AETNA BETTER HEALTH® OF ILLINOIS

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CARC 1		RARC	Description
2	DEDUCTIBLE AMOUNT COINSURANCE AMOUNT		
3	CO-PAYMENT AMOUNT		
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED		
			THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	M114	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
4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	N108	THE CLAIM IS UNPROCESSABLE. PLEASE SUBMIT A NEW CLAIM WITH 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.
<u>5</u>	THE PROCEDURE CODE/TYPE OF BILL IS INCONSISTENT WITH THE PLACE OF 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. THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.	M82 N115	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50. 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
		NACO	PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY
7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE. THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE.
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).		TAKTICOLAR TIEW OR GERVICE IS COVERED. A COLL OF THIS FOLICT
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	N822	Missing procedure modifier(s).
8	(TAXONOMY). THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY	N823	Incomplete/Invalid Procedure modifier(s).
9	(TAXONOMY). THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.	11020	mosmpistom and i resease meanior(e).
9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE. 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. 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. 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 11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE. THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	M64 M76	Missing/ incomplete/ invalid other diagnosis. MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION.
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	IVI / O	YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID
11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.	MA130	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.		<u>I</u>

14	THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.	1	T
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 MISSING/INCOMPLETE/INVALID INDICATION THAT THE SERVICE WAS
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M136	SUPERVISED OR EVALUATED BY A PHYSICIAN.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M20 M21	MISSING/INCOMPLETE/INVALID HCPCS. MISSING/INCOMPLETE/INVALID PLACE OF RESIDENCE FOR THIS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M22	SERVICE/ITEM PROVIDED IN A HOME. 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.
	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).
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M51	MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M52	MISSING/INCOMPLETE/INVALID "FROM" DATE(S) OF SERVICE.
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M53	MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE.
	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.
<u>16</u> 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M60 M62	MISSING CERTIFICATE OF MEDICAL NECESSITY. 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.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M67	PLEASE SUBMIT A SEPARATE CLAIM FOR EACH INTERPRETING 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.
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	M77	MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
	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
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA100	PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS 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
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA111	IF NO PURCHASED TESTS ARE INCLUDED ON THE CLAIM. MISSING/INCOMPLETE/INVALID PURCHASE PRICE OF THE TEST(S)
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA112	AND/OR THE PERFORMING LABORATORY'S NAME AND ADDRESS. MISSING/INCOMPLETE/INVALID GROUP PRACTICE INFORMATION.
	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).
	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.
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA120	MISSING/INCOMPLETE/INVALID CLIA CERTIFICATION NUMBER.
	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. MISSING/INCOMPLETE/INVALID PROVIDER NUMBER OF THE FACILITY
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA134	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. Missing/incomplets/invalid type of bill
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA30	Missing/incomplete/invalid type of bill. MISSING/INCOMPLETE/INVALID BEGINNING AND ENDING DATES OF
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA31	THE PERIOD BILLED.

	T		IMISSING/INCOMPLETE/INVALID NUMBER OF COVERED DAVE DURING
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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA36 MA37	MISSING/INCOMPLETE/INVALID PATIENT NAME. MISSING/INCOMPLETE/INVALID PATIENT'S ADDRESS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA39	MISSING/INCOMPLETE/INVALID FATIENT'S ADDRESS. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA58 MA60	MISSING/INCOMPLETE/INVALID RELEASE OF INFORMATION 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
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA63	HEALTH INSURANCE CLAIM NUMBER. 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
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA65	RECEIVED PAYMENT INFORMATION FROM THE PRIMARY AND MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA66	MISSING/INCOMPLETE/INVALID ADMITTING DIAGNOSIS. MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA69	MISSING/INCOMPLETE/INVALID FRINCH AE FROCEDORE CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	MA70	MISSING/INCOMPLETE/INVALID REMARKS. 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,
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N148	INCOMPLETE, OR INVALID ON THE ASSIGNMENT REQUEST. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N152 N153	MISSING/INCOMPLETE/INVALID REPLACEMENT CLAIM INFORMATION. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N203 N207	MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS. MISSING/INCOMPLETE/INVALID WEIGHT.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N207 N208	MISSING/INCOMPLETE/INVALID WEIGHT. 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. INCOMPLETE/INVALID INDICATION OF WHETHER THE PATIENT OWNS
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N230	THE EQUIPMENT THAT REQUIRES THE PART OR SUPPLY.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N245 N247	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N254 N255	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER SECONDARY 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
			MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N259	SECONDARY IDENTIFIER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N260	MISSING/INCOMPLETE/INVALID BILLING PROVIDER/SUPPLIER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N261	CONTACT INFORMATION. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N264 N265	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER NAME. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N268 N269	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER CONTACT MISSING/INCOMPLETE/INVALID OTHER PROVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N27	MISSING/INCOMPLETE/INVALID OTTENT NOVIDER NAME.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N270	MISSING/INCOMPLETE/INVALID OTHER PROVIDER PRIMARY
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N271 N272	MISSING/INCOMPLETE/INVALID OTHER PROVIDER SECONDARY 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
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N279	PROVIDER IDENTIFIER. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N281	MISSING/INCOMPLETE/INVALID PAY TO PROVIDER ADDRESS.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N282 N283	MISSING/INCOMPLETE/INVALID PAY-TO PROVIDER SECONDARY 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N286 N287	MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N290 N291	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N294 N295	MISSING/INCOMPLETE/INVALID SERVICE FACILITY PRIMARY 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N298 N299	MISSING/INCOMPLETE/INVALID SUPERVISING PROVIDER SECONDARY MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S).
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N300	MISSING/INCOMPLETE/INVALID OCCURRENCE DATE(S). 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N302 N303	MISSING/INCOMPLETE/INVALID OTHER PROCEDURE DATE(S). MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE DATE.
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)	N305	MISSING/INCOMPLETE/INVALID INJURY/ACCIDENT DATE.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N306 N307	MISSING/INCOMPLETE/INVALID ACUTE MANIFESTATION DATE. MISSING/INCOMPLETE/INVALID ADJUDICATION OR PAYMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N307	MISSING/INCOMPLETE/INVALID ADJUDICATION OR PATMENT DATE. MISSING/INCOMPLETE/INVALID APPLIANCE PLACEMENT DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N309	MISSING/INCOMPLETE/INVALID ASSESSMENT DATE.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N31 N310	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER. MISSING/INCOMPLETE/INVALID ASSUMED OR RELINQUISHED CARE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N310	MISSING/INCOMPLETE/INVALID ASSUMED OR RELINQUISHED CARE 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N315 N316	MISSING/INCOMPLETE/INVALID DISABILITY FROM DATE. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N319 N32	MISSING/INCOMPLETE/INVALID HEARING OR VISION PRESCRIPTION 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N322 N323	MISSING/INCOMPLETE/INVALID LAST CERTIFICATION DATE. 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/INVALIDE LAST WORKED DATE.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N326 N327	MISSING/INCOMPLETE/INVALIDE LAST X-RAY DATE. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N330 N331	MISSING/INCOMPLETE/INVALID PATIENT DEATH DATE. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N334 N335	MISSING/INCOMPLETE/INVALID RE-EVALUATION DATE. MISSING/INCOMPLETE/INVALID REFERRAL DATE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N335 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N338 N339	MISSING/INCOMPLETE/INVALID SHIPPED DATE. MISSING/INCOMPLETE/INVALID SIMILAR ILLNESS OR SYMPTOM
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N339 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.
			MISSING/INCOMPLETE/INVALID TEST FERFORMED DATE. MISSING/INCOMPLETE/INVALID TRANSCUTANEOUS ELECTRICAL
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N343	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N345 N346	DATE RANGE NOT VALID WITH UNITS SUBMITTED. MISSING/INCOMPLETE/INVALID ORAL CAVITY DESIGNATION CODE.
	` '		THE ADMINISTRATION METHOD AND DRUG MUST BE REPORTED TO
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N349	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N359 N37	MISSING/INCOMPLETE/INVALID HEIGHT. MISSING/INCOMPLETE/INVALID TOOTH NUMBER/LETTER.
			Primary Medicare Part A insurance has been exhausted and a Part B
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N374	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. RECORDS INDICATE THAT THE REFERENCED BODY PART/TOOTH HAS
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N384	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N39 N4	PROCEDURE CODE IS NOT COMPATIBLE WITH TOOTH MISSING (INCOMPLETE (INVALID DRIOD INSURANCE CARRIED(S) FOR
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N407	MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N439 N440	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS. 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).
			CLAIM INFORMATION DOES NOT AGREE WITH INFORMATION
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N48	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N50 N519	MISSING/INCOMPLETE/INVALID DISCHARGE INFORMATION. Invalid combination of HCPCS modifiers.
-	` '		MISMATCH BETWEEN THE SUBMITTED PROVIDER INFORMATION AND
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N521	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-
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N547	CERTIFIED/AUTHORIZED SERVICES. 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
	OB WINDERVICE BY ONE IN ONWATTON ON THE COBMINGUION BILLING ENTON(O)	1100	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
10	CEANINGERVICE EACKS IN ORWIATION OR TIAS SOBIMIOSION/BILLING ERROR(S)	11002	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 Mismatch between the submitted ordering/referring provider name and the
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N575	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N61 N62	REBILL SERVICES ON SEPARATE CLAIMS. 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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N75 N752	MISSING/INCOMPLETE/INVALID TOOTH SURFACE INFORMATION.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N752 N753	MISSING/INCOMPLETE/INVALID HIPPS TREATMENT AUTHORIZATION MISSING/INCOMPLETE/INVALID ATTACHMENT CONTROL NUMBER.
	ì ·		MISSING/INCOMPLETE/INVALID REFERRING PROVIDER OR OTHER
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N754	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 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N756 N76	MISSING/INCOMPLETE/INVALID POINT OF DROP-OFF ADDRESS. MISSING/INCOMPLETE/INVALID NUMBER OF RIDERS.
	` '		THE DEMONSTRATION CODE IS NOT APPROPRIATE FOR THIS CLAIM;
	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N763	RESUBMIT WITHOUT A DEMONSTRATION CODE.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N769 N77	A lateral diagnosis is required. MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N777 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
	N Y		ORIGINAL CLAIM HAS FINALIZED. PLEASE RESUBMIT ONCE PAYMENT
16 16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N780 N784	Missing/incomplete/invalid end therapy date. 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.
10	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	11799	
			CROSSOVER CLAIM DENIED BY PREVIOUS PAYER AND COMPLETE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N8	CLAIM DATA NOT FORWARDED. RESUBMIT THIS CLAIM TO THIS
			PAYER TO PROVIDE ADEQUATE DATA FOR ADJUDICATION.
16	CLAIM/CEDVICE LACKS INFORMATION OF HAS SUBMISSION/BILLING EPROP(S)	NOO	
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.
4.0			SUBMISSION OF THE CLAIM FOR THE SERVICE RENDERED IS THE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N803	RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR
40	OLANA/OFD//OF LAOVO INFORMATION OR LIAO OLIDA/IOO/ON/DILLINO FRRODYO	NOA	
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
			THE START SERVICE DATE THROUGH AND END SERVICE DATE
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N812	
			CANNOT SPAN GREATER THAN 18 MONTHS.
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N815	Missing/Incomplete/Invalid NCD Unit Count.
.0	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare	1.0.0	Thioding/moomplots/mvalid 1105 Offic Counts
	,		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
10		NOAC	Missing/Incomplete/Invalid NCD Unit of Massaure
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N816	Missing/Incomplete/Invalid NCD Unit of Measure.
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code	l	1
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N818	Claims Dates of Service do not match Electronic Visit Verification System.
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
 			+
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N820	Electronic Visit Verification System units do not meet requirements of visit.
.0	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare	11020	Lisationia vali varinationi ayatan anna da nat maat raquiramanta ar viati
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
40		NOOA	Flacture in Minit Manifer attention Countries with the Africa d
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N821	Electronic Visit Verification System visit not found.
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	• • • • •		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N822	Missing Procedure Modifier(s).
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		3
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N823	Incomplete/Invalid Procedure modifier(s).
10		NOZO	incomplete/invalid Procedure modifier(s).
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	- · · · · · · · · · · · · · · · · · · ·		
	this code for claims attachment(s)/other documentation. At least one Remark Code		Missing/Incomplete/Invalid Federal Information Processing Standard (FIPS)
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N827	Code.
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		Code.
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
	Claim/service lacks information or has submission/billing error(s). Usage: Do not use		
	this code for claims attachment(s)/other documentation. At least one Remark Code		
16	must be provided (may be comprised of either the NCPDP Reject Reason Code, or	N829	Missing/incomplete/invalid Diagnostics Exchange Z-Code Identifier.
.0		11020	moonig/mooniplete/mvalla blaghoodeo Exertaingo E oode taentalien
	Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare		
	Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		
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
			A separate claim must be submitted for each place of service. Services
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N93	· ·
			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
10	OF MANAGERATOR FUNDAMENTAL OF THE SOCIAL PROPERTY OF THE SOCIAL PROP	INOUZ	
16	CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S)	N93	A separate claim must be submitted for each place of service. Services
	. ,	. 100	furnished at multiple sites may not.
18	EXACT DUPLICATE CLAIM/SERVICE		
		1	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS
18	EXACT DUPLICATE CLAIM/SERVICE	N111	
		<u> </u>	SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY
			YOUR CLAIM FOR A REFERRED OR PURCHASED SERVICE CANNOT BE
18	EXACT DUPLICATE CLAIM/SERVICE	N347	PAID BECAUSE PAYMENT HAS ALREADY BEEN MADE FOR THIS SAME
'	L. J. G. D. G. C. G. H. H. G. C. H. H. G. C.	1,10-7	
<u> </u>			SERVICE TO ANOTHER PROVIDER BY A PAYMENT CONTRACTOR
18	EXACT DUPLICATE CLAIM/SERVICE	N389	DUPLICATE PRESCRIPTION NUMBER SUBMITTED.
40	EVACT DUDI ICATE OF ANALOED FOR	NECC	DUPLICATE OF A CLAIM PROCESSED, OR TO BE PROCESSED, AS A
18	EXACT DUPLICATE CLAIM/SERVICE	N522	CROSSOVER CLAIM.
—		<u> </u>	DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS
18	EXACT DUPLICATE CLAIM/SERVICE	N702	
<u> </u>		ļ	OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OF
10	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE		
19	WORKER'S COMPENSATION CARRIER.		
	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE	1	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION
19		N418	
1	WORKER'S COMPENSATION CARRIER.	_	INSTRUCTIONS.

40	THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE	NZOO	PATIENT MUST USE WORKERS' COMPENSATION SET-ASIDE (WCSA)
19	WORKER'S COMPENSATION CARRIER. THIS IS A WORK-RELATED INJURY/ILLNESS AND THUS THE LIABILITY OF THE	N722	FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM. A WORKERS' COMPENSATION INSURER HAS REPORTED HAVING
19 20	WORKER'S COMPENSATION CARRIER. THIS INJURY/ILLNESS AND THUS THE LIABILITY OF THE WORKER'S COMPENSATION CARRIER. THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N728	ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
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
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N723	PAYER. THE INFORMATION WAS EITHER NOT REPORTED OR WAS 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
20	THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER.	N744	RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS Adjusted because the services may be related to an auto/other accident.
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.		Secondary payment cannot be considered without the identity of or
21	This injury/illness is the liability of the no-fault carrier	MA04	payment information from the primary payer. The information was either PATIENT MUST USE NO-FAULT SET-ASIDE (NFSA) FUNDS TO PAY FOR
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N724	THE MEDICAL SERVICE OR ITEM. A NO-FAULT INSURER HAS REPORTED HAVING ONGOING
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N727	RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS A WORKERS' COMPENSATION INSURER HAS REPORTED HAVING
21	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER.	N728	ONGOING RESPONSIBILITY FOR MEDICAL SERVICES (ORM) FOR THIS
21 22	THIS INJURY/ILLNESS IS THE LIABILITY OF THE NO-FAULT CARRIER. 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	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. CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS
22	This care may be covered by another payer per coordination of benefits	N36	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. MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS
22	This care may be covered by another payer per coordination of benefits	N479	OR MEDICARE SECONDARY PAYER).
22	This care may be covered by another payer per coordination of benefits This care may be covered by another payer per coordination of benefits	N598 N686	Health care policy coverage is primary. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO
22	This care may be covered by another payer per coordination of benefits	N743	COMPLETE PAYMENT DETERMINATION. ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN
22		N744	EMPLOYMENT ACCIDENT. ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN
22	This care may be covered by another payer per coordination of benefits This care may be covered by another payer per coordination of benefits	N744 N751	AUTO/OTHER ACCIDENT. ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE
23	THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.		THE
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 26	CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE EXPENSES INCURRED PRIOR TO COVERAGE.	N806	Payment is included in the Global transplant allowance.
26	EXPENSES INCURRED PRIOR TO COVERAGE. 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
26	EXPENSES INCURRED PRIOR TO COVERAGE.	N30	PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT 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 26	EXPENSES INCURRED PRIOR TO COVERAGE. EXPENSES INCURRED PRIOR TO COVERAGE.	N650 N652	This policy was not in effect for this date of loss. No coverage is available. The date of service is before the date of loss.
27	EXPENSES INCURRED PRIOR TO COVERAGE. EXPENSES INCURRED AFTER COVERAGE TERMINATED.	NUUZ	
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.
	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 27	EXPENSES INCURRED AFTER COVERAGE TERMINATED. EXPENSES INCURRED AFTER COVERAGE TERMINATED.	N622 N650	Not covered based on the date of injury/accident. 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.		YOUR CLAIM CONTAINS INCOMPLETE AND/OR INVALID
31	PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.	MA130	INFORMATION, AND NO APPEAL RIGHTS ARE AFFORDED BECAUSE THE CLAIM IS UNPROCESSABLE. PLEASE SUBMIT A NEW CLAIM WITH
_	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. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N375	REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY. PATIENT NOT ENROLLED IN THE BILLING PROVIDER'S MANAGED
32	OUR RECORDS INDICATE THE PATIENT IS NOT AN ELIGIBLE DEPENDENT	N52	CARE PLAN ON THE DATE OF SERVICE.
33 33	INSURED HAS NO DEPENDENT COVERAGE. INSURED HAS NO DEPENDENT COVERAGE.	N578	Coverages do not apply to this loss.
34	INSURED HAS NO COVERAGE FOR NEWBORNS.	11070	Coverages do not appry to this loss.
35 35	LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED. 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 40	SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS 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.		and the design the des
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR		+
49	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.
			THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY
49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.	N115	(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	N567	NOT COVERED WHEN CONSIDERED PREVENTATIVE.
45	SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	10307	NOT COVERED WHEN CONSIDERED FREVENTATIVE.
50	'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	M127	MISSING PATIENT MEDICAL RECORD FOR THIS SERVICE.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	M135	
50	'MEDICAL NECESSITY' BY THE PAYER.	IVI 135	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 THE INFO FURNISHED DOES NOT MEET THE NEED FOR THIS LEVEL
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	M26	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
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N115	ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW. 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

