

Keystone First Family of Health Plans

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
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