



ECPS Edit Codes/HIPAA Edit Codes Translation -
 Sequenced by HIPAA Remark Code
 Last Date Loaded - 4/14/2024

HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M15 (10/16/03)	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	0483	LAB TEST INCLUDED IN ESRD COMPOSITE RATE	234 (11/01/15)	This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
M16 (06/06/08)	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	1259	NEWBORN MAY BE ELIGIBLE FOR NEW JERSEY FAMILY CARE (NJFC)	A1 (06/06/08)	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Use this code only when a more specific Claim Adjustment Reason Code is not available.
M45 (10/16/03)	Missing/incomplete/invalid occurrence code(s).	0014	STATEMENT THRU DATE < OCCURRENCE DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M45 (11/01/15)	Missing/incomplete/invalid occurrence code(s).	0060	INV/MISS OCCURENCE CODE - SUPPLY VALID CODE OR REMOVE DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0069	INVALID OCCURENCE DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M46 (10/16/03)	Missing/incomplete/invalid occurrence span code(s).	0724	DATE(S) OF SERVICE DO NOT MATCH LAB PANEL PROCEDURE EFF DATE	B18 (10/16/03)	This procedure code and modifier were invalid on the date of service.



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M46 (11/01/15)	Missing/incomplete/invalid occurrence span code(s).	1284	INVALID/MISSING UB04 OCCURRENCE SPAN CODE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M47 (08/01/15)	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).	0185	FORMER ICN # MISSING/INVALID (ECPS)	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M49 (10/16/03)	Missing/incomplete/invalid value code(s) or amount(s).	0181	TOTAL TPL AMOUNT MUST BE NUMERIC	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M49 (11/01/15)	Missing/incomplete/invalid value code(s) or amount(s).	0182	EOB/OVERRIDE CODE NOT NUMERIC	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0034	MISSING LABORATORY SERVICE REVENUE CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M50 (11/01/15)	Missing/incomplete/invalid revenue code(s).	0079	INPATIENT CLAIM-REQUIRES AT LEAST ONE ACCOMMODATION REV CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M50 (10/16/03)	Missing/incomplete/invalid revenue code(s).	0503	REVENUE CODE NOT ON FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M50 (01/01/15)	Missing/incomplete/invalid revenue code(s).	1341	INVALID REVENUE CODE FOR OUTPATIENT OBSERVATION SERVICES	150 (01/01/15)	Payer deems the information submitted does not support this level of service.
M51 (10/16/03)	Missing/incomplete/invalid procedure code(s).	0259	HCPCS PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	0015	STATEMENT THRU DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	0016	INV/MISS SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	0018	SERVICE THRU DATE < SERVICE FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M52 (10/16/03)	Missing/incomplete/invalid 'from' date(s) of service.	0071	INVALID STATEMENT COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0046	TOTAL DAYS NOT EQUAL TO DATES OF SERVICE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0050	BLOOD NOT REPLACED AMOUNT MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0052	TOTAL BLOOD PINTS FURNISHED INCORRECT	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	0053	INV/MISS ACCOMMODATION DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	0056	INV/MISS REVENUE UNITS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0065	PINTS OF BLOOD FURNISHED MUST BE NUMERIC	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0075	PINTS OF BLOOD REPLACED NOT NUMERIC	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0085	INV/MISS DAYS/UNITS/VISITS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0086	NUMBER OF UNITS EXCEEDS MONTHS/DAYS OF SERVICE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (10/16/03)	Missing/incomplete/invalid days or units of service.	0178	BLOOD DEDUCTIBLE (PINTS) MUST BE NUMERIC	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M53 (11/01/15)	Missing/incomplete/invalid days or units of service.	0660	NUMBER OF ACCOMMODATION DAYS NOT EQUAL TO TOTAL BILLED DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (09/01/20)	Missing/incomplete/invalid total charges.	0151	INV/MISS CLAIM LINE CHARGE(S)	16 (09/01/20)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0152	INV/MISS TOTAL CHARGE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M54 (10/16/03)	Missing/incomplete/invalid total charges.	0153	INCORRECT TOTAL CHARGES	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (11/01/15)	Missing/incomplete/invalid total charges.	0473	TOTAL CALCULATED CHARGE NOT EQUAL TO TOTAL BILLED CHARGE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M54 (10/16/03)	Missing/incomplete/invalid total charges.	0474	NET CALCULATED CHARGES NOT EQUAL TO NET BILLED CHARGE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0172	INVALID PAYOR ID	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M56 (10/16/03)	Missing/incomplete/invalid payer identifier.	0986	INVALID PAYOR ID	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0066	INVALID SPECIAL PROGRAM INDICATOR	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0081	INV/MISS CLINIC CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0082	EMERG ROOM REVENUE CODE(S) PRESENT - CLINIC CODE MISSING	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M58 (10/16/03)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0107	MISSING CONDITION CODE FOR ESRD CLAIM	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
M58 (10/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	0695	ADJUSTMENT FOR THIS CLAIM IS ALREADY IN PROCESS	18 (10/07/05)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M58 (03/07/05)	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	1000	MULTIPLE J3 OCCURRENCE CODES ON HIPAA CLAIM	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	0017	INV/MISS SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M59 (10/16/03)	Missing/incomplete/invalid 'to' date(s) of service.	0072	INVALID STATEMENT COVERS THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0290	INVALID SECONDARY DIAGNOSIS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M64 (10/16/03)	Missing/incomplete/invalid other diagnosis.	0295	INVALID THIRD, FOURTH OR FIFTH DIAGNOSIS	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1289	UB04 ADMIT DIAGNOSIS NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.



