



# Supplement to be used with Appendix A, Section A.2 of the Minnesota Uniform Companion Guide (MUCG) v14.0 for the Implementation of the X12/005010X221A1 Health Care Claim Payment Advice (835).

This supplement is incorporated by reference in the MUCG above and was adopted as a rule August 12, 2019.

## RARC and CAGC to use with CARC 227 for the business scenario “Additional Information Required – Missing/Invalid/Incomplete Information from the Patient”

The business scenario “Additional Information Required – Missing/Invalid/Incomplete Information from the Patient” refers to situations where additional information is needed from the patient, including situations where the information is required from the patient due to lack of a participating provider agreement.

Use the Claim Adjustment Group Codes (CAGC) “PR” and the Remittance Advice Remark Codes (RARC) listed in the following table below for Claim Adjustment Reason Codes (CARC) 227, *“Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. 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).”*

RARC to use with CAGC PR and CARC 227	RARC description
M19	Missing oxygen certification/re-certification.
M20	Missing/incomplete/invalid HCPCS.

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RARC to use with CAGC PR and CARC 227	RARC description
M21	Missing/incomplete/invalid place of residence for this service/item provided in a home.
M22	Missing/incomplete/invalid number of miles traveled.
M23	Missing invoice.
M24	Missing/incomplete/invalid number of doses per vial.
M29	Missing operative note/report.
M30	Missing pathology report.
M31	Missing radiology report.
M44	Missing/incomplete/invalid condition code.
M45	Missing/incomplete/invalid occurrence code(s).
M46	Missing/incomplete/invalid occurrence span code(s).
M47	Missing/incomplete/invalid Payer Claim Control Number. Other terms exist for this element including, but not limited to, Internal Control Number (ICN), Claim Control Number (CCN), Document Control Number (DCN).
M49	Missing/incomplete/invalid value code(s) or amount(s).
M50	Missing/incomplete/invalid revenue code(s).
M51	Missing/incomplete/invalid procedure code(s).
M52	Missing/incomplete/invalid "from" date(s) of service.
M53	Missing/incomplete/invalid days or units of service.
M54	Missing/incomplete/invalid total charges.
M56	Missing/incomplete/invalid payer identifier.
M59	Missing/incomplete/invalid "to" date(s) of service.
M60	Missing Certificate of Medical Necessity.
M62	Missing/incomplete/invalid treatment authorization code.
M64	Missing/incomplete/invalid other diagnosis.

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RARC to use with CAGC PR and CARC 227	RARC description
M67	Missing/incomplete/invalid other procedure code(s).
M76	Missing/incomplete/invalid diagnosis or condition.
M77	Missing/incomplete/invalid/inappropriate place of service.
M79	Missing/incomplete/invalid charge.
M81	You are required to code to the highest level of specificity.
M99	Missing/incomplete/invalid Universal Product Number/Serial Number.
M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
M122	Missing/incomplete/invalid level of subluxation.
M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
M124	Missing indication of whether the patient owns the equipment that requires the part or supply.
M125	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
M126	Missing/incomplete/invalid individual lab codes included in the test.
M127	Missing patient medical record for this service.
M129	Missing/incomplete/invalid indicator of x-ray availability for review.
M130	Missing invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used.
M131	Missing physician financial relationship form.
M132	Missing pacemaker registration form.
M135	Missing/incomplete/invalid plan of treatment.
M136	Missing/incomplete/invalid indication that the service was supervised or evaluated by a physician.
M141	Missing physician certified plan of care.
M142	Missing American Diabetes Association Certificate of Recognition.

