Insurance 835 Adjudication Matrix   **May 2018**

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2229	NULL	1	M15	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2230	NULL	1	M62	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2231	NULL	1	M64	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2232	NULL	1	M86	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2233	NULL	1	MA67	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2234	NULL	1	N19	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2235	NULL	1	N199	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2236	NULL	1	N23	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2237	NULL	1	N29	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2238	NULL	1	N362	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2239	NULL	1	N524	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
2240	NULL	1	N54	Deductible Amount	DENY	spMoveInsuranceToNextFor835Denial
1	CR	1	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2	PR	1	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2279	NULL	2	M15	Coinsurance Amount	DENY	spMoveInsuranceToNextFor835Denial
2280	NULL	2	MA67	Coinsurance Amount	DENY	spMoveInsuranceToNextFor835Denial
2281	NULL	2	N16	Coinsurance Amount	DENY	spMoveInsuranceToNextFor835Denial
2282	NULL	2	N29	Coinsurance Amount	DENY	spMoveInsuranceToNextFor835Denial
2283	NULL	2	N524	Coinsurance Amount	DENY	spMoveInsuranceToNextFor835Denial
3	PR	2	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2344	NULL	3	M15	Co-payment Amount	DENY	spMoveInsuranceToNextFor835Denial
4	PR	3	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2554	NULL	4	M20	The procedure code is inconsistent with the modifier used or a required modifier is missing.	NEEDS ATTENTION	spRebillInsurance
2551	NULL	4	M4	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	spRebillInsurance
2552	NULL	4	M67	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	spRebillInsurance
2553	NULL	4	N517	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	spRebillInsurance
2555	NULL	4	N519	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	NEEDS ATTENTION	spRebillInsurance
2550	NULL	4		The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	spRebillInsurance
2559	NULL	5	MA105	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment	NEEDS ATTENTION	spRebillInsurance
2558	NULL	5		The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment	NEEDS ATTENTION	spRebillInsurance
2572	NULL	6	N129	The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	spRebillInsurance
2573	NULL	6	N517	The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	spRebillInsurance
2571	NULL	6		The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	spRebillInsurance
2574		8	N95	The procedure code is inconsistent with the provider type/specialty (taxonomy).	DENY	spMoveInsuranceToNextFor835Denial
2591	NULL	8	NULL	The procedure code is inconsistent with the provider type/specialty	DENY	spMoveInsuranceToNextFor835Denial
5	CO	8		The procedure code is inconsistent with the provider type/specialty (taxonomy). Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	DENY	spMoveInsuranceToNextFor835Denial
2575	NULL	9	N517	The diagnosis is inconsistent with the patient's age	NEEDS ATTENTION	spRebillInsurance
2576		9		The diagnosis is inconsistent with the patient's age.	NEEDS ATTENTION	spRebillInsurance
2434	NULL	10	N517	The diagnosis is inconsistent with the patient's gender	NEEDS ATTENTION	spRebillInsurance
2433	NULL	10		The diagnosis is inconsistent with the patient's gender	NEEDS ATTENTION	spRebillInsurance

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2440	NULL	11	NULL	The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	NEEDS ATTENTION	spRebillInsurance
2439	NULL	11		The diagnosis is inconsistent with the procedure	NEEDS ATTENTION	spRebillInsurance
2650	PR	12	N657	Diagnosis is inconsistent with the provider type.	NEEDS ATTENTION	spRebillInsurance
2445	NULL	14		The date of birth follows the date of service.	NEEDS ATTENTION	spRebillInsurance
2264	NULL	15	M62	The authorization number is missing, invalid, or does not apply to the billed services or provider	DENY	spMoveInsuranceToNextFor835Denial
6	CO	15		The authorization number is missing, invalid, or does not apply to the billed services or provider	DENY	spMoveInsuranceToNextFor835Denial
2633	PI	15		The authorization number is missing, invalid, or does not apply to the billed services or provider	DENY	spMoveInsuranceToNextFor835Denial
2471	NULL	16	M118	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	NEEDS ATTENTION	spRebillInsurance
2657	OA	16	M127	Missing patient medical record for this service	NEEDS ATTENTION	spRebillInsurance
2452	NULL	16	M135	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2646	PR	16	M135	Missing/Incomplete/Invalid plan of treatment	NEEDS ATTENTION	spRebillInsurance
2453	NULL	16	M44	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2454	NULL	16	M62	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2455	NULL	16	M64	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2655	PR	16	M67	Missing/incomplete/invalid other procedure code(s	NEEDS ATTENTION	spRebillInsurance
2456	NULL	16	M76	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2457	NULL	16	M81	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2594		16	MA04	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Primary payer adjudication information needed	NEEDS ATTENTION	spRebillInsurance
2458	NULL	16	MA130	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2459	NULL	16	MA63	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2653	CO	16	MA69	Missing/incomplete/invalid remarks	NEEDS ATTENTION	spRebillInsurance
2460	NULL	16	N102	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2461	NULL	16	N179	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2472	NULL	16	N191	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	NEEDS ATTENTION	spRebillInsurance
2652	PI	16	N252	Missing/Incomplete/Invalid attending provider name	NEEDS ATTENTION	
2638	CO	16	N258	Missing/Invalid/Incomplete Billing Provider Address	NEEDS ATTENTION	spProcessMedicaid835ForRebillAutomati

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2462	NULL	16	N26	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2463	NULL	16	N29	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2464	NULL	16	N294	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2465	NULL	16	N31	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2466	NULL	16	N34	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2467	NULL	16	N350	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2658	CO	16	N380	The original claim has been processed, submit a corrected claim	NEEDS ATTENTION	spRebillInsurance
2695	CO	16	N479	Claim/serviceMissing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2468		16	N479	Claim/serviceMissing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2654	CO	16	N49	Court ordered coverage information needs validation	NEEDS ATTENTION	spRebillInsurance
2656	CO	16	N517	Resubmit a new claim with the requested information	NEEDS ATTENTION	spRebillInsurance
2473	NULL	16	N521	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) This change effective 11/1/2013:	NEEDS ATTENTION	spRebillInsurance
2469	NULL	16	N66	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2470	NULL	16	N77	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
7	CO	16		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
8	CR	16		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spMoveInsuranceToNextFor835Denial
2651	OA	16		Claim/service lacks information or has submission/billing error(s).	NEEDS ATTENTION	spRebillInsurance
9	PR	16		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2476	NULL	17	M25	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2477	NULL	17	N163	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2478	NULL	17	N179	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance

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2479	NULL	17	N225	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2480	NULL	17	N29	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2475	NULL	17		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	spRebillInsurance
2659	OA	18	702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	NEEDS ATTENTION	spRebillInsurance
2484	NULL	18	M86	Exact duplicate claim/service	NEEDS ATTENTION	spRebillInsurance
2485	NULL	18	MA67	Exact duplicate claim/service	NEEDS ATTENTION	spRebillInsurance
2486	NULL	18	N111	Exact duplicate claim/service	NEEDS ATTENTION	spRebillInsurance
2487	NULL	18	N362	Exact duplicate claim/service	NEEDS ATTENTION	spRebillInsurance
2660	CO	18	N522	Duplicate of a claim processed, or to be processed, as a crossover claim.	NEEDS ATTENTION	spRebillInsurance
2488	NULL	18	N522	Exact duplicate claim/service	NEEDS ATTENTION	spRebillInsurance
10	OA	18			NEEDS ATTENTION	spRebillInsurance
11	PI	18			NEEDS ATTENTION	spRebillInsurance
2492	NULL	19	N523	This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.	NEEDS ATTENTION	spRebillInsurance
2491	NULL	19		This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier	NEEDS ATTENTION	spRebillInsurance
2292	NULL	21	M49	This injury/illness is the liability of the no-fault carrier.	DENY	spMoveInsuranceToNextFor835Denial
2291	NULL	21		This injury/illness is the liability of the no-fault carrier	DENY	spMoveInsuranceToNextFor835Denial
2661	PR	22	N197	The subscriber must update insurance information directly with payer.	NEEDS ATTENTION	spRebillInsurance
2503	NULL	22	N23	Payment adjusted because this care may be covered by another payer per coordination of benefits.	NEEDS ATTENTION	spRebillInsurance
2504	NULL	22	N360	This care may be covered by another payer per coordination of benefits	NEEDS ATTENTION	spRebillInsurance
2505	NULL	22	N479	This care may be covered by another payer per coordination of benefits	NEEDS ATTENTION	spRebillInsurance
2662	CO	22	N598	Health care policy coverage is primary	NEEDS ATTENTION	spRebillInsurance
12	CO	22	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2519	NULL	23	M64	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2520	NULL	23	N102	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2663	OA	23	N130	The impact of prior payer(s) adjudication including payments and/or adjustments.	NEEDS ATTENTION	spRebillInsurance
2521	NULL	23	N179	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2522	NULL	23	N23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2523	NULL	23	N362	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2525	NULL	23	N4	The impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
2524	NULL	23	N479	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	spRebillInsurance
13	OA	23	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2321	NULL	24		Charges are covered under a capitation agreement/managed care plan	DENY	spMoveInsuranceToNextFor835Denial
2332	NULL	25		Payment denied. Your Stop loss deductible has not been met.	DENY	spMoveInsuranceToNextFor835Denial
2639	PR	26	N30	Expenses incurred prior to coverage	NEEDS ATTENTION	spRebillInsurance
2603	PR	26		Expenses incurred prior to coverage	NEEDS ATTENTION	spRebillInsurance
2340		26		Expenses incurred prior to coverage.	NEEDS ATTENTION	spRebillInsurance
2642	CO	27	N52	EXPENSES INCURRED AFTER COVERAGE TERMINATED	NEEDS ATTENTION	spRebillInsurance

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2696	PR	27	N52	Expenses Incurred after coverage terminated	NEEDS ATTENTION	spRebillInsurance
2697		27	N52	Expenses occurred after coverage terminated	NEEDS ATTENTION	spRebillInsurance
2664	PR	27	N650	This policy was not in effect for this date of loss. No coverage is available.	NEEDS ATTENTION	spRebillInsurance
15	PR	27		Expenses incurred after coverage terminated	NEEDS ATTENTION	spRebillInsurance
2546	NULL	28	NULL	Coverage not in effect at the time the service was provided.	NEEDS ATTENTION	spRebillInsurance
2547	NULL	28		Coverage not in effect at the time the service was provided.	NEEDS ATTENTION	spRebillInsurance
2343	NULL	29	MA119	The time limit for filing has expired.	DENY	spMoveInsuranceToNextFor835Denial
2342	NULL	29	N30	The time limit for filing has expired	DENY	spMoveInsuranceToNextFor835Denial
2665	CO	29	N59	The time limit for filing has expired.	DENY	spMoveInsuranceToNextFor835Denial
2666	PR	29	N59	The time limit for filing has expired.	DENY	spMoveInsuranceToNextFor835Denial
16	CO	29	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
17	PR	29	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2345	NULL	30		Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	DENY	spMoveInsuranceToNextFor835Denial
2602	CO	31		Patient cannot be identified as our insured	NEEDS ATTENTION	spRebillInsurance
2599	OA	31		Patient cannot be identified as our insured	NEEDS ATTENTION	spRebillInsurance
2617	PR	31		Patient cannot be identified as our insured	NEEDS ATTENTION	spRebillInsurance
2346		31		Patient cannot be identified as our insured	NEEDS ATTENTION	spRebillInsurance
2616	CO	32		Our records indicate that this dependent is not an eligible dependent as defined	DENY	spMoveInsuranceToNextFor835Denial
2347	NULL	32		Our records indicate that this dependent is not an eligible dependent as defined	DENY	spMoveInsuranceToNextFor835Denial
2615	PR	32		Our records indicate that this dependent is not an eligible dependent as defined	DENY	spMoveInsuranceToNextFor835Denial
2614	CO	33		Insured has no dependent coverage.	DENY	spMoveInsuranceToNextFor835Denial
2348	NULL	33		Insured has no dependent coverage.	DENY	spMoveInsuranceToNextFor835Denial
2613	PR	33		Insured has no dependent coverage.	DENY	spMoveInsuranceToNextFor835Denial
2549	NULL	34	NULL	Insured has no coverage for newborns.	NEEDS ATTENTION	spRebillInsurance
2548	NULL	34		Insured has no coverage for newborns	NEEDS ATTENTION	spRebillInsurance
2634	PR	35	M86	Lifetime benefit maximum has been reached	DENY	spMoveInsuranceToNextFor835Denial
2350	NULL	35	N23	Lifetime benefit maximum has been reached.	DENY	spMoveInsuranceToNextFor835Denial
2349	NULL	35	N45	Lifetime benefit maximum has been reached	DENY	spMoveInsuranceToNextFor835Denial
18	PR	35		Lifetime benefit maximum has been reached	DENY	spMoveInsuranceToNextFor835Denial
2351	NULL	36		Balance does not exceed co-payment amount.	DENY	spMoveInsuranceToNextFor835Denial
2352	NULL	37		Balance does not exceed deductible.	DENY	spMoveInsuranceToNextFor835Denial
2354	NULL	38	N347	Services not provided or authorized by designated (network/primary care) providers.	DENY	spMoveInsuranceToNextFor835Denial
2353	NULL	38		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2610	CO	39		Services denied at the time authorization/pre-certification was requested	DENY	spMoveInsuranceToNextFor835Denial
2355	NULL	39		Services denied at the time authorization/pre-certification was requested	DENY	spMoveInsuranceToNextFor835Denial
2611	OA	39		Services denied at the time authorization/pre-certification was requested	DENY	spMoveInsuranceToNextFor835Denial
2356	NULL	40		Charges do not meet qualifications for emergent/urgent care	DENY	spMoveInsuranceToNextFor835Denial
2357	NULL	41		Discount agreed to in Preferred Provider contract.	DENY	spMoveInsuranceToNextFor835Denial
2358	NULL	42		Charges exceed our fee schedule or maximum allowable amount. (Use CARC 45)	DENY	spMoveInsuranceToNextFor835Denial
2359	NULL	43		Gramm-Rudman reduction.	DENY	spMoveInsuranceToNextFor835Denial
2360	NULL	44		Prompt-pay discount	DENY	spMoveInsuranceToNextFor835Denial
2670	PR	45	M115	This item is denied when provided to this patient by a non-contract or non-demonstration supplier.	DENY	spMoveInsuranceToNextFor835Denial
2672	CO	45	M135	Missing/incomplete/invalid plan of treatment.	NEEDS ATTENTION	spRebillInsurance
2361	NULL	45	M15	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement	DENY	spMoveInsuranceToNextFor835Denial
2675	CO	45	M46	Missing/incomplete/invalid occurrence span code(s).	NEEDS ATTENTION	spRebillInsurance
2362		45	M51	Missing/incomplete/invalid procedure code(s)	NEEDS ATTENTION	spRebillInsurance

