

**Diamond Reason
to 835 Adjustment Code Crosswalk**

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
AD	ADAPL	Claim Adjusted Due to Provider Appeal	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA91	This determination is the result of the appeal you filed	CR-Correction and Reversals	
AD	ADAUT	Claim Adjusted Due to Change in Authorization	15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	M62	Missing/incomplete/Invalid treatment authorization code	CR-Correction and Reversals	
AD	ADCOB	Claim Adjusted for COB	23	Payment adjusted because charges have been paid by another payer.	MA92	Missing/incomplete/invalid primary insurance information	CR-Correction and Reversals	
AD	ADCOR	Claim Adjusted	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA67	Correction to a prior claim	CR-Correction and Reversals	
AD	ADERP	Claim Adjusted Due to Provider Error	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA67	Correction to a prior claim	CR-Correction and Reversals	
AD	ADERR	Claim Adjusted Due to Processor Error	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA67	Correction to a prior claim	CR-Correction and Reversals	
AD	ADMBR	Claim Adjusted Due to Change in Member Eligibility	141	Claim adjustment because the claim spans eligible and ineligible periods of coverage			CR-Correction and Reversals	
AD	ADWSA	Alcohol/Drug Women-Set-Aside	23	Payment adjusted because charges have been paid by another payer.			CR-Correction and Reversals	
AD	CLINL	Clinician Ineligible	B7	This provider was not certified/ eligible to be paid for this procedure/service on this date of service.			PR-Patient Responsibility	
AD	LMBEN	Maximum benefit for this service reached	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
AD	MCDBA	Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/Invalid total charges	CR-Correction and Reversals	

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
AD	MCDCR	Claim Adjusted Following MH Compliance Review	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	PI-Payor Initiated Reductions	
AD	MCDDU	Confirmed Medicaid Duplicate Claim (MH Only)	18	Duplicate claim/service			CR-Correction and Reversals	
AD	MCDIA	Medicaid Claim Adjusted (Internal Audit) MH Only	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	CR-Correction and Reversals	
AD	MCDMO	Medicaid Modifier Correction	182	Payment adjusted because the procedure modifier was invalid on the date of service			CR-Correction and Reversals	Reason 4 replaced with 182, remark M78 removed.
AD	MCDPR	Medicaid Procedure Code Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N56	Procedure Code billed is not correct/valid for the services billed or the date of service billed	CR-Correction and Reversals	
AD	MCDSC	Confirmed not Covered Due to MH Service Content	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N225	Incomplete/invalid documentation/orders/notes/summary/report/ chart.	CR-Correction and Reversals	Remark N66 replaced with N225
AD	MCDTP	Medicaid Third Party Payment Correction	23	Payment adjusted because charges have been paid by another payer.	MA67	Correction to a prior claim	CR-Correction and Reversals	Remark MA92 replaced with MA67
AD	MCDUN	Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
AD	MCDWC	Confirmed Incorrect UCI Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA61	Missing/incomplete/Invalid social security number or health insurance claim number	CR-Correction and Reversals	
AD	MCDWD	Confirmed Incorrect Date of Service Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	

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AD	MCDYO	Medicaid Claim More than a Year Old When Received	29	The time limit for filing has expired			CO-Contractual Obligations	
AD	NEGPA	Negative Paid Amount	23	Payment adjusted because charges have been paid by another payer.			CR-Correction and Reversals	
AD	NONBA	Non-Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/Invalid total charges	CR-Correction and Reversals	
AD	NONCR	Claim Adjusted Following MH Compliance Review	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/Professional consult/Manual adjudication/medical or dental advisor	PI-Payor Initiated Reductions	
AD	NONDU	Confirmed Non-Medicaid Duplicate Claim (MH Only)	18	Duplicate claim/service			CR-Correction and Reversals	
AD	NONIA	Non-Medicaid Claim Adjusted (Internal Audit)	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dentaladvisor	CR-Correction and Reversals	
AD	NONMO	Non-Medicaid Modifier Correction	182	Payment adjusted because the procedure modifier was invalid on the date of service			CR-Correction and Reversals	Reason 4 replace with 182, remark M78 removed
AD	NONON	Service Not Included in Non-Medicaid Contract	96	Non-covered charge(s).	N30	Patient ineligible for this service.	OA-Other Adjustments	Reason 52 replaced with 96, added N30 remark
AD	NONPR	Non-Medicaid Procedure Code Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N56	Procedure Code billed is not correct/valid for the services billed or the date of service billed	CR-Correction and Reversals	
AD	NONSC	Confirmed Not Covered Due to Service Content	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N225	Incomplete/invalid documentation/orders/notes/summary/report/ chart.	CR-Correction and Reversals	Replace remark N66 with N225

