGNOSTIC REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N459	MISSING DISCHARGE SUMMARY.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N461	MISSING NURSING NOTES.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N465	MISSING PHYSICAL THERAPY NOTES/REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N467	MISSING REPORT OF TESTS AND ANALYSIS REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N473	MISSING CERTIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N475	MISSING COMPLETED REFERRAL FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N477	MISSING DENTAL MODELS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N479	MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS OR MEDICARE SECONDARY PAYER).
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N481	MISSING MODELS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N485	MISSING PHYSICAL THERAPY CERTIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N487	MISSING PROSTHETICS OR ORTHOTICS CERTIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N489	MISSING REFERRAL FORM.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N491	MISSING/INCOMPLETE/INVALID EXCLUSIONARY RIDER CONDITION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N493	MISSING DOCTOR FIRST REPORT OF INJURY.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N495	MISSING SUPPLEMENTAL MEDICAL REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N497	MISSING MEDICAL PERMANENT IMPAIRMENT OR DISABILITY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N499	MISSING MEDICAL LEGAL REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N50	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N501	MISSING VOCATIONAL REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N503	MISSING WORK STATUS REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N542	MISSING INCOME VERIFICATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N555	MISSING MEDICATION LIST.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N590	Missing independent medical exam detailing the cause of injuries sustained and medical necessity of services rendered.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N594	Records reflect the injured party did not complete an Application for Benefits for this loss.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N595	Records reflect the injured party did not complete an Assignment of Benefits for this loss.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N596	Records reflect the injured party did not complete a Medical Authorization for this loss.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N667	Missing prescription.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N668	Incomplete/invalid prescription.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL EXTRACTIONS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N681	MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL THERAPY/MAINTENANCE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N683	MISSING/INCOMPLETE/INVALID PRIOR TREATMENT DOCUMENTATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N685	MISSING/INCOMPLETE/INVALID PROSTHESIS, CROWN OR INLAY CODE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO COMPLETE PAYMENT DETERMINATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N706	MISSING DOCUMENTATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N707	INCOMPLETE/INVALID ORDERS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N708	MISSING ORDERS.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N710	MISSING NOTES.

252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N712	MISSING SUMMARY.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N714	MISSING REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N716	MISSING CHART.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N718	MISSING DOCUMENTATION OF FACE-TO-FACE EXAMINATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N729	MISSING PATIENT MEDICAL/DENTAL RECORD FOR THIS SERVICE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N737	MISSING SLEEP STUDY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N739	MISSING VEIN STUDY REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N745	MISSING AMBULANCE REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N749	MISSING BLOOD GAS REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N785	Missing current radiology film/images.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N791	MISSING HISTORY & PHYSICAL REPORT.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N80	MISSING/INCOMPLETE/INVALID PRENATAL SCREENING INFORMATION.
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N836	Provider W9 or Payee Registration not on file.
253	SEQUESTRATION-REDUCTION IN FEDERAL PAYMENT		
254	CLAIM RECEIVED BY THE DENTAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S MEDICAL PLAN FOR FURTHER CONSIDERATION.		
254	CLAIM RECEIVED BY THE DENTAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S MEDICAL PLAN FOR FURTHER CONSIDERATION.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.		
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M139	DENIED SERVICES EXCEED THE COVERAGE LIMIT FOR THE
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M14	NO SEPARATE PAYMENT FOR AN INJECTION ADMINISTERED DURING AN OFFICE VISIT, AND NO PAYMENT FOR A FULL OFFICE VISIT IF THE PATIENT ONLY RECEIVED AN INJECTION.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M37	NOT COVERED WHEN THE PATIENT IS UNDER AGE 35.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M61	WE CANNOT PAY FOR THIS AS THE APPROVAL PERIOD FOR THE FDA CLINICAL TRIAL HAS EXPIRED.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M81	YOU ARE REQUIRED TO CODE TO THE HIGHEST LEVEL OF
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M82	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M89	NOT COVERED MORE THAN ONCE UNDER AGE 40.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M90	NOT COVERED MORE THAN ONCE IN A 12 MONTH PERIOD.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M96	THE TECHNICAL COMPONENT OF A SERVICE FURNISHED TO AN INPATIENT MAY ONLY BE BILLED BY THAT INPATIENT FACILITY. YOU MUST CONTACT THE INPATIENT FACILITY FOR TECHNICAL COMPONENT REIMBURSEMENT. IF NOT ALREADY BILLED, YOU SHOULD BILL US FOR THE PROFESSIONAL COMPONENT ONLY.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	MA16	THE PATIENT IS COVERED BY THE BLACK LUNG PROGRAM. SEND THIS CLAIM TO THE DEPARTMENT OF LABOR, FEDERAL BLACK LUNG PROGRAM, P.O. BOX 828, LANHAM-SEABROOK MD 20703.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N103	RECORDS INDICATE THIS PATIENT WAS A PRISONER OR IN CUSTODY OF A FEDERAL, STATE, OR LOCAL AUTHORITY WHEN THE SERVICE WAS RENDERED. THIS PAYER DOES NOT COVER ITEMS AND SERVICES FURNISHED TO AN INDIVIDUAL WHILE HE OR SHE IS IN
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N117	THIS SERVICE IS PAID ONLY ONCE IN A PATIENT'S LIFETIME.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N118	THIS SERVICE IS NOT PAID IF BILLED MORE THAN ONCE EVERY 28
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N246	STATE REGULATED PATIENT PAYMENT LIMITATIONS APPLY TO THIS
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N448	THIS DRUG/SERVICE/SUPPLY IS NOT INCLUDED IN THE FEE SCHEDULE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N52	PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED CARE PLAN ON THE DATE OF SERVICE.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N734	THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N853	The number of modalities performed per session exceeds our acceptable
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.	N853	The number of modalities performed per session exceeds our acceptable
257	THE DISPOSITION OF THE CLAIM/SERVICE IS PENDING DURING THE PREMIUM PAYMENT GRACE PERIOD, PER HEALTH INSURANCE EXCHANGE REQUIREMENTS.		
258	CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE		
258	CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE CLAIM/SERVICE.	N103	RECORDS INDICATE THIS PATIENT WAS A PRISONER OR IN CUSTODY OF A FEDERAL, STATE, OR LOCAL AUTHORITY WHEN THE SERVICE WAS RENDERED. THIS PAYER DOES NOT COVER ITEMS AND SERVICES FURNISHED TO AN INDIVIDUAL WHILE HE OR SHE IS IN
258	CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
259	ADDITIONAL PAYMENT FOR DENTAL/VISION SERVICE UTILIZATION		

260	PROCESSED UNDER MEDICAID ACA ENHANCED FEE SCHEDULE		
261	The procedure or service is inconsistent with the patient's history		
261	The procedure or service is inconsistent with the patient's history	N56	Procedure code billed is not correct/valid for the services billed or the date
262	ADJUSTMENT FOR DELIVERY COST. USAGE: TO BE USED FOR		
263	ADJUSTMENT FOR SHIPPING COST. USAGE: TO BE USED FOR		
264	ADJUSTMENT FOR POSTAGE COST. USAGE: TO BE USED FOR		
265	ADJUSTMENT FOR ADMINISTRATIVE COST. USAGE: TO BE USED FOR PHARMACEUTICALS ONLY		
266	ADJUSTMENT FOR COMPOUND PREPARATION COST. USAGE: TO BE USED FOR PHARMACEUTICALS ONLY		
267	CLAIM/SERVICE SPANS MULTIPLE MONTHS.	N61	REBILL SERVICES ON SEPARATE CLAIMS.
267	CLAIM/SERVICE SPANS MULTIPLE MONTHS.	N62	DATES OF SERVICE SPAN MULTIPLE RATE PERIODS. RESUBMIT
267	CLAIM/SERVICE SPANS MULTIPLE MONTHS.	N63	REBILL SERVICES ON SEPARATE CLAIM LINES.
267	CLAIM/SERVICE SPANS MULTIPLE MONTHS.	N74	RESUBMIT WITH MULTIPLE CLAIMS, EACH CLAIM COVERING SERVICES PROVIDED IN ONLY ONE CALENDAR MONTH.
268	THE CLAIM SPANS TWO CALENDAR YEARS. PLEASE RESUBMIT ONE CLAIM PER CALENDAR YEAR		
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.		
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	M37	NOT COVERED WHEN THE PATIENT IS UNDER AGE 35.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	M82	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	M83	SERVICE IS NOT COVERED UNLESS THE PATIENT IS CLASSIFIED AS
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	M89	NOT COVERED MORE THAN ONCE UNDER AGE 40.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N124	PAYMENT HAS BEEN DENIED FOR THE/MADE ONLY FOR A LESS EXTENSIVE SERVICE/ITEM BECAUSE THE INFORMATION FURNISHED DOES NOT SUBSTANTIATE THE NEED FOR THE (MORE EXTENSIVE) SERVICE/ITEM. THE PATIENT IS LIABLE FOR THE CHARGES FOR THIS SERVICE/ITEM AS YOU INFORMED.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N96	PATIENT MUST BE REFRACTORY TO CONVENTIONAL THERAPY (DOCUMENTED BEHAVIORAL, PHARMACOLOGIC AND/OR SURGICAL CORRECTIVE THERAPY) AND BE AN APPROPRIATE SURGICAL CANDIDATE SUCH THAT IMPLANTATION WITH ANESTHESIA CAN
270	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION		
270	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
270	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION	N658	The billed service(s) are not considered medical expenses.
271	PRIOR CONTRACTUAL REDUCTIONS RELATED TO A CURRENT PERIODIC PAYMENT AS PART OF A CONTRACTUAL PAYMENT SCHEDULE WHEN DEFERRED AMOUNTS HAVE BEEN PREVIOUSLY REPORTED.		
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET		
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	M40	CLAIM MUST BE ASSIGNED AND MUST BE FILED BY THE PRACTITIONER'S EMPLOYER.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N151	TELEPHONE CONTACT SERVICES WILL NOT BE PAID UNTIL THE FACE-TO-FACE CONTACT REQUIREMENT HAS BEEN MET.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N357	TIME FRAME REQUIREMENTS BETWEEN THIS SERVICE/PROCEDURE/SUPPLY AND A RELATED
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N507	PLAN DISTANCE REQUIREMENTS HAVE NOT BEEN MET.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N564	PATIENT DID NOT MEET THE INCLUSION CRITERIA FOR THE DEMONSTRATION PROJECT OR PILOT PROGRAM.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N584	Not covered based on the insured's noncompliance with policy or statutory
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N593	Not covered based on failure to attend a scheduled Independent Medical
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N773	Drug supplied not obtained from specialty vendor.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N825	Early intervention guidelines were not met.
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	N826	Patient did not meet the inclusion criteria for the Medicare Shared Savings
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED		
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	M13	ONLY ONE INITIAL VISIT IS COVERED PER SPECIALTY PER MEDICAL
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.

