NY SFA EI Program
Claim Adjudication Matrix
Commercial Denials

Adjustment Group Code	Adjustment Reason Code	Remark Code	Description	Action	System Response	Report To
CR	1			DENY	Move to Next Payer	Provider
PR	1			DENY	Move to Next Payer	Provider
PR	2			DENY	Move to Next Payer	Provider
PR	3			DENY	Move to Next Payer	Provider
CO	8			DENY	Move to Next Payer	Provider
CO	15			DENY	Move to Next Payer	Provider
CO	16			DENY	Move to Next Payer	Provider
CR	16			DENY	Move to Next Payer	Provider
PR	16			DENY	Move to Next Payer	Provider
OA	18			DENY	Move to Next Payer	Provider
PI	18			DENY	Move to Next Payer	Provider
CO	22			NEEDS ATTENTION	Hold for Manual Correction	Provider
OA	23			NEEDS ATTENTION	Hold for Manual Correction	Provider

PR	27			DENY	Move to Next Payer	Provider
CO	29			DENY	Move to Next Payer	Provider
PR	29			DENY	Move to Next Payer	Provider
PR	35			DENY	Move to Next Payer	Provider
CO	45			DENY	Move to Next Payer	Provider
CR	45			DENY	Move to Next Payer	Provider
PI	45			DENY	Move to Next Payer	Provider
PR	45			DENY	Move to Next Payer	Provider
CR	56			DENY	Move to Next Payer	Provider
PR	56			DENY	Move to Next Payer	Provider
PR	59			DENY	Move to Next Payer	Provider
PR	78			DENY	Move to Next Payer	Provider
PI	94			DENY	Move to Next Payer	Provider
CO	96			DENY	Move to Next Payer	Provider
PR	96			DENY	Move to Next Payer	Provider
CO	97			DENY	Move to Next Payer	Provider
PR	97			DENY	Move to Next Payer	Provider

PR	100			DENY	Move to Next Payer	Provider
OA	109			NEEDS ATTENTION	Hold for Manual Correction	Provider
PI	109			NEEDS ATTENTION	Hold for Manual Correction	Provider
PR	119			DENY	Move to Next Payer	Provider
OA	125			NEEDS ATTENTION	Hold for Manual Correction	Provider
CO	131			DENY	Move to Next Payer	Provider
PI	137			DENY	Move to Next Payer	Provider
CO	151			DENY	Move to Next Payer	Provider
PR	151			DENY	Move to Next Payer	Provider
CR	167			NEEDS ATTENTION	Hold for Manual Correction	Provider
PR	167			NEEDS ATTENTION	Hold for Manual Correction	Provider
PR	170			DENY	Move to Next Payer	Provider
OA	197			DENY	Move to Next Payer	Provider
PI	197			DENY	Move to Next Payer	Provider
PR	197			DENY	Move to Next Payer	Provider
PR	204			DENY	Move to Next Payer	Provider
PR	226			NEEDS ATTENTION	Hold for Manual Correction	Provider

CO	227			NEEDS ATTENTION	Hold for Manual Correction	Provider
PR	227			NEEDS ATTENTION	Hold for Manual Correction	Provider
CR	242			DENY	Move to Next Payer	Provider
PR	242			DENY	Move to Next Payer	Provider
PR	A1			DENY	Move to Next Payer	Provider
PR	B1			DENY	Move to Next Payer	Provider
PR	B12			NEEDS ATTENTION	Hold for Manual Correction	Provider
PR	B13			NEEDS ATTENTION	Hold for Manual Correction	Provider
	1	M15	Deductible Amount	DENY	Move to Next Payer	Provider
	1	M62	Deductible Amount	DENY	Move to Next Payer	Provider
	1	M64	Deductible Amount	DENY	Move to Next Payer	Provider
	1	M86	Deductible Amount	DENY	Move to Next Payer	Provider
	1	MA67	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N19	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N199	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N23	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N29	Deductible Amount	DENY	Move to Next Payer	Provider

