



**Arizona Computer Services, Inc
Medical Billing - Practice Management**

Remittance Advice Remark Codes

Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List.

Washington Publishing Company list of standard HIPAA Remark Codes - <http://www.wpc-edi.com/codes/remittanceadvice>
CMS Remittance Advice Remark Code Committee Web Site - <http://www.cmsremarkcodes.info/>

M1	X-ray not taken within the past 12 months or near enough to the start of treatment. <i>Start: 01/01/1997</i>
M2	Not paid separately when the patient is an inpatient. <i>Start: 01/01/1997</i>
M3	Equipment is the same or similar to equipment already being used. <i>Start: 01/01/1997</i>
M4	Alert: This is the last monthly installment payment for this durable medical equipment. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
M5	Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed. <i>Start: 01/01/1997</i>
M6	Alert: You must furnish and service this item for any period of medical need for the remainder of the reasonable useful lifetime of the equipment. <i>Start: 01/01/1997 Last Modified: 03/01/2009</i> <i>Notes: (Modified 4/1/07, 3/1/2009)</i>
M7	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price. <i>Start: 01/01/1997</i>
M8	We do not accept blood gas tests results when the test was conducted by a medical supplier or taken while the patient is on oxygen. <i>Start: 01/01/1997</i>
M9	Alert: This is the tenth rental month. You must offer the patient the choice of changing the rental to a purchase agreement. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
M10	Equipment purchases are limited to the first or the tenth month of medical necessity. <i>Start: 01/01/1997</i>
M11	DME, orthotics and prosthetics must be billed to the DME carrier who services the patient's zip code. <i>Start: 01/01/1997</i>
M12	Diagnostic tests performed by a physician must indicate whether purchased services are included on the claim. <i>Start: 01/01/1997</i>
M13	Only one initial visit is covered per specialty per medical group. <i>Start: 01/01/1997 Last Modified: 06/30/2007</i> <i>Notes: (Modified 6/30/03)</i>
M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection. <i>Start: 01/01/1997</i>
M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed. <i>Start: 01/01/1997</i>
M16	Alert: Please see our web site, mailings, or bulletins for more details concerning this policy/procedure/decision. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Reactivated 4/1/04, Modified 11/18/05, 4/1/07)</i>

M17	<p>Alert: Payment approved as you did not know, and could not reasonably have been expected to know, that this would not normally have been covered for this patient. In the future, you will be liable for charges for the same service(s) under the same or similar conditions.</p> <p><i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
M18	<p>Certain services may be approved for home use. Neither a hospital nor a Skilled Nursing Facility (SNF) is considered to be a patient's home.</p> <p><i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i></p>
M19	<p>Missing oxygen certification/re-certification.</p> <p><i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N234</i></p>
M20	<p>Missing/incomplete/invalid HCPCS.</p> <p><i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i></p>
M21	<p>Missing/incomplete/invalid place of residence for this service/item provided in a home.</p> <p><i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i></p>
M22	<p>Missing/incomplete/invalid number of miles traveled.</p> <p><i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i></p>
M23	<p>Missing invoice.</p> <p><i>Start: 01/01/1997 Last Modified: 08/01/2005</i> <i>Notes: (Modified 8/1/05)</i></p>
M24	<p>Missing/incomplete/invalid number of doses per vial.</p> <p><i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i></p>
M25	<p>The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as billed, or if you did not know and could not reasonably have been expected to know that we would not pay for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service and he/she agreed in writing to pay, ask us to review your claim within 120 days of the date of this notice. If you do not request an appeal, we will, upon application from the patient, reimburse him/her for the amount you have collected from him/her in excess of any deductible and coinsurance amounts. We will recover the reimbursement from you as an overpayment.</p> <p><i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 10/1/02, 6/30/03, 8/1/05, 11/5/07)</i></p>
M26	<p>The information furnished does not substantiate the need for this level of service. If you have collected any amount from the patient for this level of service / any amount that exceeds the limiting charge for the less extensive service, the law requires you to refund that amount to the patient within 30 days of receiving this notice.</p> <p>The requirements for refund are in 1824(I) of the Social Security Act and 42CFR411.408. The section specifies that physicians who knowingly and willfully fail to make appropriate refunds may be subject to civil monetary penalties and/or exclusion from the program. If you have any questions about this notice, please contact this office.</p> <p><i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 10/1/02, 6/30/03, 8/1/05, 11/5/07. Also refer to N356)</i></p>
M27	<p>Alert: The patient has been relieved of liability of payment of these items and services under the limitation of liability provision of the law. The provider is ultimately liable for the patient's waived charges, including any charges for coinsurance, since the items or services were not reasonable and necessary or constituted custodial care, and you knew or could reasonably have been expected to know, that they were not covered. You may appeal this determination. You may ask for an appeal regarding both the coverage determination and the issue of whether you exercised due care. The appeal request must be filed within 120 days of the date you receive this notice. You must make the request through this office.</p> <p><i>Start: 01/01/1997 Last Modified: 08/01/2007</i> <i>Notes: (Modified 10/1/02, 8/1/05, 4/1/07, 8/1/07)</i></p>
M28	<p>This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.</p> <p><i>Start: 01/01/1997</i></p>
M29	<p>Missing operative note/report.</p> <p><i>Start: 01/01/1997 Last Modified: 07/01/2008</i> <i>Notes: (Modified 2/28/03, 7/1/2008) Related to N233</i></p>
M30	<p>Missing pathology report.</p> <p><i>Start: 01/01/1997 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04, 2/28/03) Related to N236</i></p>
M31	<p>Missing radiology report.</p> <p><i>Start: 01/01/1997 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04, 2/28/03) Related to N240</i></p>
M32	<p>Alert: This is a conditional payment made pending a decision on this service by the patient's primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer. You must contact this office immediately upon receipt of an additional payment for this service.</p> <p><i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
M33	<p>Missing/incomplete/invalid UPIN for the ordering/referring/performing provider.</p> <p><i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using M68</i></p>
M34	<p>Claim lacks the CLIA certification number.</p> <p><i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using MA120</i></p>
M35	<p>Missing/incomplete/invalid pre-operative photos or visual field results.</p> <p><i>Start: 01/01/1997 Stop: 02/05/2005</i> <i>Notes: Consider using N178</i></p>
M36	<p>This is the 11th rental month. We cannot pay for this until you indicate that the patient has been given the option of changing the rental to a purchase.</p> <p><i>Start: 01/01/1997</i></p>

M37	Service not covered when the patient is under age 35. <i>Start: 01/01/1997</i>
M38	The patient is liable for the charges for this service as you informed the patient in writing before the service was furnished that we would not pay for it, and the patient agreed to pay. <i>Start: 01/01/1997</i>
M39	Alert: The patient is not liable for payment for this service as the advance notice of non-coverage you provided the patient did not comply with program requirements. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 2/1/04, 4/1/07)</i>
M40	Claim must be assigned and must be filed by the practitioner's employer. <i>Start: 01/01/1997</i>
M41	We do not pay for this as the patient has no legal obligation to pay for this. <i>Start: 01/01/1997</i>
M42	The medical necessity form must be personally signed by the attending physician. <i>Start: 01/01/1997</i>
M43	Payment for this service previously issued to you or another provider by another carrier/intermediary. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using Reason Code 23</i>
M44	Missing/incomplete/invalid condition code. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M45	Missing/incomplete/invalid occurrence code(s). <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04) Related to N299</i>
M46	Missing/incomplete/invalid occurrence span code(s). <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04) Related to N300</i>
M47	Missing/incomplete/invalid internal or document control number. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M48	Payment for services furnished to hospital inpatients (other than professional services of physicians) can only be made to the hospital. You must request payment from the hospital rather than the patient for this service. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M97</i>
M49	Missing/incomplete/invalid value code(s) or amount(s). <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M50	Missing/incomplete/invalid revenue code(s). <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M51	Missing/incomplete/invalid procedure code(s). <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04) Related to N301</i>
M52	Missing/incomplete/invalid "from" date(s) of service. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M53	Missing/incomplete/invalid days or units of service. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M54	Missing/incomplete/invalid total charges. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M55	We do not pay for self-administered anti-emetic drugs that are not administered with a covered oral anti-cancer drug. <i>Start: 01/01/1997</i>
M56	Missing/incomplete/invalid payer identifier. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M57	Missing/incomplete/invalid provider identifier. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections. <i>Start: 01/01/1997 Stop: 02/05/2005</i>
M59	Missing/incomplete/invalid "to" date(s) of service. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M60	Missing Certificate of Medical Necessity. <i>Start: 01/01/1997 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04, 6/30/03) Related to N227</i>
M61	We cannot pay for this as the approval period for the FDA clinical trial has expired. <i>Start: 01/01/1997</i>
M62	Missing/incomplete/invalid treatment authorization code. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>

M63	We do not pay for more than one of these on the same day. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M86</i>
M64	Missing/incomplete/invalid other diagnosis. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M65	One interpreting physician charge can be submitted per claim when a purchased diagnostic test is indicated. Please submit a separate claim for each interpreting physician. <i>Start: 01/01/1997</i>
M66	Our records indicate that you billed diagnostic tests subject to price limitations and the procedure code submitted includes a professional component. Only the technical component is subject to price limitations. Please submit the technical and professional components of this service as separate line items. <i>Start: 01/01/1997</i>
M67	Missing/incomplete/invalid other procedure code(s). <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04) Related to N302</i>
M68	Missing/incomplete/invalid attending, ordering, rendering, supervising or referring physician identification. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M69	Paid at the regular rate as you did not submit documentation to justify the modified procedure code. <i>Start: 01/01/1997 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i>
M70	Alert: The NDC code submitted for this service was translated to a HCPCS code for processing, but please continue to submit the NDC on future claims for this item. <i>Start: 01/01/1997 Last Modified: 08/01/2007</i> <i>Notes: (Modified 4/1/2007, 8/1/07)</i>
M71	Total payment reduced due to overlap of tests billed. <i>Start: 01/01/1997</i>
M72	Did not enter full 8-digit date (MM/DD/CCYY). <i>Start: 01/01/1997 Stop: 10/16/2003</i> <i>Notes: Consider using MA52</i>
M73	The HPSA/Physician Scarcity bonus can only be paid on the professional component of this service. Rebill as separate professional and technical components. <i>Start: 01/01/1997 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04)</i>
M74	This service does not qualify for a HPSA/Physician Scarcity bonus payment. <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04)</i>
M75	Multiple automated multichannel tests performed on the same day combined for payment. <i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/07)</i>
M76	Missing/incomplete/invalid diagnosis or condition. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M77	Missing/incomplete/invalid place of service. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M78	Missing/incomplete/invalid HCPCS modifier. <i>Start: 01/01/1997 Stop: 05/18/2006 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03.) Consider using Reason Code 4</i>
M79	Missing/incomplete/invalid charge. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M80	Not covered when performed during the same session/date as a previously processed service for the patient. <i>Start: 01/01/1997 Last Modified: 10/31/2002</i> <i>Notes: (Modified 10/31/02)</i>
M81	You are required to code to the highest level of specificity. <i>Start: 01/01/1997 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i>
M82	Service is not covered when patient is under age 50. <i>Start: 01/01/1997</i>
M83	Service is not covered unless the patient is classified as at high risk. <i>Start: 01/01/1997</i>
M84	Medical code sets used must be the codes in effect at the time of service <i>Start: 01/01/1997 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i>
M85	Subjected to review of physician evaluation and management services. <i>Start: 01/01/1997</i>
M86	Service denied because payment already made for same/similar procedure within set time frame. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
M87	Claim/service(s) subjected to CFO-CAP prepayment review. <i>Start: 01/01/1997</i>