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RARC to use with CAGC PR and CARC 227	RARC description
MA27	Missing/incomplete/invalid entitlement number or name shown on the claim.
MA30	Missing/incomplete/invalid type of bill.
MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
MA32	Missing/incomplete/invalid number of covered days during the billing period.
MA33	Missing/incomplete/invalid noncovered days during the billing period.
MA34	Missing/incomplete/invalid number of coinsurance days during the billing period.
MA35	Missing/incomplete/invalid number of lifetime reserve days.
MA36	Missing/incomplete/invalid patient name.
MA37	Missing/incomplete/invalid patient's address.
MA39	Missing/incomplete/invalid gender.
MA40	Missing/incomplete/invalid admission date.
MA41	Missing/incomplete/invalid admission type.
MA42	Missing/incomplete/invalid admission source.
MA43	Missing/incomplete/invalid patient status.
MA48	Missing/incomplete/invalid name or address of responsible party or primary payer.
MA50	Missing/incomplete/invalid Investigational Device Exemption number or Clinical Trial number.
MA53	Missing/incomplete/invalid Competitive Bidding Demonstration Project identification.
MA58	Missing/incomplete/invalid release of information indicator.
MA60	Missing/incomplete/invalid patient relationship to insured.
MA61	Missing/incomplete/invalid social security number or health insurance claim number.

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RARC to use with CAGC PR and CARC 227	RARC description
MA63	Missing/incomplete/invalid principal diagnosis.
MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.
MA65	Missing/incomplete/invalid admitting diagnosis.
MA66	Missing/incomplete/invalid principal procedure code.
MA69	Missing/incomplete/invalid remarks.
MA70	Missing/incomplete/invalid provider representative signature.
MA71	Missing/incomplete/invalid provider representative signature date.
MA75	Missing/incomplete/invalid patient or authorized representative signature.
MA76	Missing/incomplete/invalid provider identifier for home health agency or hospice when physician is performing care plan oversight services.
MA81	Missing/incomplete/invalid provider/supplier signature.
MA88	Missing/incomplete/invalid insured's address and/or telephone number for the primary payer.
MA89	Missing/incomplete/invalid patient's relationship to the insured for the primary payer.
MA90	Missing/incomplete/invalid employment status code for the primary insured.
MA92	Missing plan information for other insurance.
MA97	Missing/incomplete/invalid Medicare Managed Care Demonstration contract number or clinical trial registry number.
MA99	Missing/incomplete/invalid Medigap information.
MA100	Missing/incomplete/invalid date of current illness or symptoms.
MA110	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.
MA111	Missing/incomplete/invalid purchase price of the test(s) and/or the performing laboratory's name and address.

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RARC to use with CAGC PR and CARC 227	RARC description
MA112	Missing/incomplete/invalid group practice information.
MA113	Incomplete/invalid taxpayer identification number (TIN) submitted by you per the Internal Revenue Service. Your claims cannot be processed without your correct TIN, and you may not bill the patient pending correction of your TIN. There are no appeal rights for unprocessable claims, but you may resubmit this claim after you have notified this office of your correct TIN.
MA114	Missing/incomplete/invalid information on where the services were furnished.
MA115	Missing/incomplete/invalid physical location (name and address, or PIN) where the service(s) were rendered in a Health Professional Shortage Area (HPSA).
MA120	Missing/incomplete/invalid CLIA certification number.
MA121	Missing/incomplete/invalid x-ray date.
MA122	Missing/incomplete/invalid initial treatment date.
MA128	Missing/incomplete/invalid FDA approval number.
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
MA134	Missing/incomplete/invalid provider number of the facility where the patient resides.
N3	Missing consent form.
N4	Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
M23	Missing invoice.
N24	Missing/incomplete/invalid Electronic Funds Transfer (EFT) banking information.
N26	Missing itemized bill/statement.
N27	Missing/incomplete/invalid treatment number.
N28	Consent form requirements not fulfilled.

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RARC to use with CAGC PR and CARC 227	RARC description
N31	Missing/incomplete/invalid prescribing provider identifier.
N37	Missing/incomplete/invalid tooth number/letter.
N39	Procedure code is not compatible with tooth number/letter.
N40	Missing radiology film(s)/image(s).
N42	Missing mental health assessment.
N46	Missing/incomplete/invalid admission hour.
N48	Claim information does not agree with information received from other insurance carrier.
N49	Court ordered coverage information needs validation.
N50	Missing/incomplete/invalid discharge information.
N53	Missing/incomplete/invalid point of pick-up address.
N57	Missing/incomplete/invalid prescribing date.
N58	Missing/incomplete/invalid patient liability amount.
N61	Rebill services on separate claims.
N62	Dates of service span multiple rate periods. Resubmit separate claims.
N63	Rebill services on separate claim lines.
N64	The "from" and "to" dates must be different.
N74	Resubmit with multiple claims, each claim covering services provided in only one calendar month.
N75	Missing/incomplete/invalid tooth surface information.
N76	Missing/incomplete/invalid number of riders.
N77	Missing/incomplete/invalid designated provider number.
N79	Service billed is not compatible with patient location information.
N80	Missing/incomplete/invalid prenatal screening information.
N81	Procedure billed is not compatible with tooth surface code.