	1	N362	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N524	Deductible Amount	DENY	Move to Next Payer	Provider
	1	N54	Deductible Amount	DENY	Move to Next Payer	Provider
	100	M15	Payment made to patient/insured/responsible	DENY	Move to Next Payer	Provider
	102		Major Medical Adjustment	DENY	Move to Next Payer	Provider
	102		Major Medical Adjustment.	DENY	Move to Next Payer	Provider
	102	MA67	Major Medical Adjustment.	DENY	Move to Next Payer	Provider
	102	N521	Major Medical Adjustment.	DENY	Move to Next Payer	Provider
	110		Billing date predates service date.	DENY	Move to Next Payer	Provider
	119	M53	Benefit maximum for this time period or occurrence has been reached	DENY	Move to Next Payer	Provider
	119	N130	Benefit maximum for this time period or occurrence has been reached	DENY	Move to Next Payer	Provider
	119	N362	Benefit maximum for this time period or occurrence has been reached	DENY	Move to Next Payer	Provider
	119	N23	Benefit maximum for this time period or occurrence has been reached.	DENY	Move to Next Payer	Provider
	121		Indemnification adjustment - compensation for outstanding member	DENY	Move to Next Payer	Provider
	122		Psychiatric reduction.	DENY	Move to Next Payer	Provider
	123		Payer refund due to overpayment.	DENY	Move to Next Payer	Provider
	124		Payer refund amount - not our patient.	DENY	Move to Next Payer	Provider

	125	N185	INVALID	DENY	Move to Next Payer	Provider
	126		Deductible -- Major Medical	DENY	Move to Next Payer	Provider
	127		Coinsurance -- Major Medical	DENY	Move to Next Payer	Provider
	128		Newborn's services are covered in the mother's Allowance	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	131	MA130	Claim specific negotiated discount.	DENY	Move to Next Payer	Provider
	131	MA67	Claim specific negotiated discount.	DENY	Move to Next Payer	Provider
	132		Prearranged demonstration project adjustment.	DENY	Move to Next Payer	Provider
	147		Provider contracted/negotiated rate expired or not on file	DENY	Move to Next Payer	Provider
	15	M62	The authorization number is missing, invalid, or does not apply to the billed	DENY	Move to Next Payer	Provider
	151	N380	Payment adjusted because the payer deems the information submitted does	DENY	Move to Next Payer	Provider
	157		Payment denied/reduced because service/procedure was provided as a	DENY	Move to Next Payer	Provider
	171		Payment is denied when performed/billed by this type of provider	DENY	Move to Next Payer	Provider
	181		Procedure code was invalid on the date of service	DENY	Move to Next Payer	Provider
	183		The referring provider is not eligible to refer the service billed	DENY	Move to Next Payer	Provider
	185		The rendering provider is not eligible to perform the service billed	DENY	Move to Next Payer	Provider

	185	N95	The rendering provider is not eligible to perform the service billed	DENY	Move to Next Payer	Provider
	185		The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment	DENY	Move to Next Payer	Provider
	193		Original payment decision is being maintained. Upon review, it was determined that this claim was processed	DENY	Move to Next Payer	Provider
	193	MA46	Original payment decision is being maintained. Upon review, it was determined that this claim was processed	DENY	Move to Next Payer	Provider
	197	M62	Precertification/authorization/notificatio n absent	DENY	Move to Next Payer	Provider
	197	N54	Precertification/authorization/notificatio n absent	DENY	Move to Next Payer	Provider
	198		Precertification/authorization exceeded.	DENY	Move to Next Payer	Provider
	198	N54	Precertification/authorization exceeded.	DENY	Move to Next Payer	Provider
	2	M15	Coinsurance Amount	DENY	Move to Next Payer	Provider
	2	MA67	Coinsurance Amount	DENY	Move to Next Payer	Provider
	2	N16	Coinsurance Amount	DENY	Move to Next Payer	Provider
	2	N29	Coinsurance Amount	DENY	Move to Next Payer	Provider
	2	N524	Coinsurance Amount	DENY	Move to Next Payer	Provider
	201		INVALID	DENY	Move to Next Payer	Provider
	203		Discontinued or reduced service	DENY	Move to Next Payer	Provider