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
AD	NONTP	Non-Medicaid Third Party Payment Correction	23	Payment adjusted because charges have been paid by another payer.	MA67	Correction to a prior claim	CR-Correction and Reversals	Remark MA92 changed to MA67
AD	NONUN	Non-Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/invalid days or units of service	CR-Correction and Reversals	
AD	NONWC	Confirmed Incorrect UCI Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA61	Missing/incomplete/Invalid social security number or health insurance claim number	CR-Correction and Reversals	
AD	NONWD	Confirmed Incorrect Date of Service Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	
AD	NONYO	Non-Medicaid Claim More than a Year Old	29	The time limit for filing has expired			CO-Contractual Obligations	
AD	NPR30	No Provider Response within 30 Days	138	Claim/service denied. Appeal procedures not followed or time limits not met.			OA-Other Adjustments	
AD	RWJCF	RWJ Adjust Cap to FFS	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AD	RWJFC	RWJ Adjust FFS to Cap	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	DUPOP	Potential Dup O/P Claim	18	Duplicate claim/service			CR-Correction and Reversals	
AL	GRPIN	System Generated – Group Ineligible	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PR-Patient Responsibility	
AL	HIPAA	HIPAA	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	Added remark M52
AL	INFOR	Informational Line Item	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	IPCAR	Inpatient Carve Out	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	

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AL	MARP	Cuyahoga County MARP Project	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	MBDEC	Member Deceased	13	The date of death precedes the date of service			CR-Correction and Reversals	
AL	MBRIN	System Generated – Member Ineligible	26	Expenses incurred prior to coverage			PR-Patient Responsibility	Critical Error in HIPAA
AL	MCDBA	Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/Invalid total charges	CR-Correction and Reversals	
AL	MCDUN	Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
AL	NOAUT	No Authorization on File	15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	M62	Missing/incomplete/Invalid treatment authorization code	PR-Patient Responsibility	
AL	NONBA	Non-Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/Invalid total charges	CR-Correction and Reversals	
AL	NONUN	Non-Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
AL	PCCNV	Amount Allowed Per Conversion Factor	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PCCRT	Amount Allowed Per Case Rate	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PCFSC	Amount Allowed Per Fee Schedule	42	Charges exceed our fee schedule or maximum allowable amount			CO-Contractual Obligations	
AL	PCMNR	Modifier Not Used for this Procedure	4	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Remark M78 removed
AL	PCMNV	Modifier Not Valid for Procedure Code	4	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Remark M78 removed
AL	PCMOD	A Modifier is Required for this Procedure	4	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Remark M78 removed

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AL	PCPDM	Amount Allowed Per Per Diem Rate	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PCTBI	System Generated – Percent of Billed	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PERD1	Per Diem Days 1 Through 3	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PERD4	Per Diem Days 4 Plus	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
AL	PRE04	Pre FY04	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	Added remark M52
AL	PRE2K	Closed as Pre-FY-2000 Span	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			CO-Contractual Obligations	
AL	PRE99	Service Provider Pre SFY 1999	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			CO-Contractual Obligations	
AL	PREGL	Pre Go-Live Allowed Reason	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			CO-Contractual Obligations	
AL	PRVIN	System Generated – Provider Ineligible	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PI-Payor Initiated Reductions	
AL	SPLUC	Special Lucas County Contracting	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
CP	00% SF	0% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	05%SF	5% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	10%SF	10% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	100%F	100% Client Pay	2	Coinsurance Amount			PR-Patient Responsibility	
CP	15%SF	15% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	20%SF	20% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	25%SF	25% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	