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2363		45	M64	Missing/incomplete/invalid other diagnosis	NEEDS ATTENTION	spRebillInsurance
2364		45	MA67	Correction to a prior claim	NEEDS ATTENTION	spRebillInsurance
2365		45	MA74	This payment replaces an earlier payment for this claim that was either lost, damaged or returned.	DENY	spMoveInsuranceToNextFor835Denial
2366		45	N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.	DENY	spMoveInsuranceToNextFor835Denial
2699	PI	45	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	NEEDS ATTENTION	spRebillInsurance
2593	PR	45	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	NEEDS ATTENTION	spRebillInsurance
2367		45	N182	This claim/service must be billed according to the schedule for this plan.	DENY	spMoveInsuranceToNextFor835Denial
2368		45	N23	Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.	DENY	spMoveInsuranceToNextFor835Denial
2674	CO	45	N30	Patient ineligible for this service	DENY	spMoveInsuranceToNextFor835Denial
2369		45	N345	Date range not valid with units submitted.	NEEDS ATTENTION	spRebillInsurance
2673	CO	45	N350	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.	NEEDS ATTENTION	spRebillInsurance
2630	CO	45	N356	Not covered when performed with, or subsequent to, a non-covered service.	DENY	spMoveInsuranceToNextFor835Denial
2629		45	N356	Not covered when performed with, or subsequent to, a non-covered service.	DENY	spMoveInsuranceToNextFor835Denial
2370		45	N358	This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.	NEEDS ATTENTION	spRebillInsurance
2371		45	N362	The number of Days or Units of Service exceeds our acceptable maximum.	DENY	spMoveInsuranceToNextFor835Denial
2668	CO	45	N381	Consult our contractual agreement for restrictions/billing/payment information related to these charges.	DENY	spMoveInsuranceToNextFor835Denial
2635	CO	45	N418	Misrouted claim	NEEDS ATTENTION	spRebillInsurance
2667	PR	45	N418	Misrouted claim. See the payer's claim submission instructions	NEEDS ATTENTION	spRebillInsurance
2671	CO	45	N425	Statutorily excluded service(s).	DENY	spMoveInsuranceToNextFor835Denial
2677	CO	45	N442	Payment based on an alternate fee schedule.	DENY	spMoveInsuranceToNextFor835Denial
2669	PR	45	N517	Resubmit a new claim with the requested information	NEEDS ATTENTION	spRebillInsurance
2372		45	N524	Based on policy this payment constitutes payment in full.	DENY	spMoveInsuranceToNextFor835Denial
2676	CO	45	N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	NEEDS ATTENTION	spRebillInsurance
19	CO	45		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	DENY	spMoveInsuranceToNextFor835Denial
20	CR	45		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	DENY	spMoveInsuranceToNextFor835Denial
21	PI	45		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	DENY	spMoveInsuranceToNextFor835Denial
22	PR	45		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	DENY	spMoveInsuranceToNextFor835Denial
2373	NULL	46		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2556	NULL	47		INVALID	NEEDS ATTENTION	spRebillInsurance
2557	NULL	48		This (these) procedure(s) is (are) not covered.	NEEDS ATTENTION	spRebillInsurance
2375	NULL	49	N429	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam	DENY	spMoveInsuranceToNextFor835Denial

