



Adjudication Reason Codes

This report displays actively used Claim Adjudication Reason Codes

Reason ID	HIPAA Code	Remark Code	Reason Description
57	208		Missing/incomplete/invalid provider identifier.
62	197		Service is not authorized
76	16	M76	Missing/incomplete/invalid diagnosis or condition.
77	16	M77	Missing/incomplete/invalid place of service.
125	152	M46	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
287	23		Adjustment represents the estimated amount the primary payer may have paid.
292	45		Adjusted - Above contract rate
330	31		Patient not enrolled on the date of service.
720	96	N434	Non-Covered Ancillary Services
765	18		Duplicate Claim
785	9		Invalid Diagnosis/Age Combination
795	16	M53	Invalid Units
1016	6		Invalid age group & procedure code combination
1017	109		Service not in provider profile
1018	29		Claim received after billing period
1019	119		Daily frequency exceeded
1020	119		Weekly frequency exceeded
1021	119		Monthly frequency exceeded
1023	119		Adjusted Against Co-Insurance
1024	119		Max Basic Units Exhausted
1025	147		No rates available
1026	0		Approved
1027	181		Invalid Service or Service Discontinued
1032	198		Authorized units Exceeded
1034	125	N381	Revert - Provider Billing Error

Reason ID	HIPAA Code	Remark Code	Reason Description
1035	125	N381	Revert - Keying Error
1037	23		Revert - Other Primary Insurance
1038	197		Revert - Authorization/Treatment Revisions
1040	125	N381	Revert - Billing Terms Revised
1041	197		Revert - Additional Units Billed
1043	125	N381	Revert - Third Party Coverage Changes
1046	125	N381	Revert - Other
1047	125	N381	Readju - Provider Billing Error
1048	125	N381	Readju - Keying Error
1050	23		Readju - Other Primary Insurance
1051	197		Readju - Authorization/Treatment Revisions
1053	125	N381	Readju - Billing Terms Revised
1055	125		Readju - Provider Agreement Revised
1056	125		Readju - Third Party Coverage Changes
1057	125		Readju - Not Included In Service Profile
1059	125	N381	Readju - Other
1060	129	MA67	Overid - Provider Billing Error
1061	16	MA67	Overid - Keying Error
1062	16	N109	Overid - Audit Payback
1063	23		Overid - Other Primary Insurance
1064	197		Overid - Authorization/Treatment Revisions
1065	2		Overid - Patient Liability
1067	16	MA67	Overid - Additional Units Billed
1069	22	MA67	Overid - Third Party Coverage Changes
1071	23		Overid - Primary Payment Greater Than MCO
1072	16	MA67	Overid - Other
1073	22		Client has other covered insurance (COB)
1074	16	M49	Invalid Amount
1076	11	M76	Invalid Inpatient/ED DX Code
1078	16	M50	Invalid Revenue Code
1079	147		No contract exists or rate is not set up yet
1080	18		Revert - Duplicate Claims
1081	22		Revert - EOB Required

Reason ID	HIPAA Code	Remark Code	Reason Description
1082	18		Readju - Duplicate Claims
1083	125		Readju - EOB Required
1084	18		Overid - Duplicate Claims
1085	22		Overid - EOB Required
1086	125		Readju - Rate Change
1087	45	N419	Overid - Rate Change
1089	147	N381	Overid - Contract Terminated
1090	125		Readju - Contract Terminated
1091	129	N377	Readju - Corrected Claim
1093	125	N381	Readju - Audit Recoup
1094	129	MA67	Overid - Corrected Claim
1095	16	MA67	Overid - Audit Payback
1096	16	MA67	Overid - Audit Recoup
1097	129	N377	Revert - Corrected Claim
1100	45		Excess amount over allowed medicare copayment
1101	208		Invalid provider NPI #
1102	208		Invalid rendering/attending provider NPI number
1103	125		Readju - Client Manually Matched
1104	125		Readju - Provider ID Incorrect
1105	109		Service not in State Contract
1106	110		Claim submitted before service date
1107	197	M62	Overid - Missing/incomplete/invalid treatment authorization
1108	B7		Non billable service
1110	125		Readju - NPI implementation date revised
1113	125		Readju - Medicaid coverage changes for state denial
1115	119		Overid - Service frequency not exceeded
1116	125		Readju - Service frequency not exceeded
1117	31	N52	Client Medicaid Out of Catchment Area
1118	31	N52	Client Medicaid Out of Catchment Area
1119	A1	MA67	Billing Days Extended
1120	125		Readju- Funding Source change from State to Medicaid
1121	125		Readju- Funding Source change from Medicaid to State
1122	A1	MA67	Overid- Funding Source change from State to Medicaid