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M64 (11/01/15)	Missing/incomplete/invalid other diagnosis.	1291	INVALID UB04 PATIENT REASON FOR VISIT	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (09/07/10)	Missing/incomplete/invalid other diagnosis.	1294	UB04 EXTERNAL INJURY CODE NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
M64 (01/27/14)	Missing/incomplete/invalid other diagnosis.	1416	ICD VERSION MISMATCH	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M76 (10/16/03)	Missing/incomplete/invalid diagnosis or condition.	0062	INVALID CONDITION CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	0166	INV/MISS DIAGNOSIS CODE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	0167	MISSING PRIMARY DIAGNOSIS CODE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M76 (11/01/15)	Missing/incomplete/invalid diagnosis or condition.	0296	DIAGNOSIS CODE NOT ON FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M76 (01/01/16)	Missing/incomplete/invalid diagnosis or condition.	1320	POA INDICATOR HAS NO CORRESPONDING DIAGNOSIS CODE	50 (01/01/16)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M78 (10/16/03)	Missing/incomplete/invalid HCPCS modifier.	0247	REVENUE/ICD9/HCPCS PROC CODE ON CLM CONFLICTS WITH CLM TYPE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M80 (10/16/03)	Not covered when performed during the same session/date as a previously processed service for the patient.	0825	INPATIENT CLAIM CUTBACK BY PREVIOUSLY PAID OUTPATIENT CLAIM	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M80 (11/01/15)	Not covered when performed during the same session/date as a previously processed service for the patient.	1650	MISSING QUALIFYING OTHER PROCEDURE ON DAY OF SERVICE	B15 (01/01/15)	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M81 (10/01/14)	You are required to code to the highest level of specificity.	1428	UNSPECIFIED DIAGNOSIS CODE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M86 (10/16/03)	Service denied because payment already made for same/similar procedure within set time frame.	0702	SERVICE CONFLICTS WITH SIMILAR SAME DAY PROCEDURE	B13 (10/16/03)	Previously paid. Payment for this claim/service may have been provided in a previous payment.
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0800	EXACT DUPLICATE BILL	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0804	INPATIENT AND OUTPATIENT DUPLICATE ERROR	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0809	POSSIBLE DUPLICATE	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0810	DUPLICATE BILL - OVERLAPPING DATES OF SERVICES	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
M86 (09/23/04)	Service denied because payment already made for same/similar procedure within set time frame.	0976	CHARITY CARE PRICE REDUCED BY OTHER INSURANCE	B10 (10/16/03)	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.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	0070	CHARITY CARE WRITEOFF DATE > CLAIM SUBMISSION DATE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	0073	SERVICE COVERS FROM DATE < STATEMENT FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M125 (11/01/15)	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.	0074	STATEMENT COVERS FROM DATE > SERVICE THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M127 (01/29/16)	Missing patient medical record for this service.	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD	250 (01/29/16)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
M131 (10/16/03)	Missing physician financial relationship form.	0658	NO PROVIDER RATE RECORD FOR BILLING PROVIDER	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
M139 (11/01/15)	Denied services exceed the coverage limit for the demonstration.	0670	NO PAYMENT DUE-MEDICARE PAYMENT EXCEEDS MEDICAID ALLOWABLE	256 (11/01/15)	Service not payable per managed care contract.
M142 (11/01/15)	Missing American Diabetes Association Certificate of Recognition.	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA07 (10/16/03)	Alert: The claim information has also been forwarded to Medicaid for review.	0634	DRG CODE SUBMITTED PRIOR TO PROVIDER'S DRG PAYMENT DATE	26 (10/16/03)	Expenses incurred prior to coverage.