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CP	30%SF	30% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	35%SF	35% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	40%SF	40% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	45%SF	45% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	50%SF	50% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	55%SF	55% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	60%SF	60% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	65%SF	65% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	70%SF	70% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	75%SF	75% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	80%SF	80% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	85%SF	85% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	90%SF	90% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	90W	FFSE for ODADAS Womens Set-Aside Programs	23	Payment adjusted because charges have been paid by another payer.			CO-Contractual Obligations	
CP	95%SF	95% Sliding Fee	2	Coinsurance Amount			PR-Patient Responsibility	
CP	CIOOP	Member Coinsurance = 0	2	Coinsurance Amount			PR-Patient Responsibility	
CP	COINS	Member coinsurance	2	Coinsurance Amount			PR-Patient Responsibility	
CP	COPAY	Client copayment	3	Co-payment Amount			PR-Patient Responsibility	

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CP	CPPCP	Primary Care Copayment	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF10	\$10/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF100	\$100/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF125	\$125/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF15	\$15/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF150	Summit County Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF175	\$175/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF200	\$200/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF225	\$225/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF25	\$25/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF250	\$250/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF5	\$5/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF50	\$50/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	FF75	\$75/Month Flat Fee Scale	3	Co-payment Amount			PR-Patient Responsibility	
CP	MAXED	System Generated – OOP Limit has been Satisfied	127	Coinsurance--Major Medical	N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.	PR-Patient Responsibility	
CP	MCDDF	No Copay Applied for Medicaid Member	3	Co-payment Amount			CO-Contractual Obligations	
CP	VERIF	100% Copay on NONMCD/NONEMER Until	3	Co-payment Amount			PR-Patient Responsibility	

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DD	MAXED	System Generated – OOP Limit has been Satisfied	127	Coinsurance--Major Medical	N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.	PR-Patient Responsibility	
NC	AUTHC	System Generated – Authorization is Closed	15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.			PR-Patient Responsibility	
NC	AUTHD	System Generated – Authorization has been denied	15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.			PR-Patient Responsibility	
NC	CLINL	Clinician Ineligible	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.			PR-Patient Responsibility	
NC	DUPLY	Duplicate Claim	18	Duplicate claim/service			CR-Correction and Reversals	
NC	DXMIS	Not Covered because Diagnosis is Missing	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.	MA63	Missing/incomplete/invalid principal diagnosis.	CR-Correction and Reversals	Reason 47 changed to 15, remark MA63 added.
NC	GRANT	Grant Based Non-MCD Funding (100% Withhold)	145	Premium payment withholding			CO-Contractual Obligations	
NC	INVPC	Invalid Procedure Code/Modifier Combination	4	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Remark M78 removed.
NC	LBCLR	Local Board Contract Limits Reached	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	LMARP	Limit One Per Elapsed Year	119	Benefit maximum for this time period has been reached	M90	Not covered more than once in a 12 month period	PR-Patient Responsibility	
NC	LMBEN	Maximum Benefit For This Service Reached	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	LMDAY	Day Servs Limit 1 Per Day	119	Benefit maximum for this time period has been reached	M86	Service denied because payment already made for same/similar procedure within	PR-Patient Responsibility	
NC	LMDIP	AOD DIP Services Limit of One Per Year	119	Benefit maximum for this time period has been reached	M90	Not covered more than once in a 12 month period	PR-Patient Responsibility	