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1123	177		Overid- Funding Source change from Medicaid to State
1124	125		Readju - Patient not enrolled in the billing provider's managed care plan on the date of service.
1125	125		Readju - patient outside PBH five county catchments area.
1126	16	M47	Invalid DCN (Document Ctrl #) or resubmission ref #
1127	129	N377	Revert - Reverted because reversal/replacement claim has been submitted
1130	16	M143	Clinician not licensed to provide the service or license has
1131	152	N318	Inpatient stay less than 24 hours
1132	31	N52	Not Medicaid Elig/Out of Catchment
1133	125		Readju - Retroactive Medicaid
1134	133	N381	FFS claim pended for 14 days wait
1135	204		Client not covered by contract
1137	16	N152	Resubmitted claim DOS is after original claim submission
1138	16	N152	Resubmitted claim does not match with the referenced
1139	119		Monthly case rate already paid
1140	16	N380	Referenced claims has already been resubmitted. Multiple resubmissions not allowed
1141	2		Override - Medicaid Deductible
1142	125		Readju - Allocation Amount Met
1143	45		Overid - Allocation Amount Met
1144	11		DX code is invalid for service and insurance
1145	24		Charges are covered under a capitation
1146	170	N381	CABHA Service, but submitted NPI is a non CABHA np
1147	171	N381	Service Facility Location is not a valid, or could not be
1156	59		Another concurrent service has been approved or waiting
1157	246		Bill Type 130 - Hospital, Outpatient, Non-Payment/Zero
1158	152	M53	Outpatient date range for specified code range is > 2 days
1159	199	M20	Revenue code billed without a corresponding HCPCS code for specified code range
1160	129	N377	Revert - Reprocessed ED Claim
1161	6		Override-Service invalid for recipient's age
1162	B15		Add on code billed without primary CPT code or code billed on different date than primary CPT code

Reason ID	HIPAA Code	Remark Code	Reason Description
1163	59		Rendering provider for add on code billed is different than rendering provider on primary CPT code.
1165	125	N381	Readju-Auto RetroMedicaid
1166	94		Processed in Excess of charges.
1167	16	N255	The taxonomy code for the billing provider is missing.
1168	16	N288	Missing/Incomplete/Invalid attending/rendering taxonomy
1169	16	N251	Missing/Incomplete/Invalid attending taxonomy code.
1170	133		Pended due to service not in contract
1171	133	N435	FFS claim billed under sub-capitated NPI.
1172	146	M76	Invalid ICD-9 diagnosis code
1173	146	M76	Invalid ICD-10 diagnosis code
1174	146	M76	ICD-9 diagnosis code is invalid for the date(s) of service
1175	146	M76	ICD-10 diagnosis code is invalid for the date(s) of service
1176	A1	N180	Missing/invalid State Benefit Plan for consumer
1177	A1	N180	Procedure or diagnosis code is not valid for consumer's
1178	204		Client not covered by contract
1179	M127		Override - Medical Records Requested
1180	M127		Override - Medical Records not received within timelines
1181	M127		Override - Medical Records does not support code billed
1194	A1		Override - Pre-Payment Review Process
1200	A1		Override - NCHealthchoice passthru billing
1201	A1		Override - Consumer now eligible for Innovations
1202	A1		Override - recoup-Network Monitoring
1203	A1		Override - Invalid rendering taxonomy code
1205	A1		Override - Consumer deceased on date of service
1207	22		COB information submitted on claim and patient has no
1209	A1		Override - TPI not received from Provider
1222	16		Override - Medical Records Requested
1223	16		Override - Medical Records not received within timelines
1224	16		Override - Medical Records does not support code billed
1225	208		NPI is invalid for the 3 way service billed.
1226	236		Override - Incorrect code combination per NCCI Edit
1227	16		The taxonomy code for the attending provider is missing or