M88	We cannot pay for laboratory tests unless billed by the laboratory that did the work. <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using Reason Code B20</i>
M89	Not covered more than once under age 40. <i>Start: 01/01/1997</i>
M90	Not covered more than once in a 12 month period. <i>Start: 01/01/1997</i>
M91	Lab procedures with different CLIA certification numbers must be billed on separate claims. <i>Start: 01/01/1997</i>
M92	Services subjected to review under the Home Health Medical Review Initiative. <i>Start: 01/01/1997 Stop: 08/01/2004</i>
M93	Information supplied supports a break in therapy. A new capped rental period began with delivery of this equipment. <i>Start: 01/01/1997</i>
M94	Information supplied does not support a break in therapy. A new capped rental period will not begin. <i>Start: 01/01/1997</i>
M95	Services subjected to Home Health Initiative medical review/cost report audit. <i>Start: 01/01/1997</i>
M96	The technical component of a service furnished to an inpatient may only be billed by that inpatient facility. You must contact the inpatient facility for technical component reimbursement. If not already billed, you should bill us for the professional component only. <i>Start: 01/01/1997</i>
M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility. <i>Start: 01/01/1997</i>
M98	Begin to report the Universal Product Number on claims for items of this type. We will soon begin to deny payment for items of this type if billed without the correct UPN. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M99</i>
M99	Missing/incomplete/invalid Universal Product Number/Serial Number. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M100	We do not pay for an oral anti-emetic drug that is not administered for use immediately before, at, or within 48 hours of administration of a covered chemotherapy drug. <i>Start: 01/01/1997</i>
M101	Begin to report a G1-G5 modifier with this HCPCS. We will soon begin to deny payment for this service if billed without a G1-G5 modifier. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M78</i>
M102	Service not performed on equipment approved by the FDA for this purpose. <i>Start: 01/01/1997</i>
M103	Information supplied supports a break in therapy. However, the medical information we have for this patient does not support the need for this item as billed. We have approved payment for this item at a reduced level, and a new capped rental period will begin with the delivery of this equipment. <i>Start: 01/01/1997</i>
M104	Information supplied supports a break in therapy. A new capped rental period will begin with delivery of the equipment. This is the maximum approved under the fee schedule for this item or service. <i>Start: 01/01/1997</i>
M105	Information supplied does not support a break in therapy. The medical information we have for this patient does not support the need for this item as billed. We have approved payment for this item at a reduced level, and a new capped rental period will not begin. <i>Start: 01/01/1997</i>
M106	Information supplied does not support a break in therapy. A new capped rental period will not begin. This is the maximum approved under the fee schedule for this item or service. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using MA 31</i>
M107	Payment reduced as 90-day rolling average hematocrit for ESRD patient exceeded 36.5%. <i>Start: 01/01/1997</i>
M108	Missing/incomplete/invalid provider identifier for the provider who interpreted the diagnostic test. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M109	We have provided you with a bundled payment for a teleconsultation. You must send 25 percent of the teleconsultation payment to the referring practitioner. <i>Start: 01/01/1997</i>
M110	Missing/incomplete/invalid provider identifier for the provider from whom you purchased interpretation services. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M111	We do not pay for chiropractic manipulative treatment when the patient refuses to have an x-ray taken. <i>Start: 01/01/1997</i>
M112	Reimbursement for this item is based on the single payment amount required under the DMEPOS Competitive Bidding Program for the area where the patient resides. <i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/07)</i>
M113	Our records indicate that this patient began using this item/service prior to the current contract period for the DMEPOS Competitive Bidding Program. <i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/07)</i>

M114	This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or a Demonstration Project. For more information regarding these projects, contact your local contractor. <i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 8/1/06, 11/5/07)</i>
M115	This item is denied when provided to this patient by a non-contract or non-demonstration supplier. <i>Start: 01/01/1997 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/2007)</i>
M116	Paid under the Competitive Bidding Demonstration project. Project is ending, and future services may not be paid under this project. <i>Start: 01/01/1997 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i>
M117	Not covered unless submitted via electronic claim. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
M118	Alert: Letter to follow containing further information. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC). <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 2/28/03, 4/1/04)</i>
M120	Missing/incomplete/invalid provider identifier for the substituting physician who furnished the service(s) under a reciprocal billing or locum tenens arrangement. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M121	We pay for this service only when performed with a covered cryosurgical ablation. <i>Start: 01/01/1997</i>
M122	Missing/incomplete/invalid level of subluxation. <i>Start: 01/01/1997 Last Modified: 02/28/2006</i> <i>Notes: (Modified 2/28/03)</i>
M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M124	Missing indication of whether the patient owns the equipment that requires the part or supply. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N230</i>
M125	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M126	Missing/incomplete/invalid individual lab codes included in the test. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M127	Missing patient medical record for this service. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N237</i>
M128	Missing/incomplete/invalid date of the patient's last physician visit. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
M129	Missing/incomplete/invalid indicator of x-ray availability for review. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 2/28/03, 6/30/03)</i>
M130	Missing invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N231</i>
M131	Missing physician financial relationship form. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N239</i>
M132	Missing pacemaker registration form. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N235</i>
M133	Claim did not identify who performed the purchased diagnostic test or the amount you were charged for the test. <i>Start: 01/01/1997</i>
M134	Performed by a facility/supplier in which the provider has a financial interest. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
M135	Missing/incomplete/invalid plan of treatment. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M136	Missing/incomplete/invalid indication that the service was supervised or evaluated by a physician. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
M137	Part B coinsurance under a demonstration project. <i>Start: 01/01/1997</i>
M138	Patient identified as a demonstration participant but the patient was not enrolled in the demonstration at the time services were rendered. Coverage is limited to demonstration participants. <i>Start: 01/01/1997</i>
M139	Denied services exceed the coverage limit for the demonstration. <i>Start: 01/01/1997</i>

M140	Service not covered until after the patient's 50th birthday, i.e., no coverage prior to the day after the 50th birthday <i>Start: 01/01/1997 Stop: 01/30/2004</i> <i>Notes: Consider using M82</i>
M141	Missing physician certified plan of care. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N238</i>
M142	Missing American Diabetes Association Certificate of Recognition. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N226</i>
M143	The provider must update license information with the payer. <i>Start: 01/01/1997 Last Modified: 12/01/2006</i> <i>Notes: (Modified 12/1/06)</i>
M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure. <i>Start: 01/01/1997</i>
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 10/31/02, 6/30/03, 8/1/05, 4/1/07)</i>
MA02	Alert: If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 10/31/02, 6/30/03, 8/1/05, 12/29/05, 8/1/06, 4/1/07)</i>
MA03	If you do not agree with the approved amounts and \$100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing within six months of the date of this notice. To meet the \$100, you may combine amounts on other claims that have been denied, including reopened appeals if you received a revised decision. You must appeal each claim on time. <i>Start: 01/01/1997 Stop: 10/01/2006 Last Modified: 11/18/2005</i> <i>Notes: Consider using MA02 (Modified 10/31/02, 6/30/03, 8/1/05, 11/18/05)</i>
MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. <i>Start: 01/01/1997</i>
MA05	Incorrect admission date patient status or type of bill entry on claim. <i>Start: 01/01/1997 Stop: 10/16/2003</i> <i>Notes: Consider using MA30, MA40 or MA43</i>
MA06	Missing/incomplete/invalid beginning and/or ending date(s). <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using MA31</i>
MA07	Alert: The claim information has also been forwarded to Medicaid for review. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA08	Alert: Claim information was not forwarded because the supplemental coverage is not with a Medigap plan, or you do not participate in Medicare. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA09	Claim submitted as unassigned but processed as assigned. You agreed to accept assignment for all claims. <i>Start: 01/01/1997</i>
MA10	Alert: The patient's payment was in excess of the amount owed. You must refund the overpayment to the patient. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA11	Payment is being issued on a conditional basis. If no-fault insurance, liability insurance, Workers' Compensation, Department of Veterans Affairs, or a group health plan for employees and dependents also covers this claim, a refund may be due us. Please contact us if the patient is covered by any of these sources. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M32</i>
MA12	You have not established that you have the right under the law to bill for services furnished by the person(s) that furnished this (these) service(s). <i>Start: 01/01/1997</i>
MA13	Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA14	Alert: The patient is a member of an employer-sponsored prepaid health plan. Services from outside that health plan are not covered. However, as you were not previously notified of this, we are paying this time. In the future, we will not pay you for non-plan services. <i>Start: 01/01/1997 Last Modified: 08/01/2007</i> <i>Notes: (Modified 4/1/07, 8/1/07)</i>
MA15	Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA16	The patient is covered by the Black Lung Program. Send this claim to the Department of Labor, Federal Black Lung Program, P.O. Box 828, Lanham-Seabrook MD 20703. <i>Start: 01/01/1997</i>
MA17	We are the primary payer and have paid at the primary rate. You must contact the patient's other insurer to refund any excess it may have paid due to its erroneous primary payment. <i>Start: 01/01/1997</i>
MA18	Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>

MA19	Alert: Information was not sent to the Medigap insurer due to incorrect/invalid information you submitted concerning that insurer. Please verify your information and submit your secondary claim directly to that insurer. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA20	Skilled Nursing Facility (SNF) stay not covered when care is primarily related to the use of an urethral catheter for convenience or the control of incontinence. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
MA21	SSA records indicate mismatch with name and sex. <i>Start: 01/01/1997</i>
MA22	Payment of less than \$1.00 suppressed. <i>Start: 01/01/1997</i>
MA23	Demand bill approved as result of medical review. <i>Start: 01/01/1997</i>
MA24	Christian Science Sanitarium/ Skilled Nursing Facility (SNF) bill in the same benefit period. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
MA25	A patient may not elect to change a hospice provider more than once in a benefit period. <i>Start: 01/01/1997</i>
MA26	Alert: Our records indicate that you were previously informed of this rule. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA27	Missing/incomplete/invalid entitlement number or name shown on the claim. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA28	Alert: Receipt of this notice by a physician or supplier who did not accept assignment is for information only and does not make the physician or supplier a party to the determination. No additional rights to appeal this decision, above those rights already provided for by regulation/instruction, are conferred by receipt of this notice. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA29	Missing/incomplete/invalid provider name, city, state, or zip code. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
MA30	Missing/incomplete/invalid type of bill. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA31	Missing/incomplete/invalid beginning and ending dates of the period billed. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA32	Missing/incomplete/invalid number of covered days during the billing period. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA33	Missing/incomplete/invalid noncovered days during the billing period. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA34	Missing/incomplete/invalid number of coinsurance days during the billing period. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA35	Missing/incomplete/invalid number of lifetime reserve days. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA36	Missing/incomplete/invalid patient name. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA37	Missing/incomplete/invalid patient's address. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA38	Missing/incomplete/invalid birth date. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
MA39	Missing/incomplete/invalid gender. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA40	Missing/incomplete/invalid admission date. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA41	Missing/incomplete/invalid admission type. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA42	Missing/incomplete/invalid admission source. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA43	Missing/incomplete/invalid patient status. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>

