Policy ID Mapping for CARC/RARC

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
161	Missing Info-Submit new claim with arch,quadrant,tooth number,and/or surface code	**N37-** Missing/incomplete/invalid tooth number/letter	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
117	Invalid HCPCS code	**M20-** Missing/incomplete/invalid HCPCS	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
206	Denied due to waiting period	**N30**-Patient ineligible for this service	**96-**Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
1P1	Alternate Procedure applied	**N22-**This procedure code was added/changed because it more accurately describes the services rendered	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PI	PI	DENY	4
1P4	This service line does not match to a valid Pre-determination	**N54**-Claim information is inconsistent with pre-certified/authorized services	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
119	Invalid Procedure code/class on file	**M51-** Missing/incomplete/invalid procedure	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
1SF	Service Submitted with Missing or Invalid Fee	**M79-** Missing/incomplete/invalid charge	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
1V1	Combined x-ray fees equal complete series	**N22**-This procedure code was added/changed because it more accurately describes the services rendered	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PI	PI	DENY	4

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
307	We are unable to process claim treating provider is not in our system	**M115**-This item is denied when provided to this patient by a non-contract or non demonstration supplier	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
3X3	The tax identification number is not found in our records	**MA113**-Incomplete/invalid taxpayer identification number (TIN) submitted by you per Internal Revenue Service	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
3X4	There is no pratice location in our records	**MA115-** Missing/incomplete/invalid physical location (name and address, or PIN)	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
3X7	Provider NPI omitted on paper claim	**N280**-Missing/incomplete invalid pay-to-provider primary identifier	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
3X8	Rendering provider omitted on the paper claim at the service line level	**N32**-Claim must be submitted by the provider who rendered the service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
3X9	Rendering provider omitted on paper claim at the service line and claim level	**N32**-Claim must be submitted by the provider who rendered the service	**96**-Non-covered charge(s)At least one Remark code must be provided.	PR	PI	DENY	3
3XB	NPI does not match rendering provider name, address on claim	**N280-**Missing/incomplete invalid pay-to-provider primary identifier	**16**-Claim/service lacks information which is needed for adjudication.	PR	PI	DENY	2
411	Sealants not a benefit if caries/restoration	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
423	Cosmetic services – non benefit	**N383-**Not covered when deemed cosmetic	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
440	According to our guidelines, this procedure is considered part of and included in the fee for periodontal services. Contracting dentists agree to charge the patient only the amount indicated as "Patient Pays."	**M15-**Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
441	According to our guidelines, periodontal root planing and surgical re-entry within 3 years is included in the fee for the original periodontal surgery. Exceptions involving special circumstances require a written report. Contracting dentists agree to charge the patient only the amount indicated as "Patient Pays."	**M86-**Service denied because payment already made for same/similar procedure within set time frame	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
442	According to our guidelines, when periodontal root planing is performed in the same quadrant within four weeks of periodontal surgery, it is considered part of and included in the fee for that surgery. Contracting dentists agree to charge the patient only the amount indicated as "Patient Pays."	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
443	Perio root planing is perf in same quad within 6 weeks include in org fee	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
444	Perio root planing and surg. re-enrty within the cov. limitation s is included in fee for original	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
445	According to our guidelines, bone grafts, soft tissue grafts and guided tissue ER non-p	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
4SH	Previous history of sealant for same surface, same tooth	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5C4	Submitted documentation does not support Payment. Contracting Provider can only charge the pt pays amount	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
501	Allowance based on Consultant Review	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	OA	DENY	3
503	Not a benefit,alternate procedure code allowance made	**N10-**Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
504	Submitted documentation does not support Payment. Contracting Provider can only charge the pt pays amount	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
506	This procedure has been previously reviewed by our dental consultant and the original benefit determination remains unchanged	**MA46**-The new information was considered but additional payment will not be issued	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
507	Incomplete treatment is not a benefit of the enrollees program	**N301**-Missing/incomplete/invalid procedure dates	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
508	Specialized procedures not a benefit, allowance made for alternate procedure	**N22-**This procedure code was added/changed because it more accurately describes the services rendered	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
509	Specialized procedures are not a benefit. Patient is responsible for amount indicated as patient pays		**B8**-Alternative services were available, and should have been utilized	PR	PR	DENY	3
510	Wear, attrition, erosion, abrasion not covered	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
511	Program excludes correction to congenital/ developmental malformation	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
512	Professional consultation not a benefit with treatment	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
515	Service not a benefit, less expensive alternate trx is professionally accepted	**N381**-Consult our contractual agreement for restrictions/billing/payment information related to these charges	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4
516	Original benefit determination is unchanged, patient responsibility is to the approved amount	**N10-**Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
517	Short Description-original benefit determination is unchanged, patient responsibility is to the submitted amount	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
530	NOB quest prognosis Deny	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
531	NOB quest prognosis Disallow	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
532	Periodontal questionable prognosis	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
533	Endodontic questionable prognosis	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
543	No additional benefits are available because the maximum benefit for this service has already been provided. Contracting dentists agree to charge the patient only the amount indicated as “Patient Pays.”	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
565	Benefits could not be determined because of missing/conflicting information. Upon receipt of a new claim with arch, quadrant, tooth number, and/or surface code information, we will process the submitted service(s) in accordance with our processing guidelines	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
566	Benefits could not be determined because of missing information. Upon receipt of a new claim with the date for each service and time of the office visit, we will process the submitted service(s) in accordance with our processing guidelines.	**N301**-Missing invalid procedure date(s)	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
567	Benefits could not be determined because of missing information. Upon receipt of a new claim with patient's treatment plan, we will process the submitted service(s) in accordance with our processing guidelines.	**M135**-Missing/incomplete/invalid plan of treatment	**252**-An attachment is required to adjudicate this claim/service	PR	PI	DENY	1
5A0	NOB impl not osseo integr	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5A1	NOB br sup nat tooth/impl	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5A2	NOB exc loss of bone	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5A3	NOB infected or damaged	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5B0	NOB inadequate br abut sup	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5B1	NOB temp mat cr or br	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5B2	NOB perio prognosis	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5B3	NOB exist RC trt failing	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5BR	Addt'l bridge/abutments provided are considered more than necessary NOB	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
5BU	Buildups are considered to be part of, and included in the fee for the comp.res	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5C2	NOB severe infection	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5C3	NOB not enough healthy bone	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5D2	NOB excessive decay	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5D3	NOB cracked Tooth	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5E3	NOB RC filling	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5F3	NOB amnt of tooth structure	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5G3	NOB RC unsuitable mat	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
5GA	General Anesethesia/IV Sedation may be a covered benefet only when provided in conjuction with covered oral surgery, endodontics or periodontic procedures	**N161**-This drug/service/supply is covered only when associated service is covered	**16**-Claim/service lacks information which is needed for adjudication	PR	PR	DENY	2
5HD	New code **-** Our records indicate this pateint has a history of dentures, this procedure is not a benefit when performed on a patient with a history of dentures	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5RB	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RC	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RD	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RE	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RF	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RG	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3

