

Incedo Explanation Code	Incedo Description	CAGC	CARC Code	CARC Description	RARC	RARC Description	Revision Description	Revision Date
1	Contract Amount	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	N/A	N/A		
14	Service Payable by other Primary Carrier	CO - Contractual Obligation	22	This care may be covered by another payer per coordination of benefits.	N/A			
15	Member's Coverage Not in Effect on Date of Service	PR - Patient Responsibility	27	Expenses incurred after coverage terminated.	N/A		Newly added Incedo Code	8.4.23
16	Date of Service Not Covered/Authorized	CO - Contractual Obligation	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.		
21	Claim submitted after filing limit.	CO - Contractual Obligation	29	The time limit for filing has expired.	N/A	N/A		
22	Medical Service, Please submit to MCO	CO - Contractual Obligation	289	Services considered under the dental and medical plans, benefits not available.	N/A	N/A		
40	Service submitted does not match auth on file	CO - Contractual Obligation	284	Pre-certification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services.	N/A	N/A	CARC updated from 96 to 284	10.5.21
44	Please submit Primary Carrier's EOB for service	CO - Contractual Obligation	22	This care may be covered by another payer per coordination of benefits.	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.	CARC code updated to "22". CARC Code "47" expired and has been replaced by code "16"	10.5.21 9.13.21
61	Units exceed authorized/daily limit allowed	CO - Contractual Obligation	198	Pre-certification/notification/authorization/pre-treatment exceeded.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	CARC code "62" expired and has been replaced by code "198"	9.13.21
62	Charge exceeds allowed amount for this service	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	N/A	N/A		
71	Benefit maximum for time period/occurrence reached	CO - Contractual Obligation	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N640	Exceeds number/frequency approved/allowed within time period.		
76	Diagnosis does not correspond to Procedure Code	CO - Contractual Obligation	11	The diagnosis is inconsistent with the procedure.	N/A	N/A		
79	Payment is denied when billed by this Prov Type	CO - Contractual Obligation	170	Payment is denied when performed/billed by this type of provider.	N95	This provider type/provider specialty may not bill this service.		
87	Diagnosis code not effective on date of service	CO - Contractual Obligation	146	Diagnosis was invalid for the date(s) of service reported.	N/A	N/A	CARC updated from 16 to 146	10.5.21
88	Invalid Diagnosis/Sex Combination	CO - Contractual Obligation	10	The diagnosis is inconsistent with the patient's gender.	N/A	N/A		
89	Invalid Diagnosis/Age Combination	CO - Contractual Obligation	9	The diagnosis is inconsistent with the patient's age.	N/A	N/A		
91	Invalid Bill Type	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA30	Missing/incomplete/invalid type of bill.		
92	Rendering Provider not eligible as Pay To provider	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N277	*Missing/incomplete/invalid other payer rendering provider identifier.		
93	Invalid LOC/Modifier/Place of Service combination	CO - Contractual Obligation	4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	N/A	N/A		
94	Duplicate Claim	CO - Contractual Obligation	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N/A	N/A		
95	Invalid number of units for date span	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N345	Date range not valid with units submitted.		
96	Invalid date of service billed	CO - Contractual Obligation	110	Billing date predates service date.	N/A	N/A	CARC Code 16 was replaced by 110	1.14.22
97	Invalid Admission Diagnosis/Age Combination	CO - Contractual Obligation	9	The diagnosis is inconsistent with the patient's age.	N/A	N/A		
98	Diagnosis invalid for date(s) of service reported	CO - Contractual Obligation	146	Diagnosis was invalid for the date(s) of service reported.	M76	Missing/incomplete/invalid diagnosis or condition.		
99	Diagnosis inconsistent with the patient's gender	CO - Contractual Obligation	10	The diagnosis is inconsistent with the patient's gender.	N/A	N/A		
100	Please submit correct type of bill for this claim	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA30	Missing/incomplete/invalid type of bill.		