MA30 (11/01/15)	Missing/incomplete/invalid type of bill.	0042	INV/MISS TYPE BILL CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA30 (11/01/15)	Missing/incomplete/invalid type of bill.	0051	RENAL REVENUE IS PRESENT - RENAL BILL TYPE IS MISSING	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA30 (10/16/03)	Missing/incomplete/invalid type of bill.	0952	CLAIM VOIDED - RECIPIENT ID ERROR	31 (10/16/03)	Patient cannot be identified as our insured.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0022	INV/MISS BILLED DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (09/08/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0057	CONDITION CODE 40 - FROM/THRU NOT EQUAL	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0061	WRITEOFF DATE LESS THAN SERVICE DATE THRU	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA31 (09/10/04)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0064	SERVICE THRU DATE > STATEMENT THRU DATE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA31 (10/16/03)	Missing/incomplete/invalid beginning and ending dates of the period billed.	0691	PROVIDER NOT PARTICIPATING IN REQUIRED PGM ON DATE OF SERVIC	26 (10/16/03)	Expenses incurred prior to coverage.
MA32 (10/16/03)	Missing/incomplete/invalid number of covered days during the billing period.	0499	ACUTE DAYS BILLED EQUAL ZERO	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA33 (10/16/03)	Missing/incomplete/invalid non-covered days during the billing period.	0067	INV/MISS NON COVERED HOSPITAL DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA36 (10/16/03)	Missing/incomplete/invalid patient name.	0012	MISSING PATIENT NAME	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA40 (10/16/03)	Missing/incomplete/invalid admission date.	0040	INV/MISS ADMISSION DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA41 (10/16/03)	Missing/incomplete/invalid admission type.	0044	INV/MISS TYPE OF ADMISSION	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0068	INVALID SOURCE OF ADMISSION	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA42 (10/16/03)	Missing/incomplete/invalid admission source.	0084	BABY & MOTHER - ADMIT TYPE MUST BE NEWBORN	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA43 (10/16/03)	Missing/incomplete/invalid patient status.	0045	INV/MISS PATIENT STATUS CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA47 (11/01/15)	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.	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE	B7 (10/16/03)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA63 (10/16/03)	Missing/incomplete/invalid principal diagnosis.	0294	DIAGNOSIS NOT VALID AS PRIMARY DIAGNOSIS	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA63 (09/07/10)	Missing/incomplete/invalid principal diagnosis.	1288	INVALID/MISSING UB04 ADMIT DIAGNOSIS	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
MA64 (11/01/15)	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	0192	ECPS NOT PRIMARY PAYOR SINCE TPL AMOUNT > ZERO	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0161	INV/MISS HCPCS PROCEDURE CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0248	SURGERY PROCEDURE CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0253	REVENUE/PROCEDURE NOT ACTIVE ON DATE(S) OF SERVICE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA66 (10/16/03)	Missing/incomplete/invalid principal procedure code.	0257	PROC/NDC/REV/ICD9 NOT COVERED BY ECPS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA67 (10/16/03)	Alert: Correction to a prior claim.	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0950	RE-PROCESSED PREVIOUSLY DENIED CLAIM	125 (10/16/03)	Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
MA80 (10/16/03)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
MA80 (09/20/10)	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.	1638	VOID OR CREDIT HAS MORE THAN 10 EDITS - SEE HISTORY EDITS	17 (09/20/10)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA82 (10/16/03)	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.	0206	BILLING PROVIDER NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA92 (11/01/15)	Missing plan information for other insurance.	0625	CHARITY CARE ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	22 (11/01/15)	This care may be covered by another payer per coordination of benefits.
MA92 (10/16/03)	Missing plan information for other insurance.	0978	POSSIBLE TPL/ACCIDENT INDICATOR OR TRAUMA DIAGNOSIS	B22 (10/16/03)	This payment is adjusted based on the diagnosis.
MA110 (11/01/15)	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.	0727	INDIVIDUAL LAB TESTS ALLOWANCE EXCEEDS PANEL ALLOWANCE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA110 (11/01/15)	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.	0728	INDIVIDUAL LAB TEST/CBC CONFLICT	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA127 (10/16/03)	Reserved for future use.	0059	MISSING OR INVALID CHARITY CARE CLAIM WRITEOFF DATE	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)



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MA127 (10/16/03)	Reserved for future use.	0090	SUBMISSION TIME ELAPSED - ADJUSTMENT AMOUNT > 0	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA127 (10/16/03)	Reserved for future use.	0104	SUBMISSION TIME ELAPSED: NEGATIVE ADJ/VOID ALLOWED	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA127 (10/16/03)	Reserved for future use.	0108	INVALID CONDITION CODE FOR REVENUE CODE - ESRD	17 (10/16/03)	Requested information was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)
MA130 (11/01/15)	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.	0011	CHARITY CARE % INVALID	31 (10/16/03)	Patient cannot be identified as our insured.
