Reason ID	Description	Group Code	CARC	RARC
0	Queued from Claims Exception	N/A	125	N/A
1	Adjusted - Above contract rate	CO	45	N381
2	Approved	N/A	92	N/A
3	Authorized units Exceeded	CO	198	N758
4	Max Basic Units Exhausted	CO	119	N362
5	Claim received after billing period	CO	29	N/A
6	Claim submitted before service date	CO	110	N/A
7	Client has other covered insurance (COB)	CO	22	MA04
8	Client not covered by contract	CO	204	N/A
9	Clinician not licensed to provide the service or license has expired	CO	B7	N665
10	Coinsurance Amount	PR	2	N/A
11	Another concurrent service has been approved or waiting to be processed	CO	59	N/A
12	Correction to prior claim	OA	129	MA67
13	Daily frequency exceeded	CO	119	N362
14	Non-Billable Revenue Code	OA	181	N/A
15	Duplicate Claim	OA	18	N/A
16	DX code is invalid for service/insurance combination	CO	11	M76
17	FFS claim pended for 14 days wait	OA	133	533
18	Patient not enrolled on the date of service.	CO	31	N/A
19	Patient cannot be identified as our insured	CO	31	N/A
20	Invalid Service or Service Discontinued	CO	181	N/A
21	Invalid age group & procedure code combination	CO	6	N129
22	Invalid Amount	CO	A1	M79
23	Invalid Diagnosis/Age Combination	CO	9	N/A
24	Invalid PC / DX Combo	CO	11	N657
25	POS is not valid for service submitted on claim	CO	5	M77
26	Missing/incomplete/invalid provider identifier.	CO	206	N280
27	Invalid provider NPI #	CO	208	N/A
28	Invalid rendering/attending provider NPI number	CO	208	N290
29	Invalid Units	CO	16	M53
30	Monthly case rate already paid	CO	119	N362
31	Monthly frequency exceeded	CO	119	N362
32	Rate cannot be determined: invalid taxonomy submission or rate is not published	CO	256	N/A
33	Non billable Service	CO	204	N643
34	Re-submission already processed	CO	B13	N152
35	Service is not authorized. Refer to the Procedure Code Lookup Tool for details on where to submit an authorization request	CO	197	N/A
36	Service not eligible for service location determined for the claim	CO	B7	N/A
37	Service not in provider profile	CO	B7	M115
38	Subcapitated Provider/Service	CO	24	N/A

Reason ID	Description	Group Code	CARC	RARC
39	The procedure code is inconsistent with the provider type/specialty (taxonomy).	CO	8	N95
40	Weekly frequency exceeded	CO	119	N362
41	Readju - Audit Payback	N/A	N/A	N/A
42	Readju - Audit Payback	N/A	123	N/A
43	Readju - Audit Recoup	N/A	N/A	659
44	Readju - Authorization/Treatment Revisions	N/A	N/A	N/A
45	Readju - Billing Days Extended	N/A	N/A	659
46	Readju - Billing Terms Revised	N/A	N/A	659
47	Readju - Client Manually Matched	N/A	N/A	659
48	Readju - Contract Terminated	N/A	N/A	659
49	Readju - Corrected Claim	N/A	N/A	207
50	Readju - Duplicate Claims	N/A	18	N/A
51	Readju - EOB Required	N/A	22	N/A
52	Readju - Other	N/A	N/A	659
53	Readju - Other Primary Insurance	N/A	22	N/A
54	Readju - Patient Liability	N/A	2	N/A
55	Readju - Provider Billing Error	N/A	N/A	659
56	Readju - Provider ID Incorrect	N/A	N/A	659
57	Readju - Rate Change	N/A	N/A	659
58	Overid - Audit Payback	CO	A1	N199
59	Overid - Audit Payback	N/A	123	N/A
60	Overid - Audit Recoup	N/A	125	659
61	Overid - Authorization/Treatment Revisions	N/A	129	MA67
62	Overid - Billing Terms Revised	N/A	125	659
63	Overid - Contract Terminated	N/A	125	659
64	Overid - Corrected Claim	CO	129	MA67
65	Overid - Duplicate Claims	CO	18	N/A
66	Overid - EOB Required	CO	22	N/A
67	Overid - Missing/incomplete/invalid treatment authorization code	N/A	129	MA67
68	Overid - Other	N/A	125	659
69	Overid - Other Primary Insurance	CO	22	N/A
70	Overid - Patient Liability	CO	142	N/A
71	Overid - Provider Billing Error	N/A	125	659
72	Overid - Rate Change	N/A	125	659
73	Revert - Audit Payback	CO	A1	N199
74	Revert - Audit Payback	N/A	123	N199
75	Revert - Audit Recoup	CO	A1	N199