273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N362	THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR ACCEPTABLE MAXIMUM.
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N411	THIS SERVICE IS ALLOWED ONE TIME IN A 6-MONTH PERIOD.
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N412	THIS SERVICE IS ALLOWED 2 TIMES IN A 12-MONTH PERIOD.
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N435	EXCEEDS NUMBER/FREQUENCY APPROVED /ALLOWED WITHIN TIME PERIOD WITHOUT SUPPORT DOCUMENTATION.
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N640	EXCEEDS NUMBER/FREQUENCY APPROVED/ALLOWED WITHIN TIME
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N853	The number of modalities performed per session exceeds our acceptable
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N853	The number of modalities performed per session exceeds our acceptable
274	FEE/SERVICE NOT PAYABLE PER PATIENT CARE COORDINATION ARRANGEMENT		
275	PRIOR PAYER'S (OR PAYERS') PATIENT RESPONSIBILITY (DEDUCTIBLE, COINSURANCE, CO-PAYMENT) NOT COVERED.		
276	SERVICES DENIED BY THE PRIOR PAYER(S) ARE NOT COVERED BY THIS PAYER		
276	SERVICES DENIED BY THE PRIOR PAYER(S) ARE NOT COVERED BY THIS PAYER	N536	WE ARE NOT CHANGING THE PRIOR PAYER'S DETERMINATION OF PATIENT RESPONSIBILITY, WHICH YOU MAY COLLECT, AS THIS SERVICE IS NOT COVERED BY US.
277	THE DISPOSITION OF THE CLAIM/SERVICE IS UNDETERMINED DURING THE PREMIUM PAYMENT GRACE PERIOD, PER HEALTH INSURANCE SHOP EXCHANGE REQUIREMENTS. THIS CLAIM/SERVICE WILL BE REVERSED AND CORRECTED WHEN THE GRACE PERIOD ENDS		
278	PERFORMANCE PROGRAM PROFICIENCY REQUIREMENTS NOT MET		
278	PERFORMANCE PROGRAM PROFICIENCY REQUIREMENTS NOT MET	N699	PAYMENT ADJUSTED BASED ON THE PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) INCENTIVE PROGRAM.
278	PERFORMANCE PROGRAM PROFICIENCY REQUIREMENTS NOT MET	N807	Payment adjustment based on the Merit-based Incentive Payment System
279	SERVICES NOT PROVIDED BY PREFERRED NETWORK PROVIDERS		
280	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION		
280	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.
280	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION	N658	The billed service(s) are not considered medical expenses.
280	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN.
281	DEDUCTIBLE WAIVED PER CONTRACTUAL AGREEMENT		
282	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE TYPE OF BILL.		
282	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE TYPE OF BILL.	MA30	Missing/incomplete/invalid type of bill.
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE		
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	M143	THE PROVIDER MUST UPDATE LICENSE INFORMATION WITH THE
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N191	THE PROVIDER MUST UPDATE INSURANCE INFORMATION DIRECTLY
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N425	STATUTORILY EXCLUDED SERVICE(S).
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N790	PROVIDER/SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE.
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N808	Not covered for this provider type / provider specialty.
284	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE BILLED SERVICES.		
284	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE BILLED SERVICES.	M62	Missing/incomplete/invalid treatment authorization code.
284	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE BILLED SERVICES.	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.
284	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE BILLED SERVICES.	N517	RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
284	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE BILLED SERVICES.	N752	MISSING/INCOMPLETE/INVALID HIPPS TREATMENT AUTHORIZATION CODE (TAC).
285	APPEAL PROCEDURES NOT FOLLOWED		
285	APPEAL PROCEDURES NOT FOLLOWED	N368	YOU MUST APPEAL THE DETERMINATION OF THE PREVIOUSLY ADJUDICATED CLAIM.
285	APPEAL PROCEDURES NOT FOLLOWED	N584	Not covered based on the insured's noncompliance with policy or statutory
286	APPEAL TIME LIMITS NOT MET		
286	APPEAL TIME LIMITS NOT MET	N584	Not covered based on the insured's noncompliance with policy or statutory
287	REFERRAL EXCEEDED		
287	REFERRAL EXCEEDED	N45	PAYMENT BASED ON AUTHORIZED AMOUNT.
288	REFERRAL ABSENT		
288	REFERRAL ABSENT	N475	MISSING COMPLETED REFERRAL FORM.
288	REFERRAL ABSENT	N489	MISSING REFERRAL FORM.
289	SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS NOT AVAILABLE.		
289	SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS NOT AVAILABLE.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.

289	SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS NOT AVAILABLE.	N174	THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED, HOWEVER PATIENT LIABILITY IS LIMITED TO AMOUNTS SHOWN IN THE ADJUSTMENTS UNDER GROUP "PR".
289	SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS NOT AVAILABLE.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
290	CLAIM RECEIVED BY THE DENTAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S MEDICAL PLAN FOR FURTHER CONSIDERATION.		
290	CLAIM RECEIVED BY THE DENTAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S MEDICAL PLAN FOR FURTHER CONSIDERATION.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
291	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION.		
291	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
291	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S DENTAL PLAN FOR FURTHER CONSIDERATION.	N658	The billed service(s) are not considered medical expenses.
292	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION.		
292	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION.	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
292	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION.	N658	The billed service(s) are not considered medical expenses.
292	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S PHARMACY PLAN FOR FURTHER CONSIDERATION.	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN
293	PAYMENT MADE TO EMPLOYER.		
294	PAYMENT MADE TO ATTORNEY.		
295	PHARMACY DIRECT/INDIRECT REMUNERATION (DIR)		
296	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE PROVIDER		
296	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE PROVIDER	M62	MISSING/INCOMPLETE/INVALID TREATMENT AUTHORIZATION CODE.
296	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT NUMBER MAY BE VALID BUT DOES NOT APPLY TO THE PROVIDER	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.
297	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION		
297	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.
297	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
297	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION	N658	The billed service(s) are not considered medical expenses.
298	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION		
298	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.
298	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S VISION PLAN FOR FURTHER CONSIDERATION	N658	The billed service(s) are not considered medical expenses.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED		
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	M115	THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-CONTRACT OR NON-DEMONSTRATION SUPPLIER.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	M134	PERFORMED BY A FACILITY/SUPPLIER IN WHICH THE PROVIDER HAS A FINANCIAL INTEREST.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENT FOR THE SERVICE BILLED	M97	NOT PAID TO PRACTITIONER WHEN PROVIDED TO PATIENT IN THIS PLACE OF SERVICE. PAYMENT INCLUDED IN THE REIMBURSEMENT
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	MA12	YOU HAVE NOT ESTABLISHED THAT YOU HAVE THE RIGHT UNDER THE LAW TO BILL FOR SERVICES FURNISHED BY THE PERSON(S) THAT FURNISHED THIS (THESE) SERVICE(S).
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	MA123	YOUR CENTER WAS NOT SELECTED TO PARTICIPATE IN THIS STUDY, THEREFORE, WE CANNOT PAY FOR THESE SERVICES.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	MA47	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	MA56	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT, BUT UNDER FEDERAL LAW, YOU CANNOT CHARGE the patient more than
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	MA57	Patient submitted written request to revoke his/her election for religious non-medical health care services.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N34	Incorrect claim form/format for this service.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N191	THE PROVIDER MUST UPDATE INSURANCE INFORMATION DIRECTLY WITH PAYER.

299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N831	You have not responded to requests to revalidate your provider/supplier enrollment information.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N95	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS SERVICE.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE SERVICE BILLED	N34	Incorrect claim form/format for this service.
300	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION		
300	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
300	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
301	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION		
301	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.
301	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH PLAN FOR FURTHER CONSIDERATION	N216	We do not offer coverage for this type of service or the patient is not enrolled in this portion of our benefit package.
302	Precertification/notification/authorization/pre-treatment time limit has expired.		
302	Precertification/notification/authorization/pre-treatment time limit has expired.	N54	CLAIM INFORMATION IS INCONSISTENT WITH PRE-CERTIFIED/AUTHORIZED SERVICES.
302	Precertification/notification/authorization/pre-treatment time limit has expired.	N170	A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS
302	Precertification/notification/authorization/pre-treatment time limit has expired.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN
303	Prior payer's (or payers') patient responsibility (deductible, coinsurance, co-payment) not covered for Qualified Medicare and Medicaid Beneficiaries. (Use only with Group		
304	Claim received by the medical plan, but benefits not available under this plan. Submit these services to the patient's hearing plan for further consideration.		
305	Claim received by the medical plan, but benefits not available under this plan. Claim has been forwarded to the patient's hearing plan for further consideration.		
A0	PATIENT REFUND AMOUNT.		
A1	CLAIM/SERVICE DENIED.	ANY	
A5	MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.		
A6	PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET.		
A8	UNGROUPABLE DRG.		
A8	UNGROUPABLE DRG.	N647	Adjusted based on diagnosis-related group (DRG).
A8	UNGROUPABLE DRG.	N657	This should be billed with the appropriate code for these services.
B1	NON-COVERED VISITS.		
B1	NON-COVERED VISITS.	N113	Only one initial visit is covered per physician, group practice or provider.
B1	NON-COVERED VISITS.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE
B1	NON-COVERED VISITS.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
B1	NON-COVERED VISITS.	N525	THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
B1	NON-COVERED VISITS.	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
B1	NON-COVERED VISITS.	N734	THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.		
B10	ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST WAS PAID. THE BENEFICIARY IS NOT LIABLE FOR MORE THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.	M144	PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS		
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N216	WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N418	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION INSTRUCTIONS.
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N743	ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN EMPLOYMENT ACCIDENT.
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N744	ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN AUTO/OTHER ACCIDENT.
B11	THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N751	ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN.
B12	SERVICES NOT DOCUMENTED IN PATIENT'S MEDICAL RECORDS.		
B12	SERVICES NOT DOCUMENTED IN PATIENT'S MEDICAL RECORDS.	N199	ADDITIONAL PAYMENT/RECOUPMENT APPROVED BASED ON PAYER-INITIATED REVIEW/AUDIT.
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.		
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	N10	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	N347	YOUR CLAIM FOR A REFERRED OR PURCHASED SERVICE CANNOT BE PAID BECAUSE PAYMENT HAS ALREADY BEEN MADE FOR THIS SAME SERVICE TO ANOTHER PROVIDER BY A PAYMENT CONTRACTOR
B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.	N472	Payment for this service has been issued to another provider.
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.		