MA130 (11/01/15)	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.	0293	DIAGNOSIS NOT ALLOWED FOR SEX	10 (10/16/03)	The diagnosis is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (11/01/15)	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.	0604	INVALID PRICING ACTION CODE	133 (04/01/15)	The disposition of this service line is pending further review. (Use only with Group Code OA). Usage: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).
MA130 (01/01/14)	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.	1445	PERS PAYABLE THROUGH DIVISION OF MENTAL HEALTH CONTRACT	109 (06/20/16)	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
MA130 (01/01/14)	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.	1451	UNKNOWN FIELD POPULATED WITH INVALID DATA	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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MA130 (01/01/14)	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.	1458	UNINSRD NON-CC RECIP BILL < 100% CC ELIG OR INPATIENT CLAIM	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14)	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.	1460	CMS PROC CODE MAINTENANCE. REPROCESS ON APPROVAL	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14)	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.	1668	SERVICE EXCEEDS FREQUENCY GUIDLINES OF 2 PER 365 DAY LIMIT	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14)	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.	1679	CO-PAY WAIVED FOR COVID-19 TEST SERVICES - PAY AT 100% ELIG.	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
MA130 (01/01/14)	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.	1701	UNINSURED NON-CC RECIPIENT : NON COVID-19 TEST SERVICE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N4 (10/07/05)	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.	1201	MULTIPLE HISTORY CLAIMS MATCH FORMER ICN TO BE ADJ/VOID	129 (10/08/05)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N5 (09/23/04)	EOB received from previous payer. Claim not on file.	0799	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N9 (10/16/03)	Adjustment represents the estimated amount a previous payer may pay.	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	0666	UNABLE TO PRICE CLAIM	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N10 (11/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	0788	ADJUSTMENT DENIED/ORIG PRICED CORRECTLY	B20 (11/01/15)	Procedure/service was partially or fully furnished by another provider.
N10 (04/01/15)	Adjustment based on the findings of a review organization/professional consult/manual adjudication/medical advisor/dental advisor/peer review.	1279	CALCULATED PAYMENT AMOUNT ZERO	150 (11/01/15)	Payer deems the information submitted does not support this level of service.
N14 (10/16/03)	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	0726	INDIVID LAB TESTS EXCEEDS PANEL ALLOWANCE -REDUCED PAYMENT.	42 (10/16/03)	Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)
N15 (10/16/03)	Services for a newborn must be billed separately.	0489	BABY AND MOTHER ACCOMMODATION REVENUE CODES ON CLAIM	96 (11/01/15)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N26 (01/29/16)	Missing itemized bill/statement.	0956	CLAIM REPROCESSED TO CORRECT PAYMENT	250 (01/29/16)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
N45 (11/01/15)	Payment based on authorized amount.	0578	CLAIM PRICED UTILIZING CHARITY CARE 30% RULE	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.



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N45 (11/01/15)	Payment based on authorized amount.	0601	PAYMENT REDUCED TO MEDICAID MAXIMUM	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N46 (10/16/03)	Missing/incomplete/invalid admission hour.	0063	INV/MISS ADMISSION HOUR	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N48 (11/01/15)	Claim information does not agree with information received from other insurance carrier.	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED	129 (10/16/03)	Prior processing information appears incorrect. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N50 (09/07/10)	Missing/incomplete/invalid discharge information.	1290	UB04 PAT RSN VISIT READ - UNSCHEDULED VISIT	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N56 (11/01/15)	Procedure code billed is not correct/valid for the services billed or the date of service billed.	0163	PROCEDURE - SPANNING DATES OF SERVICE	4 (11/01/15)	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N64 (09/07/10)	The 'from' and 'to' dates must be different.	1292	UB04 PATIENT REASON FOR VISIT NOT ON FILE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0591	PROVIDER NOT ON PROVIDER RATE FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0595	REV CODE/COND CODE CONFLICT FOR COMPOSITE RATE PRICING	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N65 (11/01/15)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0603	PROVIDER NOT ON DRG RATE FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0618	VALID RATE FOR DATES OF SERVICE NOT FOUND ON RATE FILE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N65 (10/16/03)	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	0621	DRG CODE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N77 (10/16/03)	Missing/incomplete/invalid designated provider number.	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE	52 (10/16/03)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (08/16/10)	Missing/incomplete/invalid designated provider number.	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION	208 (08/16/10)	National Provider Identifier - Not matched.
N77 (01/01/13)	Missing/incomplete/invalid designated provider number.	1386	PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- BILLING	52 (01/01/13)	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.



