AmeriHealth Caritas Delaware

New and Current Explanation of Benefit (EOB) Codes - Effective June 1, 2020

EOB Code	EOB Description	Claim Adjustment Reason Code	CARC Definition	Remittance Remark Code	RARC Definition	Provider Adjustment Reason Code
HT7	Admin Code without Vaccine Code Administration Service Billed with Modifier U2 or U3 without	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Effective 03/01/2020: The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N519	Invalid combination of HCPCS modifiers.	CO
HT8	NCCI Column 1 denied,Column II paid prev NCCI Column I and Column II codes billed out of sequence for same date	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.)	M80		CO
HU1	Resubmit to HearUSA Resubmit to HearUSA	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	CO
N01	Subset Procedure Disallow This procedure is considered incidental to or a part of the primary	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N02	Redundant Procedure Disallow This procedure is reconsidered redundant to the primary procedure	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N03	Secondary Procedure Disallow This procedure is considered secondary to the primary procedure.	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N04	Follow-Up Service Disallow This service is considered a part of the original surgical procedure	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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.	CO
N05	Same Day Procedure Disallow This service is not covered when performed on the same day as	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N20	Service not payable with other service rendered on the same date.	CO
N06	Assistant Surgeon Disallow This procedure does not normally require the services of an assistant	54	Multiple physicians/assistants are not covered in this case. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N646	Reimbursement has been adjusted based on the guidelines for an assistant.	CO
N09	Cosmetic Procedure Disallow This procedure is normally performed for cosmetic purposes	50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. 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.	CO

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N10	Investigation Disallow This procedure is considered experimental in nature and not a covered	55	Procedure/treatment/drug is deemed experimental/investigational by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N623	Not covered when deemed unscientific/unproven/outmoded/experimental/excessive/inappropriate.	CO
N11	Outdated Procedure Disallow This procedure is no longer considered clinically effective	56	Procedure/treatment has not been deemed 'proven to be effective' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N13	Invalid Procedure Disallow This Procedure Code Was Deleted or Not Valid on Date of Service	181	Procedure code was invalid on the date of service.	N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.	CO
N14	Invalid Gender for Procedure Member's Sex Not Valid for Procedure Code	7	The procedure/revenue code is inconsistent with the patient's gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N15	Age exceeds normal range for procedure This service is not normally performed for members in this age range	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.	CO
N16	Age exceeds extreme range for procedur This service is not normally performed for members in this age range	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.	CO
N17	Invalid place of service for procedure This service is not covered when performed in this setting	5	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N19	Invalid Diagnosis for Procedure This service is not covered when performed for the reported diagnosis	11	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N25	Charges were combined into primary pr The charges for this service have been combined into the primary	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N26	Pretreatment Procedure Disallow Pretreatment Procedure Disallow	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.	N448	This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.	OA
N27	Invalid Modifier Disallow Invalid Modifier Disallow	182	Procedure modifier was invalid on the date of service.	N657	This should be billed with the appropriate code for these services.	CO
N28	Preop proc. Occurred 1day of surg proc. Current preoperative procedure occurred within 1day of an associated	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	CO
N29	Clinical Daily Maximum Exceeded Clinical Daily Maximum Exceeded	119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	CO

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N30	Lifetime Maximum Exceeded Lifetime Maximum Exceeded	35	Lifetime benefit maximum has been reached.	N587	Policy benefits have been exhausted.	CO
N50	Current Procedure Rebundle Current Procedure Rebundle	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	OA
N51	History Procedure Rebundle History Procedure Rebundle	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	CO
N52	Duplicate Uni or Bilateral Procedure Duplicate Uni or Bilateral Procedure	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	OA
N53	Dup History Uni or Bilateral Proc Dup History Uni or Bilateral Procedure	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	OA
N54	Daily or Lifetime Max Occurrence Daily or Lifetime Max Occurrence	119	Benefit maximum for this time period or occurrence has been reached.	N640	Exceeds number/frequency approved/allowed within time period.	CO
N55	History Daily/Lifetime Max Occurrence History Daily/Lifetime Max Occurrence	35	Lifetime benefit maximum has been reached.	N587	Policy benefits have been exhausted.	CO
N56	Duplicate Procedure Submitted Duplicate Procedure Submitted	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	OA
N57	History Dup Procedure Submitted History Dup Procedure Submitted	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	OA
N58	History Mutually Exclusive Procedure History Mutually Exclusive Procedure	231	Mutually exclusive procedures cannot be done in the same day/setting. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N59	History Incidental Procedure History Incidental Procedure	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N60	Assistant Surgeon Sometimes Required Assistant Surgeon Sometimes Required	54	Multiple physicians/assistants are not covered in this case. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N646	Reimbursement has been adjusted based on the guidelines for an assistant.	CO