B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	M26	THE INFO FURNISHED DOES NOT MEET THE NEED FOR THIS LEVEL OF SERVICE(LOS). IF YOU HAVE COLLECTED ANY AMT FROM THE PATIENT FOR LOS /ANY AMT THAT EXCEEDS THE LIMITING CHARGE FOR THE LESS EXTENSIVE SERVICE, THE LAW REQUIRES YOU TO
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	N2	THIS ALLOWANCE HAS BEEN MADE IN ACCORDANCE WITH THE MOST APPROPRIATE COURSE OF TREATMENT PROVISION OF THE
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	N628	Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	N637	Consultations are not allowed once treatment has been rendered by the
B14	ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY IS COVERED.	N666	Only one evaluation and management code at this service level is covered during the course of care.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated		
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	M114	THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	M25	The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he/she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request an appeal, we will, upon application from the patient, reimburse him/her for the amount you have collected from him/her in excess of any deductible and coinsurance
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	M80	NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N122	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE SAME DATE.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N386	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE DETERMINATION AS TO WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N674	Not covered unless a pre-requisite procedure/service has been provided.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N748	ADJUSTED BECAUSE THE RELATED HOSPITAL CHARGES HAVE NOT BEEN RECEIVED.
B15	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated	N784	Missing comprehensive procedure code.
B16	NEW PATIENT' QUALIFICATIONS WERE NOT MET.		
B16	'NEW PATIENT' QUALIFICATIONS WERE NOT MET.	M13	ONLY ONE INITIAL VISIT IS COVERED PER SPECIALTY PER MEDICAL
B16	'NEW PATIENT' QUALIFICATIONS WERE NOT MET.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME
B16	NEW PATIENT' QUALIFICATIONS WERE NOT MET.	N113	Only one initial visit is covered per physician, group practice or provider.
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER		
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N10	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N120	Payment is subject to home health prospective payment system partial episode payment adjustment. Patient was transferred/discharged/
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N347	YOUR CLAIM FOR A REFERRED OR PURCHASED SERVICE CANNOT BE PAID BECAUSE PAYMENT HAS ALREADY BEEN MADE FOR THIS SAME SERVICE TO ANOTHER PROVIDER BY A PAYMENT CONTRACTOR
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER	N472	Payment for this service has been issued to another provider.
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N538	A facility is responsible for payment to outside providers who furnish these services/supplies/drugs to its patients/residents.
B22	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.		
B23	PROCEDURE BILLED IS NOT AUTHORIZED PER YOUR CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) PROFICIENCY TEST.		
B4	LATE FILING PENALTY.		
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.		
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	M143	The provider must update license information with the payer.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	MA47	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT.

B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	MA56	OUR RECORDS SHOW YOU HAVE OPTED OUT OF MEDICARE, AGREEING WITH THE PATIENT NOT TO BILL MEDICARE FOR SERVICES/TESTS/SUPPLIES FURNISHED. AS RESULT, WE CANNOT PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT, BUT UNDER FEDERAL LAW, YOU CANNOT CHARGE the patient more than
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N115	THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N425	Statutorily excluded service(s).
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N450	Covered only when performed by the primary treating physician or the designee.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N570	MISSING/INCOMPLETE/INVALID CREDENTIALING DATA.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N612	Medical provider not authorized/certified to provide treatment to injured workers in this jurisdiction.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N665	Services by an unlicensed provider are not reimbursable.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N732	SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT REIMBURSABLE.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N790	PROVIDER/SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE.
B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.	N95	This provider type/provider specialty may not bill this service.
B8	ALTERNATIVE SERVICES WERE AVAILABLE, AND SHOULD HAVE BEEN UTILIZED.		
B9	PATIENT IS ENROLLED IN A HOSPICE.		
B9	PATIENT IS ENROLLED IN A HOSPICE.	M25	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR
B9	PATIENT IS ENROLLED IN A HOSPICE.	N90	COVERED ONLY WHEN PERFORMED BY THE ATTENDING PHYSICIAN.
		M102	Service not performed on equipment approved by the FDA for this
		M103	INFORMATION SUPPLIED SUPPORTS A BREAK IN THERAPY. HOWEVER, THE MEDICAL INFORMATION WE HAVE FOR THIS PATIENT DOES NOT SUPPORT THE NEED FOR THIS ITEM AS BILLED. WE HAVE APPROVED PAYMENT FOR THIS ITEM AT A REDUCED LEVEL, AND A
		M104	INFORMATION SUPPLIED SUPPORTS A BREAK IN THERAPY. A NEW CAPPED RENTAL PERIOD WILL BEGIN WITH DELIVERY OF THE EQUIPMENT. THIS IS THE MAXIMUM APPROVED UNDER THE FEE
		M105	INFORMATION SUPPLIED DOES NOT SUPPORT A BREAK IN THERAPY. THE MEDICAL INFORMATION WE HAVE FOR THIS PATIENT DOES NOT SUPPORT THE NEED FOR THIS ITEM AS BILLED. WE HAVE APPROVED PAYMENT FOR THIS ITEM AT A REDUCED LEVEL, AND A NEW CAPPED
		M107	PAYMENT REDUCED AS 90-DAY ROLLING AVERAGE HEMATOCRIT FOR ESRD PATIENT EXCEEDED 36.5%.
		M113	OUR RECORDS INDICATE THAT THIS PATIENT BEGAN USING THIS ITEM/SERVICE PRIOR TO THE CURRENT CONTRACT PERIOD FOR THE DMEPOS COMPETITIVE BIDDING PROGRAM.
		M137	PART B COINSURANCE UNDER A DEMONSTRATION PROJECT OR
		M16	ALERT: PLEASE SEE OUR WEB SITE, MAILINGS, OR BULLETINS FOR MORE DETAILS CONCERNING THIS POLICY/PROCEDURE/DECISION.
		M17	ALERT: PAYMENT APPROVED AS YOU DID NOT KNOW, AND COULD NOT REASONABLY HAVE BEEN EXPECTED TO KNOW, THAT THIS WOULD NOT NORMALLY HAVE BEEN COVERED FOR THIS PATIENT. IN THE FUTURE, YOU WILL BE LIABLE FOR CHARGES FOR THE SAME
		M27	ALERT:THE PATIENT HAS BEEN RELIEVED OF LIABILITY OF PMT OF THESE ITEMS & SVCS UNDER THE LIMITATION OF LIABILITY PROVISION. THE PROVIDER IS LIABLE FOR THE CHARGES, INCLUDING ANY CHARGES FOR COINS, SINCE THE ITEMS OR SVCS WERE NOT
		M32	ALERT: THIS IS A CONDITIONAL PAYMENT MADE PENDING A DECISION ON THIS SERVICE BY THE PATIENT'S PRIMARY PAYER. THIS PAYMENT MAY BE SUBJECT TO REFUND UPON YOUR RECEIPT OF ANY ADDITIONAL PAYMENT FOR THIS SERVICE FROM ANOTHER
		M38	ALERT: THE PATIENT IS LIABLE FOR THE CHARGES FOR THIS SERVICE AS THEY WERE INFORMED IN WRITING BEFORE THE SERVICE WAS FURNISHED THAT WE WOULD NOT PAY FOR IT AND THE PATIENT AGREED TO BE RESPONSIBLE FOR THE CHARGES.
		M39	ALERT: THE PATIENT IS NOT LIABLE FOR PAYMENT OF THIS SERVICE AS THE ADVANCE NOTICE OF NON-COVERAGE YOU PROVIDED THE PATIENT DID NOT COMPLY WITH PROGRAM REQUIREMENTS.
		M4	ALERT: THIS IS THE LAST MONTHLY INSTALLMENT PAYMENT FOR THIS DURABLE MEDICAL EQUIPMENT.
		M5	MONTHLY RENTAL PAYMENTS CAN CONTINUE UNTIL THE EARLIER OF THE 15TH MONTH FROM THE FIRST RENTAL MONTH, OR THE MONTH WHEN THE EQUIPMENT IS NO LONGER NEEDED.
		M6	ALERT: YOU MUST FURNISH AND SERVICE THIS ITEM FOR ANY PERIOD OF MEDICAL NEED FOR THE REMAINDER OF THE REASONABLE USEFUL LIFETIME OF THE EQUIPMENT.
		M66	OUR RECORDS INDICATE THAT YOU BILLED DIAGNOSTIC TESTS SUBJECT TO PRICE LIMITATIONS AND THE PROCEDURE CODE SUBMITTED INCLUDES A PROFESSIONAL COMPONENT. ONLY THE TECHNICAL COMPONENT IS SUBJECT TO PRICE LIMITATIONS.
		M69	PAID AT THE REGULAR RATE AS YOU DID NOT SUBMIT DOCUMENTATION TO JUSTIFY THE MODIFIED PROCEDURE CODE.
		M70	ALERT: THE NDC CODE SUBMITTED FOR THIS SERVICE WAS TRANSLATED TO A HCPCS CODE FOR PROCESSING, BUT PLEASE CONTINUE TO SUBMIT THE NDC ON FUTURE CLAIMS FOR THIS ITEM.
		M71	TOTAL PAYMENT REDUCED DUE TO OVERLAP OF TESTS BILLED.
		M74	THIS SERVICE DOES NOT QUALIFY FOR A HPSA/PHYSICIAN SCARCITY BONUS PAYMENT.