	204	N174	This service/equipment/drug is not covered under the patient's current	DENY	Move to Next Payer	Provider
	204	N428	This service/equipment/drug is not covered under the patient's current	DENY	Move to Next Payer	Provider
	204	N130	This service/equipment/drug is not covered under the patient’s current	DENY	Move to Next Payer	Provider
	205		Pharmacy discount card processing fee	DENY	Move to Next Payer	Provider
	207		National Provider identifier - Invalid format	DENY	Move to Next Payer	Provider
	21		This injury/illness is the liability of the no-fault carrier	DENY	Move to Next Payer	Provider
	21	M49	This injury/illness is the liability of the no-fault carrier.	DENY	Move to Next Payer	Provider
	210		Payment adjusted because pre-certification/authorization not received in	DENY	Move to Next Payer	Provider
	211		National Drug Codes (NDC) not eligible for rebate, are not covered.	DENY	Move to Next Payer	Provider
	212		Administrative surcharges are not covered	DENY	Move to Next Payer	Provider
	213		Non-compliance with the physician self referral prohibition legislation or payer	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	215		Based on subrogation of a third party settlement	DENY	Move to Next Payer	Provider
	216		Based on the findings of a review organization	DENY	Move to Next Payer	Provider

	217		Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement. (Note: To be used for Property and	DENY	Move to Next Payer	Provider
	217		INVALID	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	222		Exceeds the contracted maximum number of hours/days/units by this	DENY	Move to Next Payer	Provider
	222		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	DENY	Move to Next Payer	Provider

	223		Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is	DENY	Move to Next Payer	Provider
	225		Penalty or Interest Payment by Payer	DENY	Move to Next Payer	Provider
	225	N656	Penalty or Interest Payment by Payer	DENY	Move to Next Payer	Provider
	227	M143	Information requested from the patient/insured/responsible party was not provided or was	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	232		Institutional Transfer Amount	DENY	Move to Next Payer	Provider
	233		Services/charges related to the treatment of a hospital-acquired condition or	DENY	Move to Next Payer	Provider
	234		This procedure is not paid separately	DENY	Move to Next Payer	Provider
	234	M15	This procedure is not paid separately	DENY	Move to Next Payer	Provider
	234	M80	This procedure is not paid separately	DENY	Move to Next Payer	Provider
	235		Sales Tax	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	239		Claim spans eligible and ineligible periods of coverage. Rebill separate claims.	DENY	Move to Next Payer	Provider

	24		Charges are covered under a capitation agreement/managed care plan	DENY	Move to Next Payer	Provider
	241		Low Income Subsidy (LIS) Co-payment Amount	DENY	Move to Next Payer	Provider
	242	N130	Services not provided by network/primary care providers.	DENY	Move to Next Payer	Provider
	242	M15	Services not provided by network/primary care providers.	DENY	Move to Next Payer	Provider
	242	MA67	Services not provided by network/primary care providers.	DENY	Move to Next Payer	Provider
	243		Services not provided by network/primary care providers	DENY	Move to Next Payer	Provider
	244		INVALID	DENY	Move to Next Payer	Provider
	245		Services not provided by network/primary care providers	DENY	Move to Next Payer	Provider
	247		Deductible for Professional service rendered in an Institutional setting and	DENY	Move to Next Payer	Provider
	248		Coinsurance for Professional service rendered in an Institutional setting and	DENY	Move to Next Payer	Provider
	249		This claim has been identified as a readmission. (Use only with Group Code	DENY	Move to Next Payer	Provider
	25		Payment denied. Your Stop loss deductible has not been met.	DENY	Move to Next Payer	Provider
	250		The attachment/other documentation content received is inconsistent with the	DENY	Move to Next Payer	Provider
	251	N225	The attachment/other documentation content received did not contain the content required to process this claim or	DENY	Move to Next Payer	Provider
	251		The attachment/other documentation content received did not contain the content required to process this claim or	DENY	Move to Next Payer	Provider
	253		Sequestration - reduction in federal spending	DENY	Move to Next Payer	Provider

	254		Claim received by the dental plan, but benefits not available under this plan. Submit these services to the patient's	DENY	Move to Next Payer	Provider
	255		The disposition of the related Property & Casualty claim (injury or illness) is pending due to litigation. (Use only with	DENY	Move to Next Payer	Provider
	256		Service not payable per managed care contract	DENY	Move to Next Payer	Provider
	26		Expenses incurred prior to coverage.	DENY	Move to Next Payer	Provider
	276	N34	INVALID	DENY	Move to Next Payer	Provider
	29	N30	The time limit for filing has expired	DENY	Move to Next Payer	Provider
	29	MA119	The time limit for filing has expired.	DENY	Move to Next Payer	Provider
	3	M15	Co-payment Amount	DENY	Move to Next Payer	Provider
	30		Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency	DENY	Move to Next Payer	Provider
	31		Patient cannot be identified as our insured	DENY	Move to Next Payer	Provider
	32		Our records indicate that this dependent is not an eligible dependent as defined	DENY	Move to Next Payer	Provider
	33		Insured has no dependent coverage.	DENY	Move to Next Payer	Provider
	35	N45	Lifetime benefit maximum has been reached	DENY	Move to Next Payer	Provider
	35	N23	Lifetime benefit maximum has been reached.	DENY	Move to Next Payer	Provider
	36		Balance does not exceed co-payment amount.	DENY	Move to Next Payer	Provider

