

# **Claims Error Manual for Claims Transactions (837P/I/D)**

**Document Revision 3.0**



**BlueCross BlueShield  
of Mississippi**

**It's good to be Blue.**

## Introduction

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This document is meant to provide information about the various Blue Cross & Blue Shield of Mississippi (BCBSMS) edits for Claims Transactions (837P/I/D). It is intended to be used as a guide for the resolution of the various errors and reject messages generated by the BCBSMS EDI front-end systems when claims are transmitted to the Plan.

Unless otherwise directed by BCBSMS personnel, questions related to this guide and the technical information contained within should be directed to BCBSMS EDI Services at 601-664-4357 or 1-800-826-4068.

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## Transactions and Response Reports

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Upon receipt of 837P/I/D Claims Transactions transactions, BCBSMS processes will edit the transactions for completeness, validity, and business rules. Results of this processing are reported via both human readable reports and EDI transactions which can be retrieved from our communications server. It is the responsibility of either the submitter or the end user provider to review the resulting report and/or EDI transactions to ensure accuracy of the Claims Transactions submissions and/or correct issues and resubmit. Please refer to the BCBSMS Claims Companion Guide for more details on the available transactions and reports.

Claims Transactions can encounter two levels of rules:

- Compliance errors – where the applicable ASC X12 implementation rules are broken. These error codes begin with the letters “CE” and may require working with the EDI Services group and/or your vendor to determine the corrective action.
- Business rule errors – where logical or BCBSMS specific rules are broken. Generally, eligibility edits begin with the letters “EL” and other business rules begin with either “HB”, “CRE”, or “UB”. Edits which begin with a prefix other than “CRE”, “EL”, “HB”, or “UB” are applied only to claims destined for other payers.

Regardless of whether an error is a compliance error or a business rule error, the BCBSMS Error Code will be presented on both the EDI Front-end Processing Report (human readable) and the ASC X12 277CA transaction (within data element STC12). These codes are described in the table below. NOTE: 277CA transactions also contain the ASC X12 standard claim status category, claim status, and entity codes as required by that transaction.

Compliance errors will also produce a 999 transaction which will contain more details about the data elements and/or transaction loops that were found to be in error.

## Error Codes

<b>Error Code</b>	<b>Description</b>
AI0001	Invalid Type Bill
AI0002	Invalid Admission Type
AI0003	Invalid Admission Source
AI0004	From date is greater than through date
AI0005	Total days must equal covered plus non-covered days
AI0006	Invalid NPI
AI0007	Invalid Date of Birth
AI0008	Invalid Admit Date
AI0009	Invalid Admission Type
AI0010	Invalid Admission Source
AI0011	Invalid Patient Status
AI0012	Invalid Patient Status
AI0013	Adjustment DCN missing or DCN on non-adjustment
AI0014	Invalid Patient Name
AI0015	Invalid Principal Diagnosis
AI0016	Admitting Diagnosis required
AI0017	Invalid Patient Gender
AI0018	Invalid Admit Hour
AI0020	Invalid Discharge Hour
AI0021	Invalid From Date
AI0022	Invalid Through Date
AI0023	Line non-covered charge must not be greater than line charge
AI0024	Invalid Facility Zip
AI0025	Invalid Bill Prov Zip
AI0026	Invalid Bill Prov Address
AP0001	NPI cannot be spaces or zeroes