76	Revert - Authorization/Treatment Revisions	CO	16	N758
77	Revert - Billing Terms Revised	CO	A1	N381
78	Revert - Contract Terminated	CO	A1	N381

Reason ID	Description	Group Code	CARC	RARC
79	Revert - Corrected Claim	CO	63	MA67
80	Revert - Duplicate Claims	CO	18	M86
81	Revert - EOB Required	CO	16	N479
82	Revert - Other	N/A	125	659
83	Revert - Other Primary Insurance	CO	22	MA04
84	Revert - Patient Liability	CO	142	N695
85	Revert - Provider Billing Error	CO	A1	N381
86	Revert - Reverted because reversal/replacement claim has been submitted	CO	63	N377
87	Adjusted Against Co-Insurance	CO	142	N/A
88	Invalid Inpatient/ED DX Code	CO	11	N/A
89	No contract exists or rate is not set up yet	CO	147	N65
90	Non-Covered Ancillary Services	CO	97	M2
91	Invalid Revenue Code	CO	204	N/A
92	Excess amount over allowed medicare copayment	CO	23	N/A
93	Invalid DCN (Document Ctrl #) or resubmission ref #	CO	16	M47
94	Resubmitted claim DOS is after original claim submission date	CO	16	MA130
95	Resubmitted claim does not match with the referenced claim	CO	16	N152
96	Referenced claims has already been resubmitted. Multiple resubmissions not allowed	CO	18	M86
97	Charges are covered under a capitation agreement/managed care plan.	CO	119	
98	Readju – Denied in Error	N/A	A1	207
99	Overid - Denial Rebilling	CO	A1	207
100	Invalid date range / Invalid date for discharge claim	CO	16	N318
101	Patient does not have a valid NC Tracks Benefit Plan on DOS	CO	272	N/A
102	Patient does not have a valid NC Tracks Benefit Plan for DX submitted in claim	CO	272	N/A
103	Patient does not have a valid NC Tracks Benefit Plan for service submitted in claim	CO	272	N/A
104	Loaded from legacy system - No reason available	N/A	125	659
105	Pended - manual review	OA	133	N/A
106	Pended - Medical Review	OA	133	N/A
107	The procedure code/bill type is inconsistent with the place of service	CO	5	M77
108	Service is not covered by member's benefit plan	CO	96	N216
109	Service is not authorized for the supplied site	CO	197	N175
110	Revert - Retroactive Medicaid	CO	22	MA04
111	Revert - Medicaid coverage	CO	22	MA05
112	Add-on code cannot be billed by itself	CO	234	N122
113	The taxonomy code for the billing provider is missing.	CO	8	N255
114	Missing/Incomplete/Invalid attending/rendering taxonomy code	CO	8	N251
115	Missing/incomplete/invalid diagnosis or condition.	CO	167	M76
116	Adjustment represents the estimated amount the primary payer may have paid.	CO	23	N/A

Reason ID	Description	Group Code	CARC	RARC
117	Override Medicaid Coverage	CO	22	N/A
118	Override Retroactive Medicaid	CO	22	N/A
119	The disposition of the claim/service is pending further review. (Use only with Group Code OA)	CO	133	N479
120	Amount exceeded allowable COB amount	CO	45	N/A
121	The rendering provider is not eligible to perform the service billed.	OA	185	N/A
122	A specific site could not be determined due to ambiguity	CO	16	MA115
123	Non-Covered days/Room charge adjustment.	CO	78	N/A
124	Adjustment due to audit	CO	16	N199
125	Annual frequency exceeded	CO	119	N362
126	Lifetime frequency exceeded	CO	119	N362
127	The impact of prior payer(s) adjudication including payments and/or adjustments.	CO	23	N219
128	Amount in excess of prior payer(s) coinsurance	CO	23	N23
129	Monthly Medicaid patient liability amount	CO	142	N723
130	Coinsurance amount	N/A	2	N/A
131	Quarterly frequency exceeded	CO	119	N362
132	Invalid Attending Provider for PRTF	CO	16	N253
133	Non-covered charges due to service in IMD Facility	CO	96	N95
134	Missing or Invalid CPT/HCPCS Code	OA	16	M51
135	Invalid or Discontinued Service	OA	181	N56
136	Invalid Units: claimed below minimum amount	CO	16	M53
137	Invalid Units: units claimed does not equal # of days for Discharge Claim	CO	16	M53