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N95 (10/16/03)	This provider type/provider specialty may not bill this service.	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE	8 (10/16/03)	The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (06/20/16)	This provider type/provider specialty may not bill this service.	0690	PROVIDER NOT PARTICIPATING IN REQUIRED PROGRAM	242 (06/20/16)	Services not provided by network/primary care providers.
N95 (05/07/12)	This provider type/provider specialty may not bill this service.	1322	SERVICE/PROCEDURE INCLUDED IN COMPOSITE RATE	234 (11/01/15)	This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
N95 (04/02/10)	This provider type/provider specialty may not bill this service.	1326	INVALID PROVIDER TYPE FOR ATTENDING PROVIDER	170 (11/01/15)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N95 (01/01/13)	This provider type/provider specialty may not bill this service.	1385	PROV NOT APPROVED FOR SERVICE TO MEDICAID CLIENT- SERVICING	B7 (01/01/13)	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N102 (03/30/05)	This claim has been denied without reviewing the medical/dental record because the requested records were not received or were not received timely.	0078	SUBMISSION TIME ELAPSED-RECEIVED > 2YRS AFTER SERV DATE THRU	252 (11/01/15)	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
N111 (11/01/15)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	1622	CHARITY AND MEDICAID DUPLICATE ERROR	18 (11/01/15)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N111 (11/01/15)	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	1671	SERVICE DATE/HCPSCS COMBINATION MATCH OCCURRENCE IN HISTORY	P14 (11/01/15)	The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. To be used for Property and Casualty only.
N115 (11/01/15)	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 request a copy of the LCD.	0255	PROCEDURE SEX RESTRICTION	7 (10/16/03)	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N129 (11/01/15)	Not eligible due to the patient's age.	0254	PROCEDURE CODE AGE RESTRICTED	6 (10/16/03)	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.	0954	CLAIM VOIDED - SYSTEM PROCESSING ERROR	16 (01/01/16)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N142 (01/01/16)	The original claim was denied. Resubmit a new claim, not a replacement claim.	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM	16 (01/01/16)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N153 (11/01/15)	Missing/incomplete/invalid room and board rate.	0659	NF RATE NOT ON FILE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N173 (11/01/15)	No qualifying hospital stay dates were provided for this episode of care.	1669	NO RECORD OF AN EPISODE OF CARE ON FILE	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N207 (11/01/15)	Missing/incomplete/invalid weight.	0043	INV/MISS BIRTH WEIGHT	240 (11/01/15)	The diagnosis is inconsistent with the patient's birth weight. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N207 (09/09/13)	Missing/incomplete/invalid weight.	1344	BIRTH WEIGHT ON CLAIM AND DRG CONFLICT	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	0602	MISSING OR INVALID DRG CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	0657	MISSING NJ DRG PAYOR FACTOR	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N208 (11/01/15)	Missing/incomplete/invalid DRG code.	0661	INV/MISS DRG CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.	0613	DRG CODE SUBMITTED PRIOR TO DRG TRIM EFFECTIVE DATE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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N213 (11/01/15)	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.	0656	MISSING NJ DRG MARKUP FACTOR	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N214 (11/01/15)	Missing/incomplete/invalid history of the related initial surgical procedure(s).	0048	MISSING/INV SURGICAL PROCEDURE CODE	250 (11/01/15)	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
N245 (09/01/20)	Incomplete/invalid plan information for other insurance.	0184	INVALID/MISSING ADJUSTMENT REASON	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N249 (11/01/15)	Missing/incomplete/invalid assistant surgeon primary identifier.	0087	CLAIM INDICATES SURGERY - SURGEON NUMBER MISSING	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N250 (02/10/14)	Missing/incomplete/invalid assistant surgeon secondary identifier.	1296	PROVIDER ID AND NPI REQUIRED - OPERATING 2	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.	1393	OPERATING 2 PROVIDER INELIGIBLE ON DATES OF SERVICE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N250 (01/01/13)	Missing/incomplete/invalid assistant surgeon secondary identifier.	1399	OPERATING 2 PROVIDER NOT FOUND ON PROVIDER DATABASE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1223	NPI IS MISSING FOR ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (05/23/07)	Missing/incomplete/invalid attending provider primary identifier.	1224	NPI IS INVALID FOR ATTENDING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (07/01/08)	Missing/incomplete/invalid attending provider primary identifier.	1269	ATTENDING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1281	UB04 OPERATING 1 NPI SAME AS BILLING/SERVICING NPI	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (09/07/10)	Missing/incomplete/invalid attending provider primary identifier.	