		M75	MULTIPLE AUTOMATED MULTICHANNEL TESTS PERFORMED ON THE SAME DAY COMBINED FOR PAYMENT.
		M9	ALERT: THIS IS THE TENTH RENTAL MONTH. YOU MUST OFFER THE PATIENT THE CHOICE OF CHANGING THE RENTAL TO A PURCHASE
		M93	INFORMATION SUPPLIED SUPPORTS A BREAK IN THERAPY. A NEW CAPPED RENTAL PERIOD BEGAN WITH DELIVERY OF THIS
		M94	INFORMATION SUPPLIED DOES NOT SUPPORT A BREAK IN THERAPY. A NEW CAPPED RENTAL PERIOD WILL NOT BEGIN.
		M95	SERVICES SUBJECTED TO HOME HEALTH INITIATIVE MEDICAL REVIEW/COST REPORT AUDIT.
		MA01	ALERT: IF YOU DO NOT AGREE WITH WHAT WE APPROVED FOR THESE SERVICES, YOU MAY APPEAL OUR DECISION. TO MAKE SURE THAT WE ARE FAIR TO YOU, WE REQUIRE ANOTHER INDIVIDUAL THAT DID NOT PROCESS YOUR INITIAL CLAIM TO CONDUCT THE APPEAL.
		MA02	ALERT: IF YOU DO NOT AGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO APPEAL. YOU MUST FILE A WRITTEN REQUEST FOR AN APPEAL WITHIN 180 DAYS OF THE DATE YOU RECEIVE THIS
		MA07	ALERT: THE CLAIM INFORMATION HAS ALSO BEEN FORWARDED TO MEDICAID FOR REVIEW.
		MA08	ALERT: CLAIM INFORMATION WAS NOT FORWARDED BECAUSE THE SUPPLEMENTAL COVERAGE IS NOT WITH A MEDIGAP PLAN, OR YOU DO NOT PARTICIPATE IN MEDICARE.
		MA09	ALERT: CLAIM SUBMITTED AS UNASSIGNED BUT PROCESSED AS ASSIGNED IN ACCORDANCE WITH OUR CURRENT
		MA10	ALERT: THE PATIENT'S PAYMENT WAS IN EXCESS OF THE AMOUNT OWED. YOU MUST REFUND THE OVERPAYMENT TO THE PATIENT.
		MA103	HEMOPHILIA ADD ON.
		MA106	PIP (PERIODIC INTERIM PAYMENT) CLAIM.
		MA107	PAPER CLAIM CONTAINS MORE THAN THREE SEPARATE DATA ITEMS
		MA108	PAPER CLAIM CONTAINS MORE THAN ONE DATA ITEM IN FIELD 23.
		MA117	THIS CLAIM HAS BEEN ASSESSED A $1.00 USER FEE.
		MA118	ALERT: NO MEDICARE PAYMENT ISSUED FOR THIS CLAIM FOR SERVICES OR SUPPLIES FURNISHED TO A MEDICARE-ELIGIBLE VETERAN THROUGH A FACILITY OF THE DEPARTMENT OF VETERANS AFFAIRS. COINSURANCE AND/OR DEDUCTIBLE ARE APPLICABLE.
		MA12	YOU HAVE NOT ESTABLISHED THAT YOU HAVE THE RIGHT UNDER THE LAW TO BILL FOR SERVICES FURNISHED BY THE PERSON(S) THAT FURNISHED THIS (THESE) SERVICE(S).
		MA125	PER LEGISLATION GOVERNING THIS PROGRAM, PAYMENT CONSTITUTES PAYMENT IN FULL.
		MA13	ALERT: YOU MAY BE SUBJECT TO PENALTIES IF YOU BILL THE PATIENT FOR AMOUNTS NOT REPORTED WITH THE PR (PATIENT
		MA132	ADJUSTMENT TO THE PRE-DEMONSTRATION RATE.
		MA133	CLAIM OVERLAPS INPATIENT STAY. REBILL ONLY THOSE SERVICES RENDERED OUTSIDE THE INPATIENT STAY.
		MA14	ALERT: THE PATIENT IS A MEMBER OF AN EMPLOYER-SPONSORED PREPAID HEALTH PLAN. SERVICES FROM OUTSIDE THAT HEALTH PLAN ARE NOT COVERED. HOWEVER, AS YOU WERE NOT PREVIOUSLY NOTIFIED OF THIS, WE ARE PAYING THIS TIME. IN THE
		MA15	ALERT: YOUR CLAIM HAS BEEN SEPARATED TO EXPEDITE HANDLING. YOU WILL RECEIVE A SEPARATE NOTICE FOR THE OTHER SERVICES
		MA17	WE ARE THE PRIMARY PAYER AND HAVE PAID AT THE PRIMARY RATE. YOU MUST CONTACT THE PATIENT'S OTHER INSURER TO REFUND ANY EXCESS IT MAY HAVE PAID DUE TO ITS ERRONEOUS PRIMARY
		MA18	ALERT: THE CLAIM INFORMATION IS ALSO BEING FORWARDED TO THE PATIENT'S SUPPLEMENTAL INSURER. SEND ANY QUESTIONS REGARDING SUPPLEMENTAL BENEFITS TO THEM.
		MA19	ALERT: INFORMATION WAS NOT SENT TO THE MEDIGAP INSURER DUE TO INCORRECT/INVALID INFORMATION YOU SUBMITTED CONCERNING THAT INSURER. PLEASE VERIFY YOUR INFORMATION AND SUBMIT YOUR SECONDARY CLAIM DIRECTLY TO THAT INSURER.
		MA22	PAYMENT OF LESS THAN $1.00 SUPPRESSED.
		MA23	DEMAND BILL APPROVED AS RESULT OF MEDICAL REVIEW.
		MA26	ALERT: OUR RECORDS INDICATE THAT YOU WERE PREVIOUSLY INFORMED OF THIS RULE.
		MA28	ALERT: RECEIPT OF THIS NOTICE BY A PHYSICIAN OR SUPPLIER WHO DID NOT ACCEPT ASSIGNMENT IS FOR INFORMATION ONLY AND DOES NOT MAKE THE PHYSICIAN OR SUPPLIER A PARTY TO THE DETERMINATION. NO ADDITIONAL RIGHTS TO APPEAL THIS
		MA44	ALERT: No appeal rights. Adjudicative decision based on law.
		MA45	ALERT: AS PREVIOUSLY ADVISED, A PORTION OR ALL OF YOUR PAYMENT IS BEING HELD IN A SPECIAL ACCOUNT.
		MA46	ALERT: THE NEW INFORMATION WAS CONSIDERED BUT ADDITIIONAL PAYMENT WILL NOT BE ISSUED.
		MA59	ALERT: THE PATIENT OVERPAID YOU FOR THESE SERVICES. YOU MUST ISSUE THE PATIENT A REFUND WITHIN 30 DAYS FOR THE DIFFERENCE BETWEEN HIS/HER PAYMENT AND THE TOTAL AMOUNT SHOWN AS PATIENT RESPONSIBILITY ON THIS NOTICE.
		MA62	ALERT: THIS IS A TELEPHONE REVIEW DECISION.
		MA67	ALERT: CORRECTION TO A PRIOR CLAIM.
		MA68	ALERT: WE DID NOT CROSSOVER THIS CLAIM BECAUSE THE SECONDARY INSURANCE INFORMATION ON THE CLAIM WAS INCOMPLETE. PLEASE SUPPLY COMPLETE INFORMATION OR USE THE PLANID OF THE INSURER TO ASSURE CORRECT AND TIMELY
		MA72	ALERT: THE PATIENT OVERPAID YOU FOR THESE ASSIGNED SERVICES. YOU MUST ISSUE THE PATIENT A REFUND WITHIN 30 DAYS FOR THE DIFFERENCE BETWEEN HIS/HER PAYMENT TO YOU AND THE TOTAL OF THE AMOUNT SHOWN AS PATIENT
		MA74	ALERT: THIS PAYMENT REPLACES AN EARLIER PAYMENT FOR THIS CLAIM THAT WAS EITHER LOST, DAMAGED OR RETURNED.

		MA77	ALERT: THE PATIENT OVERPAID YOU. YOU MUST ISSUE THE PATIENT A REFUND WITHIN 30 DAYS FOR THE DIFFERENCE BETWEEN THE PATIENT'S PAYMENT LESS THE TOTAL OF OUR AND OTHER PAYER PAYMENTS AND THE AMOUNT SHOWN AS PATIENT RESPONSIBILITY
		MA79	BILLED IN EXCESS OF INTERIM RATE.
		MA80	INFORMATIONAL NOTICE. NO PAYMENT ISSUED FOR THIS CLAIM WITH THIS NOTICE. PAYMENT ISSUED TO THE HOSPITAL BY ITS INTERMEDIARY FOR ALL SERVICES FOR THIS ENCOUNTER UNDER A
		MA91	ALERT: This determination is the result of the appeal you filed.
		MA93	NON-PIP (PERIODIC INTERIM PAYMENT) CLAIM.
		N1	ALERT: YOU MAY APPEAL THIS DECISION IN WRITING WITHIN THE REQUIRED TIME LIMITS FOLLOWING RECEIPT OF THIS NOTICE BY FOLLOWING THE INSTRUCTIONS INCLUDED IN YOUR CONTRACT OR
		N109	ALERT: THIS CLAIM/SERVICE WAS CHOSEN FOR COMPLEX REVIEW.
		N11	DENIAL REVERSED BECAUSE OF MEDICAL REVIEW.
		N112	THIS CLAIM IS EXCLUDED FROM YOUR ELECTRONIC REMITTANCE
		N114	DURING THE TRANSITION TO THE AMBULANCE FEE SCHEDULE, PAYMENT IS BASED ON THE LESSER OF A BLENDED AMOUNT CALCULATED USING A PERCENTAGE OF THE REASONABLE CHARGE/COST AND FEE SCHEDULE AMOUNTS, OR THE SUBMITTED CHARGE FOR THE SERVICE. YOU WILL BE NOTIFIED YEA
		N116	ALERT: THIS PAYMENT IS BEING MADE CONDITIONALLY BECAUSE THE SERVICE WAS PROVIDED IN THE HOME, AND IT IS POSSIBLE THAT THE PATIENT IS UNDER A HOME HEALTH EPISODE OF CARE. WHEN A PATIENT IS TREATED UNDER A HOME HEALTH EPISODE OF CARE, CONSOLIDATED BILLING REQUIRES THAT CERTAIN THERAPY SERVICES AND SUPPLIES, SUCH AS THIS, BE INCLUDED IN THE HOME HEALTH AGENCY'S (HHA'S) PAYMENT. THIS PAYMENT WILL NEED TO BE RECOUPED FROM YOU IF WE ESTABLISH THAT THE PATIENT IS
		N119	THIS SERVICE IS NOT PAID IF BILLED ONCE EVERY 28 DAYS, AND THE PATIENT HAS SPENT 5 OR MORE CONSECUTIVE DAYS IN ANY INPATIENT OR SKILLED /NURSING FACILITY (SNF) WITHIN THOSE 28
		N123	ALERT: THIS IS A SPLIT SERVICE AND REPRESENTS A PORTION OF THE UNITS FROM THE ORIGINALLY SUBMITTED SERVICE.
		N13	PAYMENT BASED ON PROFESSIONAL/TECHNICAL COMPONENT
		N131	TOTAL PAYMENTS UNDER MULTIPLE CONTRACTS CANNOT EXCEED THE ALLOWANCE FOR THIS SERVICE.
		N132	ALERT: PAYMENTS WILL CEASE FOR SERVICES RENDERED BY THIS US GOVERNMENT DEBARRED OR EXCLUDED PROVIDER AFTER THE 30 DAY GRACE PERIOD AS PREVIOUSLY NOTIFIED.
		N133	ALERT: SERVICES FOR PREDETERMINATION AND SERVICES REQUESTING PAYMENT ARE BEING PROCESSED SEPARATELY.
		N134	ALERT: THIS REPRESENTS YOUR SCHEDULED PAYMENT FOR THIS SERVICE. IF TREATMENT HAS BEEN DISCONTINUED, PLEASE
		N135	RECORD FEES ARE THE PATIENT'S RESPONSIBILITY AND LIMITED TO THE SPECIFIED CO-PAYMENT.
		N136	ALERT: TO OBTAIN INFORMATION ON THE PROCESS TO FILE AN APPEAL IN ARIZONA, CALL THE DEPARTMENT'S CONSUMER ASSISTANCE OFFICE AT (602) 912-8444 OR (800) 325-2548.
		N137	ALERT: THE PROVIDER ACTING ON THE MEMBER'S BEHALF, MAY FILE AN APPEAL WITH THE PAYER. THE PROVIDER, ACTING ON THE MEMBER'S BEHALF, MAY FILE A COMPLAINT WITH THE STATE INSURANCE REGULATORY AUTHORITY WITHOUT FIRST FILING AN
		N138	ALERT: IN THE EVENT YOU DISAGREE WITH THE DENTAL ADVISOR'S OPINION AND HAVE ADDITIONAL INFORMATION RELATIVE TO THE CASE, YOU MAY SUBMIT RADIOGRAPHS TO THE DENTAL ADVISOR UNIT AT THE SUBSCRIBER'S DENTAL INSURANCE CARRIER FOR A
		N139	ALERT:UNDER 32 CFR 199.13, A NON-PAR PROVIDER ISN'T AN APPROPRIATE APPEALING PARTY. IF YOU DISAGREE W/ THE DENTAL ADVISOR, YOU MAY APPEAL THE DETERMINATION IF APPOINTED IN WRITING, BY THE BENEFICIARY, TO ACT AS HIS/HER REP. SHOULD YOU BE APPOINTED AS A REP, SUBMIT A COPY OF THIS LETTER, A SIGNED STATEMENT EXPLAINING THE MATTER IN WHICH YOU DISAGREE, & ANY RADIOGRAPHS & RELEVANT INFO TO THE SUBS
		N140	ALERT: YOU HAVE NOT BEEN DESIGNATED AS AN AUTHORIZED OCONUS PROVIDER THEREFORE ARE NOT CONSIDERED AN APPROPRIATE APPEALING PARTY. IF THE BENEFICIARY HAS APPOINTED YOU, IN WRITING, TO ACT AS HIS/HER REPRESENTATIVE
		N144	THE RATE CHANGED DURING THE DATES OF SERVICE BILLED.
		N149	REBILL ALL APPLICABLE SERVICES ON A SINGLE CLAIM.
		N154	ALERT: THIS PAYMENT WAS DELAYED FOR CORRECTION OF PROVIDER'S MAILING ADDRESS.
		N155	ALERT: OUR RECORDS DO NOT INDICATE THAT OTHER INSURANCE IS ON FILE. PLEASE SUBMIT OTHER INSURANCE INFORMATION FOR
		N156	ALERT: THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE APPROVED TREATMENT AND THE ELECTIVE
		N16	FAMILY/MEMBER OUT-OF-POCKET MAXIMUM HAS BEEN MET. PAYMENT BASED ON A HIGHER PERCENTAGE.
		N160	THE PATIENT MUST CHOOSE AN OPTION BEFORE A PAYMENT CAN BE MADE FOR THIS PROCEDURE/ EQUIPMENT/ SUPPLY/ SERVICE.
		N162	ALERT: ALTHOUGH YOUR CLAIM WAS PAID, YOU HAVE BILLED FOR A TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY CERTIFICATION INFORMATION WILL RESULT IN A DENIAL OF
		N172	THE PATIENT IS NOT LIABLE FOR THE DENIED/ADJUSTED CHARGE(S) FOR RECEIVING ANY UPDATED SERVICE/ITEM.
		N177	ALERT: WE DID NOT SEND THIS CLAIM TO PATIENT'S OTHER INSURER. THEY HAVE INDICATED NO ADDITIONAL PAYMENT CAN BE
		N179	ADDITIONAL INFORMATION HAS BEEN REQUESTED FROM THE MEMBER. THE CHARGES WILL BE RECONSIDERED UPON RECEIPT OF