F0	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	NACC	NOT ELICIBLE DUE TO THE DATIENTIC ACE
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N129	NOT ELIGIBLE DUE TO THE PATIENT'S AGE. CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N130	RESTRICTIONS FOR THIS SERVICE. THIS DRUG/SERVICE/SUPPLY IS COVERED ONLY WHEN THE
50	'MEDICAL NECESSITY' BY THE PAYER.	N161	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	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N227	SURGICAL PROCEDURE(S). INCOMPLETE/INVALID CERTIFICATE OF MEDICAL NECESSITY.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N229	INCOMPLETE/INVALID CONTRACT INDICATOR.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N237	INCOMPLETE/INVALID PATIENT MEDICAL RECORD FOR THIS SERVICE.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N238	INCOMPLETE/INVALID PHYSICIAN CERTIFIED PLAN OF CARE.
	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A		
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N240	INCOMPLETE/INVALID RADIOLOGY REPORT.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N242	Incomplete/invalid radiology film(s)/image(s). INCOMPLETE/INVALID PRE-OPERATIVE IMAGES/VISUAL FIELD
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N244	RESULTS. THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N362	ACCEPTABLE MAXIMUM. ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N372	CHARGES ARE COVERED.
50	'MEDICAL NECESSITY' BY THE PAYER.	N383	NOT COVERED WHEN DEEMED COSMETIC. THIS DECISION WAS BASED ON A NATIONAL COVERAGE
50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.	N386	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	N661	Documentation does not support that the services rendered were
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N721	medically necessary. THIS SERVICE IS ONLY COVERED WHEN PERFORMED AS PART OF A
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N734	CLINICAL TRIAL. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A	N789	WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO CLINICAL TRIAL IS NOT A COVERED BENEFIT.
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A		
50	'MEDICAL NECESSITY' BY THE PAYER. THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
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 51	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING	N607 N849	Service provided for non-compensable condition(s). Missing Tooth Clause: Tooth missing prior to the member effective date.
51 53	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING SERVICES BY AN IMMEDIATE RELATIVE OR A MEMBER OF THE SAME	N849	Missing Tooth Clause: Tooth missing prior to the member effective date.
53	HOUSEHOLD ARE NOT COVERED. 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 54	MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE. MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE.	N450 N646	Covered only when performed by the primary treating physician or the Reimbursement has been adjusted based on the guidelines for an
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL	11040	monnoursement has been adjusted based on the guidelines for all
	BY THE PAYER.	<u> </u>	<u> </u>

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55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	M49	MISSING/INCOMPLETE/INVALID VALUE CODE(S) OR AMOUNT(S).
	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL	N/40	ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW
55	BY THE PAYER.	N10	ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL	N111	NO APPEAL RIGHT EXCEPT DUPLICATE CLAIM/SERVICE ISSUE. THIS
	BY THE PAYER.		SERVICE WAS INCLUDED IN A CLAIM THAT HAS BEEN PREVIOUSLY THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER.	N115	(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
55	PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL	N789	unscientific/unproven/outmoded/experimental/excessive/inappropriate. CLINICAL TRIAL IS NOT A COVERED BENEFIT.
55	BY THE PAYER. PROCEDURE/TREATMENT/DRUG IS DEEMED EXPERIMENTAL/INVESTIGATIONAL	10709	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
55	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'	N623	Not covered when deemed
	BY THE PAYER. TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN		unscientific/unproven/outmoded/experimental/excessive/inappropriate.
58	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	N760	THIS FACILITY IS NOT AUTHORIZED TO RECEIVE PAYMENT FOR THE
	INAPPROPRIATE OR INVALID PLACE OF SERVICE. TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN		SERVICE(S).
58	INAPPROPRIATE OR INVALID PLACE OF SERVICE.	N87	HOME USE OF BIOFEEDBACK THERAPY IS NOT COVERED.
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.		Adjustment based on the findings of a review organization/professional
59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N10	consult/manual adjudication/medical advisor/dental advisor/peer review.
59 59	PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES. PROCESSED BASED ON MULTIPLE OR CONCURRENT PROCEDURE RULES.	N633 N644	Additional anesthesia time units are not allowed. 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
	CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED		subject to the Medicare Multiple Procedure Payment Reduction (MPPR)
60	WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.		THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH DUI ES AND
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	N676	Service does not qualify for payment under the Outpatient Facility Fee
	WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES. CHARGES FOR OUTPATIENT SERVICES ARE NOT COVERED WHEN PERFORMED	14070	Schedule.
60	WITHIN A PERIOD OF TIME PRIOR TO OR AFTER INPATIENT SERVICES.	N806	Payment is included in the Global transplant allowance.
61 66	ADJUSTED FOR FAILURE TO OBTAIN SECOND SURGICAL OPINION BLOOD DEDUCTIBLE.		
69	DAY OUTLIER AMOUNT.		
70	COST OUTLIER - ADJUSTMENT TO COMPENSATE FOR ADDITIONAL COSTS.		
74 75	INDIRECT MEDICAL EDUCATION ADJUSTMENT. DIRECT MEDICAL EDUCATION ADJUSTMENT.		
76	DISPROPORTIONATE SHARE ADJUSTMENT.		
78 85	NON-COVERED DAYS/ROOM CHARGE ADJUSTMENT. PATIENT INTEREST ADJUSTMENT		
89	PROFESSIONAL FEES REMOVED FROM CHARGES.		
89	PROFESSIONAL FEES REMOVED FROM CHARGES.	N200	THE PROFESSIONAL COMPONENT MUST BE BILLED SEPARATELY.
90 91	INGREDIENT COST ADJUSTMENT. USAGE: TO BE USED FOR PHARMACEUTICALS DISPENSING FEE ADJUSTMENT.		
94	PROCESSED IN EXCESS OF CHARGES.		
95 95	PLAN PROCEDURES NOT FOLLOWED. 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 95	PLAN PROCEDURES NOT FOLLOWED. PLAN PROCEDURES NOT FOLLOWED.	N385	Notification of admission was not timely according to published plan
95	PLAN PROCEDURES NOT FOLLOWED. PLAN PROCEDURES NOT FOLLOWED.	N584 N593	Not covered based on the insured's noncompliance with policy or statutory 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 95	PLAN PROCEDURES NOT FOLLOWED. PLAN PROCEDURES NOT FOLLOWED.	N595 N596	Records reflect the injured party did not complete an Assignment of Records reflect the injured party did not complete a Medical Authorization
95	PLAN PROCEDURES NOT FOLLOWED. 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
95	PLAN PROCEDURES NOT FOLLOWED.	N803	finalized. Please resubmit once payment or denial is received. SUBMISSION OF THE CLAIM FOR THE SERVICE RENDERED IS THE
95	PLAN PROCEDURES NOT FOLLOWED.	N818	RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR Claim Dates of Service do not match Electronic Visit Verification System.
95	PLAN PROCEDURES NOT FOLLOWED.	N819	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION

			TELECTRONIC VIOLE VERIFICATION OVOTEM UNITO DO NOT MEET
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
96	NON-COVERED CHARGE(S).	M13	COVERED CRYOSURGICAL ABLATION. ONLY ONE INITIAL VISIT IS COVERED PER SPECIALTY PER MEDICAL
	` '		PERFORMED BY A FACILITY/SUPPLIER IN WHICH THE PROVIDER HAS
96	NON-COVERED CHARGE(S).	M134	A FINANCIAL INTEREST. PATIENT IDENTIFIED AS A DEMONSTRATION PARTICIPANT BUT THE
96	NON-COVERED CHARGE(S).	M138	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
96	NON-COVERED CHARGE(S).	M2	HOSPITAL NOR A SKILLED NURSING FACILITY (SNF) IS CONSIDERED NOT PAID SEPARATELY WHEN THE PATIENT IS AN INPATIENT.
30	NON-COVERED CHARGE(S).	IVIZ	THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF
96	NON-COVERED CHARGE(S).	M25	SERVICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY COVERED, OR IF YOU NOTIFIED THE PATIENT IN WRITING IN ADVANCE
96	NON-COVERED CHARGE(S).	M26	THAT WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR 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 96	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	M82 M83	SERVICE IS NOT COVERED WHEN PATIENT IS UNDER AGE 50. SERVICE IS NOT COVERED UNLESS THE PATIENT IS CLASSIFIED AS
96	NON-COVERED CHARGE(S).	M86	SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR
96	NON-COVERED CHARGE(S).	M87	SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME. 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. PHYSICIAN ALREADY PAID FOR SERVICES IN CONJUNCTION WITH
96	NON-COVERED CHARGE(S).	MA131	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
96	NON-COVERED CHARGE(S).	MA57	UNDER FEDERAL LAW, YOU CANNOT CHARGE the patient more than Patient submitted written request to revoke his/her election for religious
96	NON-COVERED CHARGE(S).	MA73	non-medical health care services. INFORMATIONAL REMITTANCE ASSOCIATED WITH A MEDICARE DEMONSTRATION. NO PAYMENT ISSUED UNDER FEE-FOR-SERVICE
			MEDICARE AS PATIENT HAS ELECTED MANAGED CARE. PATIENT IDENTIFIED AS PARTICIPATING IN THE NATIONAL
96	NON-COVERED CHARGE(S).	MA84	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. THE PATIENT WAS NOT RESIDING IN A LONG-TERM CARE FACILITY
96	NON-COVERED CHARGE(S).	N141	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 96	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N15 N157	SERVICES FOR A NEWBORN MUST BE BILLED SEPARATELY. 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 96	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N167 N171	CHARGES EXCEED THE POST-TRANSPLANT COVERAGE LIMIT. PAYMENT FOR REPAIR OR REPLACEMENT IS NOT COVERED OR HAS
96	NON-COVERED CHARGE(S).	N174	EXCEEDED THE PURCHASE PRICE. 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 96	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N198 N20	RENDERING PROVIDER MUST BE AFFILIATED WITH THE PAY-TO 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
96	NON-COVERED CHARGE(S).	N30	PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT PATIENT INELIGIBLE FOR THIS SERVICE.
90	INON-OUVENED OHANDE(O).	INOU	I ATILINI INLLIGIDLE FOR THIS SERVICE.

00	INON COVERED CHARGE(C)	I NOO	TOLAIM MUCT BE CURMITTED BY THE BROWDER WILD BENDERED THE
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N32 N33	CLAIM MUST BE SUBMITTED BY THE PROVIDER WHO RENDERED THE No record of health check prior to initiation of treatment.
	NON-COVERED CHARGE(S).	N348	YOU CHOSE THAT THIS SERVICE/SUPPLY/DRUG WOULD BE
	· /		RENDERED/SUPPLIED AND BILLED BY A DIFFERENT
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N35 N351	PROGRAM INTEGRITY/UTILIZATION REVIEW DECISION. SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN
	NON-COVERED CHARGE(S).	N356	NOT COVERED WHEN PERFORMED WITH, OR SUBSEQUENT TO, A
			NON-COVERED SERVICE. TIME FRAME REQUIREMENTS BETWEEN THIS
	NON-COVERED CHARGE(S).	N357	SERVICE/PROCEDURE/SUPPLY AND A RELATED THE NUMBER OF DAYS OR UNITS OF SERVICE EXCEEDS OUR
	NON-COVERED CHARGE(S).	N362	ACCEPTABLE MAXIMUM.
96	NON-COVERED CHARGE(S).	N370	BILLING EXCEEDS THE RENTAL MONTHS COVERED/APPROVED BY ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE
96	NON-COVERED CHARGE(S).	N372	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
	NON-COVERED CHARGE(S).	N425	STATUTORILY EXCLUDED SERVICE(S)
	NON-COVERED CHARGE(S).	N426	NO COVERAGE WHEN SELF-ADMINISTERED PAYMENT FOR EYEGLASSES OR CONTACT LENSES CAN BE MADE
	NON-COVERED CHARGE(S).	N427	ONLY AFTER CATARACT SURGERY.
	NON-COVERED CHARGE(S).	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE.
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N429 N43	NOT COVERED SINCE IT IS CONSIDERED ROUTINE. 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
96	NON-COVERED CHARGE(S).	N525	CARE PLAN ON THE DATE OF SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE
	NON-COVERED CHARGE(S).	N528	GLOBAL PERIOD OF ANOTHER SERVICE. PATIENT IS ENTITLED TO BENEFITS FOR INSTITUTIONAL SERVICES.
	NON-COVERED CHARGE(S).	N529	PATIENT IS ENTITLED TO BENEFITS FOR PROFESSIONAL SERVICES.
	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-
96	NON-COVERED CHARGE(S).	N55	CERTIFIED/AUTHORIZED SERVICES. PROCEDURES FOR BILLING WITH GROUP/REFERRING/PERFORMING
	NON-COVERED CHARGE(S).	N56	PROVIDERS WERE NOT FOLLOWED. PROCEDURE CODE BILLED IS NOT CORRECT/VALID FOR THE
		N564	SERVICES BILLED OR THE DATE OF SERVICE BILLED. PATIENT DID NOT MEET THE INCLUSION CRITERIA FOR THE
	NON-COVERED CHARGE(S).		DEMONSTRATION PROJECT OR PILOT PROGRAM.
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N567 N569	NOT COVERED WHEN CONSIDERED PREVENTATIVE. NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
	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.
	NON-COVERED CHARGE(S).	N584	Not covered based on the insured's noncompliance with policy or statutory
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N587 N588	Policy benefits have been exhausted. The patient has instructed that medical claims/bills are not to be paid.
	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
	NON-COVERED CHARGE(S).	N590	operate such a vehicle is impaired by the use of a drug. Missing independent medical exam detailing the cause of injuries
	. ,		sustained and medical necessity of services rendered. Adjusted because this is not the initial prescription or exceeds the amount
	NON-COVERED CHARGE(S). NON-COVERED CHARGE(S).	N592 N593	allowed for the initial prescription. Not covered based on failure to attend a scheduled Independent Medical
	, ,		UNDER FEHB LAW (U.S.C. 8904(B)), WE CANNOT PAY MORE FOR
96	NON-COVERED CHARGE(S).	N6	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). NON-COVERED CHARGE(S).	N61 N621	REBILL SERVICES ON SEPARATE CLAIMS. Charges for Jurisdiction required forms, reports, or chart notes are not

88 NING COURTED CHARGES). 19 NING COURTED CHARGES CHAR			·	10
86 NON-COVERD CHARGES) 16 NON-COVERD CHARGES 17 NON-COVERD CHARGES 18 NON-COVERD CHA	96	NON-COVERED CHARGE(S).	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate
00-COUNTED CHARGES 10 NONCOUNTED CHARGES 10				The associated Workers' Compensation claim has been withdrawn.
Son Concept Desperation Mode Services of American Services (Services Services Servi	96	NON-COVERED CHARGE(S).	N626	
981 WOLCOYFED CHARGES 992 WOLCOYFED CHARGES 993 WOLCOYFED CHARGES 994 WOLCOYFED CHARGES 995 WOLCOYFED CHARGES 995 WOLCOYFED CHARGES 996 WOLCOYFED CHARGES 997 WOLCOYFED CHARGES 997 WOLCOYFED CHARGES 998 WOLCOYFED CHARGES 998 WOLCOYFED CHARGES 999 WOLCOYFED CHARGES 990 WOLCOYFED CHARGES	96	NON-COVERED CHARGE(S).	N628	· ·
80 NOLCOYPED CHARGES				Referral not authorized by attending physician.
80 NOLCOMERC CHARGES).		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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69 NALOCORRED CHARGES) 10 VANCORRED CHARGES 10 VANCORRED CHARGES	96	NON-COVERED CHARGE(S).	N643	The services billed are considered Not Covered or Non-Covered (NC) in
98 NON-COURTED CHARGES) 96 NON-COVERED CHARGES 97 NON-COVERED CHARGES 98 NON-COVERED CHARGES 99 NON-COVERED CHARGES 90 NON-COVERED CHARGES 90 NON-COVERED CHARGES 90 NON-COVERED CHARGES 90 NON-COVERED CHARGES 91 NON-COVERED CHARGES 90 NON-COVERED CHARGES 91 NON-COVERED CHARGES 91 NON-COVERED CHARGES 92 NON-COVERED CHARGES 93 NON-COVERED CHARGES 94 NON-COVERED CHARGES 95 NON-COVERED CHARGES 96 NON-COVERED CHARGES 96 NON-COVERED CHARGES 97 NON-COVERED CHARGES 97 NON-COVERED CHARGES 98 NON-COVERED CHARGES 98 NON-COVERED CHARGES 99 NON-COVERED CHARGES 99 NON-COVERED CHARGES 99 NON-COVERED CHARGES 90 NON-COVERED CHARGES 91 NON-COVERED CHARGES 92 NON-COVERED CHARGES 93 NON-COVERED CHARGES 94 NON-COVERED CHARGES 95 NON-COVERED CHARGE		. ,		
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98 NON-COURSE CHARGES). NOSC DE CONTROL DIARGES (S). NOSC DE CON		, ,		the time of the loss.
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MON_COVERD CHARGES				
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	31	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	IVIATUS	GUIDELINES.

