

Medicaid835ActionID	AdjGroupCode	CAR Code	Remark Code	Description	Action	StoredProcedure
48	PR	1	NULL	Deductible Amount	DENY	spProcessMedicaid835ForMoveToEscrow
17	CO	6	N129	Not eligible due to patients age	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
52	CO	9	N129	Diagnosis is inconsistent with the patient's age	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
28	CO	9	N517	Diagnosis is inconsistent with patients age	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
7	CO	9		Diagnosis is inconsistent with patients age	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
29	CO	10	N517	Primary / Principal diagnosis is inconsistent with Gender	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
11	CO	10	NULL	Primary / Principal diagnosis is inconsistent with Gender	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
56	CO	11	M51	Invalid Procedure Code. Not Billable Separately	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
53	CO	11		Diagnosis is inconsistent with the procedure	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
57	CO	15	N517	Invalid data received. Resubmit claim with correct information	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
55	CO	15		CIN # INVALID-BELONGS TO MOTHER/FATHER	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
12	CO	16	M49	Rate Table Issue (Contact OHIP)	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
59	CO	16	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.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
13	CO	16	MA130	Medicaid Profile Setup Issue (Contact OHIP)	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
14	CO	16	MA39	Child's Gender does not match what eMedNY has on file	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
1	CO	16	N216	Likely a Code 35 issue	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
34	CO	16	N287	Ordering Provider	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
2	CO	16	N291	Rendering Provider = Billing Provider	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
58	CO	16	N34	Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
3	CO	16	N340	Child's DOB does not match what eMedNY has on file	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
30	CO	16	N350	NULL	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
10	OA	18	NULL	Duplicate Claim	PAY SECOND SERVICE	spProcessMedicaid835ForSecondServiceOnSameDate
36	CO	22	MA04	COB-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.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
15	CO	22	N479	eMedNY's records indicate Child has commercial insurance that was not billed	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
4	CO	22	NULL	eMedNY's records indicate Child has commercial insurance that was not billed	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
35	OA	23	NULL	Prior Payer	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
16	CO	24	NULL	Service not covered for child.	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
5	CO	27	NULL	Child Ineligible on Date of Service	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
6	CO	29	NULL	Time time limit has expired. Resubmit with delay reason code	REBILL	spProcessMedicaid835ForRebillAutomatic
25	CO	45	NULL	Paid	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
54	PR	45		Contractual Adjustment	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
37	CO	47	NULL	Diagnosis code issue	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
51	CO	88	N30	Entity Not Eligible for Benefits for Submitted Dates of Service	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
50	CO	88	NULL	Entity Not Eligible for Benefits for Submitted DOS	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
31	CO	96	M49	NULL	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
8	CO	96	N30	Likely a Code 35 issue	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
21	CO	96	N52	Code 35	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
41	CO	96	NULL	Non-covered charge(s)	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
40	PR	96	NULL	Non-covered charge(s)	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
18	CO	97	M2	Not paid separately when patient is an inpatient	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
24	CO	97	M86	Duplicate Claim	PAY SECOND SERVICE	spProcessMedicaid835ForSecondServiceOnSameDate
22	CO	170	N95	Not sure	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
33	CO	171	N428	Rate code missing?	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
43	CO	183	NULL	The referring provider is not eligible to refer the service billed	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
42	PR	183	NULL	The referring provider is not eligible to refer the service billed	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
38	CO	197	M62	Precertification/authorization/notification absent	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
26	CO	200	NULL	Child Ineligible on Date of Service	MOVE TO ESCROW	spProcessMedicaid835ForMoveToEscrow
32	CO	242	M115	Code 35	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
23	CO	242	MA112	OPRA?	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
44	PR	242	N30	Services not provided by network/primary care providers.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
46	CO	242	NULL	Services not provided by network/primary care providers.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
45	OA	242	NULL	Services not provided by network/primary care providers.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
39	CO	243	NULL	NULL	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
47	PR	243	NULL	Services not provided by network/primary care providers.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
49	CO	A1	N130	Claim/Service denied-Consult plan benefit documents/guidelines for information about restrictions for this service.	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
19	CO	A1	N198	Rendering Provider Not Equal to Billing Provider	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
20	CO	A1	N79	Provider Needs to Have Zip Code + 4 for that county added to their rate table	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention
9	CO	B7	NULL	Provider Not Certified to be paid for this procedure / service on this date of service. (Contact OHIP)	NEEDS ATTENTION	spProcessMedicaid835ForNeedsAttention