

Remittance Advice Remarks Code

REMITTANCE ADVICE REMARK CODES - USED IN REMITTANCE ADVICE TO RELAY INFORMATIONAL MESSAGES THAT CANNOT BE EXPRESSED WITH A CLAIMS ADJUSTMENT REASON CODE.	
Code	Description
M16	Please see the letter of (date) for further information. (The letter number and date must be supplied).
M51	Missing/incomplete/invalid procedure code(s) and/or rates.
M53	Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.
M54	Did not complete or enter the correct charges for services rendered.
M80	Not covered when performed during the same session/date as a previously processed service for the patient.
M81	Patient's diagnosis code(s) is truncated, incorrect, or missing; you are required to code to the highest level of specificity
MA130	Your claim contains incomplete and/or invalid information, and no appeals rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information
MA21	SSA records indicate mismatch with name and sex
MA31	Incomplete/invalid beginning and ending dates of the period billed
MA39	Incomplete/invalid patient's sex
MA40	Incomplete/invalid admission date
MA61	Did not complete or enter correctly the patient's social security number or health insurance claim number
MA63	Incomplete/invalid principle diagnosis code
MA66	Incomplete/invalid principle procedure code and/or date
MA92	Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information
N1	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.
N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount. This Remark Code will be deactivated October 1, 2007.
N20	Service not payable with other service rendered on the same date.
N50	Missing/incomplete/invalid discharge information.
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.
N59	Please refer to your provider manual for additional program and provider information.
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
N74	Resubmit with multiple claims, each claim covering services provided in only one calendar month