MA44	Alert: No appeal rights. Adjudicative decision based on law. Start: 01/01/1997 Last Modified: 04/01/2007 Notes: (Modified 4/1/07)
MA45	Alert: As previously advised, a portion or all of your payment is being held in a special account. Start: 01/01/1997 Last Modified: 04/01/2007 Notes: (Modified 4/1/07)
MA46	The new information was considered but additional payment will not be issued. Start: 01/01/1997 Last Modified: 03/01/2009 Notes: (Modified 3/1/2009)
MA47	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment. Start: 01/01/1997
MA48	Missing/incomplete/invalid name or address of responsible party or primary payer. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA49	Missing/incomplete/invalid six-digit provider identifier for home health agency or hospice for physician(s) performing care plan oversight services. Start: 01/01/1997 Stop: 08/01/2004 Notes: Consider using MA76
MA50	Missing/incomplete/invalid Investigational Device Exemption number for FDA-approved clinical trial services. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA51	Missing/incomplete/invalid CLIA certification number for laboratory services billed by physician office laboratory. Start: 01/01/1997 Stop: 02/05/2005 Notes: Consider using MA120
MA52	Missing/incomplete/invalid date. Start: 01/01/1997 Stop: 06/02/2005
MA53	Missing/incomplete/invalid Competitive Bidding Demonstration Project identification. Start: 01/01/1997 Last Modified: 02/01/2004 Notes: (Modified 2/1/04)
MA54	Physician certification or election consent for hospice care not received timely. Start: 01/01/1997
MA55	Not covered as patient received medical health care services, automatically revoking his/her election to receive religious non-medical health care services. Start: 01/01/1997
MA56	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment, but under Federal law, you cannot charge the patient more than the limiting charge amount. Start: 01/01/1997
MA57	Patient submitted written request to revoke his/her election for religious non-medical health care services. Start: 01/01/1997
MA58	Missing/incomplete/invalid release of information indicator. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA59	Alert: The patient overpaid you for these services. You must issue the patient a refund within 30 days for the difference between his/her payment and the total amount shown as patient responsibility on this notice. Start: 01/01/1997 Last Modified: 04/01/2007 Notes: (Modified 4/1/07)
MA60	Missing/incomplete/invalid patient relationship to insured. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA61	Missing/incomplete/invalid social security number or health insurance claim number. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA62	Alert: This is a telephone review decision. Start: 01/01/1997 Last Modified: 08/01/2007 Notes: (Modified 4/1/07, 8/1/07)
MA63	Missing/incomplete/invalid principal diagnosis. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers. Start: 01/01/1997
MA65	Missing/incomplete/invalid admitting diagnosis. Start: 01/01/1997 Last Modified: 02/28/2003 Notes: (Modified 2/28/03)
MA66	Missing/incomplete/invalid principal procedure code. Start: 01/01/1997 Last Modified: 12/02/2004 Notes: (Modified 12/2/04) Related to N303
MA67	Correction to a prior claim. Start: 01/01/1997
MA68	Alert: We did not crossover this claim because the secondary insurance information on the claim was incomplete. Please supply complete information or use the PLANID of the insurer to assure correct and timely routing of the claim. Start: 01/01/1997 Last Modified: 04/01/2007 Notes: (Modified 4/1/07)

MA69	Missing/incomplete/invalid remarks. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA70	Missing/incomplete/invalid provider representative signature. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA71	Missing/incomplete/invalid provider representative signature date. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA72	Alert: The patient overpaid you for these assigned services. You must issue the patient a refund within 30 days for the difference between his/her payment to you and the total of the amount shown as patient responsibility and as paid to the patient on this notice. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA73	Informational remittance associated with a Medicare demonstration. No payment issued under fee-for-service Medicare as patient has elected managed care. <i>Start: 01/01/1997</i>
MA74	This payment replaces an earlier payment for this claim that was either lost, damaged or returned. <i>Start: 01/01/1997</i>
MA75	Missing/incomplete/invalid patient or authorized representative signature. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA76	Missing/incomplete/invalid provider identifier for home health agency or hospice when physician is performing care plan oversight services. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03, 2/1/04)</i>
MA77	Alert: The patient overpaid you. You must issue the patient a refund within 30 days for the difference between the patient's payment less the total of our and other payer payments and the amount shown as patient responsibility on this notice. <i>Start: 01/01/1997 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
MA78	The patient overpaid you. You must issue the patient a refund within 30 days for the difference between our allowed amount total and the amount paid by the patient. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using MA59</i>
MA79	Billed in excess of interim rate. <i>Start: 01/01/1997</i>
MA80	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project. <i>Start: 01/01/1997</i>
MA81	Missing/incomplete/invalid provider/supplier signature. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA82	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
MA83	Did not indicate whether we are the primary or secondary payer. <i>Start: 01/01/1997 Last Modified: 08/01/2005</i> <i>Notes: (Modified 8/1/05)</i>
MA84	Patient identified as participating in the National Emphysema Treatment Trial but our records indicate that this patient is either not a participant, or has not yet been approved for this phase of the study. Contact Johns Hopkins University, the study coordinator, to resolve if there was a discrepancy. <i>Start: 01/01/1997</i>
MA85	Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when effective. <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using MA92</i>
MA86	Missing/incomplete/invalid group or policy number of the insured for the primary coverage. <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using MA92</i>
MA87	Missing/incomplete/invalid insured's name for the primary payer. <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using MA92</i>
MA88	Missing/incomplete/invalid insured's address and/or telephone number for the primary payer. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA89	Missing/incomplete/invalid patient's relationship to the insured for the primary payer. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA90	Missing/incomplete/invalid employment status code for the primary insured. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03).</i>
MA91	This determination is the result of the appeal you filed. <i>Start: 01/01/1997</i>
MA92	Missing plan information for other insurance. <i>Start: 01/01/1997 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04) Related to N245</i>

MA93	Non-PIP (Periodic Interim Payment) claim. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
MA94	Did not enter the statement "Attending physician not hospice employee" on the claim form to certify that the rendering physician is not an employee of the hospice. <i>Start: 01/01/1997 Last Modified: 08/01/2005</i> <i>Notes: (Reactivated 4/1/04, Modified 8/1/05)</i>
MA95	A not otherwise classified or unlisted procedure code(s) was billed but a narrative description of the procedure was not entered on the claim. Refer to item 19 on the HCFA-1500. <i>Start: 01/01/1997 Stop: 01/01/2004 Last Modified: 02/28/2003</i> <i>Notes: (Deactivated 2/28/2003) (Erroneous description corrected 9/2/2008) Consider using M51</i>
MA96	Claim rejected. Coded as a Medicare Managed Care Demonstration but patient is not enrolled in a Medicare managed care plan. <i>Start: 01/01/1997</i>
MA97	Missing/incomplete/invalid Medicare Managed Care Demonstration contract number or clinical trial registry number. <i>Start: 01/01/1997 Last Modified: 02/29/2008</i> <i>Notes: (Modified 2/29/08)</i>
MA98	Claim Rejected. Does not contain the correct Medicare Managed Care Demonstration contract number for this beneficiary. <i>Start: 01/01/1997 Stop: 10/16/2003</i> <i>Notes: Consider using MA97</i>
MA99	Missing/incomplete/invalid Medigap information. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA100	Missing/incomplete/invalid date of current illness or symptoms <i>Start: 01/01/1997 Last Modified: 03/30/2005</i> <i>Notes: (Modified 2/28/03, 3/30/05)</i>
MA101	A Skilled Nursing Facility (SNF) is responsible for payment of outside providers who furnish these services/supplies to residents. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
MA102	Missing/incomplete/invalid name or provider identifier for the rendering/referring/ ordering/ supervising provider. <i>Start: 01/01/1997 Stop: 08/01/2004</i> <i>Notes: Consider using M68</i>
MA103	Hemophilia Add On. <i>Start: 01/01/1997</i>
MA104	Missing/incomplete/invalid date the patient was last seen or the provider identifier of the attending physician. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using M128 or M57</i>
MA105	Missing/incomplete/invalid provider number for this place of service. <i>Start: 01/01/1997 Stop: 06/02/2005</i>
MA106	PIP (Periodic Interim Payment) claim. <i>Start: 01/01/1997 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
MA107	Paper claim contains more than three separate data items in field 19. <i>Start: 01/01/1997</i>
MA108	Paper claim contains more than one data item in field 23. <i>Start: 01/01/1997</i>
MA109	Claim processed in accordance with ambulatory surgical guidelines. <i>Start: 01/01/1997</i>
MA110	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA111	Missing/incomplete/invalid purchase price of the test(s) and/or the performing laboratory's name and address. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA112	Missing/incomplete/invalid group practice information. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA113	Incomplete/invalid taxpayer identification number (TIN) submitted by you per the Internal Revenue Service. Your claims cannot be processed without your correct TIN, and you may not bill the patient pending correction of your TIN. There are no appeal rights for unprocessable claims, but you may resubmit this claim after you have notified this office of your correct TIN. <i>Start: 01/01/1997</i>
MA114	Missing/incomplete/invalid information on where the services were furnished. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA115	Missing/incomplete/invalid physical location (name and address, or PIN) where the service(s) were rendered in a Health Professional Shortage Area (HPSA). <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA116	Did not complete the statement 'Homebound' on the claim to validate whether laboratory services were performed at home or in an institution. <i>Start: 01/01/1997</i> <i>Notes: (Reactivated 4/1/04)</i>
MA117	This claim has been assessed a \$1.00 user fee. <i>Start: 01/01/1997</i>

MA118	Coinsurance and/or deductible amounts apply to a claim for services or supplies furnished to a Medicare-eligible veteran through a facility of the Department of Veterans Affairs. No Medicare payment issued. <i>Start: 01/01/1997</i>
MA119	Provider level adjustment for late claim filing applies to this claim. <i>Start: 01/01/1997 Stop: 05/01/2008 Last Modified: 11/05/2007</i> <i>Notes: Consider using Reason Code B4</i>
MA120	Missing/incomplete/invalid CLIA certification number. <i>Start: 01/01/1997 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
MA121	Missing/incomplete/invalid x-ray date. <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04)</i>
MA122	Missing/incomplete/invalid initial treatment date. <i>Start: 01/01/1997 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04)</i>
MA123	Your center was not selected to participate in this study, therefore, we cannot pay for these services. <i>Start: 01/01/1997</i>
MA124	Processed for IME only. <i>Start: 01/01/1997 Stop: 01/31/2004</i> <i>Notes: Consider using Reason Code 74</i>
MA125	Per legislation governing this program, payment constitutes payment in full. <i>Start: 01/01/1997</i>
MA126	Pancreas transplant not covered unless kidney transplant performed. <i>Start: 10/12/2001</i>
MA127	Reserved for future use. <i>Start: 10/12/2001 Stop: 06/02/2005</i>
MA128	Missing/incomplete/invalid FDA approval number. <i>Start: 10/12/2001 Last Modified: 03/30/2005</i> <i>Notes: (Modified 2/28/03, 3/30/05)</i>
MA129	This provider was not certified for this procedure on this date of service. <i>Start: 10/12/2001 Stop: 01/31/2004 Last Modified: 01/31/2004</i> <i>Notes: Consider using MA120 and Reason Code B7</i>
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information. <i>Start: 10/12/2001</i>
MA131	Physician already paid for services in conjunction with this demonstration claim. You must have the physician withdraw that claim and refund the payment before we can process your claim. <i>Start: 10/12/2001</i>
MA132	Adjustment to the pre-demonstration rate. <i>Start: 10/12/2001</i>
MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay. <i>Start: 10/12/2001</i>
MA134	Missing/incomplete/invalid provider number of the facility where the patient resides. <i>Start: 10/12/2001</i>
N1	Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 2/28/03, 4/1/07)</i>
N2	This allowance has been made in accordance with the most appropriate course of treatment provision of the plan. <i>Start: 01/01/2000</i>
N3	Missing consent form. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03) Related to N228</i>
N4	Missing/incomplete/invalid prior insurance carrier EOB. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N5	EOB received from previous payer. Claim not on file. <i>Start: 01/01/2000</i>
N6	Under FEHB law (U.S.C. 8904(b)), we cannot pay more for covered care than the amount Medicare would have allowed if the patient were enrolled in Medicare Part A and/or Medicare Part B. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N7	Processing of this claim/service has included consideration under Major Medical provisions. <i>Start: 01/01/2000</i>
N8	Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data for adjudication. <i>Start: 01/01/2000</i>
N9	Adjustment represents the estimated amount a previous payer may pay. <i>Start: 01/01/2000 Last Modified: 11/18/2005</i> <i>Notes: (Modified 11/18/05)</i>