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2376	NULL	49	N567	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam	DENY	spMoveInsuranceToNextFor835Denial
2374	NULL	49		This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam	DENY	spMoveInsuranceToNextFor835Denial
2632	PR	50	M135	Missing/Incomplete/invalid plan or treatment	NEEDS ATTENTION	spRebillInsurance
2563	NULL	50	N10	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	NEEDS ATTENTION	spRebillInsurance
2561	NULL	50	N130	These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	spRebillInsurance
2562	NULL	50	N163	These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	spRebillInsurance
2560	NULL	50		These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	spRebillInsurance
2564	NULL	51		These are non-covered services because this is a pre-existing condition	NEEDS ATTENTION	spRebillInsurance
2377	NULL	52		The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	DENY	spMoveInsuranceToNextFor835Denial
2378	NULL	53		Services by an immediate relative or a member of the same household are not covered.	DENY	spMoveInsuranceToNextFor835Denial
2379	NULL	54		Multiple physicians/assistants are not covered in this case	DENY	spMoveInsuranceToNextFor835Denial
2565	NULL	55	M51	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.	NEEDS ATTENTION	spRebillInsurance
2631	PR	55	N623	Procedure/treatment is deemed experimental/investigational by the payer	NEEDS ATTENTION	spRebillInsurance
2612	CO	55		Procedure/treatment is deemed experimental/investigational by the payer	NEEDS ATTENTION	spRebillInsurance
2380		55		Procedure/treatment is deemed experimental/investigational by the payer	NEEDS ATTENTION	spRebillInsurance
2381	NULL	56	M123	Procedure/treatment has not been deemed 'proven to be effective' by the payer	DENY	spMoveInsuranceToNextFor835Denial
2382	NULL	56	MA67	Procedure/treatment has not been deemed 'proven to be effective' by the payer	DENY	spMoveInsuranceToNextFor835Denial
23	CR	56	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
24	PR	56	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2383	NULL	57		Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.	DENY	spMoveInsuranceToNextFor835Denial
2384	NULL	58		Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.	DENY	spMoveInsuranceToNextFor835Denial
2678	CO	59	M75	Processed based on multiple or concurrent procedure rules.	NEEDS ATTENTION	spRebillInsurance
2679	CO	59	N123	Processed based on multiple or concurrent procedure rules.	NEEDS ATTENTION	spRebillInsurance
2566	NULL	59	N18	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	NEEDS ATTENTION	spRebillInsurance

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2567	NULL	59	N19	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	NEEDS ATTENTION	spRebillInsurance
2568	NULL	59	N22	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	NEEDS ATTENTION	spRebillInsurance
2569	NULL	59	N524	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	NEEDS ATTENTION	spRebillInsurance
2570	NULL	59	N644	Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present	NEEDS ATTENTION	spRebillInsurance
25	PR	59	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2385	NULL	60		Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services	DENY	spMoveInsuranceToNextFor835Denial
2386	NULL	61		Penalty for failure to obtain second surgical opinion	DENY	spMoveInsuranceToNextFor835Denial
2388	NULL	62	NULL	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	DENY	spMoveInsuranceToNextFor835Denial
2387	NULL	62		INVALID	DENY	spMoveInsuranceToNextFor835Denial
26	PR	78	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2389		94	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	DENY	spMoveInsuranceToNextFor835Denial
2390		94	MA67	Correction to a prior claim.	DENY	spMoveInsuranceToNextFor835Denial
2391		94	N102	This claim has been denied without reviewing the medical/dental record because the requested records were not received or were not received timely.	NEEDS ATTENTION	spRebillInsurance
2681	OA	94	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	DENY	spMoveInsuranceToNextFor835Denial
2392		94	N179	Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.	NEEDS ATTENTION	spRebillInsurance
2393		94	N191	The provider must update insurance information directly with payer.	NEEDS ATTENTION	spRebillInsurance
2680	OA	94	N362	The number of Days or Units of Service exceeds our acceptable maximum.	NEEDS ATTENTION	spRebillInsurance
2394		94	N479	Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).	NEEDS ATTENTION	spRebillInsurance
2395		94	N524	Based on policy this payment constitutes payment in full.	DENY	spMoveInsuranceToNextFor835Denial
27	PI	94		Processed in Excess of charges.	DENY	spMoveInsuranceToNextFor835Denial
2579	NULL	95	N627	Plan procedures not followed.	NEEDS ATTENTION	spRebillInsurance
2577	NULL	95	NULL	Plan procedures not followed.	NEEDS ATTENTION	spRebillInsurance
2578	NULL	95		Plan procedures not followed.	NEEDS ATTENTION	spRebillInsurance
2396		96	M127	Missing patient medical record for this service.	NEEDS ATTENTION	spRebillInsurance
2397		96	M16	Non-covered charge(s). Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision.	DENY	spMoveInsuranceToNextFor835Denial

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2398	NULL	96	MA67	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2399		96	N102	This claim has been denied without reviewing the medical/dental record because the requested records were not received or were not received timely.	NEEDS ATTENTION	spRebillInsurance
2684	PI	96	N115	Non-covered charge(s).	DENY	spMoveInsuranceToNextFor835Denial
2400	NULL	96	N130	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2609	CO	96	N161	Non-covered charge. This service is covered only when the associated service is covered	DENY	spMoveInsuranceToNextFor835Denial
2595		96	N161	Non-covered charge(s).	DENY	spMoveInsuranceToNextFor835Denial
2580		96	N174	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2581	NULL	96	N179	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	NEEDS ATTENTION	spRebillInsurance
2401	NULL	96	N19	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2682	PI	96	N193	Specific federal/state/local program may cover this service through another payer.	NEEDS ATTENTION	spRebillInsurance
2683	PR	96	N20	Service not payable with other service rendered on the same date.	NEEDS ATTENTION	spRebillInsurance
2621	CO	96	N216	No coverage for this type of service or patient is not enrolled in this portion of our benefit package	DENY	spMoveInsuranceToNextFor835Denial
2622		96	N216	No coverage for this type of service or patient is not enrolled in this portion of our benefit package	DENY	spMoveInsuranceToNextFor835Denial
2402	NULL	96	N362	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2403	NULL	96	N365	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2625		96	N381	Non-Covered Charges. Consult our contractual agreement for restrictions/billing/payment information related to these charges.	DENY	spMoveInsuranceToNextFor835Denial

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2404	NULL	96	N428	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2405	NULL	96	N429	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2637	CO	96	N45	Payment based on authorized amount.	DENY	spMoveInsuranceToNextFor835Denial
2406	NULL	96	N54	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2643	CO	96	N56	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2407	NULL	96	N640	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
2408	NULL	96	N95	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.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 S	DENY	spMoveInsuranceToNextFor835Denial
28	CO	96			DENY	spMoveInsuranceToNextFor835Denial
2698	OA	96		Non Covered Charge(s)	DENY	spMoveInsuranceToNextFor835Denial
29	PR	96			DENY	spMoveInsuranceToNextFor835Denial
2685	OA	97	M115	This item is denied when provided to this patient by a non-contract or non-demonstration supplier.	DENY	spMoveInsuranceToNextFor835Denial
2597	CO	97	M15	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2411	NULL	97	M15	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	spMoveInsuranceToNextFor835Denial
2583	NULL	97	M2	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	NEEDS ATTENTION	spRebillInsurance
2412	NULL	97	M86	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	spMoveInsuranceToNextFor835Denial
2410	NULL	97	N111	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	DENY	spMoveInsuranceToNextFor835Denial
2627	OA	97	N130	Consult plan benefit documents/guidelines for information about restrictions for this service	NEEDS ATTENTION	spRebillInsurance
2413	NULL	97	N19	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	spMoveInsuranceToNextFor835Denial
2409	NULL	97	N197	Payment is included in the allowance for another service/procedure.	DENY	spMoveInsuranceToNextFor835Denial
2686	CO	97	N20	Service not payable with other service rendered on the same date.	NEEDS ATTENTION	spRebillInsurance