101	Rev code/bill type combination on claim is invalid	CO - Contractual Obligation	282	The procedure/revenue code is inconsistent with the type of bill.	MA30	Missing/incomplete/invalid type of bill.	CARC updated from 16 to 282	10.7.21
103	Zero Amount Claimed	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M79	Missing/incomplete/invalid charge.		
104	Invalid CPT/HCPCS Code	CO - Contractual Obligation	181	Procedure code was invalid on the date of service.	M20	Missing/incomplete/invalid HCPCS.	CARC code "B18" expired and has been replaced by "181"	1.10.22
118	Did not meet minimum case rate unit requirement	CO - Contractual Obligation	150	Payer deems the information submitted does not support this level of service.	N/A	N/A	CARC code "57" expired and has been replaced by code "150"	1.10.22
120	Member's Coverage Not in Effect on Date of Service	PR - Patient Responsibility	26	Expenses incurred prior to coverage.	N/A	N/A		
124	Member Request is Denied.	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	N/A	N/A		
125	Member Request is Pending.	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	N581	Investigation of coverage eligibility is pending.		
126	Member Request is Unprocessed.	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)	N581	Investigation of coverage eligibility is pending.		
138	Authorization required; No authorization on file	CO - Contractual Obligation	197	Pre-certification/authorization/notification absent.	N/A		CARC code 62 expired and was replaced by code 197	9.13.21
139	Diagnosis Required on All Claims	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M76	Missing/incomplete/invalid diagnosis or condition.		

144	Voided - Corrected claim received	OA - Other Adjustment	23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)	N/A	N/A	CARC Code "63" expired and has been replaced by code "23"	9.13.21
147	Procedure code must be billed with a primary code	CO - Contractual Obligation	234	This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N122	Add-on code cannot be billed by itself.	CARC code 16 was replaced by 234	1.14.22
148	Invalid combination of service	CO - Contractual Obligation	236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day.	N/A	N/A		
149	Missing or invalid admission type	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA41	Missing/incomplete/invalid admission type.		
151	Submit valid admission date for this claim	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA40	Missing/incomplete/invalid admission date.		
152	Admission Source is Invalid	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA42	Missing/incomplete/invalid admission source.		
154	The patient status code is missing	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA43	Missing/incomplete/invalid patient status.		
156	The patient status code is incorrect	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA43	Missing/incomplete/invalid patient status.		
157	Discharge Hour is Missing	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N317	Missing/incomplete/invalid discharge hour.		
158	Discharge Hour not Required for Bill type	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N317	Missing/incomplete/invalid discharge hour.		
161	Member's Coverage Not in Effect on Date of Service	CO - Contractual Obligation	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N30	Patient ineligible for this service.		
170	Claim detail lines cannot span dates	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N300	Missing/incomplete/invalid occurrence span date(s).	CARC code 69 was replaced by 16	1.14.22
171	Rendering provider required	CO - Contractual Obligation	226	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete.	N/A	N/A		
172	Rendering provider NPI missing	CO - Contractual Obligation	206	National Provider Identifier - missing.	N290	Missing/incomplete/invalid rendering provider primary identifier.		
173	NDC is required for submitted code/modifier	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).		
174	NDC is invalid for submitted code/modifier	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N846	National Drug Code (NDC) supplied does not correspond to the HCPCS/CPT billed.	CARC code 211 was replaced by 16	1.14.22
175	Provider Enrollment Status Cannot Approve Claims	CO - Contractual Obligation	87	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N/A	N/A		
176	Provider NPI Not Found	CO - Contractual Obligation	206	National Provider Identifier - missing.	N/A	N/A		
324	Like Rev Codes Must Be Billed on One Service Line	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N657	This should be billed with the appropriate code for these services.		
325	Missing Itemized Services for Date of Service	CO - Contractual Obligation	163	Attachment/other documentation referenced on the claim was not received.	N26	Missing itemized bill/statement.		
326	Pymt Reduced by Participant's Resource Shared Amt	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	N/A	N/A	CARC code "A2" expired and was replaced by code "45"	1.10.22
327	Bill Type Discharge Status Conflict	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA30	Missing/incomplete/invalid type of bill		
330	Service not payable for Dual Eligible Participants	CO - Contractual Obligation	22	This care may be covered by another payer per coordination of benefits.	N/A			
343	Discharge Date is Missing	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.		
346	Diagnosis not allowed for BH claims	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M64	Missing/incomplete/invalid other diagnosis.	CARC Code "47" expired and has been replaced by code "16"	9.13.21

				Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	N/A	N/A	CARC Code A2 expired on 10.1.21 and was replaced by 45.	
350	Refund received and applied to claim	CO - Contractual Obligation	45					
354	Claims may not span fiscal year	CO - Contractual Obligation	268	The Claim spans two calendar years. Please resubmit one claim per calendar year.	N/A	N/A		
355	Invalid Diagnosis Code	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M76	Missing/incomplete/invalid diagnosis or condition.		