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RARC to use with CAGC PR and CARC 227	RARC description
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.
MA92	Missing plan information for other insurance.
N108	Missing/incomplete/invalid upgrade information.
N146	Missing screening document.
N147	Long term care case mix or per diem rate cannot be determined because the patient ID number is missing, incomplete, or invalid on the assignment request.
N148	Missing/incomplete/invalid date of last menstrual period.
N149	Rebill all applicable services on a single claim.
N150	Missing/incomplete/invalid model number.
N151	Telephone contact services will not be paid until the face-to-face contact requirement has been met.
N152	Missing/incomplete/invalid replacement claim information.
N153	Missing/incomplete/invalid room and board rate.
N175	Missing review organization approval.
N178	Missing pre-operative images/visual field results.
N179	Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
N190	Missing contract indicator.
N197	The subscriber must update insurance information directly with the payer.
N203	Missing/incomplete/invalid anesthesia time/units.
N205	Information provided was illegible.
N207	Missing/incomplete/invalid weight.
N208	Missing/incomplete/invalid DRG code.



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RARC to use with CAGC PR and CARC 227	RARC description
N209	Missing/incomplete/invalid taxpayer identification number (TIN).
N213	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information.
N214	Missing/incomplete/invalid history of the related initial surgical procedure(s).
N221	Missing Admitting History and Physical report.
N222	Incomplete/invalid Admitting History and Physical report.
N223	Missing documentation of benefit to the patient during initial treatment period.
N224	Incomplete/invalid documentation of benefit to the patient during initial treatment period.
N226	Incomplete/invalid American Diabetes Association Certificate of Recognition.
N227	Incomplete/invalid Certificate of Medical Necessity.
N228	Incomplete/invalid consent form.
N229	Incomplete/invalid contract indicator.
N230	Incomplete/invalid indication of whether the patient owns the equipment that requires the part or supply.
N231	Incomplete/invalid invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used.
N232	Incomplete/invalid itemized bill/statement.
N233	Incomplete/invalid operative note/report.
N234	Incomplete/invalid oxygen certification/re-certification.
N235	Incomplete/invalid pacemaker registration form.
N236	Incomplete/invalid pathology report.
N237	Incomplete/invalid patient medical record for this service.
N238	Incomplete/invalid physician certified plan of care.

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RARC to use with CAGC PR and CARC 227	RARC description
N239	Incomplete/invalid physician financial relationship form.
N240	Incomplete/invalid radiology report.
N241	Incomplete/invalid review organization approval.
N242	Incomplete/invalid radiology film(s)/image(s).
N243	Incomplete/invalid/not approved screening document.
N244	Incomplete/Invalid pre-operative images/visual field results.
N245	Incomplete/invalid plan information for other insurance .
N247	Missing/incomplete/invalid assistant surgeon taxonomy.
N248	Missing/incomplete/invalid assistant surgeon name.
N249	Missing/incomplete/invalid assistant surgeon primary identifier.
N250	Missing/incomplete/invalid assistant surgeon secondary identifier.
N251	Missing/incomplete/invalid attending provider taxonomy.
N252	Missing/incomplete/invalid attending provider name.
N253	Missing/incomplete/invalid attending provider primary identifier.
N254	Missing/incomplete/invalid attending provider secondary identifier.
N255	Missing/incomplete/invalid billing provider taxonomy.
N256	Missing/incomplete/invalid billing provider/supplier name.
N257	Missing/incomplete/invalid billing provider/supplier primary identifier.
N258	Missing/incomplete/invalid billing provider/supplier address.
N259	Missing/incomplete/invalid billing provider/supplier secondary identifier.
N260	Missing/incomplete/invalid billing provider/supplier contact information.
N261	Missing/incomplete/invalid operating provider name.
N262	Missing/incomplete/invalid operating provider primary identifier.
N263	Missing/incomplete/invalid operating provider secondary identifier.