	37		Balance does not exceed deductible.	DENY	Move to Next Payer	Provider
	38		INVALID	DENY	Move to Next Payer	Provider
	38	N347	Services not provided or authorized by designated (network/primary care)	DENY	Move to Next Payer	Provider
	39		Services denied at the time authorization/pre-certification was	DENY	Move to Next Payer	Provider
	40		Charges do not meet qualifications for emergent/urgent care	DENY	Move to Next Payer	Provider
	41		Discount agreed to in Preferred Provider contract.	DENY	Move to Next Payer	Provider
	42		Charges exceed our fee schedule or maximum allowable amount. (Use CARC	DENY	Move to Next Payer	Provider
	43		Gramm-Rudman reduction.	DENY	Move to Next Payer	Provider
	44		Prompt-pay discount	DENY	Move to Next Payer	Provider
	45	M15	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	M51	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	M64	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	MA67	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	MA74	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N111	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N182	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N23	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider

	45	N345	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N358	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N362	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	45	N524	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee	DENY	Move to Next Payer	Provider
	46		INVALID	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	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	DENY	Move to Next Payer	Provider
	52		The referring/prescribing/rendering provider is not eligible to	DENY	Move to Next Payer	Provider
	53		Services by an immediate relative or a member of the same household are not	DENY	Move to Next Payer	Provider
	54		Multiple physicians/assistants are not covered in this case	DENY	Move to Next Payer	Provider
	55		Procedure/treatment is deemed experimental/investigational by the payer	DENY	Move to Next Payer	Provider
	56	M123	Procedure/treatment has not been deemed 'proven to be effective' by the	DENY	Move to Next Payer	Provider
	56	MA67	Procedure/treatment has not been deemed 'proven to be effective' by the	DENY	Move to Next Payer	Provider

	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	DENY	Move to Next Payer	Provider
	58		Treatment was deemed by the payer to have been rendered in an inappropriate	DENY	Move to Next Payer	Provider
	60		Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services	DENY	Move to Next Payer	Provider
	61		Penalty for failure to obtain second surgical opinion	DENY	Move to Next Payer	Provider
	62		INVALID	DENY	Move to Next Payer	Provider
	62		Payment denied/reduced for absence of, or exceeded, pre-	DENY	Move to Next Payer	Provider
	94	M15	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	MA67	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	N102	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	N179	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	N191	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	N479	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	94	N524	Processed in Excess of charges.	DENY	Move to Next Payer	Provider
	96	M127	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:	DENY	Move to Next Payer	Provider

	96	M16	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:	DENY	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	96	N102	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider

	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider

	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider

	97	N197	Payment is included in the allowance for another service/procedure.	DENY	Move to Next Payer	Provider
	97	N111	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	DENY	Move to Next Payer	Provider
	97	M15	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	Move to Next Payer	Provider
	97	M86	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	Move to Next Payer	Provider
	97	N19	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	DENY	Move to Next Payer	Provider
	A1	MA46	Claim denied charges.	DENY	Move to Next Payer	Provider
	A1	N269	Claim denied charges.	DENY	Move to Next Payer	Provider
	A1	N362	Claim/Service denied. At least one Remark Code must be provided	DENY	Move to Next Payer	Provider
	A1	N41	Claim/Service denied. At least one Remark Code must be provided	DENY	Move to Next Payer	Provider
	A1	N56	Claim/Service denied. At least one Remark Code must be provided	DENY	Move to Next Payer	Provider