N10	Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor. <i>Start: 01/01/2000 Last Modified: 07/01/2008</i> <i>Notes: (Modified 10/31/02, 7/1/08)</i>
N11	Denial reversed because of medical review. <i>Start: 01/01/2000</i>
N12	Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare. <i>Start: 01/01/2000 Last Modified: 08/01/2007</i> <i>Notes: (Modified 8/1/07)</i>
N13	Payment based on professional/technical component modifier(s). <i>Start: 01/01/2000</i>
N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount. <i>Start: 01/01/2000 Stop: 10/01/2007</i> <i>Notes: Consider using Reason Code 45</i>
N15	Services for a newborn must be billed separately. <i>Start: 01/01/2000</i>
N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage. <i>Start: 01/01/2000</i>
N17	Per admission deductible. <i>Start: 01/01/2000 Stop: 08/01/2004</i> <i>Notes: Consider using Reason Code 1</i>
N18	Payment based on the Medicare allowed amount. <i>Start: 01/01/2000 Stop: 01/31/2004</i> <i>Notes: Consider using N14</i>
N19	Procedure code incidental to primary procedure. <i>Start: 01/01/2000</i>
N20	Service not payable with other service rendered on the same date. <i>Start: 01/01/2000</i>
N21	Alert: Your line item has been separated into multiple lines to expedite handling. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 8/1/05, 4/1/07)</i>
N22	This procedure code was added/changed because it more accurately describes the services rendered. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 10/31/02, 2/28/03)</i>
N23	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 8/13/01, 4/1/07)</i>
N24	Missing/incomplete/invalid Electronic Funds Transfer (EFT) banking information. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N25	This company has been contracted by your benefit plan to provide administrative claims payment services only. This company does not assume financial risk or obligation with respect to claims processed on behalf of your benefit plan. <i>Start: 01/01/2000</i>
N26	Missing itemized bill/statement. <i>Start: 01/01/2000 Last Modified: 07/01/2008</i> <i>Notes: (Modified 2/28/03, 7/1/2008) Related to N232</i>
N27	Missing/incomplete/invalid treatment number. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N28	Consent form requirements not fulfilled. <i>Start: 01/01/2000</i>
N29	Missing documentation/orders/notes/summary/report/chart. <i>Start: 01/01/2000 Last Modified: 08/01/2005</i> <i>Notes: (Modified 2/28/03, 8/1/05) Related to N225</i>
N30	Patient ineligible for this service. <i>Start: 01/01/2000 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N31	Missing/incomplete/invalid prescribing provider identifier. <i>Start: 01/01/2000 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04)</i>
N32	Claim must be submitted by the provider who rendered the service. <i>Start: 01/01/2000 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N33	No record of health check prior to initiation of treatment. <i>Start: 01/01/2000</i>
N34	Incorrect claim form/format for this service. <i>Start: 01/01/2000 Last Modified: 11/18/2005</i> <i>Notes: (Modified 11/18/05)</i>
N35	Program integrity/utilization review decision. <i>Start: 01/01/2000</i>
N36	Claim must meet primary payer's processing requirements before we can consider payment. <i>Start: 01/01/2000</i>

N37	Missing/incomplete/invalid tooth number/letter. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N38	Missing/incomplete/invalid place of service. <i>Start: 01/01/2000 Stop: 02/05/2005</i> <i>Notes: Consider using M77</i>
N39	Procedure code is not compatible with tooth number/letter. <i>Start: 01/01/2000</i>
N40	Missing radiology film(s)/image(s). <i>Start: 01/01/2000 Last Modified: 07/01/2008</i> <i>Notes: (Modified 2/1/04, 7/1/08) Related to N242</i>
N41	Authorization request denied. <i>Start: 01/01/2000 Stop: 10/16/2003</i> <i>Notes: Consider using Reason Code 39</i>
N42	No record of mental health assessment. <i>Start: 01/01/2000</i>
N43	Bed hold or leave days exceeded. <i>Start: 01/01/2000</i>
N44	Payer's share of regulatory surcharges, assessments, allowances or health care-related taxes paid directly to the regulatory authority. <i>Start: 01/01/2000 Stop: 10/16/2003</i> <i>Notes: Consider using Reason Code 137</i>
N45	Payment based on authorized amount. <i>Start: 01/01/2000</i>
N46	Missing/incomplete/invalid admission hour. <i>Start: 01/01/2000</i>
N47	Claim conflicts with another inpatient stay. <i>Start: 01/01/2000</i>
N48	Claim information does not agree with information received from other insurance carrier. <i>Start: 01/01/2000</i>
N49	Court ordered coverage information needs validation. <i>Start: 01/01/2000</i>
N50	Missing/incomplete/invalid discharge information. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N51	Electronic interchange agreement not on file for provider/submitter. <i>Start: 01/01/2000</i>
N52	Patient not enrolled in the billing provider's managed care plan on the date of service. <i>Start: 01/01/2000</i>
N53	Missing/incomplete/invalid point of pick-up address. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N54	Claim information is inconsistent with pre-certified/authorized services. <i>Start: 01/01/2000</i>
N55	Procedures for billing with group/referring/performing providers were not followed. <i>Start: 01/01/2000</i>
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N57	Missing/incomplete/invalid prescribing date. <i>Start: 01/01/2000 Last Modified: 12/02/2004</i> <i>Notes: (Modified 12/2/04) Related to N304</i>
N58	Missing/incomplete/invalid patient liability amount. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N59	Alert: Please refer to your provider manual for additional program and provider information. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N60	A valid NDC is required for payment of drug claims effective October 02. <i>Start: 01/01/2000 Stop: 01/31/2004</i> <i>Notes: Consider using M119</i>
N61	Rebill services on separate claims. <i>Start: 01/01/2000</i>
N62	Inpatient admission spans multiple rate periods. Resubmit separate claims. <i>Start: 01/01/2000</i>
N63	Rebill services on separate claim lines. <i>Start: 01/01/2000</i>
N64	The "from" and "to" dates must be different. <i>Start: 01/01/2000</i>
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>

N66	Missing/incomplete/invalid documentation. <i>Start: 01/01/2000 Stop: 02/05/2005</i> <i>Notes: Consider using N29 or N225.</i>
N67	Professional provider services not paid separately. Included in facility payment under a demonstration project. Apply to that facility for payment, or resubmit your claim if: the facility notifies you the patient was excluded from this demonstration; or if you furnished these services in another location on the date of the patient's admission or discharge from a demonstration hospital. If services were furnished in a facility not involved in the demonstration on the same date the patient was discharged from or admitted to a demonstration facility, you must report the provider ID number for the non-demonstration facility on the new claim. <i>Start: 01/01/2000</i>
N68	Prior payment being cancelled as we were subsequently notified this patient was covered by a demonstration project in this site of service. Professional services were included in the payment made to the facility. You must contact the facility for your payment. Prior payment made to you by the patient or another insurer for this claim must be refunded to the payer within 30 days. <i>Start: 01/01/2000</i>
N69	PPS (Prospective Payment System) code changed by claims processing system. Insufficient visits or therapies. <i>Start: 01/01/2000 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N70	Consolidated billing and payment applies. <i>Start: 01/01/2000 Last Modified: 11/05/2007</i> <i>Notes: (Modified 2/28/02, 11/5/07)</i>
N71	Your unassigned claim for a drug or biological, clinical diagnostic laboratory services or ambulance service was processed as an assigned claim. You are required by law to accept assignment for these types of claims. <i>Start: 01/01/2000 Last Modified: 06/30/2003</i> <i>Notes: (Modified 2/21/02, 6/30/03)</i>
N72	PPS (Prospective Payment System) code changed by medical reviewers. Not supported by clinical records. <i>Start: 01/01/2000 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N73	A Skilled Nursing Facility is responsible for payment of outside providers who furnish these services/supplies under arrangement to its residents. <i>Start: 01/01/2000 Stop: 01/31/2004</i> <i>Notes: Consider using MA101 or N200</i>
N74	Resubmit with multiple claims, each claim covering services provided in only one calendar month. <i>Start: 01/01/2000</i>
N75	Missing/incomplete/invalid tooth surface information. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N76	Missing/incomplete/invalid number of riders. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N77	Missing/incomplete/invalid designated provider number. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N78	The necessary components of the child and teen checkup (EPSDT) were not completed. <i>Start: 01/01/2000</i>
N79	Service billed is not compatible with patient location information. <i>Start: 01/01/2000</i>
N80	Missing/incomplete/invalid prenatal screening information. <i>Start: 01/01/2000 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N81	Procedure billed is not compatible with tooth surface code. <i>Start: 01/01/2000</i>
N82	Provider must accept insurance payment as payment in full when a third party payer contract specifies full reimbursement. <i>Start: 01/01/2000</i>
N83	No appeal rights. Adjudicative decision based on the provisions of a demonstration project. <i>Start: 01/01/2000</i>
N84	Alert: Further installment payments are forthcoming. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07, 8/1/07)</i>
N85	Alert: This is the final installment payment. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07, 8/1/07)</i>
N86	A failed trial of pelvic muscle exercise training is required in order for biofeedback training for the treatment of urinary incontinence to be covered. <i>Start: 01/01/2000</i>
N87	Home use of biofeedback therapy is not covered. <i>Start: 01/01/2000</i>
N88	Alert: This payment is being made conditionally. An HHA episode of care notice has been filed for this patient. When a patient is treated under a HHA episode of care, consolidated billing requires that certain therapy services and supplies, such as this, be included in the HHA's payment. This payment will need to be recouped from you if we establish that the patient is concurrently receiving treatment under a HHA episode of care. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N89	Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice. <i>Start: 01/01/2000 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>

N90	Covered only when performed by the attending physician. <i>Start: 01/01/2000</i>
N91	Services not included in the appeal review. <i>Start: 01/01/2000</i>
N92	This facility is not certified for digital mammography. <i>Start: 01/01/2000</i>
N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not be billed in the same claim. <i>Start: 01/01/2000</i>
N94	Claim/Service denied because a more specific taxonomy code is required for adjudication. <i>Start: 01/01/2000</i>
N95	This provider type/provider specialty may not bill this service. <i>Start: 07/31/2001 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N96	Patient must be refractory to conventional therapy (documented behavioral, pharmacologic and/or surgical corrective therapy) and be an appropriate surgical candidate such that implantation with anesthesia can occur. <i>Start: 08/24/2001</i>
N97	Patients with stress incontinence, urinary obstruction, and specific neurologic diseases (e.g., diabetes with peripheral nerve involvement) which are associated with secondary manifestations of the above three indications are excluded. <i>Start: 08/24/2001</i>
N98	Patient must have had a successful test stimulation in order to support subsequent implantation. Before a patient is eligible for permanent implantation, he/she must demonstrate a 50 percent or greater improvement through test stimulation. Improvement is measured through voiding diaries. <i>Start: 08/24/2001</i>
N99	Patient must be able to demonstrate adequate ability to record voiding diary data such that clinical results of the implant procedure can be properly evaluated. <i>Start: 08/24/2001</i>
N100	PPS (Prospect Payment System) code corrected during adjudication. <i>Start: 09/14/2001 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N101	Additional information is needed in order to process this claim. Please resubmit the claim with the identification number of the provider where this service took place. The Medicare number of the site of service provider should be preceded with the letters 'HSP' and entered into item #32 on the claim form. You may bill only one site of service provider number per claim. <i>Start: 10/31/2001 Stop: 01/31/2004</i> <i>Notes: Consider using MA105</i>
N102	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely. <i>Start: 10/31/2001</i>
N103	Social Security records indicate that this patient was a prisoner when the service was rendered. This payer does not cover items and services furnished to an individual while they are in State or local custody under a penal authority, unless under State or local law, the individual is personally liable for the cost of his or her health care while incarcerated and the State or local government pursues such debt in the same way and with the same vigor as any other debt. <i>Start: 10/31/2001 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N104	This claim/service is not payable under our claims jurisdiction area. You can identify the correct Medicare contractor to process this claim/service through the CMS website at www.cms.hhs.gov. <i>Start: 01/29/2002 Last Modified: 10/31/2002</i> <i>Notes: (Modified 10/31/02)</i>
N105	This is a misdirected claim/service for an RRB beneficiary. Submit paper claims to the RRB carrier: Palmetto GBA, P.O. Box 10066, Augusta, GA 30999. Call 866-749-4301 for RRB EDI information for electronic claims processing. <i>Start: 01/29/2002</i>
N106	Payment for services furnished to Skilled Nursing Facility (SNF) inpatients (except for excluded services) can only be made to the SNF. You must request payment from the SNF rather than the patient for this service. <i>Start: 01/31/2002</i>
N107	Services furnished to Skilled Nursing Facility (SNF) inpatients must be billed on the inpatient claim. They cannot be billed separately as outpatient services. <i>Start: 01/31/2002</i>
N108	Missing/incomplete/invalid upgrade information. <i>Start: 01/31/2002 Last Modified: 02/28/2003</i> <i>Notes: (Modified 2/28/03)</i>
N109	This claim/service was chosen for complex review and was denied after reviewing the medical records. <i>Start: 02/28/2002 Last Modified: 03/01/2009</i> <i>Notes: (Modified 3/1/2009)</i>
N110	This facility is not certified for film mammography. <i>Start: 02/28/2002</i>
N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated. <i>Start: 02/28/2002</i>
N112	This claim is excluded from your electronic remittance advice. <i>Start: 02/28/2002</i>
N113	Only one initial visit is covered per physician, group practice or provider. <i>Start: 04/16/2002 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i>
N114	During the transition to the Ambulance Fee Schedule, payment is based on the lesser of a blended amount calculated using a percentage of the reasonable charge/cost and fee schedule amounts, or the submitted charge for the service. You will be notified yearly what the percentages for the blended payment calculation will be. <i>Start: 05/30/2002</i>