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2582	NULL	97	N345	Payment is included in the allowance for another service/procedure.	NEEDS ATTENTION	spRebillInsurance
31	PR	97	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
30	CO	97		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	NEEDS ATTENTION	spRebillInsurance
2628	OA	97		The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	NEEDS ATTENTION	spRebillInsurance
2649		97		Payment is included in the allowance for another service/procedure.	NEEDS ATTENTION	spRebillInsurance
2241	NULL	100	M15	Payment made to patient/insured/responsible party/employer.	DENY	spMoveInsuranceToNextFor835Denial
2435	NULL	100	MA67	Payment made to patient/insured/responsible party/employer.	NEEDS ATTENTION	spRebillInsurance
2436	NULL	100	N29	Payment made to patient/insured/responsible party/employer.	NEEDS ATTENTION	spRebillInsurance
2687	OA	100	N463	Missing support data for claim.	NEEDS ATTENTION	spRebillInsurance
32	PR	100	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2244	NULL	102	MA67	Major Medical Adjustment.	DENY	spMoveInsuranceToNextFor835Denial
2245	NULL	102	N521	Major Medical Adjustment.	DENY	spMoveInsuranceToNextFor835Denial
2243	NULL	102	NULL	Major Medical Adjustment.	DENY	spMoveInsuranceToNextFor835Denial
2242	NULL	102		Major Medical Adjustment	DENY	spMoveInsuranceToNextFor835Denial
2437	NULL	109	M16	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	NEEDS ATTENTION	spRebillInsurance
2438	NULL	109	N130	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor	NEEDS ATTENTION	spRebillInsurance
33	OA	109	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
34	PI	109	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2246	NULL	110		Billing date predates service date.	DENY	spMoveInsuranceToNextFor835Denial
2247	NULL	119	M53	Benefit maximum for this time period or occurrence has been reached	DENY	spMoveInsuranceToNextFor835Denial
2248	NULL	119	N130	Benefit maximum for this time period or occurrence has been reached	DENY	spMoveInsuranceToNextFor835Denial
2250	NULL	119	N23	Benefit maximum for this time period or occurrence has been reached.	DENY	spMoveInsuranceToNextFor835Denial
2249	NULL	119	N362	Benefit maximum for this time period or occurrence has been reached	DENY	spMoveInsuranceToNextFor835Denial
35	PR	119	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2441	NULL	120	NULL	Patient is covered by a managed care plan.	NEEDS ATTENTION	spRebillInsurance
2442	NULL	120		Patient is covered by a managed care plan.	NEEDS ATTENTION	spRebillInsurance
2251	NULL	121		Indemnification adjustment - compensation for outstanding member responsibility	DENY	spMoveInsuranceToNextFor835Denial
2252	NULL	122		Psychiatric reduction.	DENY	spMoveInsuranceToNextFor835Denial
2253	NULL	123		Payer refund due to overpayment.	DENY	spMoveInsuranceToNextFor835Denial
2254	NULL	124		Payer refund amount - not our patient.	DENY	spMoveInsuranceToNextFor835Denial
2255		125	N185	Payment adjusted due to a submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	NEEDS ATTENTION	spRebillInsurance
36	OA	125		Payment adjusted due to a submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)	NEEDS ATTENTION	spRebillInsurance
2256	NULL	126		Deductible -- Major Medical	DENY	spMoveInsuranceToNextFor835Denial
2257	NULL	127		Coinsurance -- Major Medical	DENY	spMoveInsuranceToNextFor835Denial
2258	NULL	128		Newborn's services are covered in the mother's Allowance	DENY	spMoveInsuranceToNextFor835Denial

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2259	NULL	129		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.)	DENY	spMoveInsuranceToNextFor835Denial
2260	NULL	131	MA130	Claim specific negotiated discount.	DENY	spMoveInsuranceToNextFor835Denial
2261	NULL	131	MA67	Claim specific negotiated discount.	DENY	spMoveInsuranceToNextFor835Denial
37	CO	131	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2262	NULL	132		Prearranged demonstration project adjustment.	DENY	spMoveInsuranceToNextFor835Denial
2444	NULL	133	NULL	The disposition of the claim/service is pending further review. (Use only with Group Code OA)	NEEDS ATTENTION	spRebillInsurance
2443	NULL	133		The disposition of the claim/service is pending further review	NEEDS ATTENTION	spRebillInsurance
38	PI	137	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2447	NULL	146	NULL	Diagnosis was invalid for the date(s) of service reported.	NEEDS ATTENTION	spRebillInsurance
2446	NULL	146		Diagnosis was invalid for the date(s) of service reported	NEEDS ATTENTION	spRebillInsurance
2263	NULL	147		Provider contracted/negotiated rate expired or not on file	DENY	spMoveInsuranceToNextFor835Denial
2450	NULL	148	N29	Information from another provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	NEEDS ATTENTION	spRebillInsurance
2448	NULL	148	NULL	Information from another provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	NEEDS ATTENTION	spRebillInsurance
2449	NULL	148		Information from another provider was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	NEEDS ATTENTION	spRebillInsurance
2692	PR	149	N13	Lifetime benefit maximum has been reached for this service/benefit category.	DENY	spMoveInsuranceToNextFor835Denial
2623	CO	150	N640	Payer deems the information submitted does not support this level of service	DENY	spMoveInsuranceToNextFor835Denial
2624		150		Payer deems the information submitted does not support this level of service	DENY	spMoveInsuranceToNextFor835Denial
2451	NULL	151	MA31	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services	NEEDS ATTENTION	spRebillInsurance
2265	NULL	151	N380	Payment adjusted because the payer deems the information submitted does not support this many services.	DENY	spMoveInsuranceToNextFor835Denial
39	CO	151	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
40	PR	151	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2266	NULL	157		Payment denied/reduced because service/procedure was provided as a result of an act of war.	DENY	spMoveInsuranceToNextFor835Denial
2474	NULL	167	M64	This (these) diagnosis(es) is (are) not covered.	NEEDS ATTENTION	spRebillInsurance
41	CR	167	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
42	PR	167	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
43	PR	170	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2645	CO	170		Payment is denied when performed/billed by this type of provider.	DENY	spMoveInsuranceToNextFor835Denial
2644		170		Payment is denied when performed/billed by this type of provider.	DENY	spMoveInsuranceToNextFor835Denial
2481	NULL	171	N428	Payment is denied when performed/billed by this type of provider in this type of facility	NEEDS ATTENTION	spRebillInsurance
2267	NULL	171		Payment is denied when performed/billed by this type of provider in this type of facility	DENY	spMoveInsuranceToNextFor835Denial