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97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	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	N122	ADD-ON CODE CANNOT BE BILLED BY ITSELF.
91	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	INIZZ	
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	N19	PROCEDURE CODE INCIDENTAL TO PRIMARY PROCEDURE.
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	INIO	
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	N357	TIME FRAME REQUIREMENTS BETWEEN THIS
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE	11007	SERVICE/PROCEDURE/SUPPLY AND A RELATED
97	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	N472	PAYMENT FOR THIS SERVICE HAS BEEN ISSUED TO ANOTHER
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE		PROVIDER. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE
97	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N525	GLOBAL PERIOD OF ANOTHER SERVICE.
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE	N626	New or established patient E/M codes are not payable with chiropractic
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED. THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE		care codes. Out-patient follow up visits on the same date of service as a scheduled test
97	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N628	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	NC4C	Reimbursement has been adjusted based on the guidelines for an
97	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	N646	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.
	TON ANOTHER SERVICE/I ROCEDURE THAT HAS AEREADT BEEN ADJUDICATED.		PROF PROV SVCS NOT PAID SEPARATELY. INCLUDED IN FAC PMT
97	THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE	N67	UNDER A DEMO PROJECT. APPLY TO FAC FOR PMT, RESUBMIT
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.		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	N806	Payment is included in the Global transplant allowance.
	FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.	INOUG	Payment is included in the Global transplant allowance.
100	PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY PREDETERMINATION: ANTICIPATED PAYMENT UPON COMPLETION OF SERVICES		
101	OR CLAIM ADJUDICATION.		
102	MAJOR MEDICAL ADJUSTMENT.		
103 104	PROVIDER PROMOTIONAL DISCOUNT (E.G., SENIOR CITIZEN DISCOUNT). MANAGED CARE WITHHOLDING.		
105	TAX WITHHOLDING.		
106 107	PATIENT PAYMENT OPTION/ELECTION NOT IN EFFECT. THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS		
	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	N4404	WE PAY FOR THIS SERVICE ONLY WHEN PERFORMED WITH A
107	CLAIM.	M121	COVERED CRYOSURGICAL ABLATION.
107 107	THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT IDENTIFIED ON THIS	MA66 N122	MISSING/INCOMPLETE/INVALID PRINCIPAL PROCEDURE CODE. 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.		EQUIPMENT PURCHASES ARE LIMITED TO THE FIRST OR THE TENTH
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M10	MONTH OF MEDICAL NECESSITY.
400	DENIT/DUDOLIA OF OUIDELINES WEDE NOT MET	MOC	THIS IS THE 11TH RENTAL MONTH. WE CANNOT PAY FOR THIS UNTIL
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M36	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
	NEWTH GROWNEL GOIDEENNES WERE NOT WET.	1417	RETURNED AFTER THE TOTAL OF ISSUED RENTAL PAYMENTS Information supplied does not support a break in therapy. A new capped
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	M94	rental period will not begin.
			ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N10	ORGANIZATION/PROFESSIONAL CONSULT/MANUAL ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW.
100	DENIT/DUDCHASE CHIDELINES WEDE NOT MET	N400	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N130	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.
100	RENT/PURCHASE GUIDELINES WERE NOT MET.	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING
108			INITIAL TREATMENT PERIOD.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N370	BILLING EXCEEDS THE RENTAL MONTHS COVERED/APPROVED BY ONLY REASONABLE AND NECESSARY MAINTENANCE/SERVICE
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N372	CHARGES ARE COVERED.
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N518	NO SEPARATE PAYMENT FOR ACCESSORIES WHEN FURNISHED FOR
108	RENT/PURCHASE GUIDELINES WERE NOT MET.	N795	USE WITH OXYGEN EQUIPMENT. 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		
400	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR. CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND	B # # #	DME, ORTHOTICS AND PROSTHETICS MUST BE BILLED TO THE DME
109	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	M11	CARRIER WHO SERVICES THE PATIENT'S ZIP CODE.
	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND		THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH RULES AND GUIDELINES UNDER THE DMEPOS COMPETITIVE BIDDING PROGRAM
109	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR. YOU MUST SEND THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	M114	OR A DEMONSTRATION PROJECT. FOR MORE INFORMATION
109	SE WAS ELVISE TO THE CONNECT LATER/CONTINACTOR.		REGARDING THESE PROJECTS, CONTACT YOUR LOCAL
103			
	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND	****	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR CLAIMS
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
		N104	THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR CLAIMS
	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR. CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND	N104 N105	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 THIS IS A MISDIRECTED CLAIM/SERVICE FOR AN RRB BENEFICIARY. SUBMIT PAPER CLAIMS TO THE RRB CARRIER: PALMETTO GBA, P.O.
109	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.		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 THIS IS A MISDIRECTED CLAIM/SERVICE FOR AN RRB BENEFICIARY.

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1919 CAMADISTROCK BIT OF COMED BY THIS PAYESCON PROCESS. YOU MUST SHOP. 1910 THE CAMADISTROCK BY COMED BY THE STREET OF THE STRE	109	THE CLAIM/SERVICE TO THE CORRECT PAYER/CONTRACTOR.	NIUO	
TO CAMERINA TO CONCERN OF THE SATESCONTRACTOR. YOUR STATE SHAPE CAMERINANT OF THE CA	100	CLAIM/SERVICE NOT COVERED BY THIS PAYER/CONTRACTOR. YOU MUST SEND	N407	
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19 SECTION MANIBURY FOR THE TIME PERSON OF COLORBOY IN THE SECTION OF THE TIME PERSON OF COLORBOY IN THE TIME PERSON OF COLO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN	N417	THIS SERVICE IS ALLOWED 1 TIME IN A 5-YEAR PERIOD
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			THE PECICION WAS BASED ON A LOCAL MEDICAL DEVIEW BOLLOW
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.		THE INFO FURNISHED DOESN'T MEET THE NEED FOR LEVEL OF
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	M25	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.	М3	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.
	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION		ADJUSTMENT BASED ON THE FINDINGS OF A REVIEW
151	SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N10	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	N206	The supporting documentation does not match the information sent on the
	SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES. Payment adjusted because the payer deems the information submitted does not		claim. The number of Days or Units of Service exceeds our acceptable
151	support this many/frequency of services.	N362	maximum. THIS DECISION WAS BASED ON A NATIONAL COVERAGE
151	PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES.	N386	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	N853	The number of modalities performed per session exceeds our acceptable
151	SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES. PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION	N640	maximum. Exceeds number/frequency approved/allowed within time period.
151	SUBMITTED DOES NOT SUPPORT THIS MANY/FREQUENCY OF SERVICES. PAYMENT ADJUSTED BECAUSE THE PAYER DEEMS THE INFORMATION	N853	The number of modalities performed per session exceeds our acceptable
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152	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		
154 155	PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS DAY'S 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.		SERVICES PROVIDED ABOARD A SHIP ARE COVERED ONLY WHEN
158	SERVICE/PROCEDURE WAS PROVIDED OUTSIDE OF THE UNITED STATES.	N176	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.
158 159	SERVICE/PROCEDURE WAS PROVIDED OUTSIDE OF THE UNITED STATES. SERVICE/PROCEDURE WAS PROVIDED AS A RESULT OF TERRORISM.	N418	MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION
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).
160 160	INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT INJURY/ILLNESS WAS THE RESULT OF AN ACTIVITY THAT IS A BENEFIT	N607 N622	Service provided for non-compensable condition(s). 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	M60	MISSING CERTIFICATE OF MEDICAL NECESSITY.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N146	MISSING SCREENING DOCUMENT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N178	MISSING PRE-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N186	NON-AVAILABILITY STATEMENT (NAS) REQUIRED FOR THIS SERVICE.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N214	CONTACT THE NEAREST MILITARY TREATMENT FACILITY (MTF) FOR MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N214	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N223	MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N26	INITIAL TREATMENT PERIOD.
	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		MISSING ITEMIZED BILL.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N3	MISSING CONSENT FORM. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N375	REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N391	MISSING EMERGENCY DEPARTMENT RECORDS.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N393	MISSING PROGRESS NOTES OR REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N395	MISSING LABORATORY REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N398	MISSING ELECTIVE CONSENT FORM.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N40	Missing radiology film(s)/image(s).
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N403	MISSING FACILITY CERTIFICATION.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N42	MISSING MENTAL HEALTH ASSESSMENT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
163	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	N489	MISSING REFERRAL FORM.
	RECEIVED.		<u></u>

400	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N/400	MISSING ROOTOR FIRST REPORT OF INJURY
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N493	MISSING DOCTOR FIRST REPORT OF INJURY.
163	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	N503	MISSING WORK STATUS REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N555	MISSING MEDICATION LIST.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N680	EXTRACTIONS.
163	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	N686	MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N706	COMPLETE PAYMENT DETERMINATION. MISSING DOCUMENTATION.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N708	MISSING ORDERS.
	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N710	MISSING NOTES.
163	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	N737	MISSING SLEEP STUDY REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N739	MISSING VEIN STUDY REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N745	MISSING AMBULANCE REPORT.
	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N749	MISSING BLOOD GAS REPORT.
163	RECEIVED. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
163	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
164	ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		service/treatment.
164	RECEIVED IN A TIMELY FASHION. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N42	MISSING MENTAL HEALTH ASSESSMENT.
	RECEIVED IN A TIMELY FASHION. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT		
164	RECEIVED IN A TIMELY FASHION. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N764	Missing/incomplete/invalid Hematocrit (HCT) value.
164	RECEIVED IN A TIMELY FASHION. ATTACHMENT/OTHER DOCUMENTATION REFERENCED ON THE CLAIM WAS NOT	N796	MISSING/INCOMPLETE/INVALID HEMOGLOBIN (HB OR HGB) VALUE. Missing/incomplete/invalid narrative explaining/describing this
164	RECEIVED IN A TIMELY FASHION.	N850	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.		
167 167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED. THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	MA63	Missing/incomplete/invalid principal diagnosis.
			THIS DECISION WAS BASED ON A LOCAL MEDICAL REVIEW POLICY (LMRP) OR LOCAL COVERAGE DETERMINATION (LCD).AN LMRP/LCD
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N115	PROVIDES A GUIDE TO ASSIST IN DETERMINING WHETHER A
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N30	PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY PATIENT INELIGIBLE FOR THIS SERVICE.
467	THIS (THESE) DIACNOSIS/ES) IS (ARE) NOT COVERED	Nago	THIS DECISION WAS BASED ON A NATIONAL COVERAGE DETERMINATION (NCD). AN NCD PROVIDES A COVERAGE
167	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N386	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).

167 169 169			
	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED.	N647	Adjusted based on diagnosis-related group (DRG).
1 169	ALTERNATE BENEFIT HAS BEEN PROVIDED.	144400	OLAMA PROGEOGED IN A COORDANIOE MITTLE AMPLIE ATORY OUROGON
	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.		consult/manual adjudication/medical advisor/dental advisor/peer review.
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.
170 171	PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER. PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY.	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.	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	N121	Medicare Part B does not pay for items or services provided by this type of
474	THIS TYPE OF FACILITY. PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN	N1400	practitioner for beneficiaries in a Medicare Part A covered Skilled Nursing
171	THIS TYPE OF FACILITY. PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN	N428	NOT COVERED WHEN PERFORMED IN THIS PLACE OF SERVICE. SERVICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT
171	THIS TYPE OF FACILITY. PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN	N732	REIMBURSABLE. THIS FACILITY IS NOT CERTIFIED FOR TOMOSYNTHESIS (3-D)
171	THIS TYPE OF FACILITY. PAYMENT IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER IN	N762	MAMMOGRAPHY.
171 172	THIS TYPE OF FACILITY. PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS	N92	THIS FACILITY IS NOT CERTIFIED FOR DIGITAL MAMMOGRAPHY.
172 172	PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS 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.	IVITO	Only one initial visit is covered per specialty per medical group.
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.
175 175	PRESCRIPTION IS INCOMPLETE.	N378	Missing/incomplete/invalid prescription quantity.
175	PRESCRIPTION IS INCOMPLETE. PRESCRIPTION IS INCOMPLETE.	N388 N389	Missing/incomplete/invalid prescription number. Duplicate prescription number submitted.
			Adjusted because this is not the initial prescription or exceeds the amount
175	PRESCRIPTION IS INCOMPLETE.	N592	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.
		NEGO	ruspenusin siigibiiity.
177	TPATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS	NEGLIX	Missing Work Status Report
177 177	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS.	N503 N503	Missing Work Status Report. Missing Work Status Report.
177 177 178	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS.	N503 N503	Missing Work Status Report. Missing Work Status Report.
177 178 179	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS.		
177 178 179 180	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS.		
177 178 179 180 181	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N503	Missing Work Status Report.
177 178 179 180 181 181	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N503 M20	Missing Work Status Report. MISSING/INCOMPLETE/INVALID HCPCS.
177 178 179 180 181 181	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	M20 N517	Missing Work Status Report. MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION
177 178 179 180 181 181 181	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE.	N503 M20	Missing Work Status Report. MISSING/INCOMPLETE/INVALID HCPCS.
177 178 179 180 181 181 181 181 181	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	M20 N517 N56	MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION Procedure code billed is not correct/valid for the services billed or the date
177 178 179 180 181 181 181 181 182 182	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	M20 N517 N56	MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION Procedure code billed is not correct/valid for the services billed or the date RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION.
177 178 179 180 181 181 181 181 182	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE.	M20 N517 N56	MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION Procedure code billed is not correct/valid for the services billed or the date RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION. This should be billed with the appropriate code for these services.
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177 178 179 180 181 181 181 181 182 182 182 183	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	M20 N517 N56 N517 N657	MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION Procedure code billed is not correct/valid for the services billed or the date RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION. This should be billed with the appropriate code for these services. 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.
177 178 179 180 181 181 181 181 182 182 182 183 183	PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PATIENT HAS NOT MET THE REQUIRED RESIDENCY REQUIREMENTS. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE CODE WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. PROCEDURE MODIFIER WAS INVALID ON THE DATE OF SERVICE. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED. THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED.	N503 M20 N517 N56 N517 N657 N574 N630 N767 N799	MISSING/INCOMPLETE/INVALID HCPCS. RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION Procedure code billed is not correct/valid for the services billed or the date RESUBMIT A NEW CLAIM WITH THE REQUESTED INFORMATION. This should be billed with the appropriate code for these services. 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. Referral not authorized by attending physician. The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed. MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
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185 THE RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED.	
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190 PAYMENT IS INCLUDED IN THE ALLOWANCE FOR A SKILLED NURSING FACILITY (SNF) QUALIFIED STAY.	
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192 NON STANDARD ADJUSTMENT CODE FROM PAPER REMITTANCE.	
Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly	
ANESTHESIA PERFORMED BY THE OPERATING PHYSICIAN, THE ASSISTANT SURGEON OR THE ATTENDING PHYSICIAN. ANESTHESIA DEPENDMENT BY THE OPERATING PHYSICIAN THE ASSISTANT	IDINO THE CAME CECCONDATE
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195 REFUND ISSUED TO AN ERRONEOUS PRIORITY PAYER FOR THIS CLAIM/SERVICE. 197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT	
197 PRECERTIFICATION/ALITHORIZATION/NOTIFICATION/PRE-TREATMENT ARSENT N83 NO APPEAL RIGHTS. ADJUDICATIVE DI	
198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED	
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198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED N10 Consult/manual adjudication/medical advings of a reconsult/manual adjudication/medical advings of a reconsult/medical advings of a reconsult/medical advings of a reconsult/medical advings of a reconsult/medical advings of a reconsult/med	risor/dental advisor/peer review.
198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED N351 SERVICE DATE OUTSIDE OF THE APPR 198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED N362 THE NUMBER OF DAYS OR UNITS OF SACCEPTABLE MAXIMUM.	
198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED N435 Exceeds number/frequency approved /al support documentation.	llowed within time period without
198 PRECERTIFICATION/NOTIFICATION/ALITHORIZATION/PRE-TREATMENT EXCEEDED N54 CLAIM INFORMATION IS INCONSISTEN	NT WITH PRE-
100 NEOENTH TO A TOTAL OF THE ONE OF THE OWN THE O	lowed within time period.
198 PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED N640 Exceeds number/frequency approved/alle	HORIZATION DECISION
CERTIFIED/AUTHORIZED SERVICES.	THORIZATION DECISION.