N115	<p>This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LMRP/LCD.</p> <p><i>Start: 05/30/2002 Last Modified: 04/01/2004</i> <i>Notes: (Modified 4/1/04)</i></p>
N116	<p>This payment is being made conditionally because the service was provided in the home, and it is possible that the patient is under a home health episode of care. When a patient is treated under a home health episode of care, consolidated billing requires that certain therapy services and supplies, such as this, be included in the home health agency's (HHA's) payment. This payment will need to be recouped from you if we establish that the patient is concurrently receiving treatment under an HHA episode of care.</p> <p><i>Start: 06/30/2002</i></p>
N117	<p>This service is paid only once in a patient's lifetime.</p> <p><i>Start: 07/30/2002 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i></p>
N118	<p>This service is not paid if billed more than once every 28 days.</p> <p><i>Start: 07/30/2002</i></p>
N119	<p>This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or Skilled /nursing Facility (SNF) within those 28 days.</p> <p><i>Start: 07/30/2002 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i></p>
N120	<p>Payment is subject to home health prospective payment system partial episode payment adjustment. Patient was transferred/discharged/readmitted during payment episode.</p> <p><i>Start: 08/09/2002 Last Modified: 06/30/2003</i> <i>Notes: (Modified 6/30/03)</i></p>
N121	<p>Medicare Part B does not pay for items or services provided by this type of practitioner for beneficiaries in a Medicare Part A covered Skilled Nursing Facility (SNF) stay.</p> <p><i>Start: 09/09/2002 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04, 6/30/03)</i></p>
N122	<p>Add-on code cannot be billed by itself.</p> <p><i>Start: 09/12/2002 Last Modified: 08/01/2005</i> <i>Notes: (Modified 8/1/05)</i></p>
N123	<p>This is a split service and represents a portion of the units from the originally submitted service.</p> <p><i>Start: 09/24/2002</i></p>
N124	<p>Payment has been denied for the/made only for a less extensive service/item because the information furnished does not substantiate the need for the (more extensive) service/item. The patient is liable for the charges for this service/item as you informed the patient in writing before the service/item was furnished that we would not pay for it, and the patient agreed to pay.</p> <p><i>Start: 09/26/2002</i></p>
N125	<p>Payment has been (denied for the/made only for a less extensive) service/item because the information furnished does not substantiate the need for the (more extensive) service/item. If you have collected any amount from the patient, you must refund that amount to the patient within 30 days of receiving this notice.</p> <p>The requirements for a refund are in .1834(a)(18) of the Social Security Act (and in ..1834(j)(4) and 1879(h) by cross-reference to .1834(a)(18)). Section 1834 (a)(18)(B) specifies that suppliers which knowingly and willfully fail to make appropriate refunds may be subject to civil money penalties and/or exclusion from the Medicare program. If you have any questions about this notice, please contact this office.</p> <p><i>Start: 09/26/2002 Last Modified: 08/01/2005</i> <i>Notes: (Modified 8/1/05. Also refer to N356)</i></p>
N126	<p>Social Security Records indicate that this individual has been deported. This payer does not cover items and services furnished to individuals who have been deported.</p> <p><i>Start: 10/17/2002</i></p>
N127	<p>This is a misdirected claim/service for a United Mine Workers of America (UMWA) beneficiary. Please submit claims to them.</p> <p><i>Start: 10/31/2007 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04)</i></p>
N128	<p>This amount represents the prior to coverage portion of the allowance.</p> <p><i>Start: 10/31/2002</i></p>
N129	<p>Not eligible due to the patient's age.</p> <p><i>Start: 10/31/2002 Last Modified: 08/01/2007</i> <i>Notes: (Modified 8/1/07)</i></p>
N130	<p>Alert: Consult plan benefit documents/guidelines for information about restrictions for this service.</p> <p><i>Start: 10/31/2002 Last Modified: 07/01/2008</i> <i>Notes: (Modified 4/1/07, 7/1/08)</i></p>
N131	<p>Total payments under multiple contracts cannot exceed the allowance for this service.</p> <p><i>Start: 10/31/2002</i></p>
N132	<p>Alert: Payments will cease for services rendered by this US Government debarred or excluded provider after the 30 day grace period as previously notified.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N133	<p>Alert: Services for predetermination and services requesting payment are being processed separately.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N134	<p>Alert: This represents your scheduled payment for this service. If treatment has been discontinued, please contact Customer Service.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N135	<p>Record fees are the patient's responsibility and limited to the specified co-payment.</p> <p><i>Start: 10/31/2002</i></p>

N136	<p>Alert: To obtain information on the process to file an appeal in Arizona, call the Department's Consumer Assistance Office at (602) 912-8444 or (800) 325-2548.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N137	<p>Alert: The provider acting on the Member's behalf, may file an appeal with the Payer. The provider, acting on the Member's behalf, may file a complaint with the State Insurance Regulatory Authority without first filing an appeal, if the coverage decision involves an urgent condition for which care has not been rendered. The address may be obtained from the State Insurance Regulatory Authority.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 8/1/04, 2/28/03, 4/1/07)</i></p>
N138	<p>Alert: In the event you disagree with the Dental Advisor's opinion and have additional information relative to the case, you may submit radiographs to the Dental Advisor Unit at the subscriber's dental insurance carrier for a second Independent Dental Advisor Review.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N139	<p>Alert: Under the Code of Federal Regulations, Chapter 32, Section 199.13 a non-participating provider is not an appropriate appealing party. Therefore, if you disagree with the Dental Advisor's opinion, you may appeal the determination if appointed in writing, by the beneficiary, to act as his/her representative. Should you be appointed as a representative, submit a copy of this letter, a signed statement explaining the matter in which you disagree, and any radiographs and relevant information to the subscriber's Dental insurance carrier within 90 days from the date of this letter.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N140	<p>Alert: You have not been designated as an authorized OCONUS provider therefore are not considered an appropriate appealing party. If the beneficiary has appointed you, in writing, to act as his/her representative and you disagree with the Dental Advisor's opinion, you may appeal by submitting a copy of this letter, a signed statement explaining the matter in which you disagree, and any relevant information to the subscriber's Dental insurance carrier within 90 days from the date of this letter.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N141	<p>The patient was not residing in a long-term care facility during all or part of the service dates billed.</p> <p><i>Start: 10/31/2002</i></p>
N142	<p>The original claim was denied. Resubmit a new claim, not a replacement claim.</p> <p><i>Start: 10/31/2002</i></p>
N143	<p>The patient was not in a hospice program during all or part of the service dates billed.</p> <p><i>Start: 10/31/2002</i></p>
N144	<p>The rate changed during the dates of service billed.</p> <p><i>Start: 10/31/2002</i></p>
N145	<p>Missing/incomplete/invalid provider identifier for this place of service.</p> <p><i>Start: 10/31/2002 Stop: 06/02/2005</i></p>
N146	<p>Missing screening document.</p> <p><i>Start: 10/31/2002 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04) Related to N243</i></p>
N147	<p>Long term care case mix or per diem rate cannot be determined because the patient ID number is missing, incomplete, or invalid on the assignment request.</p> <p><i>Start: 10/31/2002</i></p>
N148	<p>Missing/incomplete/invalid date of last menstrual period.</p> <p><i>Start: 10/31/2002</i></p>
N149	<p>Rebill all applicable services on a single claim.</p> <p><i>Start: 10/31/2002</i></p>
N150	<p>Missing/incomplete/invalid model number.</p> <p><i>Start: 10/31/2002</i></p>
N151	<p>Telephone contact services will not be paid until the face-to-face contact requirement has been met.</p> <p><i>Start: 10/31/2002</i></p>
N152	<p>Missing/incomplete/invalid replacement claim information.</p> <p><i>Start: 10/31/2002</i></p>
N153	<p>Missing/incomplete/invalid room and board rate.</p> <p><i>Start: 10/31/2002</i></p>
N154	<p>Alert: This payment was delayed for correction of provider's mailing address.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N155	<p>Alert: Our records do not indicate that other insurance is on file. Please submit other insurance information for our records.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N156	<p>Alert: The patient is responsible for the difference between the approved treatment and the elective treatment.</p> <p><i>Start: 10/31/2002 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i></p>
N157	<p>Transportation to/from this destination is not covered.</p> <p><i>Start: 02/28/2003 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i></p>
N158	<p>Transportation in a vehicle other than an ambulance is not covered.</p> <p><i>Start: 02/28/2003</i></p>
N159	<p>Payment denied/reduced because mileage is not covered when the patient is not in the ambulance.</p> <p><i>Start: 02/28/2003</i></p>
N160	<p>The patient must choose an option before a payment can be made for this procedure/ equipment/ supply/ service.</p> <p><i>Start: 02/28/2003 Last Modified: 02/01/2004</i> <i>Notes: (Modified 2/1/04)</i></p>

N161	This drug/service/supply is covered only when the associated service is covered. <i>Start: 02/28/2003</i>
N162	Alert: Although your claim was paid, you have billed for a test/specialty not included in your Laboratory Certification. Your failure to correct the laboratory certification information will result in a denial of payment in the near future. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N163	Medical record does not support code billed per the code definition. <i>Start: 02/28/2003</i>
N164	Transportation to/from this destination is not covered. <i>Start: 02/28/2003 Stop: 01/31/2004</i> <i>Notes: Consider using N157</i>
N165	Transportation in a vehicle other than an ambulance is not covered. <i>Start: 02/28/2003 Stop: 01/31/2004</i> <i>Notes: Consider using N158)</i>
N166	Payment denied/reduced because mileage is not covered when the patient is not in the ambulance. <i>Start: 02/28/2003 Stop: 01/31/2004</i> <i>Notes: Consider using N159</i>
N167	Charges exceed the post-transplant coverage limit. <i>Start: 02/28/2003</i>
N168	The patient must choose an option before a payment can be made for this procedure/ equipment/ supply/ service. <i>Start: 02/28/2003 Stop: 01/31/2004</i> <i>Notes: Consider using N160</i>
N169	This drug/service/supply is covered only when the associated service is covered. <i>Start: 02/28/2003 Stop: 01/31/2004</i> <i>Notes: Consider using N161</i>
N170	A new/revised/renewed certificate of medical necessity is needed. <i>Start: 02/28/2003</i>
N171	Payment for repair or replacement is not covered or has exceeded the purchase price. <i>Start: 02/28/2003</i>
N172	The patient is not liable for the denied/adjusted charge(s) for receiving any updated service/item. <i>Start: 02/28/2003</i>
N173	No qualifying hospital stay dates were provided for this episode of care. <i>Start: 02/28/2003</i>
N174	This is not a covered service/procedure/ equipment/bed, however patient liability is limited to amounts shown in the adjustments under group 'PR'. <i>Start: 02/28/2003</i>
N175	Missing review organization approval. <i>Start: 02/28/2003 Last Modified: 02/29/2008</i> <i>Notes: (Modified 8/1/04, 2/29/08) Related to N241</i>
N176	Services provided aboard a ship are covered only when the ship is of United States registry and is in United States waters. In addition, a doctor licensed to practice in the United States must provide the service. <i>Start: 02/28/2003</i>
N177	Alert: We did not send this claim to patient's other insurer. They have indicated no additional payment can be made. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 6/30/03, 4/1/07)</i>
N178	Missing pre-operative photos or visual field results. <i>Start: 02/28/2003 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04) Related to N244</i>
N179	Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information. <i>Start: 02/28/2003</i>
N180	This item or service does not meet the criteria for the category under which it was billed. <i>Start: 02/28/2003</i>
N181	Additional information is required from another provider involved in this service. <i>Start: 02/28/2003 Last Modified: 12/01/2006</i> <i>Notes: (Modified 12/1/06)</i>
N182	This claim/service must be billed according to the schedule for this plan. <i>Start: 02/28/2003</i>
N183	Alert: This is a predetermination advisory message, when this service is submitted for payment additional documentation as specified in plan documents will be required to process benefits. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N184	Rebill technical and professional components separately. <i>Start: 02/28/2003</i>
N185	Alert: Do not resubmit this claim/service. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N186	Non-Availability Statement (NAS) required for this service. Contact the nearest Military Treatment Facility (MTF) for assistance. <i>Start: 02/28/2003</i>
N187	Alert: You may request a review in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>