138	Invalid Units: units claimed does not equal # of days for Interim Claim	CO	16	M53
139	Eligibility coverage suspended for date of service	CO	31	N/A
140	Clinician not associated with Provider	CO	208	N290
141	R&B service already exists - cannot bill another one	CO	59	N/A
142	Invalid or Missing Discharge Code/Hour for Discharge Claims	CO	16	N50
143	Ungroupable/Missing DRG	CO	A8	N647
144	Service has lapsed/expired for the contracted site	CO	256	N/A
145	NCCI - Collective limit for the day exceeded	CO	59	N/A
146	Submitting Replacement Provider does not match original Provider	CO	16	MA130
147	Member ineligible based on age/service/provider type	CO	6	N129
148	Admit Date is Missing for Inpatient Claims [FL-12]	CO	16	MA42
149	Discharge Status/Hour Missing for Inpatient Claim [FL16/FL17]	CO	16	N50
150	ED consumer Admitted to Inpatient Facility	CO	60	N/A
151	Assessment or Differed diagnosis period has passed	CO	16	N314
152	Billing Taxonomy submitted is not associated with the Billing NPI	CO	16	N255
153	Rendering Taxonomy submitted is not associated with the Rendering NPI	CO	16	N288
154	Clinician Taxonomy submitted is not associated with the Clinician	CO	16	N288
155	Admit date is not valid for the bill type	CO	16	MA40

Reason ID	Description	Group Code	CARC	RARC
156	Benefit Plan invalid for PC/License Combo	CO	B7	N/A
157	Adjustment due to COB Allowable Amount	CO	45	N/A
158	MR claim has service line where a BP and/or Provider cannot be determined	CO	31	N/A
159	Billing address and type could not be verified based on claim billing address and NPI	CO	16	N258
160	Patient Responsibility (PR) missing from claim	CO	16	N58
161	Member active in Standard Plan for DOS	CO	31	N/A
162	DOS after indicated deceased date for the consumer	CO	13	N/A
163	Requested documentation not received	CO	163	N706
164	Requested documentation not received timely	CO	164	N706
165	Incorrect documentation received	CO	163	N206
166	MA32 - Missing/incomplete/invalid number of covered days (val code = 80) during the billing period	CO	16	MA32
167	Service requires EVV. Must be submitted through HHAexchange	CO	95	N/A
168	Invalid Gender for Service Code	CO	7	N/A
169	Invalid Gender for Diagnosis	CO	10	N/A
170	NDC Missing or Invalid for HCPCS	CO	16	M119
171	Transfer Claim	OA	232	
172	No Interim Billing for DRG	CO	135	MA130
173	Eligibility category not eligible for service/diagnosis	CO	272	N/A
174	Auto Readjudicate Queue	N/A	125	N/A
175	Service code is missing the required accompanying service	CO	234	N/A
176	Contract in suspension for Site and/or Service	CO	256	N/A
177	Payment included in reimbursement of service already billed/adjudicated	OA	97	M80
178	Administration of drug/vaccine only payable with a valid/covered drug/vaccine	CO	107	N/A
178	Administration of drug/vaccine only payable with a valid/covered drug/vaccine	CO	107	N/A
179	Thank you for reporting vaccines. this vaccine is provided at no charge through the vaccines for children program. No payment allowed	OA	256	N/A
179	Thank you for reporting vaccines. this vaccine is provided at no charge through the vaccines for children program. No payment allowed	OA	256	N/A
180	Member Not Eligible For This Service	CO	177	N/A
181	Provider not eligible to use UD modifier	CO	299	N/A
182	The disposition of the claim/service is pending further review	OA	133	N185
183	Combination of Billed Modifiers is Invalid	CO	16	N519
184	You are attempting to adjust a claim that is either not found on our file or is not found on our file as previously paid	CO	16	N152
185	Medically Unlikely Edit applied	CO	59	N362
186	Required secondary diagnosis code not submitted on claim	CO	16	N337
187	Not payable based on Primary Payer (COB) adjustment	CO	276	N/A

Reason ID	Description	Group Code	CARC	RARC