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EOB Code	EOB Description	Claim Adjustment Reason Code	CARC Definition	Remittance Remark Code	RARC Definition	Provider Adjustment Reason Code
N61	Age Conflict Replaced Procedure Age Conflict Replaced Procedure	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.	CO
N62	Gender Conflict Replaced Procedure Gender Conflict Replaced Procedure	7	The procedure/revenue code is inconsistent with the patient's gender. 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.	CO
N63	History Proc Added Line Rebundle History Procedure Added Line Rebundle	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	CO
N64	History PreOp Conflict Within 1 Day History PreOp Conflict Within 1 Day	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	CO
N65	HisT PostOP Conflict within 90 Days History PostOP Conflict within 90 Days	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	CO
N66	History Medical Visit Conflict History Medical Visit Conflict	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. 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.	CO
N67	New Pt Visit Conflict Procedure New Pt Visit Conflict Procedure	B16	'New Patient' qualifications were not met.	N/A	N/A: No Additional Specification Needed	CO
N68	Intensity of Service Conflict Intensity of Service Conflict	150	Payer deems the information submitted does not support this level of service.	N640	Exceeds number/frequency approved/allowed within time period.	CO
N69	Dupl Component Billing Conflict Cur Duplicate Component Billing Conflict Current or History	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	N702	Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.	OA
N70	Diagnoses do not support this procedure Submitted diagnoses do not support this procedure	11	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.	CO
N71	Multiple Component Billing Conflict Multiple Component Billing Conflict	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	CO
N72	Units of service exceed MUE limit Units of service exceed Medically Unlikely Edit	119	Benefit maximum for this time period or occurrence has been reached.	N362	The number of Days or Units of Service exceeds our acceptable maximum.	CO

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N73	Third Party Liability Potential Third Party Liability Potential	109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	N193	Alert: Specific federal/state/local program may cover this service through another payer.	OA
N76	Invalid Proc Modifier Combination Invalid Procedure Modifier Combination	4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Effective 03/01/2020: The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N519	Invalid combination of HCPCS modifiers.	CO
N77	Invalid Modifier Invalid Modifier	182	Procedure modifier was invalid on the date of service.	N657	This should be billed with the appropriate code for these services.	CO
N78	Invalid Diagnosis Code Invalid Diagnosis Code	146	Diagnosis was invalid for the date(s) of service reported.	N657	This should be billed with the appropriate code for these services.	CO
N79	Units Expansion Failed Units Expansion Failed	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.	M53	Missing/incomplete/invalid days or units of service.	CO
N81	Diagnoses may not support this procedure Submitted diagnoses may not support this procedure	11	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.	CO
N82	Diagnoses for this procedure monitored Submitted diagnoses for this procedure monitored	11	The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N657	This should be billed with the appropriate code for these services.	CO
N91	CCI Incidental Procedure CCI Incidental Procedure	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N92	History CCI Incidental Procedure History CCI Incidental Procedure	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N19	Procedure code incidental to primary procedure.	CO
N93	CCI Mutually Exclusive Procedure CCI Mutually Exclusive Procedure	231	Mutually exclusive procedures cannot be done in the same day/setting. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO
N94	History CCI Mutually Exclusive Procedure History CCI Mutually Exclusive Procedure	231	Mutually exclusive procedures cannot be done in the same day/setting. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	N/A	N/A: No Additional Specification Needed	CO