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5RH	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RI	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RJ	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RK	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RL	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RM	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
5RN	For additional details please refer to your electronic print copy of the EOB on Evault at https://www.deltadentalins.com/	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PI	PI	DENY	3
5RS	New code **-** Our records indicate that this tooth has had a restoration placed within six-months	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
5S1	The submitted documentation was reviewed by a dental consultant. The consultant has applied an allowance for an alternate oral surgery procedure based on the anatomical position of the tooth. Contracting dentists agree to charge the patient only the amount indicated as "Patient Pays."	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
601	Dental procedure code not covered	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
609	Provider opted out	**N95**-This provider type/ provider specialty may not bill this service	**170**-Payment is denied when performed by this type of provider	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
630	According to our guidelines, the allowance for this procedure was included in the fee for the original appliance. Contracting dentists agree to charge the patient only the amount indicated as “Patient Pays.”	**M15**-Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
632	According to our guidelines, a posterior fixed bridge is not a covered benefit when a previous allowance has been provided for a removable partial denture in the same arch. The patient is responsible for the amount indicated as "Patient Pays.	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
633	According to our guidelines, a removable partial denture is not a covered benefit when a previous allowance has been provided for a posterior fixed bridge in the same arch. The patient is responsible for the amount indicated as "Patient Pays."	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
634	Missing Tooth Clause	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
635	Missing tooth clause abutment allowance	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided+D94	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
6A1	Denied-CPP Non-Participating Provider	**N277-** Missing/incomplete/invalid other payer rendering provider Identifier	**16**-Claim/service lacks information which is needed for adjudication	PR	PR	DENY	2
6CS	Provider not credentialed CMS	**N381**-Consult our contractual agreement for restrictions/billing/payment information related to these charges	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
6NS	Provider is not a specialist	**N381**-Consult our contractual agreement for restrictions/billing/payment information related to these charges	**96**-Non-covered charge(s)At least one Remark code must be provided	PI	PI	DENY	3
712	Adult orthodontic benefits are not covered. Pt resp = Pt Pays	**N30**-Patient ineligble for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
718	Procedure included in fee for another completed service. Pt resp - contr DDS=pt pays	**M15**-Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
757	The patient exceeds the program's age limit for this procedure. Therefore, the patient is responsible for the amount indicated as "Patient Pays."	**N129-**Not eligible due to the patient's age	**6-**The procedure code/bill type is inconsistent with patient's age	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
758	According to the enrollee's program, this service is a covered benefit only after the patient has reached a specified age. We have applied an alternate procedure number and allowance to ensure accurate processing. The patient is responsible for the amount indicated as "Patient Pays."	**N129-**Not eligible due to the patient's age	**6-**The procedure code/bill type is inconsistent with patient's age	PR	PR	DENY	3
776	Frequency limitation - within a twelve month period exceeded. Pt resp = Pt Pays	**M90**-Not covered more than once in a 12 month period	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
778	Frequency limitation - within any twelve-month period exceeded. Pt resp = Pt Pays	**M90**-Not covered more than once in a 12 month period	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
780	Frequency - once per lifetime exceeded. Pt resp = Pt Pays	**N117**-This service is paid only once in a patient's lifetime	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
786	Treatment of TMJ is not a covered benefit. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
788	Our records indicate previous extraction of this tooth. Therefore, no allowance made for this procedure	**N384-**Records indicate that the referenced body part/tooth has been removed In a previous procedure	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PI	PI	DENY	4
799	Invalid procedure for dates of service	**N301**-Missing incomplete/invalid procedure date(s)	**16**-Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
7A1	Prescription Drugs are not a covered benefit. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
7A2	Emergency Pallitive tx NOB if other services during same visit. Pt resp=Pt pays	**N20**-Services not payable with other service rendered on the same date	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
7A3	Post-operative visit are included in fee for surgical procedure. Pt resp = Pt Pays	**M144**-Pre/post operative care payment is included in the allowance for the surgery procedure	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
7A4	Occlusal adjs of recent restorations are included in fee for completed service. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
7NB	CPP Specfic This service is not a covered benefit. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4
7BB	This service is not a covered benefit. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
7C1	Not payable due to absence or conflict of related service member liability up to approved	**N365-**This procedure code is not payable. Is is for reporting/information purposes only	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
7C2	The submitted procedure is not payable in conjunction with a related service that is in our records for this patient. Contracting dentists agree to charge the patient only the amount indicated as "Patient Pays."	**M80-**Not covered when performed during the same session/date as a previously processed service for the payment	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
7C4	Not payable due to absence or conflict of related service member liability up to submitted	**N365-**This procedure code is not payable. Is is for reporting/information purposes only	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
7E1	Therapeutic pulpotomy on permanent teeth is not a covered benefit. Pt resp = Pt Pays	**M15**-Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4
7F7	According to our guidelines, a denture/removable partial denture is not allowed within 24-months of a denture/partial denture rebase procedure in the same arch. The patient is responsible for the amount indicated as "Patient Pays."	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
7F6	According to our guidelines, a denture/removable partial denture is not allowed within six-months of a denture/partial denture reline procedure in the same arch. The patient is responsible for the amount indicated as "Patient Pays."	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4
7I1	Allowance for Proc included in fee for original placement of appliance	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
7K1	Parial match on tooth surface in history pend to audit	**M80**-Not covered when performed during the same session/date as a previously processed service for the payment	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4
7O1	Orthodontic services are not a covered benefit. Pt resp = Pt Pays	**N130**-Consult plan benefit documents/guidelines for information about restrictions for this service	**96-**Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
7OG	Occlusal Guard benefit with HX of perio surgery	**M83**-Service is not covered unless the patient is classified as high risk	**96-**Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
7PO	Ortho Periodic Payment already scheduled to generate payment	**N70**-Consolidated billing and payment applies	**96-**Non-covered charge(s)At least one Remark code must be provided	PI	PI	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
7Q1	Benefits denied based on periodontal prognosis of involved tooth. Pt resp - Contr DDS = Pt Pays	**N10**-Payment based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
839	The program's orthodontic coverage does not provide benefits for retreatment or relapse cases. The patient is responsible for the amount indicated as "Patient Pays."	**N30**-Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
848	Your orthodontic treatment request has been received and is in our system. There is no payment with this notice. Periodic payments will be automatically issued starting in the next payment cycle, subject to the patient's continued eligibility and contract maximum.	**N70**-Consolidated billing and payment applies	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
998	Manual disallow	**N30**-Patient ineligble for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
999	Manual deny	**N30**-Patient ineligble for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
9ED	Deny add'l x-ray with Endo	**N390**-This service/report cannot be billed separately	**97**-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PI	DENY	4