	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	Move to Next Payer	Provider
	B13	M86	Previously paid. Payment for this claim/service may have been provided in a previous payment.	DENY	Move to Next Payer	Provider
	B14		Only one visit or consultation per physician per day is covered	DENY	Move to Next Payer	Provider
	B16		'New Patient' qualifications were not met	DENY	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	B19		INVALID	DENY	Move to Next Payer	Provider
	B20		Procedure/service was partially or fully furnished by another provider	DENY	Move to Next Payer	Provider
	B21		The charges were reduced because the service/care was partially furnished by another physician.	DENY	Move to Next Payer	Provider
	B22		This payment is adjusted based on the diagnosis.	DENY	Move to Next Payer	Provider
	B23		Procedure billed is not authorized per your Clinical Laboratory Improvement Amendment (CLIA) proficiency test	DENY	Move to Next Payer	Provider
	B5		Coverage/program guidelines were not met or were exceeded.	DENY	Move to Next Payer	Provider

	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	Move to Next Payer	Provider
	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	Move to Next Payer	Provider
	10		The diagnosis is inconsistent with the patient's gender	NEEDS ATTENTION	Hold for Manual Correction	Provider
	10	N517	The diagnosis is inconsistent with the patient's gender	NEEDS ATTENTION	Hold for Manual Correction	Provider
	100	MA67	Payment made to patient/insured/responsible party/employer.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	100	N29	Payment made to patient/insured/responsible party/employer.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	109	M16	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	109	N130	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor	NEEDS ATTENTION	Hold for Manual Correction	Provider
	11		The diagnosis is inconsistent with the procedure	NEEDS ATTENTION	Hold for Manual Correction	Provider

	11		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	Hold for Manual Correction	Provider
	120		Patient is covered by a managed care plan.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	133		The disposition of the claim/service is pending further review	NEEDS ATTENTION	Hold for Manual Correction	Provider
	133		The disposition of the claim/service is pending further review. (Use only with Group Code OA)	NEEDS ATTENTION	Hold for Manual Correction	Provider
	14		The date of birth follows the date of service.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	146		Diagnosis was invalid for the date(s) of service reported	NEEDS ATTENTION	Hold for Manual Correction	Provider
	146		Diagnosis was invalid for the date(s) of service reported.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider

	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	Hold for Manual Correction	Provider
	151	MA31	Payment adjusted because the payer deems the information submitted does not support this many/frequency of services	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M135	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M44	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M62	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M64	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M76	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M81	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	MA130	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider

	16	MA63	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N102	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N179	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N26	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N29	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N294	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N31	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N34	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N350	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N479	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N66	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider

	16	N77	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	M118	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	NEEDS ATTENTION	Hold for Manual Correction	Provider
	16	N191	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	167	M64	This (these) diagnosis(es) is (are) not covered.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	17		Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	17	M25	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	17	N163	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider

	17	N179	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	17	N225	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	17	N29	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	NEEDS ATTENTION	Hold for Manual Correction	Provider
	171	N428	Payment is denied when performed/billed by this type of provider in this type of facility	NEEDS ATTENTION	Hold for Manual Correction	Provider
	177		Patient has not met the required eligibility requirements.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	177	N30	Payment denied because the patient has not met the required eligibility requirements	NEEDS ATTENTION	Hold for Manual Correction	Provider
	18	M86	Exact duplicate claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	18	MA67	Exact duplicate claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	18	N111	Exact duplicate claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	18	N362	Exact duplicate claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	18	N522	Exact duplicate claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	182		Procedure modifier was invalid on the date of service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	182		Procedure modifier was invalid on the date of service.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	19		This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier	NEEDS ATTENTION	Hold for Manual Correction	Provider

	19	N523	This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	192		Non standard adjustment code from paper remittance	NEEDS ATTENTION	Hold for Manual Correction	Provider
	192	M23	Non standard adjustment code from paper remittance	NEEDS ATTENTION	Hold for Manual Correction	Provider
	192		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	Hold for Manual Correction	Provider
	195		Refund issued to an erroneous priority payer for this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	195		Refund issued to an erroneous priority payer for this claim/service.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	199		Revenue code and Procedure code do not match	NEEDS ATTENTION	Hold for Manual Correction	Provider
	200		Expenses incurred during lapse in coverage	NEEDS ATTENTION	Hold for Manual Correction	Provider
	202		Non-covered personal comfort or convenience services	NEEDS ATTENTION	Hold for Manual Correction	Provider
	206		National Provider Identifier - missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	206	N433	NPI is missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	22	N23	Payment adjusted because this care may be covered by another payer per coordination of benefits.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	22	N360	This care may be covered by another payer per coordination of benefits	NEEDS ATTENTION	Hold for Manual Correction	Provider