188	Pended - COB Adjustment Review	OA	133	N4
189	Payment for covered services is applied to the first accommodation	CO	97	N/A
190	Invalid covered days (value code amount) submitted on the claim	CO	16	MA32
191	Payment for all covered services is applied to the Room and Board Charge	CO	97	M2
192	Patient not enrolled on statement begin date	CO	31	N/A
193	CBSA Code Missing or Invalid. Correct Claim and Refile	CO	16	M49
194	Hospice and PDN Not Allowed the Same Day. Contact Hospice Responsible for Patient. Refile Claim Only for Date(S) Of Service Not Covered By Hospice Benefit	CO	16	M49
195	In county loaded ground mileage is not reimbursable	N/A	96	N130
196	This Drug/Lab/Equipment/Supply is included in the Dialysis composite rate	CO	97	M80
197	Billing provider NPI not active in the health plan assigned to claim	CO	16	N521
198	Attending provider not active in the health plan assigned to claim	CO	16	N521
199	Operating provider NPI not active in the health plan assigned to claim	CO	16	N521
200	Referring provider NPI not active in the health plan assigned to claim	CO	16	N521
201	Rendering provider NPI not active in the health plan assigned to claim	CO	16	N521
202	Service facility NPI not active in the health plan assigned to claim	CO	16	N521
203	Ordering provider NPI not active in the health plan assigned to claim	CO	16	N521
204	Primary care provider NPI not active in the health plan assigned to claim	CO	16	N521
205	Claims with statement periods overlapping 4/1/2023 cannot be processed, please split and resubmit	CO	267	N62
206	Annual Exam Date missing or requirement not met for Family Planning Services [1E-7]	CO	16	M59
207	Collect Service Limits Exceeded for Coverage Policy	CO	59	N362
208	The service code billed is invalid for revenue code	CO	199	N657
209	EVV Visit Key is invalid, must be 10 numerical characters	CO	16	N821
210	Invalid EVV time submitted for DOS	CO	16	N443
211	EVV Visit Key is invalid, must be 16 numerical characters	CO	16	N821
212	Revert - Provider Initiated Adjustment	CO	N/A	N/A
213	Readju - Provider Initiated Adjustment	N/A	N/A	N/A
214	Invalid or Incomplete Attending Provider submission	CO	16	N251
215	Sterilization consent missing/incomplete	CO	252	N3
216	Hysterectomy statement missing/incomplete	CO	252	N3
217	Abortion statement missing/incomplete	CO	252	N3
218	CME checklist missing/incomplete	CO	252	N893
219	Readju - Retro Medicaid	N/A	N/A	N/A
220	Readju - Systems Defect	N/A	N/A	N/A
221	Readju - COB updated	N/A	N/A	N/A
222	Readju - Clinician Details updated	N/A	N/A	N/A
223	Readju - Eligibility Updated	N/A	N/A	N/A
224	Readju - Reconsideration approval	N/A	N/A	N/A

Reason ID	Description	Group Code	CARC	RARC
225	Readju - correction to Manual adjudication	N/A	N/A	N/A
226	Readju - Encounter denial	N/A	N/A	N/A
227	Readju - Timely filing exception - Provider courtesy	N/A	N/A	N/A
228	Clinician NPI listed on claim is suspended	CO	B7	N/A
229	Provider Initiated adjustment	OA	23	N770
230	Invalid EVV claim submission for DOS. EVV allows one claim per DOS	OA	18	N111
231	Related lab tests included in Fee for Panel, same date of service	CO	97	M80
232	Revert - Investigation	CO	16	N199
233	Revert - Audit	CO	16	N432
234	Revert - Provider Self-Audit	CO	16	N693
235	Adjusted - Investigation	CO	24	N199
236	Adjusted - Audit	CO	16	N432
237	Adjusted - Provider Self-Audit	CO	16	N770
238	Override - Investigation	CO	16	N199
239	Override - Audit	CO	16	N432
240	Override - Provider Self-Audit	CO	16	N693
241	Invalid EVV POS in verification string	CO	5	M77
242	Pended - EOB review for secondary claim	OA	133	N/A
243	No additional payment made for hearing and/or vision service. Payment is included in Health Check reimbursement	CO	97	M80
244	Not covered by Managed Care, submit to NC Tracks	CO	109	N/A