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
9HH	Based on additional information/review we have reprocessed this claim to indicate the correct member liability	**MA46**-The new information was considered but additional payment will not be issued	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
9NE	Delta Dental has not received all required information from the enrollee's emp	**N30-**Patient ineligible for this service	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PR	DENY	3
9RD	Based on reviewer's evalution of submitted information the original reason for denial is upheld. Patient is not resp	**MA46**-The new information was considered but additional payment will not be issued	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
9R2	Based on reviewer's evalution of submitted information the original reason for denial is upheld. Patient is resp	**MA46**-The new information was considered but additional payment will not be issued	**50**-These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
9WP	Paid incorrect Provider and/or Member	**N32**-Claim must be submitted by the provider who rendered the services	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
BD7	X-Rays must be submitted for this procedure and were not on the claim or Pre-D	**M129-**Missing/incomplete/invalid indicator of x-ray availability for review	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D34	Procedure Dates outside of Service Date Range	**N56**-Procedure code billed is not correct/valid for the services billed or the date of service	**96-**Non-covered charge(s)At least one Remark code must be provided	PI	PI	DENY	3
D35	HCPC not valid for Date of Service	**N56**-Procedure code billed is not correct/valid for the services billed or the date of service	**96-**Non-covered charge(s)At least one Remark code must be provided	PI	PI	DENY	3
D56	Tooth Surface B is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
D57	Tooth Surface D is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D58	Tooth Surface F is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D59	Tooth Surface I is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D60	Tooth Surface L is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D61	Tooth Surface M is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D62	Tooth Surface O is invalid for Tooth Number	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D63	Tooth Number is invalid for Procedure	**N37**-Missing/incomplete/invalid tooth number/letter	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D65	Xrays must be submitted for this procedure and were not	**M129**-Missing/incomplete/invalid indicator of x-ray availability for review	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D67	Number of Tooth Surfaces for Procedure is < minimum required	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2
D68-For DDPR only	Number of Tooth Surfaces for Procedure is > maximum required	**N75**-Missing /incomplete invalid tooth surface information	**16**-Claim/service lacks information which is needed for adjudication	PI	PI	DENY	2