AP0002	Rendering Provider cannot be spaces or zeroes
AP0003	Patient last name cannot be spaces
AP0004	Invalid Patient Date of Birth
AP0005	Diagnosis 1 must be present except on Ambulance claims
AP0006	Payor ID cannot be zeroes
AP0007	Invalid Insured Name or Patient Relation
AP0008	Insured ID cannot be spaces
AP0009	Invalid Modifier
AP0010	Invalid line item charge
AP0011	From date not valid with Through date
AP0012	Invalid Accident Symptom Date
AP0013	Diagnosis 1 cannot be spaces
AP0014	Line item From Date must not be before Patient Birth Date
AP0015	Line item from date must not be after Line item to date
AP0016	HCPC code cannot contain spaces
AP0017	Invalid NDC unit of measure
AP0018	Modifier is a duplicate
AP0020	State is required only when auto accident
CE0001	This segment is not valid
CE0002	Segment invalid for version 004010
CE0003	Segment invalid for version 005010
CE0004	Invalid characters on this segment
CE0005	Segment length exceeds valid length
CE0006	CLM02 claim charge amount is not valid
CE0007	Date value on HI segment not valid
CE0008	Through date on HI segment date range not valid
CE0009	From date on HI segment date range not valid
CE0010	Value code (HI01-2) is not numeric
CE0011	Occurrence Code date format qualifier (HI01-3) must be D8
CE0012	ISA01 element length not valid
CE0013	ISA01 code not valid
CE0014	ISA02 element length not valid
CE0015	ISA03 element length not valid
CE0016	ISA03 code not valid
CE0017	ISA04 element length not valid
CE0018	ISA05 element length not valid
CE0019	ISA05 code not valid
CE0020	ISA06 element length not valid
CE0021	ISA07 element length not valid
CE0022	ISA07 code not valid
CE0023	ISA08 element length not valid
CE0024	ISA09 element length not valid
CE0025	ISA09 date not valid
CE0026	ISA10 element length not valid
CE0027	ISA11 element length not valid
CE0028	ISA12 element length not valid
CE0029	ISA12 code not valid
CE0030	ISA13 element length not valid
CE0031	ISA14 element length not valid

CE0032	ISA14 code not valid
CE0033	ISA15 element length not valid
CE0034	ISA15 code not valid
CE0035	ISA16 element length not valid
CE0036	ISA segment out of sequence
CE0037	ISA segment terminator missing
CE0038	GS01 element length not valid
CE0039	GS02 element length not valid
CE0040	GS03 element length not valid
CE0041	GS04 element length not valid
CE0042	GS04 date not valid
CE0043	GS05 element length not valid
CE0044	GS06 element length not valid
CE0045	GS07 element length not valid
CE0046	GS07 code not valid
CE0047	GS08 element length not valid
CE0048	GS segment out of sequence
CE0049	GS element 2 must match ISA element 6
CE0050	GS element 3 must match ISA element 8
CE0051	GS08 version not valid
CE0052	GS01 code not valid
CE0053	ST01 element length not valid
CE0054	ST01 code not valid
CE0055	ST02 element length not valid
CE0056	ST03 element length not valid
CE0057	ST segment out of sequence
CE0058	BHT01 element length not valid
CE0059	BHT01 code not valid
CE0060	BHT02 element length not valid
CE0061	BHT02 code not valid
CE0062	BHT03 element length not valid
CE0063	BHT03 element length not valid
CE0064	BHT04 element length not valid
CE0065	BHT04 date not valid
CE0066	BHT05 element length not valid
CE0067	BHT06 element length not valid
CE0068	BHT06 code not valid
CE0069	BHT06 code not valid
CE0070	BHT06 element length not valid
CE0071	BHT segment out of sequence
CE0072	REF01 code not valid
CE0073	REF01 code not valid
CE0074	REF02 element length not valid
CE0075	REF02 element length not valid
CE0076	REF03 element length not valid
CE0077	REF04 element length not valid
CE0078	REF segment out of sequence
CE0079	REF segment out of sequence
CE0080	REF segment out of sequence

CE0081	REF segment out of sequence
CE0082	REF segment out of sequence
CE0083	REF segment out of sequence
CE0084	NM101 code not valid
CE0085	NM101 code not valid
CE0086	NM102 code not valid
CE0087	NM103 element length not valid
CE0088	NM103 element length not valid
CE0089	NM104 element length not valid
CE0090	NM104 element length not valid
CE0091	NM105 element length not valid
CE0092	NM106 element length not valid
CE0093	NM107 element length not valid
CE0094	NM108 code not valid
CE0095	NM108 code not valid
CE0096	NM109 element length not valid
CE0097	NM110 element length not valid
CE0098	NM111 element length not valid
CE0099	NM112 element length not valid
CE0100	NM1 segment out of sequence
CE0101	NM1 segment out of sequence
CE0102	NM1 segment out of sequence
CE0103	NM1 segment out of sequence
CE0104	NM1 segment out of sequence
CE0105	NM1 segment out of sequence
CE0106	PER01 code not valid
CE0107	PER02 element length not valid
CE0108	PER03 code not valid
CE0109	PER03 code not valid
CE0110	PER04 element length not valid
CE0111	PER04 element length not valid
CE0112	PER05 code not valid
CE0113	PER05 code not valid
CE0114	PER06 element length not valid
CE0115	PER06 element length not valid
CE0116	PER07 code not valid
CE0117	PER07 code not valid
CE0118	PER08 element length not valid
CE0119	PER08 element length not valid
CE0120	PER09 element length not valid
CE0121	PER06 required element missing
CE0122	PER08 required element missing
CE0123	PER segment out of sequence
CE0124	PER segment out of sequence
CE0125	PER segment out of sequence
CE0126	PER segment out of sequence
CE0127	PER segment out of sequence
CE0128	PER04 element length not valid
CE0129	PER04 element must be numeric