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2483	NULL	177	N30	Payment denied because the patient has not met the required eligibility requirements	NEEDS ATTENTION	spRebillInsurance
2482	NULL	177		Patient has not met the required eligibility requirements.	NEEDS ATTENTION	spRebillInsurance
2607	CO	181		Procedure code was invalid on the date of service	DENY	spMoveInsuranceToNextFor835Denial
2268	NULL	181		Procedure code was invalid on the date of service	DENY	spMoveInsuranceToNextFor835Denial
2608	OA	181		Procedure code was invalid on the date of service	DENY	spMoveInsuranceToNextFor835Denial
2606	PR	181		Procedure code was invalid on the date of service	DENY	spMoveInsuranceToNextFor835Denial
2490	NULL	182	NULL	Procedure modifier was invalid on the date of service.	NEEDS ATTENTION	spRebillInsurance
2489	NULL	182		Procedure modifier was invalid on the date of service	NEEDS ATTENTION	spRebillInsurance
2269	NULL	183		The referring provider is not eligible to refer the service billed	DENY	spMoveInsuranceToNextFor835Denial
2271	NULL	185	N95	The rendering provider is not eligible to perform the service billed	DENY	spMoveInsuranceToNextFor835Denial
2272	NULL	185	NULL	The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	DENY	spMoveInsuranceToNextFor835Denial
2270	NULL	185		The rendering provider is not eligible to perform the service billed	DENY	spMoveInsuranceToNextFor835Denial
2494	NULL	192	M23	Non standard adjustment code from paper remittance	NEEDS ATTENTION	spRebillInsurance
2495	NULL	192	NULL	Non standard adjustment code from paper remittance. Note: This code is to be used by providers/payers providing Coordination of Benefits information to another payer in the 837 transaction only. This code is only used when the non-standard code cannot be	NEEDS ATTENTION	spRebillInsurance
2493	NULL	192		Non standard adjustment code from paper remittance	NEEDS ATTENTION	spRebillInsurance
2274	NULL	193	MA46	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.	DENY	spMoveInsuranceToNextFor835Denial
2273	NULL	193		Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.	DENY	spMoveInsuranceToNextFor835Denial
2497	NULL	195	NULL	Refund issued to an erroneous priority payer for this claim/service.	NEEDS ATTENTION	spRebillInsurance
2496	NULL	195		Refund issued to an erroneous priority payer for this claim/service	NEEDS ATTENTION	spRebillInsurance
2598	CO	197	M15	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2592	CO	197	M62	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2275	NULL	197	M62	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2620	PR	197	N123	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2693	PR	197	N14	Precertification/authorization/notification absent.	DENY	spMoveInsuranceToNextFor835Denial
2276	NULL	197	N54	Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2596	CO	197		Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
44	OA	197		Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
45	PI	197		Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
46	PR	197		Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2626		197		Precertification/authorization/notification absent	DENY	spMoveInsuranceToNextFor835Denial
2278	NULL	198	N54	Precertification/authorization exceeded.	DENY	spMoveInsuranceToNextFor835Denial
2604	CO	198		Precertification/authorization exceeded	DENY	spMoveInsuranceToNextFor835Denial
2277	NULL	198		Precertification/authorization exceeded.	DENY	spMoveInsuranceToNextFor835Denial
2605	OA	198		Precertification/authorization exceeded	DENY	spMoveInsuranceToNextFor835Denial
2498	NULL	199		Revenue code and Procedure code do not match	NEEDS ATTENTION	spRebillInsurance
2499	NULL	200		Expenses incurred during lapse in coverage	NEEDS ATTENTION	spRebillInsurance
2648	PR	200		Expenses incurred during lapse in coverage	NEEDS ATTENTION	spRebillInsurance
2284	NULL	201		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2500	NULL	202		Non-covered personal comfort or convenience services	NEEDS ATTENTION	spRebillInsurance
2285	NULL	203		Discontinued or reduced service	DENY	spMoveInsuranceToNextFor835Denial
2288		204	N130	This service/equipment/drug is not covered under the patient's current benefit plan	NEEDS ATTENTION	spRebillInsurance