		N181	ADDITIONAL INFORMATION IS REQUIRED FROM ANOTHER PROVIDER INVOLVED IN THIS SERVICE.
		N183	ALERT: THIS IS A PREDETERMINATION ADVISORY MESSAGE, WHEN THIS SERVICE IS SUBMITTED FOR PAYMENT ADDITIONAL DOCUMENTATION AS SPECIFIED IN PLAN DOCUMENTS WILL BE
		N185	ALERT: DO NOT RESUBMIT THIS CLAIM/SERVICE.
		N187	ALERT: YOU MAY REQUEST A REVIEW IN WRITING WITHIN THE REQUIRED TIME LIMITS FOLLOWING RECEIPT OF THIS NOTICE BY FOLLOWING THE INSTRUCTIONS INCLUDED IN YOUR CONTRACT OR
		N189	ALERT: THIS SERVICE HAS BEEN PAID AS A ONE-TIME EXCEPTION TO THE PLAN'S BENEFIT RESTRICTIONS.
		N192	ALERT: Patient is a Medicaid/Qualified Medicare beneficiary.
		N193	ALERT: SPECIFIC FEDERAL/STATE/LOCAL PROGRAM MAY COVER THIS SERVICE THROUGH ANOTHER PAYER.
		N195	THE TECHNICAL COMPONENT MUST BE BILLED SEPARATELY.
		N196	ALERT: PATIENT ELIGIBLE TO APPLY FOR OTHER COVERAGE WHICH MAY BE PRIMARY.
		N202	ALERT: ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT
		N21	ALERT: YOUR LINE ITEM HAS BEEN SEPARATED INTO MULTIPLE LINES TO EXPEDITE HANDLING.
		N210	ALERT: YOU MAY APPEAL THIS DECISION.
		N211	ALERT: YOU MAY NOT APPEAL THIS DECISION.
		N212	CHARGES PROCESSED UNDER A POINT OF SERVICE BENEFIT.
		N215	ALERT: A PAYER PROVIDING SUPPLEMENTAL OR SECONDARY COVERAGE SHALL NOT REQUIRE A CLAIMS DETERMINATION FOR THIS SERVICE FROM A PRIMARY PAYER AS A CONDITION OF MAKING
		N217	WE PAY ONLY ONE SITE OF SERVICE PER PROVIDER PER CLAIM.
		N218	YOU MUST FURNISH AND SERVICE THIS ITEM FOR AS LONG AS THE PATIENT CONTINUES TO NEED IT. WE CAN PAY FOR MAINTENANCE AND/OR SERVICING FOR THE TIME PERIOD SPECIFIED IN THE
		N219	PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT.
		N22	ALERT: THIS PROCEDURE CODE WAS ADDED/CHANGED BECAUSE IT MORE ACCURATELY DESCRIBES THE SERVICES RENDERED.
		N220	ALERT: SEE THE PAYER'S WEB SITE OR CONTACT THE PAYER'S CUSTOMER SERVICE DEPARTMENT TO OBTAIN FORMS AND INSTRUCTIONS FOR FILING A PROVIDER DISPUTE.
		N23	ALERT: PATIENT LIABILITY MAY BE AFFECTED DUE TO COORDINATION OF BENEFITS WITH OTHER CARRIERS AND/OR
		N24	MISSING/INCOMPLETE/INVALID ELECTRONIC FUNDS TRANSFER (EFT) BANKING INFORMATION.
		N25	THIS COMPANY HAS BEEN CONTRACTED BY YOUR BENEFIT PLAN TO PROVIDE ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY. THIS COMPANY DOES NOT ASSUME FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS PROCESSED ON BEHALF OF YOUR
		N311	MISSING/INCOMPLETE/INVALID AUTHORIZED TO RETURN TO WORK
		N33	NO RECORD OF HEALTH CHECK PRIOR TO INITIATION OF
		N352	ALERT: THERE ARE NO SCHEDULED PAYMENTS FOR THIS SERVICE. SUBMIT A CLAIM FOR EACH PATIENT VISIT.
		N353	ALERT: BENEFITS HAVE BEEN ESTIMATED, WHEN THE ACTUAL SERVICES HAVE BEEN RENDERED, ADDITIONAL PAYMENT WILL BE CONSIDERED BASED ON THE SUBMITTED CLAIM.
		N355	ALERT: THE LAW PERMITS EXCEPTIONS TO THE REFUND REQUIREMENT IF YOU DID NOT KNOW, OR - IF YOU NOTIFIED THE PATIENT IN WRITING BEFORE PROVIDING THE SERVICE THAT YOU BELIEVED THAT WE WERE LIKELY TO DENY THE SERVICE. IF YOU
		N358	ALERT: THIS DECISION MAY BE REVIEWED IF ADDITIONAL DOCUMENTATION AS DESCRIBED IN THE CONTRACT OR PLAN
		N360	ALERT: COORDINATION OF BENEFITS HAS NOT BEEN CALCULATED WHEN ESTIMATING BENEFITS FOR THIS PRE-DETERMINATION. SUBMIT PAYMENT INFORMATION FROM THE PRIMARY PAYER WITH
		N363	ALERT: IN THE NEAR FUTURE WE ARE IMPLEMENTING NEW POLICIES/PROCEDURES THAT WOULD AFFECT THIS DETERMINATION.
		N364	ALERT: ACCORDING TO OUR AGREEMENT, YOU MUST WAIVE THE DEDUCTIBLE AND/OR COINSURANCE AMOUNTS.
		N366	REQUESTED INFORMATION NOT PROVIDED. THE CLAIM WILL BE REOPENED IF THE INFORMATION PREVIOUSLY REQUESTED IS SUBMITTED WITHIN ONE YEAR AFTER THE DATE OF THIS DENIAL
		N367	ALERT: THE CLAIM INFORMATION HAS BEEN FORWARDED TO A HEALTH SAVINGS ACCOUNT PROCESSOR FOR REVIEW.
		N368	YOU MUST APPEAL THE DETERMINATION OF THE PREVIOUSLY ADJUDICATED CLAIM
		N369	ALERT: ALTHOUGH THIS CLAIM HAS BEEN PROCESSED, IT IS DEFICIENT ACCORDING TO STATE LEGISLATION/REGULATION.
		N371	ALERT: TITLE OF THIS EQUIPMENT MUST BE TRANSFERRED TO THE
		N373	IT HAS BEEN DETERMINED THAT ANOTHER PAYER PAID THE SERVICES AS PRIMARY WHEN THEY WERE NOT THE PRIMARY PAYER. THEREFORE, WE ARE REFUNDING TO THE PAYER THAT PAID AS
		N377	PAYMENT BASED ON A PROCESSED REPLACEMENT CLAIM.
		N379	CLAIM LEVEL INFORMATION DOES NOT MATCH LINE LEVEL
		N380	THE ORIGINAL CLAIM HAS BEEN PROCESSED, SUBMIT A CORRECTED
		N381	ALERT: CONSULT OUR CONTRACTUAL AGREEMENT FOR RESTRICTIONS/BILLING/PAYMENT INFORMATION RELATED TO THESE
		N384	RECORDS INDICATE THAT THE REFERENCED BODY PART/TOOTH HAS BEEN REMOVED IN A PREVIOUS PROCEDURE.
		N385	NOTIFICATION OF ADMISSION WAS NOT TIMELY ACCORDING TO PUBLISHED PLAN PROCEDURES.
		N387	ALERT:SUBMIT THIS CLAIM TO THE PATIENT'S OTHER INSURER FOR POTENTIAL PAYMENT OF SUPPLEMENTAL BENEFITS. WE DID NOT FORWARD THE CLAIM INFORMATION.
		N397	BENEFITS ARE NOT AVAILABLE FOR INCOMPLETE SERVICE(S)/UNDELIVERED ITEM(S).