200	EVDENICES INCLIDED DUDING LARGE IN COVERAGE		
200	EXPENSES INCURRED DURING LAPSE IN COVERAGE 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	N722	PATIENT MUST USE WORKERS' COMPENSATION SET-ASIDE (WCSA)
201	ASIDE ARRANGEMENT' OR OTHER AGREEMENT.	N/ZZ	FUNDS TO PAY FOR THE MEDICAL SERVICE OR ITEM.
201	PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH 'SET	N723	PATIENT MUST USE LIABILITY SET-ASIDE (LSA) FUNDS TO PAY FOR
	ASIDE ARRANGEMENT' OR OTHER AGREEMENT. PATIENT IS RESPONSIBLE FOR AMOUNT OF THIS CLAIM/SERVICE THROUGH 'SET		THE MEDICAL SERVICE OR ITEM. PATIENT MUST USE NO-FAULT SET-ASIDE (NFSA) FUNDS TO PAY FOR
201	ASIDE ARRANGEMENT' OR OTHER AGREEMENT.	N724	THE MEDICAL SERVICE OR ITEM.
202	NON-COVERED PERSONAL COMFORT OR CONVENIENCE SERVICES.		THE MEDIONE DERVICE OR HEM.
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 THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		Adjustment based on the findings of a review organization/professional
204	CURRENT BENEFIT PLAN	N10	consult/manual adjudication/medical advisor/dental advisor/peer review.
			Policy provides coverage supplemental to Medicare. As the member does
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN	N12	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	N129	Not eligible due to the patient's age.
	CURRENT BENEFIT PLAN THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
204	CURRENT BENEFIT PLAN	N130	RESTRICTIONS FOR THIS SERVICE.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N157	Transportation to/from this destination is not covered.
204	CURRENT BENEFIT PLAN	NIOI	Transportation to/nom this destination is not covered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N158	Transportation in a vehicle other than an ambulance is not covered.
	CURRENT BENEFIT PLAN THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		Payment for repair or replacement is not covered or has exceeded the
204	CURRENT BENEFIT PLAN	N171	purchase price.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N357	Time frame requirements between this service/procedure/supply and a
204	CURRENT BENEFIT PLAN	I CCNI	related service/procedure/supply have not been met.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N383	Not covered when deemed cosmetic.
	CURRENT BENEFIT PLAN		This decision was based on a National Coverage Determination (NCD). An
	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		NCD provides a coverage determination as to whether a particular item or
204	CURRENT BENEFIT PLAN	N386	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	N426	No coverage when self-administered.
204	CURRENT BENEFIT PLAN	11720	No coverage when sen-auministered.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N428	Not covered when performed in this place of service.
	CURRENT BENEFIT PLAN THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		
204	CURRENT BENEFIT PLAN	N429	Not covered when considered routine.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N441	This missed/cancelled appointment is not covered.
204	CURRENT BENEFIT PLAN	11441	
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.
	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		
204	CURRENT BENEFIT PLAN	N567	NOT COVERED WHEN CONSIDERED PREVENTATIVE.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N569	NOT COVERED WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.
	CURRENT BENEFIT PLAN THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		
204	CURRENT BENEFIT PLAN	N651	No Personal Injury Protection/Medical Payments Coverage on the policy at the time of the loss.
004	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	NOTO	
204	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	N666	Only one evaluation and management code at this service level is covered
	CURRENT BENEFIT PLAN THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S		during the course of care. ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE
204	CURRENT BENEFIT PLAN	N751	PART D PLAN.
201	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	NZOO	
204	CURRENT BENEFIT PLAN	N789	CLINICAL TRIAL IS NOT A COVERED BENEFIT.
204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S	N794	PAYMENT ADJUSTED BASED ON TYPE OF TECHNOLOGY USED.
205	CURRENT BENEFIT PLAN PHARMACY DISCOUNT CARD PROCESSING FEE		
205	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
206 206	NATIONAL PROVIDER IDENTIFIER - MISSING. NATIONAL PROVIDER IDENTIFIER - MISSING.	N290 N31	MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER.
206	NATIONAL PROVIDER IDENTIFIER - MISSING. NATIONAL PROVIDER IDENTIFIER - MISSING.	N77	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER. MISSING/INCOMPLETE/INVALID DESIGNATED PROVIDER NUMBER.
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT		The state of the s
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
207 207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N262 N265	MISSING/INCOMPLETE/INVALID OPERATING PROVIDER PRIMARY MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY
207	NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT NATIONAL PROVIDER IDENTIFIER - INVALID FORMAT	N265 N286	MISSING/INCOMPLETE/INVALID ORDERING PROVIDER PRIMARY 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.	NOTO	MICCINICINICOMPLETE (INIVIAL ID ATTENDING BROWNER BROWNER
208 208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N253 N255	MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER PRIMARY MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY.
208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N255 N257	MISSING/INCOMPLETE/INVALID BILLING PROVIDER TAXONOMY. 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

200	INATIONAL PROVIDED IDENTIFIED, NOT MATCHED	NO4	MICCINIC/INICOMPLETE/INIVALID PRECORIBING PROVIDER IDENTIFIED
208 208	NATIONAL PROVIDER IDENTIFIER - NOT MATCHED. NATIONAL PROVIDER IDENTIFIER - NOT MATCHED.	N31 N516	MISSING/INCOMPLETE/INVALID PRESCRIBING PROVIDER IDENTIFIER. 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. PER REGULATORY OR OTHER AGREEMENT. THE PROVIDER CANNOT COLLECT	N799	MISSING/INCOMPLETE/INVALID INDIVIDUAL PROVIDER INFORMATION.
209	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.		
212 212	ADMINISTRATIVE SURCHARGES ARE NOT COVERED ADMINISTRATIVE SURCHARGES ARE NOT COVERED	N658	The billed service(s) are not considered medical expenses.
213	NON-COMPLIANCE WITH THE PHYSICIAN SELF REFERRAL PROHIBITION	11000	The billed service(s) are not considered medical expenses.
	LEGISLATION OR PAYER POLICY.		
215 216	BASED ON SUBROGATION OF A THIRD PARTY SETTLEMENT 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		
224	MANDATED BEFORE A NEW CODE CAN BE CREATED. 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.		S. Godfffort to distance would
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.
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	M2	SEPARATE PAYMENT IS NOT ALLOWED. 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.
234 234	THIS PROCEDURE IS NOT PAID SEPARATELY. THIS PROCEDURE IS NOT PAID SEPARATELY.	N20 N390	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE 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
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N67	or treatment is disallowed. 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
234	THIS PROCEDURE IS NOT PAID SEPARATELY.	N676	DEMO; OR IF YOU FURNISHED SVCS IN ANOTHER POS ON THE DATE Service does not qualify for payment under the Outpatient Facility Fee
234	THIS PROCEDURE IS NOT PAID SEPARATELY. 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
234	SALES TAX	LINOS	PROVISIONS OF A DEMONSTRATION PROJECT.
	THIS PROCEDURE OR PROCEDURE/MODIFIER COMBINATION IS NOT		
236	COMPATIBLE WITH ANOTHER PROCEDURE OR PROCEDURE/MODIFIER COMBINATION PROVIDED ON THE SAME DAY ACCORDING TO THE NATIONAL CORRECT CODING INITIATIVE OR WORKERS COMPENSATION STATE		
	THIS PROCEDURE OR PROCEDURE/MODIFIER COMBINATION IS NOT COMPATIBLE WITH ANOTHER PROCEDURE OR PROCEDURE/MODIFIER		
236	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.
	THIS PROCEDURE OR PROCEDURE/MODIFIER COMBINATION IS NOT COMPATIBLE WITH ANOTHER PROCEDURE OR PROCEDURE/MODIFIER		
236	COMBINATION PROVIDED ON THE SAME DAY ACCORDING TO THE NATIONAL	N657	This should be billed with the appropriate code for these services.
237	CORRECT CODING INITIATIVE OR WORKERS COMPENSATION STATE 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) CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE. REBILL		
239	SEPARATE CLAIMS.		
240 240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT. 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.
240 240	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT. THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S BIRTH WEIGHT.	N207 N657	MISSING/INCOMPLETE/INVALID WEIGHT. This should be billed with the appropriate code for these services.
241	LOW INCOME SUBSIDY (LIS) CO-PAYMENT AMOUNT	11007	This should be blied with the appropriate dode for these services.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.		THIS ITEM IS DENIED WHEN PROVIDED TO THIS PATIENT BY A NON-
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS. SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	M115 N130	CONTRACT OR NON-DEMONSTRATION SUPPLIER. CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
			RESTRICTIONS FOR THIS SERVICE. COVERED ONLY WHEN PERFORMED BY THE PRIMARY TREATING
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N450	PHYSICIAN OR THE DESIGNEE.
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N655	Payment based on provider's geographic region. The Medicaid state requires provider to be enrolled in the member's
242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N767	Medicaid state program prior to any claim benefits being processed.
242 242	SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS. SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS.	N95 N655	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS 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
245 246	PROVIDER PERFORMANCE PROGRAM WITHHOLD. 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-
247	DEDUCTIBLE FOR PROFESSIONAL SERVICE RENDERED IN AN INSTITUTIONAL		PAYABLE REPORTING CODES AND ASSOCIATED MODIFIERS ARE
241	SETTING AND BILLED ON AN INSTITUTIONAL CLAIM. COINSURANCE FOR PROFESSIONAL SERVICE RENDERED IN AN INSTITUTIONAL		
248	SETTING AND BILLED ON AN INSTITUTIONAL CLAIM.		
249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.		The bundled claim originally submitted for this episode of care includes
249	THIS CLAIM HAS BEEN IDENTIFIED AS A READMISSION.	N561	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. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	M19	Missing oxygen certification/re-certification.
250	INCONSISTENT WITH THE EXPECTED CONTENT.	M23	Missing invoice.
250	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	M29	MISSING OPERATIVE REPORT.
250	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	MA04	Secondary payment cannot be considered without the identity of or
	INCONSISTENT WITH THE EXPECTED CONTENT.	1, '	payment information from the primary payer. The information was either

	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	1	
250	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	N186	NON-AVAILABILITY STATEMENT (NAS) REQUIRED FOR THIS SERVICE.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N206	CONTACT THE NEAREST MILITARY TREATMENT FACILITY (MTF) FOR The supporting documentation does not match the information sent on the
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N214	claim. MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL
	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N214 N221	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS		MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N223	INITIAL TREATMENT PERIOD.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N26	MISSING ITEMIZED BILL.
250	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	N403	MISSING FACILITY CERTIFICATION.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N42	MISSING MENTAL HEALTH ASSESSMENT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N439	MISSING ANESTHESIA PHYSICAL STATUS REPORT/INDICATORS.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N445	MISSING DOCUMENT FOR ACTUAL COST OR PAID AMOUNT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N451	MISSING ADMISSION SUMMARY REPORT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N453	MISSING CONSULTATION REPORT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N455	MISSING PHYSICIAN ORDER.
	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS		
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N457	MISSING DIAGNOSTIC REPORT.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N459	MISSING DISCHARGE SUMMARY.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N461	MISSING NURSING NOTES.
250	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	N489	MISSING REFERRAL FORM.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N491	MISSING/INCOMPLETE/INVALID EXCLUSIONARY RIDER CONDITION.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N493	MISSING DOCTOR FIRST REPORT OF INJURY.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N495	MISSING SUPPLEMENTAL MEDICAL REPORT.
230	INCONSISTENT WITH THE EXPECTED CONTENT.	11430	INTO CITY LEWISTAL WILDIOAL REPORT.

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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	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N681	EXTRACTIONS. MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N683	THERAPY/MAINTENANCE. MISSING/INCOMPLETE/INVALID PRIOR TREATMENT
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N686	DOCUMENTATION. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	+	COMPLETE PAYMENT DETERMINATION.
	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N706	MISSING DOCUMENTATION.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N708	MISSING ORDERS.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N710	MISSING NOTES.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N712	MISSING SUMMARY.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N714	MISSING REPORT.
250	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	N850	Missing/incomplete/invalid narrative explaining/describing this
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N163	service/treatment. Medical record does not support code billed per the code definition.
250	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED IS	N850	Missing/incomplete/invalid narrative explaining/describing this
251	INCONSISTENT WITH THE EXPECTED CONTENT. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	M135	service/treatment. MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	M42	THE MEDICAL NECESSITY FORM MUST BE PERSONALLY SIGNED BY
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	MA04	THE ATTENDING PHYSICIAN. Secondary payment cannot be considered without the identity of or
	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT		payment information from the primary payer. The information was either MISSING/INCOMPLETE/INVALID PURCHASE PRICE OF THE TEST(S)
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	MA111	AND/OR THE PERFORMING LABORATORY'S NAME AND ADDRESS. MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	MA75	REPRESENTATIVE SIGNATURE.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	MA81	MISSING/INCOMPLETE/INVALID PROVIDER/SUPPLIER SIGNATURE. MISSING/INCOMPLETE/INVALID INSURED'S ADDRESS AND/OR
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	MA88	TELEPHONE NUMBER FOR THE PRIMARY PAYER. A NEW/REVISED/RENEWED CERTIFICATE OF MEDICAL NECESSITY IS
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N170	NEEDED.
251	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	N231	INCOMPLETE/INVALID INVOICE OR STATEMENT CERTIFYING THE
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N232	ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE INCOMPLETE/INVALID ITEMIZED BILL.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N233	INCOMPLETE/INVALID OPERATIVE REPORT.
	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT		
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N234	INCOMPLETE/INVALID OXYGEN CERTIFICATION/RE-CERTIFICATION.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N235	INCOMPLETE/INVALID PACEMAKER REGISTRATION FORM.
251	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	N242	Incomplete/invalid radiology film(s)/image(s).
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N243	INCOMPLETE/INVALID/NOT APPROVED SCREENING DOCUMENT.
251	THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N244	INCOMPLETE/INVALID PRE-OPERATIVE IMAGES/VISUAL FIELD
	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	+	RESULTS.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N245	INCOMPLETE/INVALID PLAN INFORMATION FOR OTHER INSURANCE.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N28	CONSENT FORM REQUIREMENTS NOT FULFILLED.
251	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	N399	INCOMPLETE/INVALID ELECTIVE CONSENT FORM.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N4	Missing/incomplete/invalid prior insurance carrier(s) EOB.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N402	INCOMPLETE/INVALID PERIODONTAL CHARTING.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N404	INCOMPLETE/INVALID FACILITY CERTIFICATION.
	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	+	INCOMPLETE/INVALID PACIENT CERTIFICATION. INCOMPLETE/INVALID ANESTHESIA PHYSICAL STATUS
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N440	REPORT/INDICATORS. INCOMPLETE/INVALID DOCUMENT FOR ACTUAL COST OR PAID
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N446	AMOUNT.
251	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	N468	INCOMPLETE/INVALID REPORT OF TESTS AND ANALYSIS REPORT.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N474	INCOMPLETE/INVALID CERTIFICATION.
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N476	INCOMPLETE/INVALID COMPLETED REFERRAL FORM.
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251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N478	INCOMPLETE/INVALID DENTAL MODELS. INCOMPLETE/INVALID EXPLANATION OF BENEFITS (COORDINATION
251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE. THE ATTACHMENT/OTHER DOCUMENTATION CONTENT RECEIVED DID NOT	N480	OF BENEFITS OR MEDICARE SECONDARY PAYER).
251	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.

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SON THAN THE CONTENT REQUESTED TO SOCIETY BEACHER DESIGNATION OF THE STATE AND CONTENTS AND CONT	251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N488	INCOMPLETE/INVALID PROSTHETICS OR ORTHOTICS CERTIFICATION.
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CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAM OR SERVICE THE ATTACHMENT OFFICE DIQUISMS ATTIME CONTENT RECEIVED BY THE CONTENT ACCOUNTS THE CONTENT RECEIVED BY THE CONTENT ACCOUNTS THE CONTENT	251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N491	MISSING/INCOMPLETE/INVALID EXCLUSIONARY RIDER CONDITION.
CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE THE ATTACHMENTOR THE DISCUMPNITATION CONTENT RECEIVED DISKOT THE ATTACHMENTOR THE DISCUMPNITATION CONTENT RECEIVED DISKOT CONTAIN THE CONTENT REQUIRED TO PROCESS THE CLAMA OR SERVICE THE ATTACHMENTOR THE DISCUMPNITATION CONTENT RECEIVED DISKOT CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE THE ATTACHMENTOR THE SQUIRED TO PROCESS THIS CLAMA OR SERVICE THE ATTACHMENTOR THE CONTENT RECEIVED TO PROCESS THIS CLAMA OR SERVICE THE ATTACHMENTOR THE SQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAMA OR SERVICE THE ATTACHMENTOR THE DOCUMENTATION CONTENT RECEIVED DISKOT THE	251	CONTAIN THE CONTENT REQUIRED TO PROCESS THIS CLAIM OR SERVICE.	N494	INCOMPLETE/INVALID DOCTOR FIRST REPORT OF INJURY.
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AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. M131 MISSING PHYSICIAN FINANCIAL RELATIONSHIP FORM. M132 MISSING PACEMAKER REGISTRATION FORM. M133 MISSING PACEMAKER REGISTRATION FORM. M134 MISSING PACEMAKER REGISTRATION FORM. M135 MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT. M136 MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT. M137 MISSING PHYSICIAN CERTIFIED PLAN OF CARE	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M130	MISSING INVOICE OR STATEMENT CERTIFYING THE ACTUAL COST OF THE LENS, LESS DISCOUNTS, AND/OR THE TYPE OF
AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. M132 MISSING PACEMAKER REGISTRATION FORM. M135 MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT. M136 MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT. M137 MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT. M138 MISSING PHYSICIAN CERTIFIED PLAN OF CARE	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M131	
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AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS M141 MISSING PHYSICIAN CERTIFIED PLAN OF CARE	252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M135	MISSING/INCOMPLETE/INVALID PLAN OF TREATMENT.
I ICLAIM/SERVICE I I I I I I I I I I I I I I I I I I	252		M141	MISSING PHYSICIAN CERTIFIED PLAN OF CARE.