356	Discharge date conflict	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N50	Missing/incomplete/invalid discharge information.		
358	Diagnosis Code Pointer is Missing or Invalid	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA63	Missing/incomplete/invalid principal diagnosis.		
359	Invalid/Missing number of Units	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M53	Missing/incomplete/invalid days or units of service.		
360	Bill Type is not compatible with Provider Type	CO - Contractual Obligation	171	Payment is denied when performed/billed by this type of provider in this type of facility.	N/A	N/A		
361	Inappropriate use of UA modifier	CO - Contractual Obligation	182	Procedure modifier was invalid on the date of service.	N/A	N/A	Updated from CARC code 16 to 182	10.14.21
362	Observation Hours Exceed the Daily Limit	CO - Contractual Obligation	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.		
363	Patient Status in Conflict with Discharge Date	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA43	Missing/incomplete/invalid patient status.		
364	Invalid Revenue Code for Bill Type	CO - Contractual Obligation	282	The procedure/ revenue code is inconsistent with the type of bill. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A	CARC code 171 was replaced by 282	1.14.22
365	Invalid Discharge Date	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N318	Missing/incomplete/invalid discharge or end of care date.		
366	Discharge date must be outside of stnt period	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	N319	Missing/incomplete/invalid discharge or end of care date.		
367	Total Cov & Non Cov Days Not Equal to R&B Days	CO - Contractual Obligation	78	Non-Covered days/Room charge adjustment.	N/A	N/A	CARC code 16 was replaced by 78	1.14.22
368	Missing Principal Procedure Code / Date	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M51	Missing/incomplete/invalid procedure code(s).		
369	Invalid Principal Procedure Code / Date	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M51	Missing/incomplete/invalid procedure code(s).		
370	Invalid Patient Status	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA43	Missing/incomplete/invalid patient status.		
371	Admin Day Charges must be Billed Separate	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation.	N61	Rebill services on separate claims.	CARC code "73" expired and has been replaced by code "16"	1.10.22
375	Not a Covered Service	CO - Contractual Obligation	96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.		
376	Health Home Late Submission Penalty	CO - Contractual Obligation	84	Late filing penalty.	N/A	N/A		
377	Admission Date / Start of Care is Required	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA40	Missing/incomplete/invalid admission date.		
378	Unit of Service Exceeds Maximum Allowed	CO - Contractual Obligation	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)				
379	Rendering Prov Type not Eligible for Prov Group	CO - Contractual Obligation	185	The rendering provider is not eligible to perform the service billed.	N/A	N/A		
381	Service Cannot be Billed on an Admin Day Claim	CO - Contractual Obligation	96	*Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.		
382	Rendering Prov Must be an Active Medicaid Provider	CO - Contractual Obligation	185	The rendering provider is not eligible to perform the service billed.	N767	The Medicaid state requires provider to be enrolled in the member's Medicaid state program prior to any claim benefits being processed.		

				Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.			
383	Invalid/Missing Admission Source Code	CO - Contractual Obligation	16		MA42	Missing/incomplete/invalid admission source.	