N188	The approved level of care does not match the procedure code submitted. <i>Start: 02/28/2003</i>
N189	Alert: This service has been paid as a one-time exception to the plan's benefit restrictions. <i>Start: 02/28/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N190	Missing contract indicator. <i>Start: 02/28/2003 Last Modified: 08/01/2004</i> <i>Notes: (Modified 8/1/04) Related to N229</i>
N191	The provider must update insurance information directly with payer. <i>Start: 02/28/2003</i>
N192	Patient is a Medicaid/Qualified Medicare Beneficiary. <i>Start: 02/28/2003</i>
N193	Specific federal/state/local program may cover this service through another payer. <i>Start: 02/28/2003</i>
N194	Technical component not paid if provider does not own the equipment used. <i>Start: 02/25/2003</i>
N195	The technical component must be billed separately. <i>Start: 02/25/2003</i>
N196	Alert: Patient eligible to apply for other coverage which may be primary. <i>Start: 02/25/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N197	The subscriber must update insurance information directly with payer. <i>Start: 02/25/2003</i>
N198	Rendering provider must be affiliated with the pay-to provider. <i>Start: 02/25/2003</i>
N199	Additional payment/recoupment approved based on payer-initiated review/audit. <i>Start: 02/25/2003 Last Modified: 08/01/2006</i> <i>Notes: (Modified 8/1/06)</i>
N200	The professional component must be billed separately. <i>Start: 02/25/2003</i>
N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents. <i>Start: 02/25/2003</i>
N202	Alert: Additional information/explanation will be sent separately <i>Start: 06/30/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N203	Missing/incomplete/invalid anesthesia time/units <i>Start: 06/30/2003</i>
N204	Services under review for possible pre-existing condition. Send medical records for prior 12 months <i>Start: 06/30/2003</i>
N205	Information provided was illegible <i>Start: 06/30/2003</i>
N206	The supporting documentation does not match the claim <i>Start: 06/30/2003</i>
N207	Missing/incomplete/invalid weight. <i>Start: 06/30/2003 Last Modified: 11/18/2005</i> <i>Notes: (Modified 11/18/05)</i>
N208	Missing/incomplete/invalid DRG code <i>Start: 06/30/2003</i>
N209	Missing/incomplete/invalid taxpayer identification number (TIN). <i>Start: 06/30/2003 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N210	Alert: You may appeal this decision <i>Start: 06/30/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N211	Alert: You may not appeal this decision <i>Start: 06/30/2003 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N212	Charges processed under a Point of Service benefit <i>Start: 02/01/2004</i>
N213	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information <i>Start: 04/01/2004</i>
N214	Missing/incomplete/invalid history of the related initial surgical procedure(s) <i>Start: 04/01/2004</i>
N215	Alert: A payer providing supplemental or secondary coverage shall not require a claims determination for this service from a primary payer as a condition of making its own claims determination. <i>Start: 04/01/2004 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N216	Patient is not enrolled in this portion of our benefit package <i>Start: 04/01/2004</i>
N217	We pay only one site of service per provider per claim <i>Start: 08/01/2004</i>

N218	You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for the time period specified in the contract or coverage manual. <i>Start: 08/01/2004</i>
N219	Payment based on previous payer's allowed amount. <i>Start: 08/01/2004</i>
N220	Alert: See the payer's web site or contact the payer's Customer Service department to obtain forms and instructions for filing a provider dispute. <i>Start: 08/01/2004 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N221	Missing Admitting History and Physical report. <i>Start: 08/01/2004</i>
N222	Incomplete/invalid Admitting History and Physical report. <i>Start: 08/01/2004</i>
N223	Missing documentation of benefit to the patient during initial treatment period. <i>Start: 08/01/2004</i>
N224	Incomplete/invalid documentation of benefit to the patient during initial treatment period. <i>Start: 08/01/2004</i>
N225	Incomplete/invalid documentation/orders/notes/summary/report/chart. <i>Start: 08/01/2004 Last Modified: 08/01/2005</i> <i>Notes: (Modified 8/1/05)</i>
N226	Incomplete/invalid American Diabetes Association Certificate of Recognition. <i>Start: 08/01/2004</i>
N227	Incomplete/invalid Certificate of Medical Necessity. <i>Start: 08/01/2004</i>
N228	Incomplete/invalid consent form. <i>Start: 08/01/2004</i>
N229	Incomplete/invalid contract indicator. <i>Start: 08/01/2004</i>
N230	Incomplete/invalid indication of whether the patient owns the equipment that requires the part or supply. <i>Start: 08/01/2004</i>
N231	Incomplete/invalid invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used. <i>Start: 08/01/2004</i>
N232	Incomplete/invalid itemized bill/statement. <i>Start: 08/01/2004 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N233	Incomplete/invalid operative note/report. <i>Start: 08/01/2004 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N234	Incomplete/invalid oxygen certification/re-certification. <i>Start: 08/01/2004</i>
N235	Incomplete/invalid pacemaker registration form. <i>Start: 08/01/2004</i>
N236	Incomplete/invalid pathology report. <i>Start: 08/01/2004</i>
N237	Incomplete/invalid patient medical record for this service. <i>Start: 08/01/2004</i>
N238	Incomplete/invalid physician certified plan of care <i>Start: 08/01/2004</i>
N239	Incomplete/invalid physician financial relationship form. <i>Start: 08/01/2004</i>
N240	Incomplete/invalid radiology report. <i>Start: 08/01/2004</i>
N241	Incomplete/invalid review organization approval. <i>Start: 08/01/2004 Last Modified: 02/29/2008</i> <i>Notes: (Modified 2/29/08)</i>
N242	Incomplete/invalid radiology film(s)/image(s). <i>Start: 08/01/2004 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N243	Incomplete/invalid/not approved screening document. <i>Start: 08/01/2004</i>
N244	Incomplete/invalid pre-operative photos/visual field results. <i>Start: 08/01/2004</i>
N245	Incomplete/invalid plan information for other insurance <i>Start: 08/01/2004</i>
N246	State regulated patient payment limitations apply to this service. <i>Start: 12/02/2004</i>
N247	Missing/incomplete/invalid assistant surgeon taxonomy. <i>Start: 12/02/2004</i>
N248	Missing/incomplete/invalid assistant surgeon name. <i>Start: 12/02/2004</i>

N249	Missing/incomplete/invalid assistant surgeon primary identifier. <i>Start: 12/02/2004</i>
N250	Missing/incomplete/invalid assistant surgeon secondary identifier. <i>Start: 12/02/2004</i>
N251	Missing/incomplete/invalid attending provider taxonomy. <i>Start: 12/02/2004</i>
N252	Missing/incomplete/invalid attending provider name. <i>Start: 12/02/2004</i>
N253	Missing/incomplete/invalid attending provider primary identifier. <i>Start: 12/02/2004</i>
N254	Missing/incomplete/invalid attending provider secondary identifier. <i>Start: 12/02/2004</i>
N255	Missing/incomplete/invalid billing provider taxonomy. <i>Start: 12/02/2004</i>
N256	Missing/incomplete/invalid billing provider/supplier name. <i>Start: 12/02/2004</i>
N257	Missing/incomplete/invalid billing provider/supplier primary identifier. <i>Start: 12/02/2004</i>
N258	Missing/incomplete/invalid billing provider/supplier address. <i>Start: 12/02/2004</i>
N259	Missing/incomplete/invalid billing provider/supplier secondary identifier. <i>Start: 12/02/2004</i>
N260	Missing/incomplete/invalid billing provider/supplier contact information. <i>Start: 12/02/2004</i>
N261	Missing/incomplete/invalid operating provider name. <i>Start: 12/02/2004</i>
N262	Missing/incomplete/invalid operating provider primary identifier. <i>Start: 12/02/2004</i>
N263	Missing/incomplete/invalid operating provider secondary identifier. <i>Start: 12/02/2004</i>
N264	Missing/incomplete/invalid ordering provider name. <i>Start: 12/02/2004</i>
N265	Missing/incomplete/invalid ordering provider primary identifier. <i>Start: 12/02/2004</i>
N266	Missing/incomplete/invalid ordering provider address. <i>Start: 12/02/2004</i>
N267	Missing/incomplete/invalid ordering provider secondary identifier. <i>Start: 12/02/2004</i>
N268	Missing/incomplete/invalid ordering provider contact information. <i>Start: 12/02/2004</i>
N269	Missing/incomplete/invalid other provider name. <i>Start: 12/02/2004</i>
N270	Missing/incomplete/invalid other provider primary identifier. <i>Start: 12/02/2004</i>
N271	Missing/incomplete/invalid other provider secondary identifier. <i>Start: 12/02/2004</i>
N272	Missing/incomplete/invalid other payer attending provider identifier. <i>Start: 12/02/2004</i>
N273	Missing/incomplete/invalid other payer operating provider identifier. <i>Start: 12/02/2004</i>
N274	Missing/incomplete/invalid other payer other provider identifier. <i>Start: 12/02/2004</i>
N275	Missing/incomplete/invalid other payer purchased service provider identifier. <i>Start: 12/02/2004</i>
N276	Missing/incomplete/invalid other payer referring provider identifier. <i>Start: 12/02/2004</i>
N277	Missing/incomplete/invalid other payer rendering provider identifier. <i>Start: 12/02/2004</i>
N278	Missing/incomplete/invalid other payer service facility provider identifier. <i>Start: 12/02/2004</i>
N279	Missing/incomplete/invalid pay-to provider name. <i>Start: 12/02/2004</i>
N280	Missing/incomplete/invalid pay-to provider primary identifier. <i>Start: 12/02/2004</i>
N281	Missing/incomplete/invalid pay-to provider address. <i>Start: 12/02/2004</i>