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
FLW	Restoration disallowed; exact history	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
FLY	One or more surface disallowed; hist; same prov	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
FLX	Restoration disallowed; exact history	**M86**-Service denied because payment already made for same/similar procedure within set time frame	**96**-Non-covered charge(s)At least one Remark code must be provided	PR	PI	DENY	3
FM0	Modification of fees for radiographs that exceed fee for procedure D0210	**N22-**This procedure code was added/changed because it more accurately describes the services rendered.	**97-**The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated	PR	PR	DENY	4
PVU	Non-COB Claim's receipt date after timely filing receipt date for the grp or div	**N182**-This claim/service must be billed according according the schedule for this plan	**16-**Claim/service lacks information which is needed for adjudication	PR	PR	DENY	2
PVW	Service provider exceeded filing limit	**N182**-This claim/service must be billed according according the schedule for this plan	**16-**Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
PVZ	Claim exceeded expanded timely filing limit based on Provider	**N182**-This claim/service must be billed according according the schedule for this plan	**16-**Claim/service lacks information which is needed for adjudication	PR	PI	DENY	2
8X0	ACA Exchange groups; Per documentation need is not mediclly necessary; HLD Index criteria not met	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3

Health Care Policy Code	Description	RARC	CARC	HIPAA Non-Par Adj Grp	HIPAA Adj Grp	Action	Business Scenarios #
8X2	ACA Exchange groups; Per documentation need is not mediclly necessary; Salzmann index criteria not met	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
8X4	Cleft palate deformities not evident on submitted diagnostic material	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
8X5	Impinging overbite; tissue laceration and/or clinical attachment loss not demonstrated	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
8X6	Anterior crossbite causing soft tissue destruction not demonstated	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
8X7	The documentation submitted does not qualify for severe traumatic deviation.	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PR	DENY	3
8X8	Patients under age 13 with mixed dentition do not qualify	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3
8X9	ACA Ortho treatment required auth and docuementation not provided	**N661-**Documentation does not support that the services rendered were medically necessary	**50-**These are non-covered services because this is not deemed a medical necessity by the payer	PR	PI	DENY	3

PI	Payer Initiated (Pt Not Responsible)
PR	Patient Responsible