252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M142	MISSING AMERICAN DIABETES ASSOCIATION CERTIFICATE OF
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M143	RECOGNITION. THE PROVIDER MUST UPDATE LICENSE INFORMATION WITH THE
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M19	PAYER. MISSING OXYGEN CERTIFICATION/RE-CERTIFICATION.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M21	MISSING/INCOMPLETE/INVALID PLACE OF RESIDENCE FOR THIS
	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS		SERVICE/ITEM PROVIDED IN A HOME.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M23	MISSING INVOICE.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	M29	MISSING OPERATIVE REPORT.
252	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
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	MA75	the primary and secondary payers. MISSING/INCOMPLETE/INVALID PATIENT OR AUTHORIZED
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	MA76	REPRESENTATIVE SIGNATURE. MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER FOR HOME
	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS		HEALTH AGENCY OR HOSPICE WHEN PHYSICIAN IS PERFORMING
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	MA81	MISSING/INCOMPLETE/INVALID PROVIDER/SUPPLIER SIGNATURE. MISSING/INCOMPLETE/INVALID INSURED'S ADDRESS AND/OR
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	MA88	TELEPHONE NUMBER FOR THE PRIMARY PAYER.
252	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/SEDVICE	N214	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N214 N221	MISSING/INCOMPLETE/INVALID HISTORY OF THE RELATED INITIAL SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT.
	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N221	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221 N223	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD.
252 252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221 N223 N241	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD. INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL.
252 252 252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221 N223 N241 N26	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD. INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL. MISSING ITEMIZED BILL.
252 252 252 252 252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221 N223 N241 N26 N28	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD. INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL. MISSING ITEMIZED BILL. CONSENT FORM REQUIREMENTS NOT FULFILLED.
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252 252 252 252 252 252 252 252 252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.	N221 N223 N241 N26 N28 N3 N331 N350 N375 N391	SURGICAL PROCEDURE(S). MISSING ADMITTING HISTORY AND PHYSICAL REPORT. MISSING DOCUMENTATION OF BENEFIT TO THE PATIENT DURING INITIAL TREATMENT PERIOD. INCOMPLETE/INVALID REVIEW ORGANIZATION APPROVAL. MISSING ITEMIZED BILL. CONSENT FORM REQUIREMENTS NOT FULFILLED. MISSING/INCOMPLETE/INVALID PHYSICIAN ORDER DATE. MISSING/INCOMPLETE/INVALID DESCRIPTION OF SERVICE FOR A NOT OTHERWISE CLASSIFIED (NOC) CODE OR AN UNLISTED PROCEDURE. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE/INFORMATION REQUIRED TO DETERMINE DEPENDENT ELIGIBILITY. MISSING EMERGENCY DEPARTMENT RECORDS.
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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	N451	MISSING ADMISSION SUMMARY REPORT.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N453	MISSING CONSULTATION REPORT.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N455	MISSING PHYSICIAN ORDER.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N457	MISSING DIAGNOSTIC REPORT.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N459	MISSING DISCHARGE SUMMARY.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N461	MISSING NURSING NOTES.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N465	MISSING PHYSICAL THERAPY NOTES/REPORT.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N467	MISSING REPORT OF TESTS AND ANALYSIS REPORT.
	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS		
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N473	MISSING CERTIFICATION.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N475	MISSING COMPLETED REFERRAL FORM.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N477	MISSING DENTAL MODELS. MISSING EXPLANATION OF BENEFITS (COORDINATION OF BENEFITS
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N479	OR MEDICARE SECONDARY PAYER).
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N481	MISSING MODELS.
252	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	N595	Records reflect the injured party did not complete an Assignment of
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N596	Benefits for this loss. Records reflect the injured party did not complete a Medical Authorization
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N667	for this loss. Missing prescription.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N668	Incomplete/invalid prescription.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N678	MISSING POST-OPERATIVE IMAGES/VISUAL FIELD RESULTS.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N680	MISSING/INCOMPLETE/INVALID DATE OF PREVIOUS DENTAL
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N681	EXTRACTIONS. MISSING/INCOMPLETE/INVALID FULL ARCH SERIES.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N682	MISSING/INCOMPLETE/INVALID HISTORY OF PRIOR PERIODONTAL
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N683	THERAPY/MAINTENANCE. MISSING/INCOMPLETE/INVALID PRIOR TREATMENT
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N685	DOCUMENTATION. MISSING/INCOMPLETE/INVALID PROSTHESIS, CROWN OR INLAY
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS		CODE. MISSING/INCOMPLETE/INVALID QUESTIONNAIRE NEEDED TO
	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N686	COMPLETE PAYMENT DETERMINATION.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N706	MISSING DOCUMENTATION.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N707	INCOMPLETE/INVALID ORDERS.
252	CLAIM/SERVICE. AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS	N708	MISSING ORDERS.
252	CLAIM/SERVICE.	N710	MISSING NOTES.

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256 SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT. N734 WHEN UNABLE TO WORK OR PERFORM NORM	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 of the number of modalities per session of the number of modalities per session of the number of modalities per session of the number of the number of the number of modalities per session of the number of the	N853 The number of modalities performed per session exceeds our acceptable
THE DISPOSITION OF THE CLAIM/SERVICE IS PENDING DURING THE PREMIUM PAYMENT GRACE PERIOD, PER HEALTH INSURANCE EXCHANGE REQUIREMENTS.	IREMENTS.
258 CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE	
CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE CLAIM/SERVICE RECORDS INDICATE THIS PATIENT WAS A PRIS OF A FEDERAL, STATE, OR LOCAL AUTHORITY WAS RENDERED. THIS PAYER DOES NOT COVE	RECORDS INDICATE THIS PATIENT WAS A PRISONER OR IN CUSTODY OF A FEDERAL STATE OR LOCAL AUTHORITY WHEN THE SERVICE
258 CLAIM/SERVICE NOT COVERED WHEN PATIENT IS IN CUSTODY/INCARCERATED. APPLICABLE FEDERAL, STATE OR LOCAL AUTHORITY MAY COVER THE 259 ADDITIONAL PAYMENT FOR DENTAL/VISION SERVICE UTILIZATION	CERATED. N30 PATIENT INFLIGIBLE FOR THIS SERVICE

260	DDOCESSED LINDED MEDICAID ACA ENHANCED FEE SCHEDULE		
260 261	PROCESSED UNDER MEDICAID ACA ENHANCED FEE SCHEDULE The procedure or service is inconsistent with the patient's history		
261	The procedure or service is inconsistent with the patient's history 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	INOU	Procedure code billed is not correct/valid for the services billed or the date
263	ADJUSTMENT FOR BELIVERT COST, USAGE, TO BE USED FOR ADJUSTMENT FOR SHIPPING COST, USAGE: TO BE USED FOR		
264	ADJUSTMENT FOR POSTAGE COST, USAGE: TO BE USED FOR		
	ADJUSTMENT FOR ADMINISTRATIVE COST. USAGE: TO BE USED FOR		
265	PHARMACEUTICALS ONLY		
	ADJUSTMENT FOR COMPOUND PREPARATION COST. USAGE: TO BE USED FOR		
266	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.
			RESUBMIT WITH MULTIPLE CLAIMS, EACH CLAIM COVERING
267	CLAIM/SERVICE SPANS MULTIPLE MONTHS.	N74	SERVICES PROVIDED IN ONLY ONE CALENDAR MONTH.
000	THE CLAIM SPANS TWO CALENDAR YEARS. PLEASE RESUBMIT ONE CLAIM PER		
268	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.
			CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N130	RESTRICTIONS FOR THIS SERVICE.
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N30	PATIENT INELIGIBLE FOR THIS SERVICE.
000	ANIFOTHERIA MOT COMERED FOR THIS OFFINION IRROUGHDE	NIE 4	CLAIM INFORMATION IS INCONSISTENT WITH PRE-
269	ANESTHESIA NOT COVERED FOR THIS SERVICE/PROCEDURE.	N54	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		
			CLAIM MUST BE ASSIGNED AND MUST BE FILED BY THE
272	COVERAGE/PROGRAM GUIDELINES WERE NOT MET	M40	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-
		1 C I VI	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
212	OCATION OF THE PARTY OF THE PAR	NOOT	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.
			JADJODICA HON/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
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N362	PARTICULAR ITEM OR SERVICE IS COVERED. A COPY OF THIS POLICY 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
273	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED	N411	IS COVERED. A COPY OF THIS POLICY IS AVAILABLE AT 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
273 274	COVERAGE/PROGRAM GUIDELINES WERE EXCEEDED FEE/SERVICE NOT PAYABLE PER PATIENT CARE COORDINATION ARRANGEMENT	N853	The number of modalities performed per session exceeds our acceptable
275	PRIOR PAYER'S (OR PAYERS') PATIENT RESPONSIBILITY (DEDUCTIBLE,		
276	COINSURANCE, CO-PAYMENT) NOT COVERED. SERVICES DENIED BY THE PRIOR PAYER(S) ARE NOT COVERED BY THIS PAYER		
210	SERVICES DENIED BY THE PRIOR PATER(S) ARE NOT COVERED BY THIS PATER		WE ARE NOT CHANGING THE PRIOR PAYER'S DETERMINATION OF
276	SERVICES DENIED BY THE PRIOR PAYER(S) ARE NOT COVERED BY THIS PAYER	N536	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
278	PERFORMANCE PROGRAM PROFICIENCY REQUIREMENTS NOT MET	N807	REPORTING SYSTEM (PQRS) INCENTIVE PROGRAM. 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		
282 282	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE TYPE OF BILL. 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.
283 283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	M143 N191	THE PROVIDER MUST UPDATE LICENSE INFORMATION WITH THE 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
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N425	www.cms.gov/mcd/search.asp. If you do not have web access, you may 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
283	ATTENDING PROVIDER IS NOT ELIGIBLE TO PROVIDE DIRECTION OF CARE	N790	Medicaid state program prior to any claim benefits being processed. 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		YOU MUST APPEAL THE DETERMINATION OF THE PREVIOUSLY
285	APPEAL PROCEDURES NOT FOLLOWED	N368	ADJUDICATED CLAIM.
285	APPEAL PROCEDURES NOT FOLLOWED	N584	Not covered based on the insured's noncompliance with policy or statutory
286 286	APPEAL TIME LIMITS NOT MET 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.
288 288	REFERRAL ABSENT REFERRAL ABSENT	N475	MISSING COMPLETED REFERRAL FORM.
288	REFERRAL ABSENT SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS	N489	MISSING REFERRAL FORM.
289	NOT AVAILABLE. SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
	NOT AVAILABLE.		RESTRICTIONS FOR THIS SERVICE.

			THIS IS NOT A COVERED SERVICE/PROCEDURE/ EQUIPMENT/BED,
289	SERVICES CONSIDERED UNDER THE DENTAL AND MEDICAL PLANS, BENEFITS NOT AVAILABLE.	N174	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
293 294	PAYMENT MADE TO ATTORNEY		
294	PAYMENT MADE TO ATTORNEY. 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.
	OLIVIOL DILLED		IMMIT VIEW

299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE	N767	The Medicaid state requires provider to be enrolled in the member's
299	SERVICE BILLED	INTOT	Medicaid state program prior to any claim benefits being processed.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE	N831	You have not responded to requests to revalidate your provider/supplier
299	SERVICE BILLED	11031	enrollment information.
299	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE	NOE	THIS PROVIDER TYPE/PROVIDER SPECIALTY MAY NOT BILL THIS
299	SERVICE BILLED	N95	SERVICE.
200	THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENBT FOR THE	NO4	In some of plains forms (forms of for this comics
299	SERVICE BILLED	N34	Incorrect claim form/format for this service.
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		
300	THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL		
	HEALTH PLAN FOR FURTHER CONSIDERATION		
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		
300	THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL	N130	CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
300	HEALTH PLAN FOR FURTHER CONSIDERATION	14130	RESTRICTIONS FOR THIS SERVICE.
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		
200	·	NOAC	We do not offer coverage for this type of service or the patient is not
300	THIS PLAN. CLAIM HAS BEEN FORWARDED TO THE PATIENT'S BEHAVIORAL	N216	enrolled in this portion of our benefit package.
	HEALTH PLAN FOR FURTHER CONSIDERATION		, , , , , , , , , , , , , , , , , , ,
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		
301	THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH		
	PLAN FOR FURTHER CONSIDERATION		
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		CONSULT PLAN BENEFIT DOCUMENTS FOR INFORMATION ABOUT
301	THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH	N130	RESTRICTIONS FOR THIS SERVICE.
	PLAN FOR FURTHER CONSIDERATION		RESTRICTIONS FOR THIS SERVICE.
	CLAIM RECEIVED BY THE MEDICAL PLAN, BUT BENEFITS NOT AVAILABLE UNDER		We do not offer a second for this time of a secion and a setimation of
301	THIS PLAN. SUBMIT THESE SERVICES TO THE PATIENT'S BEHAVIORAL HEALTH	N216	We do not offer coverage for this type of service or the patient is not
	PLAN FOR FURTHER CONSIDERATION		enrolled in this portion of our benefit package.
302	Precertification/notification/authorization/pre-treatment time limit has expired.		
	·		CLAIM INFORMATION IS INCONSISTENT WITH PRE-
302	Precertification/notification/authorization/pre-treatment time limit has expired.	N54	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. Precertification/notification/authorization/pre-treatment time limit has expired.	N351	SERVICE DATE OUTSIDE OF THE APPROVED TREATMENT PLAN
302		I CCVI	OLIVIUE 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		
000	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.		· · ·
	INON-COVENED VISITS.		
		N113	Only one initial visit is covered per physician, group practice or provider.
B1	NON-COVERED VISITS.	N113 N20	Only one initial visit is covered per physician, group practice or provider. SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE
B1 B1	NON-COVERED VISITS. NON-COVERED VISITS.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE
B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE.
B1 B1	NON-COVERED VISITS. NON-COVERED VISITS.	N20	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE
B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE.
B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test
B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30 N525	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30 N525	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY
B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS.	N20 N30 N525 N628	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed.
B1 B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE	N20 N30 N525 N628	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY
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B1 B1 B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE	N20 N30 N525 N628 N734	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
B1 B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. 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.	N20 N30 N525 N628	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE
B1 B1 B1 B1 B1 B1	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. 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.	N20 N30 N525 N628 N734	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO
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B1 B1 B1 B1 B1 B1 B10 B10	NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER	N20 N30 N525 N628 N734	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE.
B1 B1 B1 B1 B1 B1 B10	NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N20 N30 N525 N628 N734	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE. WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT
B1 B1 B1 B1 B1 B1 B10 B10 B11	NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. 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. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER	N20 N30 N525 N628 N734 M144	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE. WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION
B1 B1 B1 B1 B1 B1 B10 B10	NON-COVERED VISITS. 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. 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. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS	N20 N30 N525 N628 N734	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE. WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION INSTRUCTIONS.
B1 B1 B1 B1 B1 B1 B1 B1 B1 B10 B10 B11 B11	NON-COVERED VISITS. 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. ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC PROCEDURE/TEST. 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. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER	N20 N30 N525 N628 N734 M144 N216 N418	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE. WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION
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B1 B10 B10 B1	NON-COVERED VISITS. 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. 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. THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESSOR FOR PROCESSING. CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT. PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT. PREVIOUSLY PAID. PAYMENT FOR THIS CL	N20 N30 N525 N628 N734 M144 N216 N418 N743 N744 N751 N199 M86 M97 N10 N347	SERVICE NOT PAYABLE WITH OTHER SERVICE RENDERED ON THE PATIENT INELIGIBLE FOR THIS SERVICE. THESE SERVICES ARE NOT COVERED WHEN PERFORMED WITHIN THE GLOBAL PERIOD OF ANOTHER SERVICE. Out-patient follow up visits on the same date of service as a scheduled test or treatment is disallowed. THE PATIENT IS ELIGIBLE FOR THESE MEDICAL SERVICES ONLY WHEN UNABLE TO WORK OR PERFORM NORMAL ACTIVITIES DUE TO PRE-/POST-OPERATIVE CARE PAYMENT IS INCLUDED IN THE ALLOWANCE FOR THE SURGERY/PROCEDURE. WE DO NOT OFFER COVERAGE FOR THIS TYPE OF SERVICE OR THE PATIENT IS NOT ENROLLED IN THIS PORTION OF OUR BENEFIT MISROUTED CLAIM. SEE THE PAYER'S CLAIM SUBMISSION INSTRUCTIONS. ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN EMPLOYMENT ACCIDENT. ADJUSTED BECAUSE THE SERVICES MAY BE RELATED TO AN AUTO/OTHER ACCIDENT. ADJUSTED BECAUSE THE PATIENT IS COVERED UNDER A MEDICARE PART D PLAN. ADDITIONAL PAYMENT/RECOUPMENT APPROVED BASED ON PAYER-INITIATED REVIEW/AUDIT. SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME. Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility. Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review. 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

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 SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR
B16	'NEW PATIENT' QUALIFICATIONS WERE NOT MET.	M86	SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME
B16 B20	NEW PATIENT' QUALIFICATIONS WERE NOT MET. PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER	N113	Only one initial visit is covered per physician, group practice or provider.
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
B20	PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER	N120	ADJUDICATION/MEDICAL ADVISOR/DENTAL ADVISOR/PEER REVIEW. Payment is subject to home health prospective payment system partial
B20	PROVIDER. PROCEDURE/SERVICE WAS PARTIALLY OR FULLY FURNISHED BY ANOTHER PROVIDER.	N347	episode payment adjustment. Patient was transferred/discharged/ 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.		os. Neograpphogratuge to ite patiente/residents.
B23 B4	PROCEDURE BILLED IS NOT AUTHORIZED PER YOUR CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) PROFICIENCY TEST. LATE FILING PENALTY.		
В7	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.
В7	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.
			PAY THIS CLAIM. THE PATIENT IS RESPONSIBLE FOR PAYMENT.