	22	N479	This care may be covered by another payer per coordination of benefits	NEEDS ATTENTION	Hold for Manual Correction	Provider
	224		Patient identification compromised by identity theft. Identity verification required for processing this and future claims.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	226	M127	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	226	M20	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	226	N191	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	226	N29	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	227	MA04	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	227	MA130	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	227	N179	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider

	227	N29	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	227	N479	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	227	N77	Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	23	M64	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	23	N102	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	23	N179	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	23	N23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider

	23	N362	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	23	N479	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	23	N4	The impact of prior payer(s) adjudication including payments and/or adjustments	NEEDS ATTENTION	Hold for Manual Correction	Provider
	230		INVALID	NEEDS ATTENTION	Hold for Manual Correction	Provider
	230		No available or correlating CPT/HCPCS code to describe this service. Note: Used only by Property and Casualty.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	231		Mutually exclusive procedures cannot be done in the same day/setting	NEEDS ATTENTION	Hold for Manual Correction	Provider
	231		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	Hold for Manual Correction	Provider

	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 schedul	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	242	M115	Services not provided by network/primary care providers	NEEDS ATTENTION	Hold for Manual Correction	Provider
	246		This non-payable code is for required reporting only	NEEDS ATTENTION	Hold for Manual Correction	Provider
	246		This non-payable code is for required reporting only.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	252	M127	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider

	252	M135	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	252	M143	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	252	MA130	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	252	N26	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	252	N463	An attachment/other documentation is required to adjudicate this claim/service	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider

	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	Hold for Manual Correction	Provider
	28		Coverage not in effect at the time the service was provided.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	34		Insured has no coverage for newborns	NEEDS ATTENTION	Hold for Manual Correction	Provider
	34		Insured has no coverage for newborns.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	4		The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	4	M4	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	4	M67	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	4	N517	The procedure code is inconsistent with the modifier used or a required modifier is missing	NEEDS ATTENTION	Hold for Manual Correction	Provider
	4	M20	The procedure code is inconsistent with the modifier used or a required modifier is missing.	NEEDS ATTENTION	Hold for Manual Correction	Provider

	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	Hold for Manual Correction	Provider
	47		INVALID	NEEDS ATTENTION	Hold for Manual Correction	Provider
	48		This (these) procedure(s) is (are) not covered.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	5		The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	50		These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	Hold for Manual Correction	Provider
	50	N130	These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	Hold for Manual Correction	Provider
	50	N163	These are non-covered services because this is not deemed a 'medical necessity' by the payer	NEEDS ATTENTION	Hold for Manual Correction	Provider

	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	Hold for Manual Correction	Provider
	51		These are non-covered services because this is a pre-existing condition	NEEDS ATTENTION	Hold for Manual Correction	Provider
	55	M51	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider

	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	6		The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	Hold for Manual Correction	Provider
	6	N129	The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	Hold for Manual Correction	Provider
	6	N517	The procedure/revenue code is inconsistent with the patient's age	NEEDS ATTENTION	Hold for Manual Correction	Provider

	8	N95	The procedure code is inconsistent with the provider type/specialty (taxonomy).	NEEDS ATTENTION	Hold for Manual Correction	Provider
	9	N517	The diagnosis is inconsistent with the patient's age	NEEDS ATTENTION	Hold for Manual Correction	Provider
	9		The diagnosis is inconsistent with the patient's age.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	95		Plan procedures not followed.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	95	N627	Plan procedures not followed.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	97	N345	Payment is included in the allowance for another service/procedure.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	97	M2	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	NEEDS ATTENTION	Hold for Manual Correction	Provider

	B11		The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	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	Hold for Manual Correction	Provider
	B15		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	Hold for Manual Correction	Provider
	B18		INVALID	NEEDS ATTENTION	Hold for Manual Correction	Provider
	B18	M67	INVALID	NEEDS ATTENTION	Hold for Manual Correction	Provider
	B18		This procedure code and modifier were invalid on the date of service.	NEEDS ATTENTION	Hold for Manual Correction	Provider
	8		The procedure code is inconsistent with the provider type/specialty	DENY	Move to Next Payer	Provider
CO	197	M62	Precertification/authorization/notification absent	DENY	Move to Next Payer	Provider