		N400	ELECTRONICALLY ENABLED PROVIDERS SHOULD SUBMIT CLAIMS ELECTRONICALLY.
		N411	THIS SERVICE IS ALLOWED ONE TIME IN A 6-MONTH PERIOD.
		N412	THIS SERVICE IS ALLOWED 2 TIMES IN A 12-MONTH PERIOD.
		N413	THIS SERVICE IS ALLOWED 2 TIMES IN A BENEFIT YEAR.
		N414	THIS SERVICE IS ALLOWED 4 TIMES IN A 12-MONTH PERIOD.
		N415	THIS SERVICE IS ALLOWED 1 TIME IN AN 18-MONTH PERIOD.
		N416	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD.
		N417	THIS SERVICE IS ALLOWED 1 TIME IN A 5-YEAR PERIOD.
		N419	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A RETROACTIVE RATE CHANGE.
		N420	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A COORDINATION OF BENEFITS OR THIRD
		N421	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A REVIEW ORGANIZATION DECISION.
		N422	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A PAYER'S CONTRACT INCENTIVE PROGRAM.
		N423	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE ADJUSTMENT DUE TO A NON STANDARD PROGRAM.
		N432	ALERT: ADJUSTMENT BASED ON A RECOVERY AUDIT.
		N436	THE INJURY CLAIM HAS NOT BEEN ACCEPTED AND A MANDATORY MEDICAL REIMBURSEMENT HAS BEEN MADE.
		N437	ALERT: IF THE INJURY CLAIM IS ACCEPTED, THESE CHARGES WILL BE RECONSIDERED.
		N438	THIS JURISDICTION ONLY ACCEPTS PAPER CLAIMS.
		N442	PAYMENT BASED ON AN ALTERNATE FEE SCHEDULE.
		N444	ALERT: THIS FACILITY HAS NOT FILED THE ELECTION FOR HIGH COST OUTLIER FORM WITH THE DIVISION OF WORKERS'
		N447	PAYMENT IS BASED ON A GENERIC EQUIVALENT AS REQUIRED DOCUMENTATION WAS NOT PROVIDED.
		N449	PAYMENT BASED ON A COMPARABLE DRUG/SERVICE/SUPPLY.
		N464	INCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.
		N469	ALERT: CLAIM/SERVICE(S) SUBJECT TO APPEAL PROCESS, SEE SECTION 935 OF MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003 (MMA).
		N47	CLAIM CONFLICTS WITH ANOTHER INPATIENT STAY.
		N470	THIS PAYMENT WILL COMPLETE THE MANDATORY MEDICAL REIMBURSEMENT LIMIT.
		N49	COURT ORDERED COVERAGE INFORMATION NEEDS VALIDATION.
		N492	ALERT: A NETWORK PROVIDER MAY BILL THE MEMBER FOR THIS SERVICE IF THE MEMBER REQUESTED THE SERVICE AND AGREED IN WRITING, PRIOR TO RECEIVING THE SERVICE, TO BE FINANCIALLY RESPONSIBLE FOR THE BILLED CHARGE.
		N5	EOB RECEIVED FROM PREVIOUS PAYER. CLAIM NOT ON FILE.
		N505	ALERT: THIS RESPONSE INCLUDES ONLY SERVICES THAT COULD BE ESTIMATED IN REAL TIME. NO ESTIMATE WILL BE PROVIDED FOR THE SERVICES THAT COULD NOT BE ESTIMATED IN REAL TIME.
		N506	ALERT: THIS IS AN ESTIMATE OF THE MEMBER'S LIABILITY BASED ON THE INFORMATION AVAILABLE AT THE TIME THE ESTIMATE WAS PROCESSED. ACTUAL COVERAGE AND MEMBER LIABILITY AMOUNTS WILL BE DETERMINED WHEN THE CLAIM IS PROCESSED. THIS IS NOT
		N508	ALERT: THIS REAL TIME CLAIM ADJUDICATION RESPONSE REPRESENTS THE MEMBER RESPONSIBILITY TO THE PROVIDER FOR SERVICES REPORTED. THE MEMBER WILL RECEIVE AN EXPLANATION OF BENEFITS ELECTRONICALLY OR IN THE MAIL. CONTACT THE
		N509	ALERT: A CURRENT INQUIRY SHOWS THE MEMBER'S CONSUMER SPENDING ACCOUNT CONTAINS SUFFICIENT FUNDS TO COVER THE MEMBER LIABILITY FOR THIS CLAIM/SERVICE. ACTUAL PAYMENT FROM THE CONSUMER SPENDING ACCOUNT WILL DEPEND ON THE
		N51	ELECTRONIC INTERCHANGE AGREEMENT NOT ON FILE FOR
		N510	ALERT: A CURRENT INQUIRY SHOWS THE MEMBER'S CONSUMER SPENDING ACCOUNT DOES NOT CONTAIN SUFFICIENT FUNDS TO COVER THE MEMBER'S LIABILITY FOR THIS CLAIM/SERVICE. ACTUAL PAYMENT FROM THE CONSUMER SPENDING ACCOUNT WILL DEPEND
		N511	ALERT: INFORMATION ON THE AVAILABILITY OF CONSUMER SPENDING ACCOUNT FUNDS TO COVER THE MEMBER LIABILITY ON THIS CLAIM/SERVICE IS NOT AVAILABLE AT THIS TIME.
		N512	ALERT: THIS IS THE INITIAL REMIT OF A NON-NCPDP CLAIM ORIGINALLY SUBMITTED REAL-TIME WITHOUT CHANGE TO THE
		N513	ALERT: THIS IS THE INITIAL REMIT OF A NON-NCPDP CLAIM ORIGINALLY SUBMITTED REAL-TIME WITH A CHANGE TO THE
		N516	RECORDS INDICATE A MISMATCH BETWEEN THE SUBMITTED NPI
		N520	ALERT: PAYMENT MADE FROM A CONSUMER SPENDING ACCOUNT.
		N523	THE LIMITATION ON OUTLIER PAYMENTS DEFINED BY THIS PAYER FOR THIS SERVICE PERIOD HAS BEEN MET. THE OUTLIER PAYMENT OTHERWISE APPLICABLE TO THIS CLAIM HAS NOT BEEN PAID.
		N524	BASED ON POLICY THIS PAYMENT CONSTITUTES PAYMENT IN FULL.
		N526	NOT QUALIFIED FOR RECOVERY BASED ON EMPLOYER SIZE.
		N527	WE PROCESSED THIS CLAIM AS THE PRIMARY PAYER PRIOR TO RECEIVING THE RECOVERY DEMAND.
		N530	OUR RECORDS INDICATE A MISMATCH IN ENROLLMENT INFORMATION FOR THIS PATIENT.
		N531	NOT QUALIFIED FOR RECOVERY BASED ON DIRECT PAYMENT OF
		N532	NOT QUALIIFIED FOR RECOVERY BASED ON DISABIITY AND WORKING
		N533	SERVICES PERFORMED IN AN INDIAN HEALTH SERVICES FACILITY UNDER A SELF-INSURED TRIBAL GROUP HEALTH PLAN.
		N534	THIS IS AN INDIVIDUAL POLICY, THE EMPLOYER DOES NOT PARTICIPATE IN PLAN SPONSORSHIP.
		N535	PAYMENT IS ADJUSTED WHEN PROCEDURE IS PERFORMED IN THIS PLACE OF SERVICE BASED ON THE SUBMITTED PROCEDURE CODE

		N537	WE HAVE EXAMINED CLAIMS HISTORY AND NO RECORDS OF THE SERVICES HAVE BEEN FOUND.
		N539	ALERT: WE PROCESSED APPEALS/WAIVER REQUESTS ON YOUR BEHALF AND THAT REQUEST HAS BEEN DENIED.
		N540	PAYMENT ADJUSTED BASED ON THE INTERRUPTED STAY POLICY.
		N541	MISMATCH BETWEEN THE SUBMITTED INSURANCE TYPE CODE AND THE INFORMATION STORED IN OUR SYSTEM.
		N544	ALERT: ALTHOUGH THIS WAS PAID, YOU HAVE BILLED WITH A REFERRING/ORDERING PROVIDER THAT DOES NOT MATCH OUR SYSTEM RECORD. UNLESS, CORRECTED, THIS WILL NOT BE PAID IN
		N545	PAYMENT REDUCED BASED ON STATUS AS AN UNSUCCESSFUL EPRESCRIBER PER THE ELECTRONIC PRESCRIBING (ERX) INCENTIVE
		N546	PAYMENT REPRESENTS A PREVIOUS REDUCTION BASED ON THE ELECTRONIC PRESCRIBING (ERX) INCENTIVE PROGRAM.
		N548	ALERT: PATIENT'S CALENDAR YEAR DEDUCTIBLE HAS BEEN MET.
		N549	ALERT: PATIENT'S CALENDAR YEAR OUT-OF-POCKET MAXIMUM HAS
		N550	ALERT: YOU HAVE NOT RESPONDED TO REQUESTS TO REVALIDATE YOUR PROVIDER/SUPPLIER ENROLLMENT INFORMATION. YOUR FAILURE TO REVALIDATE YOUR ENROLLMENT INFORMATION WILL RESULT IN A PAYMENT HOLD IN THE NEAR FUTURE.
		N551	PAYMENT ADJUSTED BASED ON THE AMBULATORY SURGICAL CENTER (ASC) QUALITY REPORTING PROGRAM.
		N552	PAYMENT ADJUSTED TO REVERSE A PREVIOUS WITHHOLD/BONUS
		N560	THE PILOT PROGRAM REQUIRES AN INTERIM OR FINAL CLAIM WITHIN 60 DAYS OF THE NOTICE OF ADMISSION. A CLAIM WAS NOT
		N561	The bundled claim originally submitted for this episode of care includes related readmissions. You may resubmit the original claim to receive a corrected payment based on this readmission.
		N563	ALERT: MISSING REQUIRED PROVIDER/SUPPLIER ISSUANCE OF ADVANCE PATIENT NOTICE OF NON-COVERAGE. THE PATIENT IS NOT LIABLE FOR PAYMENT FOR THIS SERVICE. NOTES: RELATED TO M39.
		N565	ALERT: THIS NON-PAYABLE REPORTING CODE REQUIRES A MODIFIER. FUTURE CLAIMS CONTAINING THIS NON-PAYABLE REPORTING CODE MUST INCLUDE AN APPROPRIATE MODIFIER FOR
		N566	ALERT: THIS PROCEDURE CODE REQUIRES FUNCTIONAL REPORTING. FUTURE CLAIMS CONTAINING THIS PROCEDURE CODE MUST INCLUDE AN APPLICABLE NON-PAYABLE CODE AND APPROPRIATE MODIFIERS FOR THE CLAIM TO BE PROCESSED.
		N568	ALERT: INITIAL PAYMENT BASED ON THE NOTICE OF ADMISSION (NOA) UNDER THE BUNDLED PAYMENT MODEL IV INITIATIVE.
		N571	ALERT: PAYMENT WILL BE ISSUED QUARTERLY BY ANOTHER PAYER/CONTRACTOR.
		N573	ALERT: YOU HAVE BEEN OVERPAID AND MUST REFUND THE OVERPAYMENT. THE REFUND WILL BE REQUESTED SEPARATELY BY
		N577	Personal Injury Protection (PIP) Coverage.
		N579	Medical Payments Coverage (MPC).
		N580	Determination based on the provisions of the insurance policy.
		N581	Investigation of coverage eligibility is pending.
		N582	Benefits suspended pending the patient's cooperation.
		N583	Patient was not an occupant of our insured vehicle and therefore, is not an eligible injured person.
		N585	Benefits are no longer available based on a final injury settlement.
		N586	The injured party does not qualify for benefits.
		N587	Policy benefits have been exhausted.
		N59	ALERT: PLEASE REFER TO YOUR PROVIDER MANUAL FOR ADDITIONAL PROGRAM AND PROVIDER INFORMATION.
		N591	Payment based on an Independent Medical Examination (IME) or
		N597	ADJUSTED BASED ON A MEDICAL/DENTAL PROVIDER'S APPORTIONMENT OF CARE BETWEEN RELATED INJURIES AND OTHER UNRELATED MEDICAL/DENTAL CONDITIONS/INJURIES.
		N599	Our pmt for this SVC is based upon a reasonable amt pursuant to both the terms and conditions of the policy as well as the Florida No-Fault Statute, when determining a reasonable charge for a sVC, an insurer to consider u&c charges & pmts accepted by the provider, . The payment for this service is based upon 200% of the Par Level of Medicare Part B fee schedule for the locale in which the svcs were rendered. FURTHER DESC
		N600	Adjusted based on the applicable fee schedule for the region in which the service was rendered.
		N601	In accordance with Hawaii Administrative Rules, Title 16, Chapter 23 Motor Vehicle Insurance Law payment is recommended based on Medicare Resource Based Relative Value Scale System applicable to Hawaii.
		N602	Adjusted based on the Redbook maximum allowance.
		N603	This fee is calculated according to the New Jersey medical fee schedules for Automobile Personal Injury Protection and Motor Bus Medical Expense
		N604	In accordance with New York No-Fault Law, Regulation 68, this base fee was calculated according to the New York Workers' Compensation Board Schedule of Medical Fees, pursuant to Regulation 83 and / or Appendix 17-
		N605	This fee was calculated based upon New York All Patients Refined Diagnosis Related Groups (APR-DRG), pursuant to Regulation 68.
		N606	The Oregon allowed amount for this procedure is based upon the Workers Compensation Fee Schedule (OAR 436-009). The allowed amount has been calculated in accordance with Section 4 of ORS 742.524.
		N608	The fee schedule amount allowed is calculated at 110% of the Medicare Fee Schedule for this region, specialty and type of service. This fee is
		N609	80% of the providers billed amount is being recommended for payment
		N610	Alert: Payment based on an appropriate level of care.
		N611	Claim in litigation. Contact insurer for more information.
		N613	Alert: Although this was paid, you have billed with an ordering provider that needs to update their enrollment record. Please verify that the ordering provider information you submitted on the claim is accurate and if