B7 THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PAY THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PAY THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PAID	ING/INCOMPLETE/INVALID CREDENTIALING DATA. Seal provider not authorized/certified to provide treatment to injured ers in this jurisdiction. Sees by an unlicensed provider are not reimbursable. ICES PERFORMED AT AN UNLICENSED FACILITY ARE NOT BURSABLE. VIDER/SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE. PROVIDER SUPPLIER NOT ACCREDITED FOR PRODUCT/SERVICE. PROVIDER SUPPLIED THE NEED FOR LEVEL OF ICE(LOS). IF YOU BELIEVE THE SVC SHOULD BE FULLY IN WRITING IN ADVANCE IN WE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR IN THE WOULDN'T PAY FOR THIS LOS, ASK US TO REVIEW YOUR IN THE PROVIDED SUPPORTS A BREAK IN THERAPY. EVER, THE MEDICAL INFORMATION WE HAVE FOR THIS PATIENT IS NOT SUPPORT THE NEED FOR THIS ITEM AS BILLED. WE HAVE
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M16 MORE ALER M17 WOUL THE F ALER ANY C ALER	POS COMPETITIVE BIDDING PROGRAM. B COINSURANCE UNDER A DEMONSTRATION PROJECT OR
ALER M17 M17 WOUL THE F ALER M27 THESI PROV ANY C ALER	T: PLEASE SEE OUR WEB SITE, MAILINGS, OR BULLETINS FOR EDETAILS CONCERNING THIS POLICY/PROCEDURE/DECISION.
ALER M27 PROV ANY C ALER	T: PAYMENT APPROVED AS YOU DID NOT KNOW, AND COULD REASONABLY HAVE BEEN EXPECTED TO KNOW, THAT THIS LD NOT NORMALLY HAVE BEEN COVERED FOR THIS PATIENT. IN
ANY C	FUTURE, YOU WILL BE LIABLE FOR CHARGES FOR THE SAME T:THE PATIENT HAS BEEN RELIEVED OF LIABILITY OF PMT OF E ITEMS & SVCS UNDER THE LIMITATION OF LIABILITY ISION. THE PROVIDER IS LIABLE FOR THE CHARGES, INCLUDING
l I I I I I I I I I I I I I I I I I I I	CHARGES FOR COINS, SINCE THE ITEMS OR SVCS WERE NOT T: THIS IS A CONDITIONAL PAYMENT MADE PENDING A SION ON THIS SERVICE BY THE PATIENT'S PRIMARY PAYER. THIS
PAYM ANY A	MENT MAY BE SUBJECT TO REFUND UPON YOUR RECEIPT OF ADDITIONAL PAYMENT FOR THIS SERVICE FROM ANOTHER T: THE PATIENT IS LIABLE FOR THE CHARGES FOR THIS SERVICE
FURN AGRE	HEY WERE INFORMED IN WRITING BEFORE THE SERVICE WAS ISHED THAT WE WOULD NOT PAY FOR IT AND THE PATIENT SED TO BE RESPONSIBLE FOR THE CHARGES.
M39 AS TH	T: THE PATIENT IS NOT LIABLE FOR PAYMENT OF THIS SERVICE HE ADVANCE NOTICE OF NON-COVERAGE YOU PROVIDED THE ENT DID NOT COMPLY WITH PROGRAM REQUIREMENTS.
THIS I	T: THIS IS THE LAST MONTHLY INSTALLMENT PAYMENT FOR DURABLE MEDICAL EQUIPMENT.
M5 OF TH	THLY RENTAL PAYMENTS CAN CONTINUE UNTIL THE EARLIER HE 15TH MONTH FROM THE FIRST RENTAL MONTH, OR THE TH WHEN THE EQUIPMENT IS NO LONGER NEEDED.
M6 PERIC REAS	T: YOU MUST FURNISH AND SERVICE THIS ITEM FOR ANY OD OF MEDICAL NEED FOR THE REMAINDER OF THE
M66 SUBJI	ONABLE USEFUL LIFETIME OF THE EQUIPMENT.
M69 PAID	ONABLE USEFUL LIFETIME OF THE EQUIPMENT. RECORDS INDICATE THAT YOU BILLED DIAGNOSTIC TESTS ECT TO PRICE LIMITATIONS AND THE PROCEDURE CODE MITTED INCLUDES A PROFESSIONAL COMPONENT. ONLY THE
ALER M70 TRAN	ONABLE USEFUL LIFETIME OF THE EQUIPMENT. RECORDS INDICATE THAT YOU BILLED DIAGNOSTIC TESTS ECT TO PRICE LIMITATIONS AND THE PROCEDURE CODE MITTED INCLUDES A PROFESSIONAL COMPONENT. ONLY THE INICAL COMPONENT IS SUBJECT TO PRICE LIMITATIONS. AT THE REGULAR RATE AS YOU DID NOT SUBMIT
M71 TOTA	ONABLE USEFUL LIFETIME OF THE EQUIPMENT. RECORDS INDICATE THAT YOU BILLED DIAGNOSTIC TESTS ECT TO PRICE LIMITATIONS AND THE PROCEDURE CODE MITTED INCLUDES A PROFESSIONAL COMPONENT. ONLY THE NICAL COMPONENT IS SUBJECT TO PRICE LIMITATIONS. AT THE REGULAR RATE AS YOU DID NOT SUBMIT JIMENTATION TO JUSTIFY THE MODIFIED PROCEDURE CODE. T: THE NDC CODE SUBMITTED FOR THIS SERVICE WAS SLATED TO A HCPCS CODE FOR PROCESSING, BUT PLEASE
M74 THIS S	ONABLE USEFUL LIFETIME OF THE EQUIPMENT. RECORDS INDICATE THAT YOU BILLED DIAGNOSTIC TESTS ECT TO PRICE LIMITATIONS AND THE PROCEDURE CODE MITTED INCLUDES A PROFESSIONAL COMPONENT. ONLY THE INICAL COMPONENT IS SUBJECT TO PRICE LIMITATIONS. AT THE REGULAR RATE AS YOU DID NOT SUBMIT JMENTATION TO JUSTIFY THE MODIFIED PROCEDURE CODE. T: THE NDC CODE SUBMITTED FOR THIS SERVICE WAS

M75	5 1	MULTIPLE AUTOMATED MULTICHANNEL TESTS PERFORMED ON THE SAME DAY COMBINED FOR PAYMENT.
		ALERT: THIS IS THE TENTH RENTAL MONTH. YOU MUST OFFER THE
M9		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 INFORMATION SUPPLIED DOES NOT SUPPORT A BREAK IN THERAPY.
M94	1	A NEW CAPPED RENTAL PERIOD WILL NOT BEGIN.
M95	`	SERVICES SUBJECTED TO HOME HEALTH INITIATIVE MEDICAL
		REVIEW/COST REPORT AUDIT. ALERT: IF YOU DO NOT AGREE WITH WHAT WE APPROVED FOR
MAGA	ŀ	THESE SERVICES, YOU MAY APPEAL OUR DECISION. TO MAKE SURE
MA01		THAT WE ARE FAIR TO YOU, WE REQUIRE ANOTHER INDIVIDUAL THAT
		DID NOT PROCESS YOUR INITIAL CLAIM TO CONDUCT THE APPEAL. ALERT: IF YOU DO NOT AGREE WITH THIS DETERMINATION, YOU
MA02		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. ALERT: CLAIM INFORMATION WAS NOT FORWARDED BECAUSE THE
MAOA MAOA MAOA MAOA MAOA MAOA MAOA MAOA		SUPPLEMENTAL COVERAGE IS NOT WITH A MEDIGAP PLAN, OR YOU
		DO NOT PARTICIPATE IN MEDICARE.
MA09	u	ALERT: CLAIM SUBMITTED AS UNASSIGNED BUT PROCESSED AS
		ASSIGNED IN ACCORDANCE WITH OUR CURRENT ALERT: THE PATIENT'S PAYMENT WAS IN EXCESS OF THE AMOUNT
MA10	0	OWED. YOU MUST REFUND THE OVERPAYMENT TO THE PATIENT.
MA10		HEMOPHILIA ADD ON.
MA10 MA10		PIP (PERIODIC INTERIM PAYMENT) CLAIM. PAPER CLAIM CONTAINS MORE THAN THREE SEPARATE DATA ITEMS
MA10	08	PAPER CLAIM CONTAINS MORE THAN ONE DATA ITEM IN FIELD 23.
 MA11		THIS CLAIM HAS BEEN ASSESSED A \$1.00 USER FEE.
		ALERT: NO MEDICARE PAYMENT ISSUED FOR THIS CLAIM FOR SERVICES OR SUPPLIES FURNISHED TO A MEDICARE-ELIGIBLE
MA11	18 I	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)
IVIA12		THAT FURNISHED THIS (THESE) SERVICE(S).
MA12:		PER LEGISLATION GOVERNING THIS PROGRAM, PAYMENT
IVII (12)		CONSTITUTES PAYMENT IN FULL. ALERT: YOU MAY BE SUBJECT TO PENALTIES IF YOU BILL THE
MA13	2	PATIENT FOR AMOUNTS NOT REPORTED WITH THE PR (PATIENT
MA13		ADJUSTMENT TO THE PRE-DEMONSTRATION RATE.
MA13:	3:3 I	CLAIM OVERLAPS INPATIENT STAY. REBILL ONLY THOSE SERVICES
		RENDERED OUTSIDE THE INPATIENT STAY. ALERT: THE PATIENT IS A MEMBER OF AN EMPLOYER-SPONSORED
MA14		PREPAID HEALTH PLAN. SERVICES FROM OUTSIDE THAT HEALTH
WA14		PLAN ARE NOT COVERED. HOWEVER, AS YOU WERE NOT
		PREVIOUSLY NOTIFIED OF THIS, WE ARE PAYING THIS TIME. IN THE ALERT: YOUR CLAIM HAS BEEN SEPARATED TO EXPEDITE HANDLING.
MA15	h	YOU WILL RECEIVE A SEPARATE NOTICE FOR THE OTHER SERVICES
		WE ARE THE PRIMARY PAYER AND HAVE PAID AT THE PRIMARY RATE.
MA17		YOU MUST CONTACT THE PATIENT'S OTHER INSURER TO REFUND ANY EXCESS IT MAY HAVE PAID DUE TO ITS ERRONEOUS PRIMARY
		ALERT: THE CLAIM INFORMATION IS ALSO BEING FORWARDED TO
MA18	-	THE PATIENT'S SUPPLEMENTAL INSURER. SEND ANY QUESTIONS
		REGARDING SUPPLEMENTAL BENEFITS TO THEM. ALERT: INFORMATION WAS NOT SENT TO THE MEDIGAP INSURER
		DUE TO INCORRECT/INVALID INFORMATION YOU SUBMITTED
MA19	9	CONCERNING THAT INSURER. PLEASE VERIFY YOUR INFORMATION
		AND SUBMIT YOUR SECONDARY CLAIM DIRECTLY TO THAT INSURER.
MA22 MA23		PAYMENT OF LESS THAN \$1.00 SUPPRESSED. DEMAND BILL APPROVED AS RESULT OF MEDICAL REVIEW.
MA26	6	ALERT: OUR RECORDS INDICATE THAT YOU WERE PREVIOUSLY
IVIAZO		INFORMED OF THIS RULE. ALERT: RECEIPT OF THIS NOTICE BY A PHYSICIAN OR SUPPLIER WHO
		DID NOT ACCEPT ASSIGNMENT IS FOR INFORMATION ONLY AND
MA28	g I	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. ALERT: AS PREVIOUSLY ADVISED, A PORTION OR ALL OF YOUR
 MA45	h	PAYMENT IS BEING HELD IN A SPECIAL ACCOUNT.
 MA46	6	ALERT: THE NEW INFORMATION WAS CONSIDERED BUT ADDITIONAL
TW/ CTC		PAYMENT WILL NOT BE ISSUED. ALERT: THE PATIENT OVERPAID YOU FOR THESE SERVICES. YOU
		MUST ISSUE THE PATIENT A REFUND WITHIN 30 DAYS FOR THE
MA59		DIFFERENCE BETWEEN HIS/HER PAYMENT AND THE TOTAL AMOUNT
1400		SHOWN AS PATIENT RESPONSIBILITY ON THIS NOTICE.
MA62 MA67		ALERT: THIS IS A TELEPHONE REVIEW DECISION. ALERT: CORRECTION TO A PRIOR CLAIM.
WWO		ALERT: WE DID NOT CROSSOVER THIS CLAIM BECAUSE THE
MAGG	X I	SECONDARY INSURANCE INFORMATION ON THE CLAIM WAS
MA68	1	INCOMPLETE. PLEASE SUPPLY COMPLETE INFORMATION OR USE
IVIAOC		THE PLANID OF THE INCLIDED TO ASSLIDE CODDECT AND TIMELY
IWIAOC		THE PLANID OF THE INSURER TO ASSURE CORRECT AND TIMELY ALERT: THE PATIENT OVERPAID YOU FOR THESE ASSIGNED
	2	ALERT: THE PATIENT OVERPAID YOU FOR THESE ASSIGNED SERVICES. YOU MUST ISSUE THE PATIENT A REFUND WITHIN 30
MA72	2	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
	2	ALERT: THE PATIENT OVERPAID YOU FOR THESE ASSIGNED SERVICES. YOU MUST ISSUE THE PATIENT A REFUND WITHIN 30

,		
		ALERT: THE PATIENT OVERPAID YOU. YOU MUST ISSUE THE PATIENT
MA	//	A REFUND WITHIN 30 DAYS FOR THE DIFFERENCE BETWEEN THE
		PATIENT'S PAYMENT LESS THE TOTAL OF OUR AND OTHER PAYER
MA ⁷		PAYMENTS AND THE AMOUNT SHOWN AS PATIENT RESPONSIBILITY BILLED IN EXCESS OF INTERIM RATE.
IWIA I		INFORMATIONAL NOTICE, NO PAYMENT ISSUED FOR THIS CLAIM
MA		WITH THIS NOTICE. PAYMENT ISSUED TO THE HOSPITAL BY ITS
IVI AC		INTERMEDIARY FOR ALL SERVICES FOR THIS ENCOUNTER UNDER A
MAS		ALERT: This determination is the result of the appeal you filed.
MAS		NON-PIP (PERIODIC INTERIM PAYMENT) CLAIM.
		ALERT: YOU MAY APPEAL THIS DECISION IN WRITING WITHIN THE
N1	1	REQUIRED TIME LIMITS FOLLOWING RECEIPT OF THIS NOTICE BY
		FOLLOWING THE INSTRUCTIONS INCLUDED IN YOUR CONTRACT OR
N10		ALERT: THIS CLAIM/SERVICE WAS CHOSEN FOR COMPLEX REVIEW.
N1	1	DENIAL REVERSED BECAUSE OF MEDICAL REVIEW.
N11	12	THIS CLAIM IS EXCLUDED FROM YOUR ELECTRONIC REMITTANCE
		DURING THE TRANSITION TO THE AMBULANCE FEE SCHEDULE,
		PAYMENT IS BASED ON THE LESSER OF A BLENDED AMOUNT
N11	14	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
		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.
N11	16	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 THIS SERVICE IS NOT PAID IF BILLED ONCE EVERY 28 DAYS, AND THE
N11	10	PATIENT HAS SPENT 5 OR MORE CONSECUTIVE DAYS IN ANY
N11		INPATIENT OR SKILLED /NURSING FACILITY (SNF) WITHIN THOSE 28
		ALERT: THIS IS A SPLIT SERVICE AND REPRESENTS A PORTION OF
N12	23	THE UNITS FROM THE ORIGINALLY SUBMITTED SERVICE.
N1:	3	PAYMENT BASED ON PROFESSIONAL/TECHNICAL COMPONENT
		TOTAL PAYMENTS UNDER MULTIPLE CONTRACTS CANNOT EXCEED
N13	31	THE ALLOWANCE FOR THIS SERVICE.
		ALERT: PAYMENTS WILL CEASE FOR SERVICES RENDERED BY THIS
N13	32	US GOVERNMENT DEBARRED OR EXCLUDED PROVIDER AFTER THE
		30 DAY GRACE PERIOD AS PREVIOUSLY NOTIFIED.
MAG	22	ALERT: SERVICES FOR PREDETERMINATION AND SERVICES
N13	33	REQUESTING PAYMENT ARE BEING PROCESSED SEPARATELY.
N/4.5	24	ALERT: THIS REPRESENTS YOUR SCHEDULED PAYMENT FOR THIS
N13	34	SERVICE. IF TREATMENT HAS BEEN DISCONTINUED, PLEASE
N13	35	RECORD FEES ARE THE PATIENT'S RESPONSIBILITY AND LIMITED TO
IVIC		THE SPECIFIED CO-PAYMENT.
		ALERT: TO OBTAIN INFORMATION ON THE PROCESS TO FILE AN
N13	36	APPEAL IN ARIZONA, CALL THE DEPARTMENT'S CONSUMER
		ASSISTANCE OFFICE AT (602) 912-8444 OR (800) 325-2548.
		ALERT: THE PROVIDER ACTING ON THE MEMBER'S BEHALF, MAY FILE
N13	٧,	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 ALERT: IN THE EVENT YOU DISAGREE WITH THE DENTAL ADVISOR'S
		OPINION AND HAVE ADDITIONAL INFORMATION RELATIVE TO THE
N13	72	CASE, YOU MAY SUBMIT RADIOGRAPHS TO THE DENTAL ADVISOR
		UNIT AT THE SUBSCRIBER'S DENTAL INSURANCE CARRIER FOR A
		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
N13		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
		ALERT: YOU HAVE NOT BEEN DESIGNATED AS AN AUTHORIZED
N14	40	OCONUS PROVIDER THEREFORE ARE NOT CONSIDERED AN
		APPROPRIATE APPEALING PARTY. IF THE BENEFICIARY HAS
	4.4	APPOINTED YOU, IN WRITING, TO ACT AS HIS/HER REPRESENTATIVE
N14		THE RATE CHANGED DURING THE DATES OF SERVICE BILLED.
N14	49	REBILL ALL APPLICABLE SERVICES ON A SINGLE CLAIM.
N15	54	ALERT: THIS PAYMENT WAS DELAYED FOR CORRECTION OF
		PROVIDER'S MAILING ADDRESS. ALERT: OUR RECORDS DO NOT INDICATE THAT OTHER INSURANCE IS
N15	55	ON FILE. PLEASE SUBMIT OTHER INSURANCE INFORMATION FOR
		ALERT: THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE
N15	56	BETWEEN THE APPROVED TREATMENT AND THE ELECTIVE
		FAMILY/MEMBER OUT-OF-POCKET MAXIMUM HAS BEEN MET.
N1	6	PAYMENT BASED ON A HIGHER PERCENTAGE.
		THE PATIENT MUST CHOOSE AN OPTION BEFORE A PAYMENT CAN
I NIA	60	BE MADE FOR THIS PROCEDURE/ EQUIPMENT/ SUPPLY/ SERVICE.
Nic		
IVIC		JALERT: ALTHOUGH YOUR CLAIM WAS PAID, YOU HAVE BILLED FOR A
		TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY
N16	62	· · · · · · · · · · · · · · · · · · ·
	62	TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY
N16	62	CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY
	62 	TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY CERTIFICATION INFORMATION WILL RESULT IN A DENIAL OF
N16	62 72	TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY CERTIFICATION INFORMATION WILL RESULT IN A DENIAL OF THE PATIENT IS NOT LIABLE FOR THE DENIED/ADJUSTED CHARGE(S)
N16	62 72	TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY CERTIFICATION INFORMATION WILL RESULT IN A DENIAL OF THE PATIENT IS NOT LIABLE FOR THE DENIED/ADJUSTED CHARGE(S) FOR RECEIVING ANY UPDATED SERVICE/ITEM.
N16	62 72 77	TEST/SPECIALTY NOT INCLUDED IN YOUR LABORATORY CERTIFICATION. YOUR FAILURE TO CORRECT THE LABORATORY CERTIFICATION INFORMATION WILL RESULT IN A DENIAL OF THE PATIENT IS NOT LIABLE FOR THE DENIED/ADJUSTED CHARGE(S) FOR RECEIVING ANY UPDATED SERVICE/ITEM. ALERT: WE DID NOT SEND THIS CLAIM TO PATIENT'S OTHER