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2286	NULL	204	N174	This service/equipment/drug is not covered under the patient's current benefit plan.	DENY	spMoveInsuranceToNextFor835Denial
2287	NULL	204	N428	This service/equipment/drug is not covered under the patient's current benefit plan.	DENY	spMoveInsuranceToNextFor835Denial
47	PR	204	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2289	NULL	205		Pharmacy discount card processing fee	DENY	spMoveInsuranceToNextFor835Denial
2502	NULL	206	N433	NPI is missing	NEEDS ATTENTION	spRebillInsurance
2501	NULL	206		National Provider Identifier - missing	NEEDS ATTENTION	spRebillInsurance
2290	NULL	207		National Provider identifier - Invalid format	DENY	spMoveInsuranceToNextFor835Denial
2293	NULL	210		Payment adjusted because pre-certification/authorization not received in a timely fashion	DENY	spMoveInsuranceToNextFor835Denial
2294	NULL	211		National Drug Codes (NDC) not eligible for rebate, are not covered.	DENY	spMoveInsuranceToNextFor835Denial
2295	NULL	212		Administrative surcharges are not covered	DENY	spMoveInsuranceToNextFor835Denial
2296	NULL	213		Non-compliance with the physician self referral prohibition legislation or payer policy.	DENY	spMoveInsuranceToNextFor835Denial
2297	NULL	214		Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment. Note: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Insurance Policy Number Segment (Loop	DENY	spMoveInsuranceToNextFor835Denial
2298	NULL	215		Based on subrogation of a third party settlement	DENY	spMoveInsuranceToNextFor835Denial
2299	NULL	216		Based on the findings of a review organization	DENY	spMoveInsuranceToNextFor835Denial
2300	NULL	217	NULL	Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement. (Note: To be used for Property and Casualty only)	DENY	spMoveInsuranceToNextFor835Denial
2301	NULL	217		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2302	NULL	218		Based on entitlement to benefits. Note: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Insurance Policy Number Segment (Loop 2100 Other Claim Related Information REF qualifier 'IG') for the jurisdictional	DENY	spMoveInsuranceToNextFor835Denial
2303	NULL	219		Based on extent of injury. Note: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Insurance Policy Number Segment (Loop 2100 Other Claim Related Information REF qualifier 'IG') for the jurisdictional regula	DENY	spMoveInsuranceToNextFor835Denial
2304	NULL	220		The applicable fee schedule/fee database does not contain the billed code. Please resubmit a bill with the appropriate fee schedule/fee database code(s) that best describe the service(s) provided and supporting documentation if required. (Note: To be used	DENY	spMoveInsuranceToNextFor835Denial
2305	NULL	221		Claim is under investigation. Note: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Insurance Policy Number Segment (Loop 2100 Other Claim Related Information REF qualifier 'IG') for the jurisdictional reg	DENY	spMoveInsuranceToNextFor835Denial
2307	NULL	222	NULL	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	DENY	spMoveInsuranceToNextFor835Denial
2306	NULL	222		Exceeds the contracted maximum number of hours/days/units by this provider for this period	DENY	spMoveInsuranceToNextFor835Denial
2308	NULL	223		Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created.	DENY	spMoveInsuranceToNextFor835Denial

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2506	NULL	224		Patient identification compromised by identity theft. Identity verification required for processing this and future claims.	NEEDS ATTENTION	spRebillInsurance
2310	NULL	225	N656	Penalty or Interest Payment by Payer	DENY	spMoveInsuranceToNextFor835Denial
2309	NULL	225		Penalty or Interest Payment by Payer	DENY	spMoveInsuranceToNextFor835Denial
2507	NULL	226	M127	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2508	NULL	226	M20	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2509	NULL	226	N191	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2510	NULL	226	N29	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2636	PI	226	N517	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
48	PR	226		Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2311		227	M143	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2511	NULL	227	MA04	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2512	NULL	227	MA130	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2513	NULL	227	N179	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2514	NULL	227	N29	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2515	NULL	227	N479	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
2688	PR	227	N706	Missing documentation.	NEEDS ATTENTION	spRebillInsurance
2516	NULL	227	N77	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	spRebillInsurance
49	CO	227	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
50	PR	227	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2517	NULL	228	NULL	Denied for failure of this provider, another provider or the subscriber to supply requested information to a previous payer for their adjudication	NEEDS ATTENTION	spRebillInsurance
2518	NULL	228		Denied for failure of this provider, another provider or the subscriber to supply requested information to a previous payer for their adjudication	NEEDS ATTENTION	spRebillInsurance
2312	NULL	229		Partial charge amount not considered by Medicare due to the initial claim Type of Bill being 12X. Note: This code can only be used in the 837 transaction to convey Coordination of Benefits information when the secondary payer's cost avoidance policy allows providers to bypass claim submission to a prior payer. (Use only with Group Code PR)	DENY	spMoveInsuranceToNextFor835Denial

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2527	NULL	230	NULL	No available or correlating CPT/HCPCS code to describe this service. Note: Used only by Property and Casualty.	NEEDS ATTENTION	spRebillInsurance
2526	NULL	230		INVALID	NEEDS ATTENTION	spRebillInsurance
2529	NULL	231	NULL	Mutually exclusive procedures cannot be done in the same day/setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	NEEDS ATTENTION	spRebillInsurance
2528	NULL	231		Mutually exclusive procedures cannot be done in the same day/setting	NEEDS ATTENTION	spRebillInsurance
2313	NULL	232		Institutional Transfer Amount	DENY	spMoveInsuranceToNextFor835Denial
2314	NULL	233		Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.	DENY	spMoveInsuranceToNextFor835Denial
2316		234	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	DENY	spMoveInsuranceToNextFor835Denial
2694	PR	234	M80	Not covered when performed during the same session/date as a previously processed service for the patient.	NEEDS ATTENTION	spRebillInsurance
2317		234	M80	Not covered when performed during the same session/date as a previously processed service for the patient.	NEEDS ATTENTION	spRebillInsurance
2315		234		This procedure is not paid separately. At least one Remark Code must be provided	DENY	spMoveInsuranceToNextFor835Denial
2318	NULL	235		Sales Tax	DENY	spMoveInsuranceToNextFor835Denial
2530	NULL	236	NULL	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 schedul	NEEDS ATTENTION	spRebillInsurance
2531	NULL	236		This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	NEEDS ATTENTION	spRebillInsurance
2319	NULL	237		Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	DENY	spMoveInsuranceToNextFor835Denial
2320	NULL	239		Claim spans eligible and ineligible periods of coverage. Rebill separate claims.	DENY	spMoveInsuranceToNextFor835Denial
2532	NULL	240		The diagnosis is inconsistent with the patient's birth weight. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	NEEDS ATTENTION	spRebillInsurance
2322	NULL	241		Low Income Subsidy (LIS) Co-payment Amount	DENY	spMoveInsuranceToNextFor835Denial
2641	PR	242	M115	Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2533		242	M115	Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2324	NULL	242	M15	Services not provided by network/primary care providers.	DENY	spMoveInsuranceToNextFor835Denial
2325	NULL	242	MA67	Services not provided by network/primary care providers.	DENY	spMoveInsuranceToNextFor835Denial
2323	NULL	242	N130	Services not provided by network/primary care providers.		
2640	PR	242	N130	Services not provided by network/primary care providers.	DENY	spMoveInsuranceToNextFor835Denial
2689	PR	242	N418	Misrouted claim. See the payer's claim submission instructions.	NEEDS ATTENTION	spRebillInsurance