245	Rendering provider not eligible for routine eye exam reimbursement	CO	8	N95
246	Oral Evaluation and Topical Fluoride Varnish Application must be billed together	CO	B15	N/A
247	Readju - Procedure code modification in service matrix	N/A	N/A	N/A
248	Non billable modifier, Position 1	CO	96	N823
249	Claim overlaps two benefit plans for the recipient. Claims must be split by eligibility code.	CO	239	N/A
250	Oral evaluation must be submitted in order before the Topical application	CO	B15	N/A
251	Rendering/Attending Taxonomy submitted is invalid for claim submission	CO	16	N288
252	Annual Health Assessment not allowed with office visit	CO	59	N/A
253	Please resubmit claim with line level adjudication from previous payer(s)	CO	16	MA04
254	Please resubmit claim with primary insurance EOB	CO	16	N479
255	Medicaid does not accept one or more of the billed modifier(s) on primary claims	CO	16	N823
256	Validity testing included presumptive/definitive testing	CO	97	N/A
257	Client not enrolled in 1915(i) services	CO	31	N/A
258	Non-invasive pulse oximetry not allowed on same DOS by same provider with another covered Medicaid service	CO	231	N/A
259	CARC and/or RARC code submitted is invalid or deactivated. Please correct and resubmit.	CO	192	N/A

Reason ID	Description	Group Code	CARC	RARC
260	30 hours of observation exceeded	CO	119	N/A
261	Provider not eligible for separate mileage reimbursement.	OA	97	M80
262	Procedure code allowed three times per gestational period	CO	119	M86
263	Payment of the appropriate service is required to meet Medicaid guidelines for reimbursement of this code	CO	96	N381
264	Billing provider for this service must be same billing provider performing the postpartum visit	CO	96	N761
265	Interim Claims Must Reflect Span of Dates Over Sixty Days to Be Accepted for Reimbursement By Medicaid	CO	16	MA130
266	Interim claims cannot be processed. Please resubmit continuing and final interim claims as replacement claims to the previous interim claim	CO	135	N/A
267	Interim replacement claims must be submitted within 180 days of previous interim claim statement period end date	CO	166	N/A
268	Patient status invalid for bill type	CO	16	MA43
269	PML determination not received via eligibility within 90 days of receipt of claim	CO	142	N58
270	Rendering Taxonomy is invalid for the modified anesthesia service	CO	16	N569
271	Required sterilization encounter diagnosis not submitted with FP modified anesthesia service	CO	16	N569
272	Pended - 834 PML Determination	OA	142	N58
273	Required primary diagnosis code not submitted on claim	CO	16	MA63
274	Required diagnosis codes not submitted as either primary or secondary diagnosis codes on claim	CO	16	N569
275	Delivery service previously claimed within Obstetrics policy period	CO	119	M86
276	Antepartum visit limitations not met or exceeded for service billed	CO	119	M86
277	Proper diagnosis not submitted for multiple birth claim	CO	167	N569
278	The modified service code not allowed on the same DOS as the same base service	CO	59	N/A
279	Hospice Service already claimed for the DOS	CO	59	N/A
280	Invalid bill type for revenue code	CO	282	MA30
281	Claim missing required value code to indicate location of death	CO	16	M49
282	Restricted time value(s) submitted for EVV claim	CO	16	N443
283	Members EVV service(s) previously approved for the date of service	CO	18	N/A
284	Procedure code allowed once per gestational period	CO	119	M86
285	Rate Included in Value Based Claims	CO	24	N/A
286	All Asc Dental Procedures Must Bill The Same Modifier	CO	16	MA130
287	Missing/incomplete/invalid date of last menstrual period	CO	16	N148
288	Benefit for SNF is 90 days. Limit exceeded	CO	119	N/A