N282	Missing/incomplete/invalid pay-to provider secondary identifier. <i>Start: 12/02/2004</i>
N283	Missing/incomplete/invalid purchased service provider identifier. <i>Start: 12/02/2004</i>
N284	Missing/incomplete/invalid referring provider taxonomy. <i>Start: 12/02/2004</i>
N285	Missing/incomplete/invalid referring provider name. <i>Start: 12/02/2004</i>
N286	Missing/incomplete/invalid referring provider primary identifier. <i>Start: 12/02/2004</i>
N287	Missing/incomplete/invalid referring provider secondary identifier. <i>Start: 12/02/2004</i>
N288	Missing/incomplete/invalid rendering provider taxonomy. <i>Start: 12/02/2004</i>
N289	Missing/incomplete/invalid rendering provider name. <i>Start: 12/02/2004</i>
N290	Missing/incomplete/invalid rendering provider primary identifier. <i>Start: 12/02/2004</i>
N291	Missing/incomplete/invalid rendering provider secondary identifier. <i>Start: 12/02/2004</i>
N292	Missing/incomplete/invalid service facility name. <i>Start: 12/02/2004</i>
N293	Missing/incomplete/invalid service facility primary identifier. <i>Start: 12/02/2004</i>
N294	Missing/incomplete/invalid service facility primary address. <i>Start: 12/02/2004</i>
N295	Missing/incomplete/invalid service facility secondary identifier. <i>Start: 12/02/2004</i>
N296	Missing/incomplete/invalid supervising provider name. <i>Start: 12/02/2004</i>
N297	Missing/incomplete/invalid supervising provider primary identifier. <i>Start: 12/02/2004</i>
N298	Missing/incomplete/invalid supervising provider secondary identifier. <i>Start: 12/02/2004</i>
N299	Missing/incomplete/invalid occurrence date(s). <i>Start: 12/02/2004</i>
N300	Missing/incomplete/invalid occurrence span date(s). <i>Start: 12/02/2004</i>
N301	Missing/incomplete/invalid procedure date(s). <i>Start: 12/02/2004</i>
N302	Missing/incomplete/invalid other procedure date(s). <i>Start: 12/02/2004</i>
N303	Missing/incomplete/invalid principal procedure date. <i>Start: 12/02/2004</i>
N304	Missing/incomplete/invalid dispensed date. <i>Start: 12/02/2004</i>
N305	Missing/incomplete/invalid accident date. <i>Start: 12/02/2004</i>
N306	Missing/incomplete/invalid acute manifestation date. <i>Start: 12/02/2004</i>
N307	Missing/incomplete/invalid adjudication or payment date. <i>Start: 12/02/2004</i>
N308	Missing/incomplete/invalid appliance placement date. <i>Start: 12/02/2004</i>
N309	Missing/incomplete/invalid assessment date. <i>Start: 12/02/2004</i>
N310	Missing/incomplete/invalid assumed or relinquished care date. <i>Start: 12/02/2004</i>
N311	Missing/incomplete/invalid authorized to return to work date. <i>Start: 12/02/2004</i>
N312	Missing/incomplete/invalid begin therapy date. <i>Start: 12/02/2004</i>
N313	Missing/incomplete/invalid certification revision date. <i>Start: 12/02/2004</i>
N314	Missing/incomplete/invalid diagnosis date. <i>Start: 12/02/2004</i>

N315	Missing/incomplete/invalid disability from date. <i>Start: 12/02/2004</i>
N316	Missing/incomplete/invalid disability to date. <i>Start: 12/02/2004</i>
N317	Missing/incomplete/invalid discharge hour. <i>Start: 12/02/2004</i>
N318	Missing/incomplete/invalid discharge or end of care date. <i>Start: 12/02/2004</i>
N319	Missing/incomplete/invalid hearing or vision prescription date. <i>Start: 12/02/2004</i>
N320	Missing/incomplete/invalid Home Health Certification Period. <i>Start: 12/02/2004</i>
N321	Missing/incomplete/invalid last admission period. <i>Start: 12/02/2004</i>
N322	Missing/incomplete/invalid last certification date. <i>Start: 12/02/2004</i>
N323	Missing/incomplete/invalid last contact date. <i>Start: 12/02/2004</i>
N324	Missing/incomplete/invalid last seen/visit date. <i>Start: 12/02/2004</i>
N325	Missing/incomplete/invalid last worked date. <i>Start: 12/02/2004</i>
N326	Missing/incomplete/invalid last x-ray date. <i>Start: 12/02/2004</i>
N327	Missing/incomplete/invalid other insured birth date. <i>Start: 12/02/2004</i>
N328	Missing/incomplete/invalid Oxygen Saturation Test date. <i>Start: 12/02/2004</i>
N329	Missing/incomplete/invalid patient birth date. <i>Start: 12/02/2004</i>
N330	Missing/incomplete/invalid patient death date. <i>Start: 12/02/2004</i>
N331	Missing/incomplete/invalid physician order date. <i>Start: 12/02/2004</i>
N332	Missing/incomplete/invalid prior hospital discharge date. <i>Start: 12/02/2004</i>
N333	Missing/incomplete/invalid prior placement date. <i>Start: 12/02/2004</i>
N334	Missing/incomplete/invalid re-evaluation date <i>Start: 12/02/2004</i>
N335	Missing/incomplete/invalid referral date. <i>Start: 12/02/2004</i>
N336	Missing/incomplete/invalid replacement date. <i>Start: 12/02/2004</i>
N337	Missing/incomplete/invalid secondary diagnosis date. <i>Start: 12/02/2004</i>
N338	Missing/incomplete/invalid shipped date. <i>Start: 12/02/2004</i>
N339	Missing/incomplete/invalid similar illness or symptom date. <i>Start: 12/02/2004</i>
N340	Missing/incomplete/invalid subscriber birth date. <i>Start: 12/02/2004</i>
N341	Missing/incomplete/invalid surgery date. <i>Start: 12/02/2004</i>
N342	Missing/incomplete/invalid test performed date. <i>Start: 12/02/2004</i>
N343	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial start date. <i>Start: 12/02/2004</i>
N344	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial end date. <i>Start: 12/02/2004</i>
N345	Date range not valid with units submitted. <i>Start: 03/30/2005</i>
N346	Missing/incomplete/invalid oral cavity designation code. <i>Start: 03/30/2005</i>
N347	Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contractor representing the payer. <i>Start: 03/30/2005</i>

N348	You chose that this service/supply/drug would be rendered/supplied and billed by a different practitioner/supplier. <i>Start: 08/01/2005</i>
N349	The administration method and drug must be reported to adjudicate this service. <i>Start: 08/01/2005</i>
N350	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure. <i>Start: 08/01/2005 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N351	Service date outside of the approved treatment plan service dates. <i>Start: 08/01/2005</i>
N352	Alert: There are no scheduled payments for this service. Submit a claim for each patient visit. <i>Start: 08/01/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N353	Alert: Benefits have been estimated, when the actual services have been rendered, additional payment will be considered based on the submitted claim. <i>Start: 08/01/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N354	Incomplete/invalid invoice <i>Start: 08/01/2005</i>
N355	Alert: The law permits exceptions to the refund requirement in two cases: - If you did not know, and could not have reasonably been expected to know, that we would not pay for this service; or - If you notified the patient in writing before providing the service that you believed that we were likely to deny the service, and the patient signed a statement agreeing to pay for the service. If you come within either exception, or if you believe the carrier was wrong in its determination that we do not pay for this service, you should request appeal of this determination within 30 days of the date of this notice. Your request for review should include any additional information necessary to support your position. If you request an appeal within 30 days of receiving this notice, you may delay refunding the amount to the patient until you receive the results of the review. If the review decision is favorable to you, you do not need to make any refund. If, however, the review is unfavorable, the law specifies that you must make the refund within 15 days of receiving the unfavorable review decision. The law also permits you to request an appeal at any time within 120 days of the date you receive this notice. However, an appeal request that is received more than 30 days after the date of this notice, does not permit you to delay making the refund. Regardless of when a review is requested, the patient will be notified that you have requested one, and will receive a copy of the determination. The patient has received a separate notice of this denial decision. The notice advises that he/she may be entitled to a refund of any amounts paid, if you should have known that we would not pay and did not tell him/her. It also instructs the patient to contact our office if he/she does not hear anything about a refund within 30 days <i>Start: 08/01/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 11/18/05, Modified 4/1/07)</i>
N356	This service is not covered when performed with, or subsequent to, a non-covered service. <i>Start: 08/01/2005</i>
N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met. <i>Start: 11/18/2005</i>
N358	Alert: This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted. <i>Start: 11/18/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N359	Missing/incomplete/invalid height. <i>Start: 11/18/2005</i>
N360	Alert: Coordination of benefits has not been calculated when estimating benefits for this pre-determination. Submit payment information from the primary payer with the secondary claim. <i>Start: 11/18/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N361	Payment adjusted based on multiple diagnostic imaging procedure rules <i>Start: 11/18/2005 Stop: 10/01/2007 Last Modified: 12/01/2006</i> <i>Notes: (Modified 12/1/06) Consider using Reason Code 59</i>
N362	The number of Days or Units of Service exceeds our acceptable maximum. <i>Start: 11/18/2005</i>
N363	Alert: in the near future we are implementing new policies/procedures that would affect this determination. <i>Start: 11/18/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N364	Alert: According to our agreement, you must waive the deductible and/or coinsurance amounts. <i>Start: 11/18/2005 Last Modified: 04/01/2007</i> <i>Notes: (Modified 4/1/07)</i>
N365	This procedure code is not payable. It is for reporting/information purposes only. <i>Start: 04/01/2006</i>
N366	Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice. <i>Start: 04/01/2006</i>
N367	Alert: The claim information has been forwarded to a Consumer Spending Account processor for review; for example, flexible spending account or health savings account. <i>Start: 04/01/2006 Last Modified: 07/01/2008</i> <i>Notes: (Modified 4/1/07, 11/5/07, 7/1/08)</i>
N368	You must appeal the determination of the previously adjudicated claim. <i>Start: 04/01/2006</i>

N369	Alert: Although this claim has been processed, it is deficient according to state legislation/regulation. <i>Start: 04/01/2006</i>
N370	Billing exceeds the rental months covered/approved by the payer. <i>Start: 08/01/2006</i>
N371	Alert: title of this equipment must be transferred to the patient. <i>Start: 08/01/2006</i>
N372	Only reasonable and necessary maintenance/service charges are covered. <i>Start: 08/01/2006</i>
N373	It has been determined that another payer paid the services as primary when they were not the primary payer. Therefore, we are refunding to the payer that paid as primary on your behalf. <i>Start: 12/01/2006</i>
N374	Primary Medicare Part A insurance has been exhausted and a Part B Remittance Advice is required. <i>Start: 12/01/2006</i>
N375	Missing/incomplete/invalid questionnaire/information required to determine dependent eligibility. <i>Start: 12/01/2006</i>
N376	Subscriber/patient is assigned to active military duty, therefore primary coverage may be TRICARE. <i>Start: 12/01/2006</i>
N377	Payment based on a processed replacement claim. <i>Start: 12/01/2006 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/07)</i>
N378	Missing/incomplete/invalid prescription quantity. <i>Start: 12/01/2006</i>
N379	Claim level information does not match line level information. <i>Start: 12/01/2006</i>
N380	The original claim has been processed, submit a corrected claim. <i>Start: 04/01/2007</i>
N381	Consult our contractual agreement for restrictions/billing/payment information related to these charges. <i>Start: 04/01/2007</i>
N382	Missing/incomplete/invalid patient identifier. <i>Start: 04/01/2007</i>
N383	Services deemed cosmetic are not covered <i>Start: 04/01/2007</i>
N384	Records indicate that the referenced body part/tooth has been removed in a previous procedure. <i>Start: 04/01/2007</i>
N385	Notification of admission was not timely according to published plan procedures. <i>Start: 04/01/2007 Last Modified: 11/05/2007</i> <i>Notes: (Modified 11/5/07)</i>
N386	This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD. <i>Start: 04/01/2007</i>
N387	Alert: Submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information. <i>Start: 04/01/2007 Last Modified: 03/01/2009</i> <i>Notes: (Modified 3/1/2009)</i>
N388	Missing/incomplete/invalid prescription number <i>Start: 08/01/2007</i>
N389	Duplicate prescription number submitted. <i>Start: 08/01/2007</i>
N390	This service/report cannot be billed separately. <i>Start: 08/01/2007 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N391	Missing emergency department records. <i>Start: 08/01/2007</i>
N392	Incomplete/invalid emergency department records. <i>Start: 08/01/2007</i>
N393	Missing progress notes/report. <i>Start: 08/01/2007 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N394	Incomplete/invalid progress notes/report. <i>Start: 08/01/2007 Last Modified: 07/01/2008</i> <i>Notes: (Modified 7/1/08)</i>
N395	Missing laboratory report. <i>Start: 08/01/2007</i>
N396	Incomplete/invalid laboratory report. <i>Start: 08/01/2007</i>
N397	Benefits are not available for incomplete service(s)/undelivered item(s). <i>Start: 08/01/2007</i>
N398	Missing elective consent form. <i>Start: 08/01/2007</i>