1295	UB04 OPERATING 2 NPI SAME AS BILLING/SERVICING NPI	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.	1406	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - ATTENDING	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N253 (07/14/14)	Missing/incomplete/invalid attending provider primary identifier.	1419	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - ATTENDING	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N254 (05/23/07)	Missing/incomplete/invalid attending provider secondary identifier.	1243	PROVIDER NOT MAPPED - ATTENDING	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N254 (02/10/14)	Missing/incomplete/invalid attending provider secondary identifier.	1260	PROVIDER ID AND NPI REQUIRED - ATTENDING	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.	1389	ATTENDING PROVIDER INELIGIBLE ON DATES OF SERVICE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N254 (01/01/13)	Missing/incomplete/invalid attending provider secondary identifier.	1395	ATTENDING PROVIDER NOT FOUND ON PROVIDER DATABASE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (11/01/15)	Missing/incomplete/invalid billing provider taxonomy.	0796	BILLING PROVIDER NOT MATCHED ON HISTORY	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1217	TAXONOMY CODE IS MISSING FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1218	TAXONOMY CODE IS INVALID FOR THE BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N255 (05/23/07)	Missing/incomplete/invalid billing provider taxonomy.	1239	NPI NOT ON FILE - BILLING	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N256 (11/01/15)	Missing/incomplete/invalid billing provider/supplier name.	0949	CLAIM VOIDED - BILLING PROVIDER ERROR	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N257 (11/01/15)	Missing/incomplete/invalid billing provider/supplier primary identifier.	0002	BILLING PROVIDER NUMBER MISSING/INVALID	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N257 (07/14/14)	Missing/incomplete/invalid billing provider/supplier primary identifier.	1404	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - BILLING	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N259 (02/10/14)	Missing/incomplete/invalid billing provider/supplier secondary identifier.	1242	PROVIDER ID AND NPI REQUIRED - BILLING	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1227	NPI IS MISSING FOR OPERATING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (05/23/07)	Missing/incomplete/invalid operating provider primary identifier.	1228	NPI INVALID - UB04 OPERATING 1 PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (09/07/10)	Missing/incomplete/invalid operating provider primary identifier.	1280	NPI INVALID - UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	1411	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 1	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



ECPS Edit Codes/HIPAA Edit Codes Translation -
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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	1412	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - OPERATING 2	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	1421	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 1	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N262 (07/14/14)	Missing/incomplete/invalid operating provider primary identifier.	1422	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - OPERATING 2	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (05/23/07)	Missing/incomplete/invalid operating provider secondary identifier.	1261	NPI NOT CROSSWALKED - OPERATING 1	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (02/10/14)	Missing/incomplete/invalid operating provider secondary identifier.	1266	PROVIDER ID AND NPI REQUIRED - OPERATING 1	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N263 (09/07/10)	Missing/incomplete/invalid operating provider secondary identifier.	1282	NPI NOT CROSSWALKED - UB04 OPERATING 2 PROVIDER	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (01/15/13)	Missing/incomplete/invalid operating provider secondary identifier.	1383	INVALID PROVIDER TYPE- OPERATING 1	170 (01/15/13)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (11/01/15)	Missing/incomplete/invalid operating provider secondary identifier.	1384	INVALID PROVIDER TYPE- OPERATING 2 PHYSICIAN	170 (01/15/13)	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.	1392	OPERATING 1 PROVIDER INELIGIBLE ON DATES OF SERVICE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N263 (01/01/13)	Missing/incomplete/invalid operating provider secondary identifier.	1398	OPERATING 1 PROVIDER NOT FOUND ON PROVIDER DATABASE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1229	NPI MISSING FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N265 (05/23/07)	Missing/incomplete/invalid ordering provider primary identifier.	1230	NPI INVALID FOR BILLING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N268 (11/01/15)	Missing/incomplete/invalid ordering provider contact information.	0615	DRG NOT EFFECTIVE ON CLAIM SERVICE DATE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N270 (11/01/15)	Missing/incomplete/invalid other provider primary identifier.	0006	INVALID REFERRING/OTHER INDIVIDUAL MEDICAID ID NUMBER	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N270 (05/23/07)	Missing/incomplete/invalid other provider primary identifier.	