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NC	LMEAT	Meals Service Limited to 3 Meals Per Day	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	LMMTH	Limits Billing to One Per Elapsed Month (28 Days)	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	LMOUT	O/P Limit 24 Hrs/Day	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	LMPHA	Par Hosp limit one/day for adults	119	Benefit maximum for this time period has been reached	M86	Service denied because payment already made for same/similar procedure within	PR-Patient Responsibility	
NC	LMPHC	Par Hosp limit two/day for children	119	Benefit maximum for this time period has been reached	M86	Service denied because payment already made for same/similar procedure within	PR-Patient Responsibility	
NC	LMRWJ	MH RWJ Cuyahoga Waiver Limit	45	Charges exceed your contracted/legislated fee arrangement			CO-Contractual Obligations	
NC	LMTRS	Limits Transportation to One Per Elapsed Month	119	Benefit maximum for this time period has been reached			PR-Patient Responsibility	
NC	MAXED	System Generated – OOP Limit Has Been Satisfied	127	Coinsurance--Major Medical	N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.	PR-Patient Responsibility	
NC	MBDEC	Member Deceased	13	The date of death precedes the date of service			PR-Patient Responsibility	
NC	MCDBA	Confirmed Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/ Invalid total charges	CR-Correction and Reversals	
NC	MCDCR	Claim Not Covered Following MH Compliance Review	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/Professional consult/manual adjudication/medical or dentaladvisor	CR-Correction and Reversals	Added remark N10
NC	MCDDU	Confirmed Medicaid Duplicate Service	18	Duplicate claim/service			CR-Correction and Reversals	

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NC	MCDEL	Member not Medicaid Eligible at time of service	177	Payment denied because the patient has not met the required eligibility requirements			PR-Patient Responsibility	Reason 30 replaced with reason 177
NC	MCDIA	Medicaid Claim Adjusted (Internal Audit) MH Only	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/Professional consult/Manual adjudication/medical or dental advisor	CR-Correction and Reversals	
NC	MCDMO	Confirmed Medicaid Modifier Correction	182	Payment adjusted because the procedure modifier was invalid on the date of service			CR-Correction and Reversals	Reason 4 replaced with 182, remark M78 removed.
NC	MCDPR	Confirmed Medicaid Procedure Code Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N56	Procedure Code billed is not correct/valid for the services billed or the date of service billed	CR-Correction and Reversals	
NC	MCDSC	Confirmed Not Covered Due to Service Content	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N225	Incomplete/invalid documentation/orders/notes/summary/report/ chart.	CR-Correction and Reversals	Replace remark N66 with N225
NC	MCDTP	Confirmed Medicaid Third Party Payment Correction	23	Payment adjusted because charges have been paid by another payer.	MA92	Missing/incomplete/Invalid primary insurance information	CR-Correction and Reversals	
NC	MCDUN	Confirmed Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
NC	MCDWC	Confirmed Incorrect UCI Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA61	Missing/incomplete/Invalid social security number or health insurance claim number	CR-Correction and Reversals	
NC	MCDWD	Confirmed Incorrect Date of Service Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	
NC	MCDYO	Medicaid Claim Over 365 Days Old When Received	29	The time limit for filing has expired			CO-Contractual Obligations	

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NC	MEDEF	Denied for Invalid MEDEF	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	MA130	Missing invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used.	CR-Correction and Reversals	Added remark MA130
NC	MODFM	Missing or Invalid Modifier Code	4	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Remark M78 removed
NC	NCSVC	Service/Supply Not Covered	96	Non-covered charge(s)	N30	Patient ineligible for this service.	PR-Patient Responsibility	Added remark N30
NC	NEGPA	Negative Paid Amount	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	Auto fix in HIPAA
NC	NOAUT	No Authorization on File	15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	M62	Missing/incomplete/Invalid treatment authorization code	PR-Patient Responsibility	
NC	NONBA	Confirmed Non-Medicaid Billed Amount Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M54	Missing/incomplete/Invalid total charges	CR-Correction and Reversals	
NC	NONCR	N-M Adjustment Following MH Compliance Review	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/Professional consult/Manual adjudication/medical or dental advisor	CR-Correction and Reversals	
NC	NONDU	Confirmed Non-Medicaid Duplicate Service	18	Duplicate claim/service			CR-Correction and Reversals	
NC	NONIA	Non-Medicaid Claim Adjusted (Internal Audit)	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N10	Claim/service adjusted based on the findings of a review organization/Professional consult/Manual adjudication/medical or dental advisor	CR-Correction and Reversals	
NC	NONMO	Confirmed Non-Medicaid Modifier Correction	182	The procedure code is inconsistent with the modifier used or a required modifier is missing			CR-Correction and Reversals	Reason 4 replaced with 182, remark M78 removed
NC	NONON	Service Not Included in Non-Medicaid Contract	96	Non-covered charge(s).	N30	Patient ineligible for this service.	OA-Other Adjustments	Reason 52 replaced with 96, added N30 remark