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
51	CR	242		Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
52	PR	242		Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2601	CO	243		Services not authorized by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2326	NULL	243		Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2600	PR	243		Services not authorized by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2327	NULL	244		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2328	NULL	245		Services not provided by network/primary care providers	DENY	spMoveInsuranceToNextFor835Denial
2535	NULL	246	NULL	This non-payable code is for required reporting only.	NEEDS ATTENTION	spRebillInsurance
2534	NULL	246		This non-payable code is for required reporting only	NEEDS ATTENTION	spRebillInsurance
2329	NULL	247		Deductible for Professional service rendered in an Institutional setting and billed on an Institutional claim.	DENY	spMoveInsuranceToNextFor835Denial
2330	NULL	248		Coinsurance for Professional service rendered in an Institutional setting and billed on an Institutional claim.	DENY	spMoveInsuranceToNextFor835Denial
2331	NULL	249		This claim has been identified as a readmission. (Use only with Group Code CO)	DENY	spMoveInsuranceToNextFor835Denial
2333	NULL	250		The attachment/other documentation content received is inconsistent with the expected content.	DENY	spMoveInsuranceToNextFor835Denial
2334	NULL	251	N225	The attachment/other documentation content received did not contain the content required to process this claim or service	DENY	spMoveInsuranceToNextFor835Denial
2335	NULL	251		The attachment/other documentation content received did not contain the content required to process this claim or service.	DENY	spMoveInsuranceToNextFor835Denial
2536	NULL	252	M127	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2537	NULL	252	M135	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2647	PI	252	M135	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2538	NULL	252	M143	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2539	NULL	252	MA130	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2544	NULL	252	N237	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).	NEEDS ATTENTION	spRebillInsurance
2540	NULL	252	N26	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2545	NULL	252	N29	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).	NEEDS ATTENTION	spRebillInsurance
2541	NULL	252	N463	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	spRebillInsurance
2542	NULL	252	NULL	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).	NEEDS ATTENTION	spRebillInsurance

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkC ode	Description	Action	StoredProcedure
2543	NULL	252		An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	NEEDS ATTENTION	spRebillInsurance
2336	NULL	253		Sequestration - reduction in federal spending	DENY	spMoveInsuranceToNextFor835Denial
2337	NULL	254		Claim received by the dental plan, but benefits not available under this plan. Submit these services to the patient's medical plan for further consideration.	DENY	spMoveInsuranceToNextFor835Denial
2338	NULL	255		The disposition of the related Property & Casualty claim (injury or illness) is pending due to litigation. (Use only with Group Code OA)	DENY	spMoveInsuranceToNextFor835Denial
2339	NULL	256		Service not payable per managed care contract	DENY	spMoveInsuranceToNextFor835Denial
2341	NULL	276	N34	INVALID	DENY	spMoveInsuranceToNextFor835Denial
2690	PR	279		Services not provided by Preferred network providers.	DENY	spMoveInsuranceToNextFor835Denial
2414	NULL	A1	MA46	Claim denied charges.	DENY	spMoveInsuranceToNextFor835Denial
2415	NULL	A1	N269	Claim denied charges.	DENY	spMoveInsuranceToNextFor835Denial
2416	NULL	A1	N362	Claim/Service denied. At least one Remark Code must be provided	DENY	spMoveInsuranceToNextFor835Denial
2417	NULL	A1	N41	Claim/Service denied. At least one Remark Code must be provided	DENY	spMoveInsuranceToNextFor835Denial
2418	NULL	A1	N56	Claim/Service denied. At least one Remark Code must be provided	DENY	spMoveInsuranceToNextFor835Denial
53	PR	A1	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2691	OA	A7		Presumptive Payment Adjustment.	NEEDS ATTENTION	spRebillInsurance
54	PR	B1	NULL	NULL	DENY	spMoveInsuranceToNextFor835Denial
2419	NULL	B10		Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	DENY	spMoveInsuranceToNextFor835Denial
2584	NULL	B11	NULL	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	NEEDS ATTENTION	spRebillInsurance
55	PR	B12	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2420	NULL	B13	M86	Previously paid. Payment for this claim/service may have been provided in a previous payment.	DENY	spMoveInsuranceToNextFor835Denial
56	PR	B13	NULL	NULL	NEEDS ATTENTION	spRebillInsurance
2421	NULL	B14		Only one visit or consultation per physician per day is covered	DENY	spMoveInsuranceToNextFor835Denial
2586	NULL	B15	N29	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	NEEDS ATTENTION	spRebillInsurance
2587	NULL	B15	NULL	This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payme	NEEDS ATTENTION	spRebillInsurance
2585	NULL	B15		This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	NEEDS ATTENTION	spRebillInsurance
2422	NULL	B16		'New Patient' qualifications were not met	DENY	spMoveInsuranceToNextFor835Denial
2423	NULL	B17		Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	DENY	spMoveInsuranceToNextFor835Denial
2589	NULL	B18	M67	INVALID	NEEDS ATTENTION	spRebillInsurance
2590	NULL	B18	NULL	This procedure code and modifier were invalid on the date of service.	NEEDS ATTENTION	spRebillInsurance
2588	NULL	B18		INVALID	NEEDS ATTENTION	spRebillInsurance

Ins835 ActionI	AdjGroup Code	CAR Code	RemarkCode	Description	Action	StoredProcedure
2424	NULL	B19		INVALID	DENY	spMoveInsuranceToNextFor835Denial
2425	NULL	B20		Procedure/service was partially or fully furnished by another provider	DENY	spMoveInsuranceToNextFor835Denial
2426	NULL	B21		The charges were reduced because the service/care was partially furnished by another physician.	DENY	spMoveInsuranceToNextFor835Denial
2427	NULL	B22		This payment is adjusted based on the diagnosis.	DENY	spMoveInsuranceToNextFor835Denial
2428	NULL	B23		Procedure billed is not authorized per your Clinical Laboratory Improvement Amendment (CLIA) proficiency test	DENY	spMoveInsuranceToNextFor835Denial
2429	NULL	B5	NULL	Coverage/program guidelines were not met or were exceeded.	DENY	spMoveInsuranceToNextFor835Denial
2430	NULL	B5		Coverage/program guidelines were not met or were exceeded.	DENY	spMoveInsuranceToNextFor835Denial
2432	NULL	B7	N95	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment	DENY	spMoveInsuranceToNextFor835Denial
2431	NULL	B7		This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment	DENY	spMoveInsuranceToNextFor835Denial
2619	OA	B7		This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment	DENY	spMoveInsuranceToNextFor835Denial
2618	PR	B7		This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment	DENY	spMoveInsuranceToNextFor835Denial