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RARC to use with CAGC PR and CARC 227	RARC description
N264	Missing/incomplete/invalid ordering provider name.
N265	Missing/incomplete/invalid ordering provider primary identifier.
N266	Missing/incomplete/invalid ordering provider address.
N267	Missing/incomplete/invalid ordering provider secondary identifier.
N268	Missing/incomplete/invalid ordering provider contact information.
N269	Missing/incomplete/invalid other provider name.
N270	Missing/incomplete/invalid other provider primary identifier.
N271	Missing/incomplete/invalid other provider secondary identifier.
N272	Missing/incomplete/invalid other payer attending provider identifier.
N273	Missing/incomplete/invalid other payer operating provider identifier.
N274	Missing/incomplete/invalid other payer other provider identifier.
N275	Missing/incomplete/invalid other payer purchased service provider identifier.
N276	Missing/incomplete/invalid other payer referring provider identifier.
N277	Missing/incomplete/invalid other payer rendering provider identifier.
N278	Missing/incomplete/invalid other payer service facility provider identifier.
N279	Missing/incomplete/invalid pay-to provider name.
N280	Missing/incomplete/invalid pay-to provider primary identifier.
N281	Missing/incomplete/invalid pay-to provider address.
N282	Missing/incomplete/invalid pay-to provider secondary identifier.
N283	Missing/incomplete/invalid purchased service provider identifier.
N284	Missing/incomplete/invalid referring provider taxonomy.
N285	Missing/incomplete/invalid referring provider name.
N286	Missing/incomplete/invalid referring provider primary identifier.
N287	Missing/incomplete/invalid referring provider secondary identifier.

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N288	Missing/incomplete/invalid rendering provider taxonomy.
N289	Missing/incomplete/invalid rendering provider name.
N290	Missing/incomplete/invalid rendering provider primary identifier.
N291	Missing/incomplete/invalid rendering provider secondary identifier.
N292	Missing/incomplete/invalid service facility name.
N293	Missing/incomplete/invalid service facility primary identifier.
N294	Missing/incomplete/invalid service facility primary address.
N295	Missing/incomplete/invalid service facility secondary identifier.
N296	Missing/incomplete/invalid supervising provider name.
N297	Missing/incomplete/invalid supervising provider primary identifier.
N298	Missing/incomplete/invalid supervising provider secondary identifier.
N299	Missing/incomplete/invalid occurrence date(s).
N300	Missing/incomplete/invalid occurrence span date(s).
N301	Missing/incomplete/invalid procedure date(s).
N302	Missing/incomplete/invalid other procedure date(s).
N303	Missing/incomplete/invalid principal procedure date.
N304	Missing/incomplete/invalid dispensed date.
N305	Missing/incomplete/invalid accident date.
N306	Missing/incomplete/invalid acute manifestation date.
N307	Missing/incomplete/invalid adjudication or payment date.
N308	Missing/incomplete/invalid appliance placement date.
N309	Missing/incomplete/invalid assessment date.
N310	Missing/incomplete/invalid assumed or relinquished care date.
N311	Missing/incomplete/invalid authorized to return to work date.

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RARC to use with CAGC PR and CARC 227	RARC description
N312	Missing/incomplete/invalid begin therapy date.
N313	Missing/incomplete/invalid certification revision date.
N314	Missing/incomplete/invalid diagnosis date.
N315	Missing/incomplete/invalid disability from date.
N316	Missing/incomplete/invalid disability to date.
N317	Missing/incomplete/invalid discharge hour.
N318	Missing/incomplete/invalid discharge or end of care date.
N319	Missing/incomplete/invalid hearing or vision prescription date.
N320	Missing/incomplete/invalid Home Health Certification Period.
N321	Missing/incomplete/invalid last admission period.
N322	Missing/incomplete/invalid last certification date.
N323	Missing/incomplete/invalid last contact date.
N324	Missing/incomplete/invalid last seen/visit date.
N325	Missing/incomplete/invalid last worked date.
N326	Missing/incomplete/invalid last x-ray date.
N327	Missing/incomplete/invalid other insured birth date.
N328	Missing/incomplete/invalid Oxygen Saturation Test date.
N329	Missing/incomplete/invalid patient birth date.
N330	Missing/incomplete/invalid patient death date.
N331	Missing/incomplete/invalid physician order date.
N332	Missing/incomplete/invalid prior hospital discharge date.
N333	Missing/incomplete/invalid prior placement date.
N334	Missing/incomplete/invalid re-evaluation date.
N335	Missing/incomplete/invalid referral date.