		N614	Alert: Additional information is included in the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information).
		N615	ALERT: THIS ENROLLEE RECEIVING ADVANCE PAYMENTS OF THE PREMIUM TAX CREDIT IS IN THE GRACE PERIOD OF THREE CONSECUTIVE MONTHS FOR NON-PAYMENT OF PREMIUM. UNDER 45 CFR 156.270, A QUALIFIED HEALTH PLAN ISSUER MUST PAY ALL APPROPRIATE CLAIMS FOR SERVICES RENDERED TO THE ENROLLEE DURING THE FIRST MONTH OF THE GRACE PERIOD AND MAY PEND CLAIMS FOR SERVICES RENDERED TO THE ENROLLEE IN THE
		N616	Alert: This enrollee is in the first month of the advance premium tax credit
		N617	This enrollee is in the second or third month of the advance premium tax credit grace period.
		N618	Alert: This claim will automatically be reprocessed if the enrollee pays their
		N620	Alert: This procedure code is for quality reporting/informational purposes
		N629	Reviews/documentation/notes/summaries/reports/charts not requested.
		N631	Medical Fee Schedule does not list this code. An allowance was made for a comparable service.
		N634	The allowance is calculated based on anesthesia time units.
		N635	The Allowance is calculated based on the anesthesia base units plus time.
		N638	Reimbursement has been made according to the home health fee
		N639	Reimbursement has been made according to the inpatient rehabilitation facilities fee schedule.
		N641	Reimbursement has been based on the number of body areas rated.
		N642	Adjusted when billed as individual tests instead of as a panel.
		N645	Mark-up allowance.
		N648	Adjusted based on Stop Loss.
		N649	Payment based on invoice.
		N654	Adjusted based on achievement of maximum medical improvement (MMI).
		N655	Payment based on provider's geographic region.
		N656	An interest payment is being made because benefits are being paid outside the statutory requirement.
		N659	This item is exempt from sales tax.
		N660	Sales tax has been included in the reimbursement.
		N662	Alert: Consideration of payment will be made upon receipt of a final bill.
		N663	Adjusted based on an agreed amount.
		N664	Adjusted based on a legal settlement.
		N669	Adjusted based on the Medicare fee schedule.
		N671	Payment based on a jurisdiction cost-charge ratio.
		N672	Alert: Amount applied to Health Insurance Offset.
		N673	Reimbursement has been calculated based on an outpatient per diem or an outpatient factor and/or fee schedule amount.
		N675	Additional information is required from the injured party.
		N677	ALERT: FILMS/IMAGES WILL NOT BE RETURNED.
		N687	ALERT: THIS REVERSAL IS DUE TO A RETROACTIVE DISENROLLMENT.
		N688	ALERT: THIS REVERSAL IS DUE TO A MEDICAL OR UTILIZATION
		N689	ALERT: THIS REVERSAL IS DUE TO A RETROACTIVE RATE CHANGE.
		N69	ALERT: PPS (PROSPECTIVE PAYMENT SYSTEM) CODE CHANGED BY CLAIMS PROCESSING SYSTEM.
		N690	ALERT: THIS REVERSAL IS DUE TO A PROVIDER SUBMITTED APPEAL.
		N691	ALERT: THIS REVERSAL IS DUE TO A PATIENT SUBMITTED APPEAL.
		N692	ALERT: THIS REVERSAL IS DUE TO AN INCORRECT RATE ON THE INITIAL ADJUDICATION.
		N693	ALERT: THIS REVERSAL IS DUE TO A CANCELATION OF THE CLAIM BY THE PROVIDER.
		N694	ALERT: THIS REVERSAL IS DUE TO A RESUBMISSION/CHANGE TO THE CLAIM BY THE PROVIDER.
		N695	ALERT: THIS REVERSAL IS DUE TO INCORRECT PATIENT FINANCIAL RESPONSIBILITY INFORMATION ON THE INITIAL ADJUDICATION.
		N696	ALERT: THIS REVERSAL IS DUE TO A COORDINATION OF BENEFITS OR THIRD PARTY LIABILITY RECOVERY RETROACTIVE ADJUSTMENT.
		N697	ALERT: THIS REVERSAL IS DUE TO A PAYER'S RETROACTIVE CONTRACT INCENTIVE PROGRAM ADJUSTMENT.
		N698	ALERT: THIS REVERSAL IS DUE TO NON-PAYMENT OF THE HEALTH INSURANCE PREMIUMS (HEALTH INSURANCE EXCHANGE OR OTHER) BY THE END OF THE PREMIUM PAYMENT GRACE PERIOD, RESULTING
		N699	PAYMENT ADJUSTED BASED ON THE PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) INCENTIVE PROGRAM.
		N7	PROCESSING OF THIS CLAIM/SERVICE HAS INCLUDED CONSIDERATION UNDER MAJOR MEDICAL PROVISIONS.
		N70	CONSOLIDATED BILLING AND PAYMENT APPLIES.
		N700	PAYMENT ADJUSTED BASED ON THE ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PROGRAM.
		N701	PAYMENT ADJUSTED BASED ON THE VALUE-BASED PAYMENT
		N703	THIS SERVICE IS INCOMPATIBLE WITH PREVIOUSLY ADJUDICATED CLAIMS OR CLAIMS IN PROCESS.
		N704	ALERT: YOU MAY NOT APPEAL THIS DECISION BUT CAN RESUBMIT THIS CLAIM/SERVICE WITH CORRECTED INFORMATION IF
		N71	YOUR UNASSIGNED CLAIM FOR A DRUG OR BIOLOGICAL, CLINICAL DIAGNOSTIC LABORATORY SERVICES OR AMBULANCE SERVICE WAS PROCESSED AS AN ASSIGNED CLAIM. YOU ARE REQUIRED BY LAW TO ACCEPT ASSIGNMENT FOR THESE TYPES OF CLAIMS.
		N719	PENALTY APPLIED BASED ON PLAN REQUIREMENTS NOT BEING MET.
		N72	PPS (PROSPECTIVE PAYMENT SYSTEM) CODE CHANGED BY MEDICAL REVIEWERS. NOT SUPPORTED BY CLINICAL RECORDS.
		N720	ALERT: THE PATIENT OVERPAID YOU. YOU MAY NEED TO ISSUE THE PATIENT A REFUND FOR THE DIFFERENCE BETWEEN THE PATIENT'S PAYMENT AND THE AMOUNT SHOWN AS PATIENT RESPONSIBILITY
		N733	REGULATORY SURCHARGES ARE PAID DIRECTLY TO THE STATE.
		N740	THE MEMBER'S CONSUMER SPENDING ACCOUNT DOES NOT CONTAIN SUFFICIENT FUNDS TO COVER THE MEMBER'S LIABILITY
		N741	THIS IS A SITE NEUTRAL PAYMENT.