1232	NPI IS INVALID FOR OTHER PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N270 (07/01/08)	Missing/incomplete/invalid other provider primary identifier.	1271	OTHER NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N271 (05/23/07)	Missing/incomplete/invalid other provider secondary identifier.	1264	PROVIDER NOT MAPPED-OTHER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (05/23/07)	Missing/incomplete/invalid referring provider primary identifier.	1226	NPI IS INVALID FOR REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (07/01/08)	Missing/incomplete/invalid referring provider primary identifier.	1270	REFERRING NPI SAME AS BILLING/SERVICING NPI	16 (07/01/08)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.	1410	NPI NOT REGISTERED WITH NEW JERSEY MEDICAID - REFERRING	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N286 (07/14/14)	Missing/incomplete/invalid referring provider primary identifier.	1420	NPI NOT MAPPED TO THIS NEW JERSEY PROVIDER ID - REFERRING	16 (01/01/14)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N287 (05/23/07)	Missing/incomplete/invalid referring provider secondary identifier.	1246	PROVIDER NOT MAPPED - UB04 REFERRING PROVIDER	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N287 (02/10/14)	Missing/incomplete/invalid referring provider secondary identifier.	1263	PROVIDER ID AND NPI REQUIRED - REFERRING	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N287 (01/01/13)	Missing/incomplete/invalid referring provider secondary identifier.	1397	REFERRING PROVIDER NOT FOUND ON DATABASE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N291 (05/23/07)	Missing/incomplete/invalid rendering provider secondary identifier.	1236	ZIP CODE IS MISSING OR INVALID	16 (05/23/07)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.	1297	BILLING ZIP CODE IS MISSING OR INVALID	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N291 (05/09/11)	Missing/incomplete/invalid rendering provider secondary identifier.	1298	TAXONOMY CODE IS INVALID FOR ATTENDING PROVIDER	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	1285	INVALID UB04 OCCURRENCE SPAN FROM DATE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	1286	INVALID UB04 OCCURRENCE SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N300 (11/01/15)	Missing/incomplete/invalid occurrence span date(s).	1287	STATEMENT THRU DATE < UB04 OCCURR SPAN THRU DATE	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	0036	INVALID ACUTE DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	0037	INVALID SNF DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	0038	INVALID ICF DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N306 (11/01/15)	Missing/incomplete/invalid acute manifestation date.	0039	INVALID RESIDENTIAL DAYS	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N321 (11/01/15)	Missing/incomplete/invalid last admission period.	0041	ADMISSION DATE > SERVICE COVERS FROM DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N321 (11/01/15)	Missing/incomplete/invalid last admission period.	0490	INPATIENT DATE OF SURGERY < SERVICE FROM DATE	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N329 (11/01/15)	Missing/incomplete/invalid patient birth date.	0013	INVALID BIRTHDATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N341 (11/01/15)	Missing/incomplete/invalid surgery date.	0049	INV/MISS SURG DATE - SUPPLY VALID DATE OR REMOVE PROC CODE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N341 (11/01/15)	Missing/incomplete/invalid surgery date.	0089	DATE OF SURGERY > SERVICE/STATEMENT THRU DATE	16 (10/16/03)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N345 (11/01/15)	Date range not valid with units submitted.	1200	ALC OCC SPAN DAY DOES NOT MATCH THE NUMBER OF REVENUE UNITS	16 (11/01/15)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	0374	REPORTED SERVICE UNITS MUST BE GREATER THAN 1 & LESS THAN 6	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	0712	CLAIM UNITS/DOLLARS EXCEEDS MAXIMUM-DENY	119 (10/16/03)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1001	REVENUE UNITS (OCCURS 45 TIMES) ARE GREATER THAN 999.	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1002	DAYS ACUTE ARE GREATER THAN 999.	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1003	DAYS SNF ARE GREATER THAN 999.	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1004	DAYS ICF ARE GREATER THAN 999.	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1005	DAYS RESIDENTIAL ARE GREATER THAN 999.	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (11/01/15)	The number of Days or Units of Service exceeds our acceptable maximum.	1012	VALUE OF ONE OR MORE OF THESE FIELDS WAS > MAX ALLOWED	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N362 (01/29/16)	The number of Days or Units of Service exceeds our acceptable maximum.	1606	RATE DECREASE WHEN PARTIAL HOSPITALIZATION EXCEEDS 24 MONTH	119 (01/29/16)	Benefit maximum for this time period or occurrence has been reached.
N362 (06/01/14)	The number of Days or Units of Service exceeds our acceptable maximum.	1649	OP TRANS PMT REDUCED BY PREVIOUS PAID OP TRANS CLM	119 (06/01/14)	Benefit maximum for this time period or occurrence has been reached.
N381 (08/01/15)	Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.	1364	CANNOT ADJUST A LINE LEVEL SURGERY	163 (11/01/15)	Attachment/other documentation referenced on the claim was not received.