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RARC to use with CAGC PR and CARC 227	RARC description
N336	Missing/incomplete/invalid replacement date.
N337	Missing/incomplete/invalid secondary diagnosis date.
N338	Missing/incomplete/invalid shipped date.
N339	Missing/incomplete/invalid similar illness or symptom date.
N340	Missing/incomplete/invalid subscriber birth date.
N341	Missing/incomplete/invalid surgery date.
N342	Missing/incomplete/invalid test performed date.
N343	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial start date.
N344	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial end date.
N346	Missing/incomplete/invalid oral cavity designation code.
N350	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or for an Unlisted/By Report procedure.
N354	Incomplete/invalid invoice.
N359	Missing/incomplete/invalid height.
N366	Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.
N375	Missing/incomplete/invalid questionnaire/information required to determine dependent eligibility.
N378	Missing/incomplete/invalid prescription quantity.
N382	Missing/incomplete/invalid patient identifier.
N388	Missing/incomplete/invalid prescription number.
N391	Missing emergency department records.
N392	Incomplete/invalid emergency department records.

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RARC to use with CAGC PR and CARC 227	RARC description
N393	Missing progress notes/report.
N394	Incomplete/invalid progress notes/report.
N395	Missing laboratory report.
N396	Incomplete/invalid laboratory report.
N398	Missing elective consent form.
N399	Incomplete/invalid elective consent form.
N401	Missing periodontal charting.
N402	Incomplete/invalid periodontal charting.
N403	Missing facility certification.
N404	Incomplete/invalid facility certification.
N434	Missing/Incomplete/Invalid Present on Admission indicator.
N439	Missing anesthesia physical status report/indicators.
N440	Incomplete/invalid anesthesia physical status report/indicators.
N443	Missing/incomplete/invalid total time or begin/end time.
N445	Missing document for actual cost or paid amount.
N446	Incomplete/invalid document for actual cost or paid amount.
N451	Missing Admission Summary Report.
N452	Incomplete/invalid Admission Summary Report.
N453	Missing Consultation Report.
N454	Incomplete/invalid Consultation Report.
N455	Missing Physician Order.
N456	Incomplete/invalid Physician Order.
N457	Missing Diagnostic Report.
N458	Incomplete/invalid Diagnostic Report.

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RARC to use with CAGC PR and CARC 227	RARC description
N459	Missing Discharge Summary.
N460	Incomplete/invalid Discharge Summary.
N461	Missing Nursing Notes.
N462	Incomplete/invalid Nursing Notes.
N463	Missing support data for claim.
N464	Incomplete/invalid support data for claim.
N465	Missing Physical Therapy Notes/Report.
N466	Incomplete/invalid Physical Therapy Notes/Report.
N467	Missing Tests and Analysis Report.
N468	Incomplete/invalid Report of Tests and Analysis Report.
N471	Missing/incomplete/invalid HIPPS Rate Code.
N473	Missing certification.
N474	Incomplete/invalid certification.
N475	Missing completed referral form.
N476	Incomplete/invalid completed referral form.
N477	Missing Dental Models.
N478	Incomplete/invalid Dental Models.
N479	Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).
N480	Incomplete/invalid Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).
N481	Missing Models.
N482	Incomplete/invalid Models.
N485	Missing Physical Therapy Certification.
N486	Incomplete/invalid Physical Therapy Certification.