289	A TCM concurrent service has been previously approved for this billing period	CO	273	N525
290	Service Facility NPI Missing or Invalid	CO	16	N293
291	Billing Provider and/or Billing NPI does not match patient TCM assignment information.	CO	299	N761

Reason ID	Description	Group Code	CARC	RARC
292	No additional payment made for EPSDT routine laboratory tests	CO	97	N/A
293	Unacceptable/invalid principal diagnosis	CO	16	MA63
294	The CARC code submitted requires a RARC.	CO	16	MA04
295	Supervising provider NPI not active in the health plan assigned to claim	CO	16	N521
296	Physical Health claim not currently payable by plan	CO	204	N/A
297	Non billable modifier, Position 2	CO	96	N823
298	Non billable modifier, Position 3	CO	96	N823
299	Non billable modifier, Position 4	CO	96	N823
300	Observation exceeded 24 hours for a single date of service	CO	16	N362
301	Client not eligible for EPSDT Services	CO	6	N/A
302	Vaccines covered under the VFC program that are purchased are not covered	CO	256	N381
303	Penalty and Interest Payments	OA	225	N/A
304	Readju - Underpayment	N/A	N/A	N/A
305	Readju - Release Pended Claim, Bypass Manual Review	N/A	N/A	N/A
306	Pended for MR Senior Analyst - Indian/Tribal Payment Processing	CO	133	N/A
307	PEF Suspension - Billing Provider NPI	CO	16	N521
308	PEF Suspension - Attending Provider NPI	CO	16	N521
309	PEF Suspension - Operating Provider NPI	CO	16	N521
310	PEF Suspension - Referring Provider NPI	CO	16	N521
311	PEF Suspension - Rendering Provider NPI	CO	16	N521
312	Days from Last DOS frequency exceeded	CO	119	N362
313	PEF Suspension - Service Facility NPI	CO	16	N521
314	PEF Suspension - Ordering Provider	CO	16	N521
315	PEF Suspension - Primary Care Provider	CO	16	N521
316	PEF Suspension - Supervising Provider	CO	16	N521
317	Attending Provider Taxonomy not Active	CO	16	N521
318	Rendering Provider Taxonomy not Active	CO	16	N521
319	Billing Provider Taxonomy not Active	CO	16	N521
320	PEF Suspension - Attending Provider Taxonomy	CO	16	N521
321	PEF Suspension - Rendering Provider Taxonomy	CO	16	N521
322	PEF Suspension - Billing Provider Taxonomy	CO	16	N521
323	Required modifier missing	CO	16	N822
324	Diagnosis not covered for provider type	CO	16	N/A
325	Rendering taxonomy is Missing for Billing Taxonomy 193200000X or 193400000X	CO	16	N288
326	Missing resubmission reference code/claim frequency code for referenced claim number/DCN	CO	16	N152
327	Readju - Release Pended Claim, Manual Review Required	N/A	N/A	N/A
328	Override - Denied in Error	N/A	N/A	N/A
329	Claiming over 30 hours on the first observation service line is not allowed	CO	16	N63
330	Non billable Observation service	CO	273	N/A

Reason ID	Description	Group Code	CARC	RARC
331	Invalid procedure code/modifier combination	CO	4	N823
332	Pend - Senior Analyst - Provider Specific Negotiated Rate		133	N/A
333	FQHC/RHC Wrap Payment	CO	172	N/A
334	Pended for NC CORE code validation	N/A	N/A	N/A
335	Provider taxonomy required with NPI	CO	16	N288
336	Adjustment due to provider submitted non-covered charges	CO	96	N356
337	Provider submitted non-covered charges	CO	96	N356
338	TCM DOS per claim cannot span across multiple calendar month	CO	239	N525
339	Pended - Multiple Previous Payors	CO	N/A	N/A
340	Service with/without modifier only allowed one claim per date of service per billing provider	CO	B13	M86
341	A concurrent Core/Well Child service previously approved for the billed DOS	CO	59	N/A
342	Service must be billed for a single unit and date of service per claim line	CO	45	M35
343	Pended - PADP	OA	133	N/A
344	Pended - Child Medical Evaluation (CME)	OA	133	N/A
345	Pended - Emergency Department (ED)	OA	133	N/A
346	Pended - Exceeds Claim Limit	OA	133	N/A
347	Pended - Documentation Review	OA	133	N/A