N399	Incomplete/invalid elective consent form. <i>Start: 08/01/2007</i>
N400	Alert: Electronically enabled providers should submit claims electronically. <i>Start: 08/01/2007</i>
N401	Missing periodontal charting. <i>Start: 08/01/2007</i>
N402	Incomplete/invalid periodontal charting. <i>Start: 08/01/2007</i>
N403	Missing facility certification. <i>Start: 08/01/2007</i>
N404	Incomplete/invalid facility certification. <i>Start: 08/01/2007</i>
N405	This service is only covered when the donor's insurer(s) do not provide coverage for the service. <i>Start: 08/01/2007</i>
N406	This service is only covered when the recipient's insurer(s) do not provide coverage for the service. <i>Start: 08/01/2007</i>
N407	You are not an approved submitter for this transmission format. <i>Start: 08/01/2007</i>
N408	This payer does not cover deductibles assessed by a previous payer. <i>Start: 08/01/2007</i>
N409	This service is related to an accidental injury and is not covered unless provided within a specific time frame from the date of the accident. <i>Start: 08/01/2007</i>
N410	This is not covered unless the prescription changes. <i>Start: 08/01/2007</i>
N411	This service is allowed one time in a 6-month period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N412	This service is allowed 2 times in a 12-month period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N413	This service is allowed 2 times in a benefit year. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N414	This service is allowed 4 times in a 12-month period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N415	This service is allowed 1 time in an 18-month period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N416	This service is allowed 1 time in a 3-year period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N417	This service is allowed 1 time in a 5-year period. (This temporary code will be deactivated on 2/1/09. Must be used with Reason Code 119.) <i>Start: 08/01/2007 Stop: 02/01/2009</i>
N418	Misrouted claim. See the payer's claim submission instructions. <i>Start: 08/01/2007</i>
N419	Claim payment was the result of a payer's retroactive adjustment due to a retroactive rate change. <i>Start: 08/01/2007</i>
N420	Claim payment was the result of a payer's retroactive adjustment due to a Coordination of Benefits or Third Party Liability Recovery. <i>Start: 08/01/2007</i>
N421	Claim payment was the result of a payer's retroactive adjustment due to a review organization decision. <i>Start: 08/01/2007 Last Modified: 05/08/2008</i> <i>Notes: (Modified 2/29/08, typo fixed 5/8/08)</i>
N422	Claim payment was the result of a payer's retroactive adjustment due to a payer's contract incentive program. <i>Start: 08/01/2007 Last Modified: 05/08/2008</i> <i>Notes: (Typo fixed 5/8/08)</i>
N423	Claim payment was the result of a payer's retroactive adjustment due to a non standard program. <i>Start: 08/01/2007</i>
N424	Patient does not reside in the geographic area required for this type of payment. <i>Start: 08/01/2007</i>
N425	Statutorily excluded service(s). <i>Start: 08/01/2007</i>
N426	No coverage when self-administered. <i>Start: 08/01/2007</i>
N427	Payment for eyeglasses or contact lenses can be made only after cataract surgery. <i>Start: 08/01/2007</i>
N428	Service/procedure not covered when performed in this place of service. <i>Start: 08/01/2007</i>
N429	This is not covered since it is considered routine. <i>Start: 08/01/2007</i>
N430	Procedure code is inconsistent with the units billed. <i>Start: 11/05/2007</i>
N431	Service is not covered with this procedure. <i>Start: 11/05/2007</i>

N432	Adjustment based on a Recovery Audit. <i>Start: 11/05/2007</i>
N433	Resubmit this claim using only your National Provider Identifier (NPI) <i>Start: 02/29/2008</i>
N434	Missing/Incomplete/Invalid Present on Admission indicator. <i>Start: 07/01/2008</i>
N435	Exceeds number/frequency approved /allowed within time period without support documentation. <i>Start: 07/01/2008</i>
N436	The injury claim has not been accepted and a mandatory medical reimbursement has been made. <i>Start: 07/01/2008</i>
N437	Alert: If the injury claim is accepted, these charges will be reconsidered. <i>Start: 07/01/2008</i>
N438	This jurisdiction only accepts paper claims <i>Start: 07/01/2008</i>
N439	Missing anesthesia physical status report/indicators. <i>Start: 07/01/2008</i>
N440	Incomplete/invalid anesthesia physical status report/indicators. <i>Start: 07/01/2008</i>
N441	This missed appointment is not covered. <i>Start: 07/01/2008</i>
N442	Payment based on an alternate fee schedule. <i>Start: 07/01/2008</i>
N443	Missing/incomplete/invalid total time or begin/end time. <i>Start: 07/01/2008</i>
N444	Alert: This facility has not filed the Election for High Cost Outlier form with the Division of Workers' Compensation. <i>Start: 07/01/2008</i>
N445	Missing document for actual cost or paid amount. <i>Start: 07/01/2008</i>
N446	Incomplete/invalid document for actual cost or paid amount. <i>Start: 07/01/2008</i>
N447	Payment is based on a generic equivalent as required documentation was not provided. <i>Start: 07/01/2008</i>
N448	This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement <i>Start: 07/01/2008</i>
N449	Payment based on a comparable drug/service/supply. <i>Start: 07/01/2008</i>
N450	Covered only when performed by the primary treating physician or the designee. <i>Start: 07/01/2008</i>
N451	Missing Admission Summary Report. <i>Start: 07/01/2008</i>
N452	Incomplete/invalid Admission Summary Report. <i>Start: 07/01/2008</i>
N453	Missing Consultation Report. <i>Start: 07/01/2008</i>
N454	Incomplete/invalid Consultation Report. <i>Start: 07/01/2008</i>
N455	Missing Physician Order. <i>Start: 07/01/2008</i>
N456	Incomplete/invalid Physician Order. <i>Start: 07/01/2008</i>
N457	Missing Diagnostic Report. <i>Start: 07/01/2008</i>
N458	Incomplete/invalid Diagnostic Report. <i>Start: 07/01/2008</i>
N459	Missing Discharge Summary. <i>Start: 07/01/2008</i>
N460	Incomplete/invalid Discharge Summary. <i>Start: 07/01/2008</i>
N461	Missing Nursing Notes. <i>Start: 07/01/2008</i>
N462	Incomplete/invalid Nursing Notes. <i>Start: 07/01/2008</i>
N463	Missing support data for claim. <i>Start: 07/01/2008</i>
N464	Incomplete/invalid support data for claim. <i>Start: 07/01/2008</i>

N465	Missing Physical Therapy Notes/Report. <i>Start: 07/01/2008</i>
N466	Incomplete/invalid Physical Therapy Notes/Report. <i>Start: 07/01/2008</i>
N467	Missing Report of Tests and Analysis Report. <i>Start: 07/01/2008</i>
N468	Incomplete/invalid Report of Tests and Analysis Report. <i>Start: 07/01/2008</i>
N469	Alert: Claim/Service(s) subject to appeal process, see section 935 of Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). <i>Start: 07/01/2008</i>
N470	This payment will complete the mandatory medical reimbursement limit. <i>Start: 07/01/2008</i>
N471	Missing/incomplete/invalid HIPPS Rate Code. <i>Start: 07/01/2008</i>
N472	Payment for this service has been issued to another provider. <i>Start: 07/01/2008</i>
N473	Missing certification. <i>Start: 07/01/2008</i>
N474	Incomplete/invalid certification <i>Start: 07/01/2008</i>
N475	Missing completed referral form. <i>Start: 07/01/2008</i>
N476	Incomplete/invalid completed referral form <i>Start: 07/01/2008</i>
N477	Missing Dental Models. <i>Start: 07/01/2008</i>
N478	Incomplete/invalid Dental Models <i>Start: 07/01/2008</i>
N479	Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). <i>Start: 07/01/2008</i>
N480	Incomplete/invalid Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). <i>Start: 07/01/2008</i>
N481	Missing Models. <i>Start: 07/01/2008</i>
N482	Incomplete/invalid Models <i>Start: 07/01/2008</i>
N483	Missing Periodontal Charts. <i>Start: 07/01/2008</i>
N484	Incomplete/invalid Periodontal Charts <i>Start: 07/01/2008</i>
N485	Missing Physical Therapy Certification. <i>Start: 07/01/2008</i>
N486	Incomplete/invalid Physical Therapy Certification. <i>Start: 07/01/2008</i>
N487	Missing Prosthetics or Orthotics Certification. <i>Start: 07/01/2008</i>
N488	Incomplete/invalid Prosthetics or Orthotics Certification <i>Start: 07/01/2008</i>
N489	Missing referral form. <i>Start: 07/01/2008</i>
N490	Incomplete/invalid referral form <i>Start: 07/01/2008</i>
N491	Missing/Incomplete/Invalid Exclusionary Rider Condition. <i>Start: 07/01/2008</i>
N492	Alert: A network provider may bill the member for this service if the member requested the service and agreed in writing, prior to receiving the service, to be financially responsible for the billed charge. <i>Start: 07/01/2008</i>
N493	Missing Doctor First Report of Injury. <i>Start: 07/01/2008</i>
N494	Incomplete/invalid Doctor First Report of Injury. <i>Start: 07/01/2008</i>
N495	Missing Supplemental Medical Report. <i>Start: 07/01/2008</i>
N496	Incomplete/invalid Supplemental Medical Report. <i>Start: 07/01/2008</i>
N497	Missing Medical Permanent Impairment or Disability Report. <i>Start: 07/01/2008</i>

N498	Incomplete/invalid Medical Permanent Impairment or Disability Report. <i>Start: 07/01/2008</i>
N499	Missing Medical Legal Report. <i>Start: 07/01/2008</i>
N500	Incomplete/invalid Medical Legal Report. <i>Start: 07/01/2008</i>
N501	Missing Vocational Report. <i>Start: 07/01/2008</i>
N502	Incomplete/invalid Vocational Report. <i>Start: 07/01/2008</i>
N503	Missing Work Status Report. <i>Start: 07/01/2008</i>
N504	Incomplete/invalid Work Status Report. <i>Start: 07/01/2008</i>
N505	Alert: This response includes only services that could be estimated in real time. No estimate will be provided for the services that could not be estimated in real time. <i>Start: 11/01/2008</i>
N506	Alert: This is an estimate of the member's liability based on the information available at the time the estimate was processed. Actual coverage and member liability amounts will be determined when the claim is processed. This is not a pre-authorization or a guarantee of payment. <i>Start: 11/01/2008</i>
N507	Plan distance requirements have not been met. <i>Start: 11/01/2008</i>
N508	Alert: This real time claim adjudication response represents the member responsibility to the provider for services reported. The member will receive an Explanation of Benefits electronically or in the mail. Contact the insurer if there are any questions. <i>Start: 11/01/2008</i>
N509	Alert: A current inquiry shows the member's Consumer Spending Account contains sufficient funds to cover the member liability for this claim/service. Actual payment from the Consumer Spending Account will depend on the availability of funds and determination of eligible services at the time of payment processing. <i>Start: 11/01/2008</i>
N510	Alert: A current inquiry shows the member's Consumer Spending Account does not contain sufficient funds to cover the member's liability for this claim/service. Actual payment from the Consumer Spending Account will depend on the availability of funds and determination of eligible services at the time of payment processing. <i>Start: 11/01/2008</i>
N511	Alert: Information on the availability of Consumer Spending Account funds to cover the member liability on this claim/service is not available at this time. <i>Start: 11/01/2008</i>
N512	Alert: This is the initial remit of a non-NCPDP claim originally submitted real-time without change to the adjudication. <i>Start: 11/01/2008</i>
N513	Alert: This is the initial remit of a non-NCPDP claim originally submitted real-time with a change to the adjudication. <i>Start: 11/01/2008</i>
N514	Consult plan benefit documents/guidelines for information about restrictions for this service. <i>Start: 11/01/2008</i>
N515	Alert: Submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information. (use N387 instead) <i>Start: 11/01/2008 Stop: 10/01/2009</i>
N516	Records indicate a mismatch between the submitted NPI and EIN. <i>Start: 03/01/2009</i>
N517	Resubmit a new claim with the requested information. <i>Start: 03/01/2009</i>
N518	No separate payment for accessories when furnished for use with oxygen equipment. <i>Start: 03/01/2009</i>
N519	Invalid combination of HCPCS modifiers. <i>Start: 07/01/2009</i>
N520	Alert: Payment made from a Consumer Spending Account. <i>Start: 07/01/2009</i>



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