	ADDITIONAL INFORMATION IS REQUIRED FROM ANOTHER PROVIDER
N181	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. ALERT: PATIENT ELIGIBLE TO APPLY FOR OTHER COVERAGE WHICH
N196 N202	MAY BE PRIMARY. ALERT: ADDITIONAL INFORMATION/EXPLANATION WILL BE SENT
N21	ALERT: YOUR LINE ITEM HAS BEEN SEPARATED INTO MULTIPLE LINE 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. ALERT: A PAYER PROVIDING SUPPLEMENTAL OR SECONDARY
N215	COVERAGE SHALL NOT REQUIRE A CLAIMS DETERMINATION FOR THIS SERVICE FROM A PRIMARY PAYER AS A CONDITION OF MAKING
N217 N218	WE PAY ONLY ONE SITE OF SERVICE PER PROVIDER PER CLAIM. YOU MUST FURNISH AND SERVICE THIS ITEM FOR AS LONG AS THE PATIENT CONTINUES TO NEED IT. WE CAN PAY FOR MAINTENANCE
N218 N219	AND/OR SERVICING FOR THE TIME PERIOD SPECIFIED IN THE PAYMENT BASED ON PREVIOUS PAYER'S ALLOWED AMOUNT.
	ALERT: THIS PROCEDURE CODE WAS ADDED/CHANGED BECAUSE IT
N22	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
N311	WITH RESPECT TO CLAIMS PROCESSED ON BEHALF OF YOUR 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 PROVIDED THAT WE WERE LIKELY TO DEALY THE SERVICE. IF YOU
N358	BELIEVED THAT WE WERE LIKELY TO DENY THE SERVICE. IF YOU 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 N380	CLAIM LEVEL INFORMATION DOES NOT MATCH LINE LEVEL 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).

	1_	
N400) 1-	ELECTRONICALLY ENABLED PROVIDERS SHOULD SUBMIT CLAIMS
N411		ELECTRONICALLY. 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) T	THIS SERVICE IS ALLOWED 1 TIME IN A 3-YEAR PERIOD.
N417		THIS SERVICE IS ALLOWED 1 TIME IN A 5-YEAR PERIOD.
N419) I	CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE
14410	F	ADJUSTMENT DUE TO A RETROACTIVE RATE CHANGE.
N420) [CLAIM PAYMENT WAS THE RESULT OF A PAYER'S RETROACTIVE
14120	P	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.
N432		THE INJURY CLAIM HAS NOT BEEN ACCEPTED AND A MANDATORY
N436		MEDICAL REIMBURSEMENT HAS BEEN MADE.
		MEDICAL REIMBURSEMENT HAS BEEN MADE. ALERT: IF THE INJURY CLAIM IS ACCEPTED, THESE CHARGES WILL BE
N437		RECONSIDERED.
N438		THIS JURISDICTION ONLY ACCEPTS PAPER CLAIMS.
N442		PAYMENT BASED ON AN ALTERNATE FEE SCHEDULE.
		ALERT: THIS FACILITY HAS NOT FILED THE ELECTION FOR HIGH
N444		COST OUTLIER FORM WITH THE DIVISION OF WORKERS'
	F	PAYMENT IS BASED ON A GENERIC EQUIVALENT AS REQUIRED
N447		DOCUMENTATION WAS NOT PROVIDED.
N449		PAYMENT BASED ON A COMPARABLE DRUG/SERVICE/SUPPLY.
N464		NCOMPLETE/INVALID SUPPORT DATA FOR CLAIM.
		ALERT: CLAIM/SERVICE(S) SUBJECT TO APPEAL PROCESS, SEE
N469		SECTION 935 OF MEDICARE PRESCRIPTION DRUG, IMPROVEMENT,
		AND MODERNIZATION ACT OF 2003 (MMA).
N47	(CLAIM CONFLICTS WITH ANOTHER INPATIENT STAY.
N470	, Τ	THIS PAYMENT WILL COMPLETE THE MANDATORY MEDICAL
	ŀ	REIMBURSEMENT LIMIT.
N49		COURT ORDERED COVERAGE INFORMATION NEEDS VALIDATION.
		ALERT: A NETWORK PROVIDER MAY BILL THE MEMBER FOR THIS
N492	, ,	SERVICE IF THE MEMBER REQUESTED THE SERVICE AND AGREED IN
11102	V	WRITING, PRIOR TO RECEIVING THE SERVICE, TO BE FINANCIALLY
		RESPONSIBLE FOR THE BILLED CHARGE.
N5		EOB RECEIVED FROM PREVIOUS PAYER. CLAIM NOT ON FILE.
NEOE		ALERT: THIS RESPONSE INCLUDES ONLY SERVICES THAT COULD BE
N505		ESTIMATED IN REAL TIME. NO ESTIMATE WILL BE PROVIDED FOR THE
		SERVICES THAT COULD NOT BE ESTIMATED IN REAL TIME. ALERT: THIS IS AN ESTIMATE OF THE MEMBER'S LIABILITY BASED ON
		THE INFORMATION AVAILABLE AT THE TIME THE ESTIMATE WAS
N506	i	PROCESSED. ACTUAL COVERAGE AND MEMBER LIABILITY AMOUNTS
		WILL BE DETERMINED WHEN THE CLAIM IS PROCESSED. THIS IS NOT
		WILL BE DETERMINED WHEN THE CLAIM IS PROCESSED. THIS IS NOT ALERT: THIS REAL TIME CLAIM ADJUDICATION RESPONSE
	l _E	REPRESENTS THE MEMBER RESPONSIBILITY TO THE PROVIDER FOR
N508	(I	SERVICES REPORTED. THE MEMBER WILL RECEIVE AN EXPLANATION
	I -	OF BENEFITS ELECTRONICALLY OR IN THE MAIL. CONTACT THE
		ALERT: A CURRENT INQUIRY SHOWS THE MEMBER'S CONSUMER
	ç	SPENDING ACCOUNT CONTAINS SUFFICIENT FUNDS TO COVER THE
N509		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
		ALERT: A CURRENT INQUIRY SHOWS THE MEMBER'S CONSUMER
N510) 1	SPENDING ACCOUNT DOES NOT CONTAIN SUFFICIENT FUNDS TO
	C	COVER THE MEMBER'S LIABILITY FOR THIS CLAIM/SERVICE. ACTUAL
		PAYMENT FROM THE CONSUMER SPENDING ACCOUNT WILL DEPEND
		ALERT: INFORMATION ON THE AVAILABILITY OF CONSUMER
N511		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
NE40		ORIGINALLY SUBMITTED REAL-TIME WITH A CHANGE TO THE
N516 N520		RECORDS INDICATE A MISMATCH BETWEEN THE SUBMITTED NPI ALERT: PAYMENT MADE FROM A CONSUMER SPENDING ACCOUNT.
N520		THE LIMITATION ON OUTLIER PAYMENTS DEFINED BY THIS PAYER
N523	I -	FOR THIS SERVICE PERIOD HAS BEEN MET. THE OUTLIER PAYMENT
1023	1-	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.
	V	WE PROCESSED THIS CLAIM AS THE PRIMARY PAYER PRIOR TO
N527	·	RECEIVING THE RECOVERY DEMAND.
NECO	(OUR RECORDS INDICATE A MISMATCH IN ENROLLMENT
N530)	NFORMATION FOR THIS PATIENT.
		NOT QUALIFIED FOR RECOVERY BASED ON DIRECT PAYMENT OF
N531		
N531 N532		NOT QUALIIFIED FOR RECOVERY BASED ON DISABIITY AND WORKING
N532	2 1	NOT QUALIIFIED FOR RECOVERY BASED ON DISABIITY AND WORKING SERVICES PERFORMED IN AN INDIAN HEALTH SERVICES FACILITY
	2 1	
N532 N533	2 N 3 U	SERVICES PERFORMED IN AN INDIAN HEALTH SERVICES FACILITY
N532	2 N S U T	SERVICES PERFORMED IN AN INDIAN HEALTH SERVICES FACILITY UNDER A SELF-INSURED TRIBAL GROUP HEALTH PLAN. THIS IS AN INDIVIDUAL POLICY, THE EMPLOYER DOES NOT PARTICIPATE IN PLAN SPONSORSHIP.
N532 N533	2 N S U T F	UNDER A SELF-INSURED TRIBAL GROUP HEALTH PLAN. THIS IS AN INDIVIDUAL POLICY, THE EMPLOYER DOES NOT

SERIAL PART TALLYST DE ASSE DE NEWLED MADIA PARMET ADUST DE ASSE DATE INTERVIEWED MISSIAN CHIEF WERN THE SUBBITITE DISURFANCE MISSIAN CHIEF WERN THE SUBBITITE DISURFANCE MISSIAN CHIEF WERN THE SUBBITITE DISURFANCE ARET LA THOUGHT THIS WAS PAIL, YOU HAVE BEEN MISSIAN CHIEF WERN THE SUBBITITE DISURFANCE MISSIAN CHIEF WERN THE SUBBITITE DISCRIPTION OF THE SU	VIVINED OF VIVIE PIETODA VID VIO DECODDE OE THE		
NS59 SHERT ARE PROCESSED APPEALS WANYER REQUEL SHERT ALL PLANT THAT REQUEST THE PROPERTY OF TH		N537	
NASION SECURITY OF THE CONTROLLED TO	ROCESSED APPEALS/WAIVER REQUESTS ON YOUR	NECO	
MSMATCH BETWEEN THE SUBBITITE INSULANCE ALERT ALTHOUGH THIS WAS PAID, YOU HAVE BLU PAYMENT REDUCED BASED ON STATUS AS AN UN PAYMENT REDUCED BASED			
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No.54 No.55 No.56 No	ATION STORED IN OUR SYSTEM.	N541	
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N548 ALERT PATENTS CALENDAR YEAR DESCRIPTION N549 ALERT PATENTS N550 ALERT PATENTS ALE		N546	
ALERT: YOU HAVE NOT RESPONDED TO RECOURT NOT NOT NOT NOT NOT NOT RESPONDED TO RECOURT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	NT'S CALENDAR YEAR DEDUCTIBLE HAS BEEN MET.		
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N551 PAYMENT ADJUSTED BASED ON THE AMBULATOR CENTRE (ASQUALITY REPORTING PROGRAM. N552 PAYMENT ADJUSTED TO REVERSE A PREVIOUS WITH STATEMENT ADJUSTED TO REVERSE A PREVIOUS WITH THE PLOT REVERSE A PR	REVALIDATE YOUR ENROLLMENT INFORMATION WILL	ОССИ	
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N560 The PLOT PROGRAM REQUIRES AN INTERIM ORF THE DATE OF THE NOTICE OF ADMISSION. A CAIM The bundled claim originally submitted for this episode related remissions. You may resubmit the original corrected payment based on this readmission. ALERT: MISSING REQUIRED PROVIDERISUPPLIER IS ADVANCE PATIENT NOTICE OF NON-COVERAGE. THE LIABLE FOR PRIVATE SERVICE. NOTES: LIABLE FOR THING CODE REG. (NOTES). ALERT: THIS NON-PAYABLE REPORTING CODE REG. (NOTES). ALERT: THIS NON-PAYABLE CODE REQUIRES FUNCT. FUTURE CLAIMS CONTAINING THIS PROCEDURE CONTAINING THIS PROCEDURE CONTAINING THIS PROCEDURE. ON MISSING PROCEDURE. ON THE NOTICE. CLAIMS CONTAINING THIS PROCEDURE. ON MISSING	C) QUALITY REPORTING PROGRAM.	N551	
Mode	JUSTED TO REVERSE A PREVIOUS WITHHOLD/BONUS	N552	
The bundled claim originally submitted for this episode in elated readmissions, You may resubmit the original claim. A LERT: MISSING REQUISITED PROVIDERS INC. IN LARGE PATIENT NOTICE OF NON-COVERAGE. TI. A LERT: MISSING REQUISITED PROVIDERS INC. IN LARGE PATIENT NOTICE OF NON-COVERAGE. TI. LABLOR PATIENT NOTICE OF NON-COVERAGE. TI. LABLOR PATIENT NOTICE OF NON-COVERAGE. TI. A LERT: THIS NON-PAYABLE REPORTING CODE REG. MISSING REQUISITED AND APPROPRIATE ALERT: THIS PROCEDURE CODE MISSING CONTAINING THIS NON REPORTING. CODE MISSING CODE REQUISITES FUNCTION AND REPORTING CODE MISSING CONTAINING THIS PROCEDURE CO. BY THE CLAIMS CONTAINING THIS PROCEDURE CODE AND APPLICABLE NON-PAYABLE APPLICAB	·	N560	
corrected payment based on this readmission. ALRET: MISSING REQUIRED PROVIDERS UPPLIER IS N663 ALRET: THIS SING REQUIRED PROVIDERS UPPLIER IS LABLE OR PAYMENT FOR THIS SERVICE, NOTES: ALRET: THIS ROOF THIS SERVICE, NOTES: ALRET: THIS ROOF AT HIS SERVICE NOTES: ALRET: THIS ROOF AND SCHORT SING CONTAINING THIS NON REPORTING CODE MUST INCLUDE AN APPROPRIAL ALRET: THIS PROCEDURE CODE REQUIRES FUNCT PUTURE CLAIMS CONTAINING THIS PROCEDURE CO N666 N666 N666 N666 N667 ALRET: THIS ROOF AND PAYMENT ROOF LIVE FUTURE CLAIMS TO BE PROCESSED. N676 ALRET: THIS ROOF THE CLAIM TO BE PROCESSED. N677 ALRET: THIS ROOF THE ALBED TO PAYMENT MODEL LY PAYMENT WILL BE SISUED QUARTERLY BY PAYERCONTRACTOR. N679 ALRET: TO HAVE BEEN OVERPAID AND MUST REF OVERPAYMENT HIS BESIDED AND MUST REF OVERPAYMENT, THE REFUND WILL BE REQUESTED. N679 MEIOS ARE PAYMENT WILL BE SISUED QUARTERLY BY PAYER/CONTRACTOR. N679 MEIOS ARE PAYMENT WILL BE REQUESTED. N679 MEIOS ARE PAYMENT THE REFUND WILL BE REQUESTED. M679 M670 M	claim originally submitted for this episode of care includes		
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N601 Vehicle Insurance Law payment is recommended base Resource Based Relative Value Scale System applicab N602 Adjusted based on the Redbook maximum allowance.	endered.	N600	
Resource Based Relative Value Scale System applicab N602 Adjusted based on the Redbook maximum allowance.	with Hawaii Administrative Rules, Title 16, Chapter 23 Moto	NEO1	
N602 Adjusted based on the Redbook maximum allowance.		INOUT	
	ed on the Redbook maximum allowance.	N602	
1 10603	culated according to the New Jersey medical fee schedules e Personal Injury Protection and Motor Bus Medical Expense	N603	
In accordance with New York No-Fault Law, Regulation	with New York No-Fault Law, Regulation 68, this base fee		
N604 was calculated according to the New York Workers' Co	d according to the New York Workers' Compensation Board	N604	
This for was calculated based upon New York All Datis	Medical Fees, pursuant to Regulation 83 and / or Appendix 17		
Diagnosis Related Groups (APR-DRG), pursuant to Reg	ated Groups (APR-DRG), pursuant to Regulation 68.	N605	
The Oregon allowed amount for this procedure is base	llowed amount for this procedure is based upon the Workers	NICCO	
N606 Compensation Fee Schedule (OAR 436-009). The allow been calculated in accordance with Section 4 of ORS 7	n Fee Schedule (OAR 436-009). The allowed amount has	N606	
The fee schedule amount allowed is calculated at 1109	lule amount allowed is calculated at 110% of the Medicare	NEOO	
	for this region, specialty and type of service. This fee is		
	oviders billed amount is being recommended for payment	N609 N610	
MACO MARKET PRINTING TO SECURITY MARKET AND AN AREA	ion. Contact insurer for more information.	N611	
N611 Claim in litigation. Contact insurer for more information	h this was paid, you have billed with an ordering provider		
N611 Claim in litigation. Contact insurer for more information			