399	Not Covered Days Missing Non-Covered Chgs	CO - Contractual Obligation	78	Non-Covered days/Room charge adjustment.	N643	Not Covered Days Missing Non-Covered Chgs	Newly added Incedo Code 8.4.23
394	Invalid Participant Information	CO - Contractual Obligation	31	Patient cannot be identified as our insured.	N382	Missing/incomplete/invalid patient identifier.	Newly added Incedo Code 8.4.23
401	Chg verbiage:Invalid DX Code for Procedure Billed	CO - Contractual Obligation	146	Diagnosis was invalid for the date(s) of service reported.	M76	Chg verbiage Invalid DX Code for Procedure Billed	Newly added Incedo Code 8.4.23
402	Total Charges Equals Non Covered Charges	CO - Contractual Obligation	78	Non-Covered days/Room charge adjustment.	N643	Total Charges Equals Non Covered Charges	Newly added Incedo Code 8.4.23
385	Inpatient Covered Days Missing	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA32	Missing/incomplete/invalid number of covered days during the billing period.	Newly added Incedo Code 8.4.23
386	Invalid/Missing NDC Code	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC)	Newly added Incedo Code 8.4.23
387	Invalid/Missing J-Code	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	M126	Missing/incomplete/invalid individual lab codes included in the test.	Newly added Incedo Code 8.4.23
388	Revenue Code/NDC Combo Must be Unique	CO - Contractual Obligation	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers compensation regulations requires CO)	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC)	Newly added Incedo Code 8.4.23
389	Provider is not eligible for this service in POS	CO - Contractual Obligation	170	Payment is denied when performed/billed by this type of provider.	N428	Not covered when performed in this place of service.	Newly added Incedo Code 8.4.23
392	NDC Code is Not Elig for Rebate	CO - Contractual Obligation	211	National Drug Codes (NDC) not eligible for rebate, are not covered.	M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC)	Newly added Incedo Code 8.4.23
393	DSCHG Bill Must Have Prev Admit or Interim TOB	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA30	Missing/incomplete/invalid type of bill.	Newly added Incedo Code 8.4.23
395	Priority/Type of Admission is Invalid	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA41	Missing/incomplete/invalid admission type.	Newly added Incedo Code 8.4.23
397	No LTC Span on file for DOS	CO - Contractual Obligation	177	Patient has not met the required eligibility requirements.	N191	The provider must update insurance information directly with payer.	Newly added Incedo Code 8.4.23
403	Diagnosis Not Valid for Provider Type	CO - Contractual Obligation	822	This payment is adjusted based on the diagnosis.	M76	Missing/incomplete/invalid diagnosis or condition.	Newly added Incedo Code 8.4.23
404	Required Gambling Elig Span Missing	CO - Contractual Obligation	177	Patient has not met the required eligibility requirements.	N191	The provider must update insurance information directly with payer.	Newly added Incedo Code 8.4.23
405	Date of Death Precedes the Date of Service	CO - Contractual Obligation	13	The date of death precedes the date of service.	N650	This policy was not in effect for this date of loss. No coverage is available.	Newly added Incedo Code 8.4.23
406	Payment Reduced by Non Covered Charges	CO - Contractual Obligation	96	Non-covered charges(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	N643	The services billed are considered Not Covered or Non-Covered (NC) in the applicable state fee schedule.	Newly added Incedo Code 8.4.23
407	Interim Bill Must Cover the Entire Month	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA30	Missing/incomplete/invalid type of bill.	Newly added Incedo Code 8.4.23
408	Invalid Admission Date	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.	MA40	Missing/incomplete/invalid admission date.	Newly added Incedo Code 8.4.23
409	Total Cov/Non Day NE all R/B Days plus ADM Days	CO - Contractual Obligation	78	Non-Covered days/Room charge adjustment.	N345	Date range not valid with units submitted.	Newly added Incedo Code 8.4.23
410	Length of Stay Exceeds ProvType Limit	CO - Contractual Obligation	170	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N362	The number of Days or Units of Service exceeds our accep maximum.	Newly added Incedo Code 8.4.23
411	Primary DX Limit Reached	CO - Contractual Obligation	146	Diagnosis was invalid for the date(s) of service reported.	N569	Not covered when performed for the reported diagnosis.	Newly added Incedo Code 8.4.23
418	Participant Age Outside of Procedure Limits	CO - Contractual Obligation	6	The procedure/revenue code is inconsistent with the patient's age. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N129	Not eligible due to the patient's age.	Newly added Incedo Code 8.4.23
419	Cannot Use Same NPI for Multiple MA Numbers	CO - Contractual Obligation	208	National Provider Identifier - Not matched.	N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	Newly added Incedo Code 8.4.23
421	Invalid or Missing NC/LOA Date	CO - Contractual Obligation	78	Non-Covered days/Room charge adjustment.			Newly added Incedo Code 8.4.23
422	Lab Service not Payable w/Bundled Service	CO - Contractual Obligation	256	Service not payable per managed care contract.	N525	These services are not covered when performed within the global period of another service.	Newly added Incedo Code 8.4.23
424	Interim Bills Must be for the Entire Month	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.			Newly added Incedo Code 8.4.23
425	Non-Covered Charges Missing Non-Covered Days	CO - Contractual Obligation	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.			Newly added Incedo Code 8.4.23
428	Emergency Petition Documentation Incomplete	CO - Contractual Obligation	251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.	N266	Missing/incomplete/invalid documentation.	Newly added Incedo Code 8.4.23
430	Contract amount, TPL 75-day clock	CO - Contractual Obligation	22	This care may be covered by another payer per coordination of benefits	N23	Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions	Newly added Incedo Code 1.1.24