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
NC	NONPR	Confirmed Non-Medicaid Procedure Code Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N56	Procedure Code billed is not correct/valid for the services billed or the date of service billed	CR-Correction and Reversals	
NC	NONSC	Confirmed Not Covered Due to Service Content	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N225	Incomplete/invalid documentation/orders/notes/summary/report/chart.	CR-Correction and Reversals	Replace remark N66 with N225
NC	NONTP	Non-Medicaid Third Party Payment Correction	23	Payment adjusted because charges have been paid by another payer.	MA67	Correction to a prior claim	CR-Correction and Reversals	Remark MA92 changed to MA67
NC	NONUN	Confirmed Non-Medicaid Units of Service Correction	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
NC	NONWC	Confirmed Incorrect UCI Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	MA61	Missing/incomplete/ Invalid social security number or health insurance claim number	CR-Correction and Reversals	
NC	NONWD	Confirmed Incorrect Date of Service Billed	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M52	Missing/incomplete/Invalid "from" date(s) of service	CR-Correction and Reversals	
NC	NONYO	Non-Medicaid Claim is Over 365 Days Old When Received	29	The time limit for filing has expired			CO-Contractual Obligations	
NC	NOQTY	No Units of Service Billed	17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.	M53	Missing/incomplete/Invalid days or units of service	CR-Correction and Reversals	
NC	NPR30	No Provider Response Within 30 Days	138	Claim/service denied. Appeal procedures not followed or time limits not met.			OA-Other Adjustments	
NC	OOCY	Out of County Not Covered	38	Services not provided or authorized by designated (network/primary care) providers			PR-Patient Responsibility	

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
NC	PCINV	Procedure Code invalid or nonspecific	125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	N56	Procedure Code billed is not correct/valid for the services billed or the date of service billed	CR-Correction and Reversals	
NC	STATE	Old claim unheld/denied by State	29	The time limit for filing has expired			PR-Patient Responsibility	
OC	2	Blue Cross/Blue Shield	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	
OC	3	Other Priv Ins	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	
OC	4	Employer/Union	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	
OC	5	Public Agency	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	
OC	6	Other Carrier	23	Payment adjusted because charges have been paid by another payer.			OA-Other Adjustments	
OC	9	Harbor Other Carrier	23	Payment adjusted because charges have been paid by another payer.			CO-Contractual Obligations	
OC	E	Benefits Exhausted	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	
OC	F	No Coverage For Any Family Member	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	
OC	L	Disputed	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	
OC	P	No Coverage for This Member	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	
OC	R	No Response From Ins Co	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	
OC	S	Not Covered Service	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	

Diamond Reason Category	Diamond Reason Code	Diamond Description	835 Reason Code	835 Reason Code Definition	835 Remark Code	835 Remark Code Description	835 Reason Group	Comments
OC	X	Non-Cooperative Member with Insurance	22	Payment adjusted because this care may be covered by another payer per coordination of benefits.			OA-Other Adjustments	

HIPAA GROUP

CR – Correction and Reversals

CO – Contractual Obligations

OA – Other Adjustment

PI – Payor Initiated Reductions

PR – Patient Responsibility