	N614	Alert: Additional information is included in the 835 Healthcare Policy
	-	Identification Segment (loop 2110 Service Payment Information). 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 4
	N615	CFR 156.270, A QUALIFIED HEALTH PLAN ISSUER MUST PAY ALL
		APPROPRIATE CLAIMS FOR SERVICES RENDERED TO THE ENROLLEI
		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 credi
	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 the
	N620	Alert: This procedure code is for quality reporting/informational purposes Reviews/documentation/notes/summaries/reports/charts not requested.
	N629	Medical Fee Schedule does not list this code. An allowance was made for
	N631	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 N645	Adjusted when billed as individual tests instead of as a panel. Mark-up allowance.
	N645 N648	Mark-up allowance. Adjusted based on Stop Loss.
 	N649	Payment based on invoice.
	N654	Adjusted based on achievement of maximum medical improvement (MM
	N655	Payment based on provider's geographic region.
		An interest payment is being made because benefits are being paid
	N656	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 N664	Adjusted based on an agreed amount. 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.
		Reimbursement has been calculated based on an outpatient per diem or
	N673	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 DISENROLLMEN
	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
	N690	CLAIMS PROCESSING SYSTEM. ALERT: THIS REVERSAL IS DUE TO A PROVIDER SUBMITTED APPEAL
	N691	ALERT: THIS REVERSAL IS DUE TO A PATIENT SUBMITTED APPEAL.
		ALERT: THIS REVERSAL IS DUE TO AN INCORRECT RATE ON THE
	N692	INITIAL ADJUDICATION.
	NGOO	ALERT: THIS REVERSAL IS DUE TO A CANCELATION OF THE CLAIM E
	N693	THE PROVIDER.
	N694	ALERT: THIS REVERSAL IS DUE TO A RESUBMISSION/CHANGE TO TH
	11054	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 ALERT: THIS REVERSAL IS DUE TO A PAYER'S RETROACTIVE
	N697	CONTRACT INCENTIVE PROGRAM ADJUSTMENT.
	1	ALERT: THIS REVERSAL IS DUE TO NON-PAYMENT OF THE HEALTH
	N698	INSURANCE PREMIUMS (HEALTH INSURANCE EXCHANGE OR OTHER
	<u></u>	BY THE END OF THE PREMIUM PAYMENT GRACE PERIOD, RESULTIN
	N699	PAYMENT ADJUSTED BASED ON THE PHYSICIAN QUALITY
	เพอล	REPORTING SYSTEM (PQRS) INCENTIVE PROGRAM.
	N7	PROCESSING OF THIS CLAIM/SERVICE HAS INCLUDED
		CONSIDERATION UNDER MAJOR MEDICAL PROVISIONS.
	N70	CONSOLIDATED BILLING AND PAYMENT APPLIES. PAYMENT ADJUSTED BASED ON THE ELECTRONIC HEALTH RECORD
	N700	[PAYMENT ADJUSTED BASED ON THE ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM.
	N701	PAYMENT ADJUSTED BASED ON THE VALUE-BASED PAYMENT
		THIS SERVICE IS INCOMPATIBLE WITH PREVIOUSLY ADJUDICATED
	N703	CLAIMS OR CLAIMS IN PROCESS.
	N170.4	ALERT: YOU MAY NOT APPEAL THIS DECISION BUT CAN RESUBMIT
	N704	THIS CLAIM/SERVICE WITH CORRECTED INFORMATION IF
		YOUR UNASSIGNED CLAIM FOR A DRUG OR BIOLOGICAL, CLINICAL
	N71	DIAGNOSTIC LABORATORY SERVICES OR AMBULANCE SERVICE WA
	'\''	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 ME
	N72	PPS (PROSPECTIVE PAYMENT SYSTEM) CODE CHANGED BY MEDIC
	+	REVIEWERS. NOT SUPPORTED BY CLINICAL RECORDS. ALERT: THE PATIENT OVERPAID YOU. YOU MAY NEED TO ISSUE THE
	N720	PATIENT A REFUND FOR THE DIFFERENCE BETWEEN THE PATIENT'S
	INTZU	PAYMENT AND THE AMOUNT SHOWN AS PATIENT RESPONSIBILITY
1	N733	REGULATORY SURCHARGES ARE PAID DIRECTLY TO THE STATE.
	101/22	
	N740	THE MEMBER'S CONSUMER SPENDING ACCOUNT DOES NOT CONTAIN SUFFICIENT FUNDS TO COVER THE MEMBER'S LIABILITY

1	L	TAR WATER DAOSE ON THE SERSEN WELL SESSON OF THE WAY
	N757	ADJUSTED BASED ON THE FEDERAL INDIAN FEES SCHEDULE (MLR) PAYMENT ADJUSTED BASED ON THE NATIONAL ELECTRICAL
	N759	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
		The Medicaid state requires provider to be enrolled in the member's
	N767	Medicaid state program prior to any claim benefits being processed.
	N768	Incomplete/invalid initial evaluation report.
	N769	A lateral diagnosis is required.
		The adjustment request received from the provider has been processed.
	N770	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.
	N1774	Alert: Refer to your Third Party Processor Agreement for specific
	N774	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
	INTOI	Medicare Beneficiary. Review your records for any wrongfully collected
	N782	Alert: No coinsurance may be collected as patient is a Medicaid/Qualified
	N/02	Medicare Beneficiary. Review your records for any wrongfully collected
	N783	Alert: No co-payment may be collected as patient is a Medicaid/Qualified
	N/83	Medicare Beneficiary. Review your records for any wrongfully collected co
		ALERT: UNDER 42 CFR 410.43, AN ELIGIBLE PARTIAL
	N787	HOSPITALIZATION PROGRAM (PHP) PATIENT/BENEFICIARY REQUIRES
	IN/O/	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
	111 00	REQUIRED information.
	N79	SERVICE BILLED IS NOT COMPATIBLE WITH PATIENT LOCATION
		ALERT: CMS IS CHANGING FROM THE MEDICARE HEALTH INSURANCE
		CLAIM NUMBER (HICN) TO THE NEW MEDICARE BENEFICIARY
	N793	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.
		SERVICES PERFORMED IN A MEDICARE PARTICIPATING OR CAH
	N801	FACILITY UNDER A SELF-INSURED TRIBAL GROUP HEALTH PLAN, IN
		ACCORDANCE WITH FEDERAL REGULATION 42 CFR 136.
		THIS CLAIM/SERVICE IS NOT PAYABLE UNDER OUR SERVICE AREA.
	N802	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
	14003	RESPONSIBILITY OF THE CONTRACTED MEDICAL GROUP OR
	N804	ALERT: THE CLAIM/SERVICE WAS PROCESSED THROUGH THE
	11004	OUTPATIENT CODE EDITOR (OCE).
	N805	ALERT: THE CLAIM/SERVICE WAS PROCESSED THROUGH THE
	11003	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.
		ALERT: THE FEE SCHEDULE AMOUNT FOR THIS SERVICE WAS
	N809	ADJUSTED BASED ON PRIOR COMPETITIVE BIDDING RATES. FOR
		MORE INFORMATION, CONTACT YOUR LOCAL CONTRACTOR.
		ALERT: DUE TO FEDERAL, STATE OR LOCAL DISASTER
	N810	DECLARATION, THIS CLAIM HAS BEEN PROCESSED AT THE IN-
	1,010	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.
		ALERT: APPLICABLE LABORATORIES ARE REQUIRED TO COLLECT
	N817	AND REPORT PRIVATE PAYOR DATA AND REPORT THAT DATA TO
1		CMS BETWEEN JANUARY 1, 2020 - MARCH 31, 2020.
	N818	CLAIMS DATES OF SERVICE DO NOT MATCH ELECTRONIC VISIT
	147171	IV (EDUELO ATION) ON (OTTEN
		VERIFICATION SYSTEM.
	N819	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION
	N819	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN
		PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL
	N819 N82	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET
	N819 N82 N820	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT.
	N819 N82 N820 N821	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND.
	N819 N82 N820 N821 N822	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S)
	N819 N82 N820 N821 N822 N823	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s).
	N819 N82 N820 N821 N822 N823 N84	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s). ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING.
	N819 N82 N820 N821 N822 N823	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s). ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING. ALERT: THIS IS THE FINAL INSTALLMENT PAYMENT.
	N819 N82 N820 N821 N822 N823 N84	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s). ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING.
	N819 N82 N820 N821 N821 N822 N823 N84 N85	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s). ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING. ALERT: THIS IS THE FINAL INSTALLMENT PAYMENT. ALERT: THIS PAYMENT IS BEING MADE CONDITIONALLY. AN HHA EPISODE OF CARE NOTICE HAS BEEN FILED FOR THIS PATIENT.
	N819 N82 N820 N821 N822 N823 N84	PATIENT NOT ENROLLED IN ELECTRONIC VISIT VERIFICATION PROVIDER MUST ACCEPT INSURANCE PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL ELECTRONIC VISIT VERIFICATION SYSTEM UNITS DO NOT MEET REQUIREMENTS OF VISIT. ELECTRONIC VISIT VERIFICATION SYSTEM VISIT NOT FOUND. MISSING HCPCS MODIFIER(S) Incomplete/Invalid Procedure modifier(s). ALERT: FURTHER INSTALLMENT PAYMENTS ARE FORTHCOMING. ALERT: THIS IS THE FINAL INSTALLMENT PAYMENT. ALERT: THIS PAYMENT IS BEING MADE CONDITIONALLY. AN HHA

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l		ALERT: PAYMENT INFORMATION FOR THIS CLAIM HAS BEEN
1	N89	FORWARDED TO MORE THAN ONE OTHER PAYER, BUT FORMAT
	1	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.
		A SEPARATE CLAIM MUST BE SUBMITTED FOR EACH PLACE OF
	N93	SERVICE. SERVICES FURNISHED AT MULTIPLE SITES MAY NOT BE
		BILLED IN THE SAME CLAIM.
	N94	CLAIM/SERVICE DENIED BECAUSE A MORE SPECIFIC TAXONOMY
	1.0.	CODE IS REQUIRED FOR ADJUDICATION.
		PATIENTS WITH STRESS INCONTINENCE, URINARY OBSTRUCTION,
	N97	AND SPECIFIC NEUROLOGIC DISEASES (E.G., DIABETES WITH
	1.07	PERIPHERAL NERVE INVOLVEMENT) WHICH ARE ASSOCIATED WITH
		SECONDARY MANIFESTATIONS OF THE ABOVE THREE INDICATIONS
		PATIENT MUST HAVE HAD A SUCCESSFUL TEST STIMULATION IN
	N98	ORDER TO SUPPORT SUBSEQUENT IMPLANTATION. BEFORE A
		PATIENT IS ELIGIBLE FOR PERMANENT IMPLANTATION, HE/SHE MUST
		DEMONSTRATE A 50 PERCENT OR GREATER IMPROVEMENT
	NOO	PATIENT MUST BE ABLE TO DEMONSTRATE ADEQUATE ABILITY TO
	N99	RECORD VOIDING DIARY DATA SUCH THAT CLINICAL RESULTS OF
	11004	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. Alert: The charge[s] for this service was processed in accordance with
	1	Federal/ State, Balance Billing/ No Surprise Billing regulations. As such,
	1	any amount identified with OA, CO, or PI cannot be collected from the
	N830	
	INOSU	member and may be considered provider liability or be billable to a
	1	subsequent payer. Any amount the provider collected over the identified
	1	PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eliqible for dispute pursuant to any
	+	You have not responded to requests to revalidate your provider/supplier
	N831	enrollment information.
	N832	Duplicate occurrence code/occurrence span code.
	N833	Patient share of cost waived.
	N834	Jurisdiction exempt from sales and health tax charges.
	11004	Unrelated Service/procedure/treatment is reduced. The balance of this
	N835	charge is the patient's responsibility.
	N836	Provider W9 or Payee Registration not on file.
	N837	Alert: Missing modifier was added.
	11007	Alert: Service/procedure postponed due to a federal, state, or local
	N838	mandate/disaster declaration. Any amounts applied to deductible or
	1.000	member liability will be applied to the prior plan year from which the
		The procedure code was added/changed because the level of service
	N839	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.
	NOAA	This claim, or a portion of this claim, was processed in accordance with the
	N844	Nebraska Legislative LB997 July 24, 2020 - Out of Network Emergency
	N845	Alert: Nebraska Legislative LB997 July 24, 2020 - Out of Network
	CPONI	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
		Alert: If you have primary other health insurance (OHI) coverage that has
	N854	denied services, you must exhaust all appeal levels with your primary OHI
	110==	before we can consider your claim for reimbursement.
	N855	This coverage is subject to the exclusive jurisdiction of ERISA (1974),
		This payment is not subtract to the suit of the St. C.
	N856	This coverage is not subject to the exclusive jurisdiction of ERISA (1974),
	N856	U.S.C. SEC 1001.
		U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment
	N856 N857	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment Alert: State regulations relating to an Out of Network Medical Emergency
	N856	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment Alert: State regulations relating to an Out of Network Medical Emergency Care Act were applied to the processing of this claim. Payment amounts
	N856 N857	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/
	N856 N857 N858	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ Alert: The Federal No Surprise Billing Act was applied to the processing of
	N856 N857	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ Alert: The Federal No Surprise Billing Act was applied to the processing of this claim. Payment amounts are eligible for dispute pursuant to any
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	N856 N857 N858	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount
	N856 N857 N858 N859	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s).
	N856 N857 N858 N859	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and
	N856 N857 N858 N859 N860	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient.
	N856 N857 N858 N859 N860	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and
	N856 N857 N858 N859 N860 N861	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge.
	N856 N857 N858 N859 N860 N861 N862	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge. Alert: This claim is subject to the No Surprises Act (NSA). The amount paid
	N856 N857 N858 N859 N860 N861	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge. Alert: This claim is subject to the No Surprises Act (NSA). The amount paic is the final out-of-network rate and was calculated based on an All Payer
	N856 N857 N858 N859 N860 N861 N862	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge. Alert: This claim is subject to the No Surprises Act (NSA). The amount paic is the final out-of-network rate and was calculated based on an All Payer Model Agreement, in accordance with the NSA.
	N856 N857 N858 N859 N860 N861 N862	U.S.C. SEC 1001. This claim has been adjusted/reversed. Refund any collected copayment 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/ 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). Alert: The Federal No Surprise Billing Act Qualified Payment Amount (QPA) was used to calculate the member cost share(s). Alert: Mismatch between the submitted Patient Liability/Share of Cost and the amount on record for this recipient. Alert: Member cost share is in compliance with the No Surprises Act, and is calculated using the lesser of the QPA or billed charge. Alert: This claim is subject to the No Surprises Act (NSA). The amount paic is the final out-of-network rate and was calculated based on an All Payer

	1	Tall the state of
		Alert: This claim is subject to the No Surprises Act provisions that apply to
	N865	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
	11000	services furnished by nonparticipating providers of air ambulance services.
	N867	Alert: Cost sharing was calculated based on a specified state law, in
	11007	accordance with the No Surprises Act.
	N868	Alert: Cost sharing was calculated based on an All-Payer Model
	11000	Agreement, in accordance with the No Surprises Act.
	N869	Alert: Cost sharing was calculated based on the qualifying payment
	1009	amount, in accordance with the No Surprises Act.
	N070	Alert: In accordance with the No Surprises Act, cost sharing was based on
	N870	the billed amount because the billed amount was lower than the qualifying
	NOZ4	Alert: This initial payment was calculated based on a specified state law, in
	N871	accordance with the No Surprises Act.
	N070	Alert: This final payment was calculated based on a specified state law, in
	N872	accordance with the No Surprises Act.
	N070	Alert: This final payment was calculated based on an All-Payer Model
	N873	Agreement, in accordance with the No Surprises Act.
	11074	Alert: This final payment was determined through open negotiation, in
	N874	accordance with the No Surprises Act.
	11075	Alert: This final payment equals the amount selected as the out-of-network
	N875	rate by a Federal Independent Dispute Resolution Entity, in accordance
		Alert: This item or service is covered under the plan. This is a notice of
	11070	denial of payment provided in accordance with the No Surprises Act. The
	N876	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
		Alert: This initial payment is provided in accordance with the No Surprises
	N877	Act. The provider or facility may initiate open negotiation if they desire to
		negotiate a higher out-of-network rate.
		Alert: The provider or facility specified that notice was provided and
		consent to balance bill obtained, but notice and consent was not provided
	N878	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.
	1	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
	N879	billed services, is not permitted for these services. Thus, cost sharing and
	11073	the total amount paid have been calculated based on the requirements
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l		under the No Surprises Act, and balance billing is prohibited.