348	Pended - Ambulance Transport	OA	133	N/A
349	Co-payment Amount	PR	3	N/A
350	Adjusted, payable fee exceeds billed amount	CO	94	N/A
351	Payment included in PPS APM Rate/ Not separately Reimbursable	CO	97	N/A
352	NDC Invalid or Obsolete on DOS	CO	16	M119
353	NDC is Required	CO	16	M119
354	Newborn claims submitted under incorrect MCD ID are not covered	CO	109	N/A
355	Pend - Senior Analyst - Pend for NDC high dollar manual pricing	N/A	N/A	N/A
356	UB04/837I Type of bill requires detail line dates of service	CO	16	N309
357	Eligibility category requires CPT or HCPCS with this revenue code	CO	16	M51
358	Service included in global surgery package	CO	97	N525
359	Taxonomy invalid for claim form	CO	8	N95
360	Invalid rendering provider taxonomy	CO	16	N288
361	NDC is Non-Rebatable	CO	204	N/A
362	Not covered by Alliance please submit to DME vendor Northwood.	CO	109	N/A
363	Not covered by Alliance please submit to vision vendor Avesis.	CO	109	N/A
364	Not covered by Alliance please submit to NEMT vendor Modivcare.	CO	109	N/A
365	Provider type not eligible for this revenue code	CO	16	M50
366	Invalid information or discontinued service for LTRDS	OA	181	N56
367	Pended - Cannot locate EVV for Home Health claim	CO	133	N/A
368	No visit verification received after 14 days	CO	16	N821
369	Readju - Home Health EVV received and matched	CO	N/A	N/A
370	Readju - Payment Suspension Ended	CO	N/A	N/A

Reason ID	Description	Group Code	CARC	RARC
371	Service has previously been paid as team surgery, co-surgery, or assistant surgery	CO	97	M86
372	Modifier submitted cannot be listed on first procedure of claim	CO	16	N519
373	Missing CPT/HCPCS code for therapeutic leave	CO	16	M51
374	Claim level caregiver information not found at line level	CO	16	N890
375	LARC Adjusted weight included in DRG	CO	97	N/A
376	Information invalid or service discontinued for NC CORE	OA	181	N56
377	The procedure or service is inconsistent with the patient's history	CO	261	N56
378	This provider is not eligible to be paid for this procedure/service on the DOS	CO	B7	N/A
379	Complete procedure and/or component of procedure already reimbursed for the same date of service	CO	97	N/A
380	Suspect Duplicate - Overlapping DOS, Same procedure/bilateral procedure modifiers	CO	97	M86
381	Invalid date information (Month, Day, Year) included as the postoperative from and to dates. Please correct and resubmit	CO	16	MA131
382	Prior RBBHT/ICF service previously approved for the member's DOS	CO	59	N/A
383	Member has active coverage outside of Alliance catchment area	CO	31	N/A
384	Billing taxonomy invalid for bill type	CO	16	N255
385	Bill type invalid for billing taxonomy	CO	16	MA30
386	Unlisted service - Submit documentation for review of service justification	CO	252	N706
387	Service not eligible for Out of Network service location	CO	B7	N/A
388	Not payable based on Previous Payer Contractual Obligation Adjustments	CO	276	N/A
389	You are attempting to adjust a claim that is not on our file as previously paid.	CO	16	N779
390	Pended - Pre-Payment Review	CO	133	N185
391	Readju – Prepayment Review Passed	N/A	N/A	N/A
392	Readju - Prepayment Review Insufficient	N/A	N/A	N/A
393	Did not pass pre-payment review due to incomplete or insufficient documentation. Separate notification to be sent	CO	251	N705
394	Monthly Units Exceeded	CO	119	N362
397	Prepayment Review: Payment Not Authorized	CO	N/A	N/A
398	The benefit plan assigned to claim is not covered under current Medicaid contract plan type	CO	16	N190
399	Required modifier not submitted per billing guidelines	CO	16	N823
400	Add on code not allowed, primary procedure must be paid in history for same date of service	CO	97	N19
401	Routine Home Care not allowed same day as inpatient hospital stay	CO	234	N20