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RARC to use with CAGC PR and CARC 227	RARC description
N487	Missing Prosthetics or Orthotics Certification.
N488	Incomplete/invalid Prosthetics or Orthotics Certification.
N489	Missing referral form.
N490	Incomplete/invalid referral form.
N491	Missing/Incomplete/Invalid Exclusionary Rider Condition.
N493	Missing Doctor First Report of Injury.
N494	Incomplete/invalid Doctor First Report of Injury.
N495	Missing Supplemental Medical Report.
N496	Incomplete/invalid Supplemental Medical Report.
N497	Missing Medical Permanent Impairment or Disability Report.
N498	Incomplete/invalid Medical Permanent Impairment or Disability Report.
N499	Missing Medical Legal Report.
N500	Incomplete/invalid Medical Legal Report.
N501	Missing Vocational Report.
N502	Incomplete/invalid Vocational Report.
N503	Missing Work Status Report.
N504	Incomplete/invalid Work Status Report.
N519	Invalid combination of HCPCS modifiers.
N542	Missing income verification.
N543	Incomplete/invalid income verification.
N554	Missing/Incomplete/Invalid Family Planning Indicator.
N555	Missing medication list.
N556	Incomplete/invalid medication list.
N570	Missing/incomplete/invalid credentialing data.

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RARC to use with CAGC PR and CARC 227	RARC description
N582	Benefits suspended pending the patient's cooperation
N590	Missing independent medical exam detailing the cause of injuries sustained and medical necessity of services rendered.
N625	Missing/Incomplete/Invalid Workers' Compensation Claim Number.
N667	Missing prescription.
N668	Incomplete/invalid prescription.
N675	Additional information is required from the injured party
N678	Missing post-operative images/visual field results.
N679	Incomplete/Invalid post-operative images/visual field results.
N680	Missing/Incomplete/Invalid date of previous dental extractions.
N681	Missing/Incomplete/Invalid full arch series.
N682	Missing/Incomplete/Invalid history of prior periodontal therapy/maintenance.
N683	Missing/Incomplete/Invalid prior treatment documentation.
N685	Missing/Incomplete/Invalid Prosthesis, Crown or Inlay Code.
N686	Missing/incomplete/Invalid questionnaire needed to complete payment determination.
N705	Incomplete/invalid documentation.
N706	Missing documentation.
N707	Incomplete/invalid orders.
N708	Missing orders.
N709	Incomplete/invalid notes.
N710	Missing notes.
N711	Incomplete/invalid summary.
N712	Missing summary.

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RARC to use with CAGC PR and CARC 227	RARC description
N713	Incomplete/invalid report.
N714	Missing report.
N715	Incomplete/invalid chart.
N716	Missing chart.
N717	Incomplete/Invalid documentation of face-to-face examination.
N718	Missing documentation of face-to-face examination.
N729	Missing patient medical/dental record for this service.
N730	Incomplete/invalid patient medical/dental record for this service.
N731	Incomplete/Invalid mental health assessment.
N736	Incomplete/invalid Sleep Study Report.
N737	Missing Sleep Study Report.
N738	Incomplete/invalid Vein Study Report.
N739	Missing Vein Study Report.
N745	Missing Ambulance Report.
N746	Incomplete/invalid Ambulance Report.
N749	Missing Blood Gas Report.
N750	Incomplete/invalid Blood Gas Report.
N752	Missing/incomplete/invalid HIPPS Treatment Authorization Code (TAC).
N753	Missing/incomplete/invalid Attachment Control Number.
N754	Missing/incomplete/invalid Referring Provider or Other Source Qualifier on the 1500 Claim Form.
N755	Missing/incomplete/invalid ICD Indicator on the 1500 Claim Form.
N756	Missing/incomplete/invalid point of drop-off address.

SUPPLEMENT TO USE WITH APPENDIX A, SECTION A.2 OF THE MINNESOTA  
UNIFORM COMPANION GUIDE (MUCG) VERSION 14.0 FOR THE IMPLEMENTATION  
OF THE X12/005010X221A1 HEALTH CARE CLAIM PAYMENT ADVICE (835)

## **Minnesota Department of Health (MDH) Rule**

### **This supplement is part of Minnesota Uniform Companion Guide (MUCG) Version 14.0 for the Implementation of the ASC X12/005010X221A1 Health Care Claim Payment Advice (835)**

Prepared by the Minnesota Department of Health (MDH) in consultation  
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