		N757	ADJUSTED BASED ON THE FEDERAL INDIAN FEES SCHEDULE (MLR)
		N759	PAYMENT ADJUSTED BASED ON THE NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION (NEMA) STANDARD XR-29-2013.
		N761	This provider is not authorized to receive payment for the service(s).
		N764	Missing/incomplete/invalid Hematocrit (HCT) value.
		N765	This payer does not cover co-insurance assessed by a previous payer.
		N766	This payer does not cover co-payment assessed by a previous payer
		N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.
		N768	Incomplete/invalid initial evaluation report.
		N769	A lateral diagnosis is required.
		N770	The adjustment request received from the provider has been processed. Your original claim has been adjusted based on the information received.
		N771	Alert: Under Federal law you cannot charge more than the limiting charge
		N772	Alert: Rebill urgent/emergent and ancillary services separately.
		N773	Drug supplied not obtained from specialty vendor.
		N774	Alert: Refer to your Third Party Processor Agreement for specific information on fees associated with this payment type.
		N775	Payment adjusted based on x-ray radiograph on film.
		N781	Alert: No deductible may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected
		N782	Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected
		N783	Alert: No co-payment may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected co-
		N787	ALERT: UNDER 42 CFR 410.43, AN ELIGIBLE PARTIAL HOSPITALIZATION PROGRAM (PHP) PATIENT/BENEFICIARY REQUIRES A MINIMUM OF 20 HOURS OF PHP SERVICES PER WEEK, AS EVIDENCED IN THE PLAN OF CARE. PHP SERVICES MUST BE
		N788	The third party administrator/review organization did not receive the REQUIRED information.
		N79	SERVICE BILLED IS NOT COMPATIBLE WITH PATIENT LOCATION
		N793	ALERT: CMS IS CHANGING FROM THE MEDICARE HEALTH INSURANCE CLAIM NUMBER (HICN) TO THE NEW MEDICARE BENEFICIARY IDENTIFIER (MBI). YOU CAN USE EITHER THE HICN OR MBI DURING THE TRANSITION PERIOD. VISIT WWW.CMS.GOV/NEWCARD FOR IMPORTANT DATES AND INFORMATION ABOUT THIS CHANGE.
		N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
		N795	ITEM MUST BE RESUBMITTED AS A PURCHASE.
		N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE.
		N797	MISSING/INCOMPLETE/INVALID DATE QUALIFIER.
		N798	SUBMIT A VOID REQUEST FOR THE ORIGINAL CLAIM AND RESUBMIT
		N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
		N800	ONLY ONE SERVICE DATE IS ALLOWED PER CLAIM.
		N801	SERVICES PERFORMED IN A MEDICARE PARTICIPATING OR CAH FACILITY UNDER A SELF-INSURED TRIBAL GROUP HEALTH PLAN, IN ACCORDANCE WITH FEDERAL REGULATION 42 CFR 136.
		N802	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA. THE CLAIM MUST BE FILED TO THE PAYER/PLAN IN WHOSE SERVICE AREA THE RENDERING PHYSICIAN IS LOCATED.
		N803	SUBMISSION OF THE CLAIM FOR THE SERVICE RENDERED IS THE RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR
		N804	ALERT: THE CLAIM/SERVICE WAS PROCESSED THROUGH THE OUTPATIENT CODE EDITOR (OCE).
		N805	ALERT: THE CLAIM/SERVICE WAS PROCESSED THROUGH THE CORRECT CODE EDITOR (CCE).
		N806	PAYMENT IS INCLUDED IN THE GLOBAL TRANSPLANT ALLOWANCE.
		N807	PAYMENT ADJUSTMENT BASED ON THE MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS).
		N808	NOT COVERED FOR THIS PROVIDER TYPE / PROVIDER.
		N809	ALERT: THE FEE SCHEDULE AMOUNT FOR THIS SERVICE WAS ADJUSTED BASED ON PRIOR COMPETITIVE BIDDING RATES. FOR MORE INFORMATION, CONTACT YOUR LOCAL CONTRACTOR.
		N810	ALERT: DUE TO FEDERAL, STATE OR LOCAL DISASTER DECLARATION, THIS CLAIM HAS BEEN PROCESSED AT THE IN-NETWORK LEVEL OF BENEFIT. AT THE CONCLUSION OR EXPIRATION OF THE DISASTER DECLARATION, NETWORK PAYMENT RULES WILL
		N811	MISSING FEDERAL SEQUESTRATION REDUCTION FROM PRIOR
		N812	THE START SERVICE DATE THROUGH AND END SERVICE DATE CANNOT SPAN GREATER THAN 18 MONTHS.
		N815	MISSING/INCOMPLETE/INVALID NDC UNIT COUNT.
		N816	MISSING/INCOMPLETE/INVALID NDC UNIT OF MEASURE.
		N817	ALERT: APPLICABLE LABORATORIES ARE REQUIRED TO COLLECT AND REPORT PRIVATE PAYOR DATA AND REPORT THAT DATA TO CMS BETWEEN JANUARY 1, 2020 - MARCH 31, 2020.
		N818	CLAIMS DATES OF SERVICE DO NOT MATCH ELECTRONIC VISIT VERIFICATION SYSTEM.
		N819	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION
		N82	PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL
		N820	ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT.
		N821	ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND.
		N822	MISSING HCPCS MODIFIER(S)
		N823	Incomplete/Invalid Procedure modifier(s).
		N84	ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING.
		N85	ALERT: THIS IS THE FINAL INSTALLMENT PAYMENT.
		N88	ALERT: THIS PAYMENT IS BEING MADE CONDITIONALLY. AN HHA EPISODE OF CARE NOTICE HAS BEEN FILED FOR THIS PATIENT. WHEN A PATIENT IS TREATED UNDER A HHA EPISODE OF CARE, CONSOLIDATED BILLING REQUIRES THAT CERTAIN THERAPY

		N89	ALERT: PAYMENT INFORMATION FOR THIS CLAIM HAS BEEN FORWARDED TO MORE THAN ONE OTHER PAYER, BUT FORMAT LIMITATIONS PERMIT ONLY ONE OF THE SECONDARY PAYERS TO BE
		N9	ADJUSTMENT REPRESENTS THE ESTIMATED AMOUNT A PREVIOUS PAYER MAY PAY.
		N91	SERVICES NOT INCLUDED IN THE APPEAL REVIEW.
		N93	A SEPARATE CLAIM MUST BE SUBMITTED FOR EACH PLACE OF SERVICE. SERVICES FURNISHED AT MULTIPLE SITES MAY NOT BE BILLED IN THE SAME CLAIM.
		N94	CLAIM/SERVICE DENIED BECAUSE A MORE SPECIFIC TAXONOMY CODE IS REQUIRED FOR ADJUDICATION.
		N97	PATIENTS WITH STRESS INCONTINENCE, URINARY OBSTRUCTION, AND SPECIFIC NEUROLOGIC DISEASES (E.G., DIABETES WITH PERIPHERAL NERVE INVOLVEMENT) WHICH ARE ASSOCIATED WITH SECONDARY MANIFESTATIONS OF THE ABOVE THREE INDICATIONS
		N98	PATIENT MUST HAVE HAD A SUCCESSFUL TEST STIMULATION IN ORDER TO SUPPORT SUBSEQUENT IMPLANTATION. BEFORE A PATIENT IS ELIGIBLE FOR PERMANENT IMPLANTATION, HE/SHE MUST DEMONSTRATE A 50 PERCENT OR GREATER IMPROVEMENT
		N99	PATIENT MUST BE ABLE TO DEMONSTRATE ADEQUATE ABILITY TO RECORD VOIDING DIARY DATA SUCH THAT CLINICAL RESULTS OF THE IMPLANT PROCEDURE CAN BE PROPERLY EVALUATED.
		N824	Electronic Visit Verification (EVV) data must be submitted through EVV
		N825	Early intervention guidelines were not met.
		N825	Early intervention guidelines were not met.
		N827	Missing/Incomplete/Invalid Federal Information Processing Standard (FIPS)
		N828	Alert: Payment is suppressed due to a contracted funding.
		N829	Missing/incomplete/invalid Diagnostics Exchange Z-Code Identifier.
		N830	Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any
		N831	You have not responded to requests to revalidate your provider/supplier enrollment information.
		N832	Duplicate occurrence code/occurrence span code.
		N833	Patient share of cost waived.
		N834	Jurisdiction exempt from sales and health tax charges.
		N835	Unrelated Service/procedure/treatment is reduced. The balance of this charge is the patient's responsibility.
		N836	Provider W9 or Payee Registration not on file.
		N837	Alert: Missing modifier was added.
		N838	Alert: Service/procedure postponed due to a federal, state, or local mandate/disaster declaration. Any amounts applied to deductible or member liability will be applied to the prior plan year from which the
		N839	The procedure code was added/changed because the level of service exceeds the compensable condition(s).
		N840	Worker's compensation claim filed with a different state.
		N841	Alert: North Dakota Administrative Rule 92-01-02-50.3.
		N842	Alert: Patient cannot be billed for charges.
		N843	Missing/incomplete/invalid Core-Based Statistical Area (CBSA) code.
		N844	This claim, or a portion of this claim, was processed in accordance with the Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency
		N845	Alert: Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency Medical Care Act.
		N846	National Drug Code (NDC) supplied does not correspond to the
		N847	National Drug Code (NDC) billed is obsolete.
		N848	National Drug Code (NDC) billed cannot be associated with a product.
		N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
		N850	Missing/incomplete/invalid narrative explaining/describing this
		N851	Payment reduced because services were furnished by a therapy assistant.
		N852	The pay-to and rendering provider tax identification numbers (TINs) do not
		N853	The number of modalities performed per session exceeds our acceptable
		N854	Alert: If you have primary other health insurance (OHI) coverage that has denied services, you must exhaust all appeal levels with your primary OHI before we can consider your claim for reimbursement.
		N855	This coverage is subject to the exclusive jurisdiction of ERISA (1974),
		N856	This coverage is not subject to the exclusive jurisdiction of ERISA (1974), U.S.C. SEC 1001.
		N857	This claim has been adjusted/reversed. Refund any collected copayment
		N858	Alert: State regulations relating to an Out of Network Medical Emergency Care Act were applied to the processing of this claim. Payment amounts are eligible for dispute following the state's documented appeal/ grievance/
		N859	Alert: The Federal No Surprise Billing Act was applied to the processing of this claim. Payment amounts are eligible for dispute pursuant to any Federal documented appeal/ grievance/ dispute resolution process(es).
		N860	Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s).
		N861	Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient.
		N862	Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge.
		N863	Alert: This claim is subject to the No Surprises Act (NSA). The amount paid is the final out-of-network rate and was calculated based on an All Payer Model Agreement, in accordance with the NSA.
		N864	Alert: This claim is subject to the No Surprises Act provisions that apply to emergency services.

		N865	Alert: This claim is subject to the No Surprises Act provisions that apply to nonemergency services furnished by nonparticipating providers during a patient visit to a participating facility.
		N866	Alert: This claim is subject to the No Surprises Act provisions that apply to services furnished by nonparticipating providers of air ambulance services.
		N867	Alert: Cost sharing was calculated based on a specified state law, in accordance with the No Surprises Act.
		N868	Alert: Cost sharing was calculated based on an All-Payer Model Agreement, in accordance with the No Surprises Act.
		N869	Alert: Cost sharing was calculated based on the qualifying payment amount, in accordance with the No Surprises Act.
		N870	Alert: In accordance with the No Surprises Act, cost sharing was based on the billed amount because the billed amount was lower than the qualifying
		N871	Alert: This initial payment was calculated based on a specified state law, in accordance with the No Surprises Act.
		N872	Alert: This final payment was calculated based on a specified state law, in accordance with the No Surprises Act.
		N873	Alert: This final payment was calculated based on an All-Payer Model Agreement, in accordance with the No Surprises Act.
		N874	Alert: This final payment was determined through open negotiation, in accordance with the No Surprises Act.
		N875	Alert: This final payment equals the amount selected as the out-of-network rate by a Federal Independent Dispute Resolution Entity, in accordance
		N876	Alert: This item or service is covered under the plan. This is a notice of denial of payment provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate than the amount paid by the patient in cost
		N877	Alert: This initial payment is provided in accordance with the No Surprises Act. The provider or facility may initiate open negotiation if they desire to negotiate a higher out-of-network rate.
		N878	Alert: The provider or facility specified that notice was provided and consent to balance bill obtained, but notice and consent was not provided and obtained in a manner consistent with applicable Federal law. Thus, cost sharing and the total amount paid have been calculated based on the requirements under the No Surprises Act, and balance billing is prohibited.
		N879	Alert: The notice and consent to balance bill, and to be charged out-of-network cost sharing, that was obtained from the patient with regard to the billed services, is not permitted for these services. Thus, cost sharing and the total amount paid have been calculated based on the requirements under the No Surprises Act, and balance billing is prohibited.