N382 (11/01/15)	Missing/incomplete/invalid patient identifier.	0500	INV/MISS PATIENT ACCOUNT NUMBER	500 (11/01/15)	
N432 (11/20/09)	Alert: Adjustment based on a Recovery Audit.	1009	ANNUAL SYSTEM RECONCILIATION VOID (IE AUDIT, DUPLICATE)	97 (01/01/16)	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N434 (11/01/15)	Missing/Incomplete/Invalid Present on Admission indicator.	1312	MISSING OR INVALID PRESENT ON ADMISSION INDICATOR	16 (03/07/05)	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N522 (11/01/15)	Duplicate of a claim processed, or to be processed, as a crossover claim.	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED	18 (10/16/03)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
N522 (01/01/16)	Duplicate of a claim processed, or to be processed, as a crossover claim.	1331	THE NEW ORIGINAL CLAIM WAS PRODUCED FROM A RECYCLE	18 (01/01/16)	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N574 (11/01/15)	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.	1325	INVALID PROVIDER TYPE FOR REFERRING PROVIDER	183 (11/01/15)	The referring provider is not eligible to refer the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N574 (11/01/15)	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.	1391	REFERRING PROVIDER INELIGIBLE ON DATES OF SERVICE	183 (01/15/13)	The referring provider is not eligible to refer the service billed. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N622 (11/01/15)	Not covered based on the date of injury/accident.	0021	BILLED DATE LESS THAN THRU DATE	110 (10/16/03)	Billing date predates service date.
N622 (11/01/15)	Not covered based on the date of injury/accident.	0023	BILLED DATE < STATEMENT THRU DATE	110 (10/16/03)	Billing date predates service date.
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	0734	SERVICE EXCEEDS PROGRAM FREQUENCY GUIDELINES	119 (11/01/15)	Benefit maximum for this time period or occurrence has been reached.
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	1651	MAX UNITS REACHED FOR 2 CONSECUTIVE DAY OCCURRENCE	222 (01/01/15)	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N640 (11/01/15)	Exceeds number/frequency approved/allowed within time period.	1670	NUMBER OF UNITS EXCEEDS 6 IN A 14 DAY PERIOD	222 (11/01/15)	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N644 (11/01/15)	Reimbursement has been made according to the bilateral procedure rule.	0713	LAB TEST CONFLICT/LAB PANEL PROCEDURE PREVIOUSLY PAID	236 (11/01/15)	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	0480	GROUPER ASSIGNED A NEW DRG CODE	167 (11/01/15)	This (these) diagnosis(es) is (are) not covered. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	0609	DRG DIRECT COST, LOW TRIM OR HIGH TRIM PER DIEM EQUAL ZERO	96 (11/01/15)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N647 (11/01/15)	Adjusted based on diagnosis-related group (DRG).	0617	CALCULATED PAYMENT AMOUNT ZERO	96 (11/01/15)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	0058	INV/MISS PROCEDURE CODE/REVENUE CODE/CHARGE	199 (11/01/15)	Revenue code and Procedure code do not match.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	0083	REV CODE 099,36X,37X,49X OR 71X REQ VALID SURGICAL PROC	199 (11/01/15)	Revenue code and Procedure code do not match.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE	181 (11/01/15)	Procedure code was invalid on the date of service.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	1303	MENTAL HEALTH SERVICES UNDER 2 NOT COVERED	9 (05/21/12)	The diagnosis is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N657 (11/01/15)	This should be billed with the appropriate code for these services.	1328	BILL OUTPATIENT DRUG CLAIMS USING REVENUE CODES 631-637	199 (03/29/10)	Revenue code and Procedure code do not match.
N661 (08/01/20)	Documentation does not support that the services rendered were medically necessary.	1426	EARLY ELECTIVE DELIVERY	50 (08/01/20)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N661 (01/01/21)	Documentation does not support that the services rendered were medically necessary.	1469	EARLY ELECTIVE DELIVERY DENIAL OVERRIDDEN	50 (01/01/21)	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N670 (11/01/15)	This service code has been identified as the primary procedure code subject to the Medicare Multiple Procedure Payment Reduction (MPPR) rule.	0662	CLAIM PRICED-CHARGE TO MCAID AS PERCENT OF TOTAL CLM CHARGE	59 (11/01/15)	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.



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HIPAA Remark Code (Mapping Last Change Date)	HIPAA Remark Code Description	ECPS Edit Code	NJMMIS Edit Code Description	HIPAA Adjustment Reason Code (Mapping Last Change Date)	HIPAA Adjustment Reason Code Description
N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.	1430	OUTPATIENT TRANSPORTATION SERVICE HAS NO RATE	96 (11/01/15)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N676 (11/01/15)	Service does not qualify for payment under the Outpatient Facility Fee Schedule.	1431	OUTPATIENT SERVICE NOT PAYABLE TRANS/PERS	96 (11/01/15)	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
N751 (11/01/15)	Adjusted because the patient is covered under a Medicare Part D plan.	0623	MEDICAID ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	204 (11/01/15)	This service/equipment/drug is not covered under the patient's current benefit plan
NA63 (09/07/10)		1293	INVALID UB04 EXTERNAL INJURY CODE	47 (09/07/10)	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.