CE0130	PER06 element length not valid
CE0131	PER06 element must be numeric
CE0132	PER08 element length not valid
CE0133	PER08 element must be numeric
CE0134	HL01 element length not valid
CE0135	HL02 element length not valid
CE0136	HL03 code not valid
CE0137	HL04 code not valid
CE0138	HL01 required element missing
CE0139	HL04 required element missing
CE0140	HL01 required element missing
CE0141	HL02 required element missing
CE0142	HL04 required element missing
CE0143	HL segment out of sequence
CE0144	HL segment out of sequence
CE0145	HL segment out of sequence
CE0146	HL segment out of sequence
CE0147	HL segment out of sequence
CE0148	HL segment out of sequence
CE0149	HL segment not in correct loop
CE0150	PRV01 code not valid
CE0151	PRV01 code not valid
CE0152	PRV02 code not valid
CE0153	PRV02 code not valid
CE0154	PRV03 element length not valid
CE0155	PRV03 element length not valid
CE0156	PRV04 element length not valid
CE0157	PRV06 element length not valid
CE0158	PRV segment out of sequence
CE0159	CUR01 code not valid
CE0160	CUR02 element length not valid
CE0161	CUR03 element length not valid
CE0162	CUR04 element length not valid
CE0163	CUR05 element length not valid
CE0164	CUR05 element length not valid
CE0165	CUR07 element length not valid
CE0166	CUR08 element length not valid
CE0167	CUR09 element length not valid
CE0168	CUR10 element length not valid
CE0169	CUR11 element length not valid
CE0170	CUR12 element length not valid
CE0171	CUR13 element length not valid
CE0172	CUR14 element length not valid
CE0173	CUR15 element length not valid
CE0174	CUR16 element length not valid
CE0175	CUR17 element length not valid
CE0176	CUR18 element length not valid
CE0177	CUR19 element length not valid
CE0178	CUR20 element length not valid

CE0179	CUR21 element length not valid
CE0180	CUR segment out of sequence
CE0181	CUR segment not in correct loop
CE0182	N301 element length not valid
CE0183	N302 element length not valid
CE0184	N301 required element missing
CE0185	N3 segment out of sequence
CE0186	N3 segment out of sequence
CE0187	N301 invalid address sequence
CE0188	N302 invalid address sequence
CE0189	N401 element length not valid
CE0190	N402 element length not valid
CE0191	N403 element length not valid
CE0192	N404 element length not valid
CE0193	N405 element length not valid
CE0194	N406 element length not valid
CE0195	N407 element length not valid
CE0196	N401 required element missing
CE0197	N402 required element missing
CE0198	N403 required element missing
CE0199	N403 us zip code must be numeric
CE0200	N403 zip code length not valid
CE0201	N403 zip code length not valid
CE0202	N403 zip code first 4 not numeric
CE0203	N403 zip code first 3 not numeric
CE0204	N403 zip code not numeric
CE0205	N403 zip code cannot be zeroes
CE0206	N4 segment out of sequence
CE0207	N402 state not valid
CE0208	N404 invalid country/territory/etc
CE0209	Payer Responsibility Sequence Number (SBR01) not valid
CE0210	Payer Responsibility Sequence Number (SBR01) not valid
CE0211	Individual Relationship Code (SBR02) not valid
CE0212	Individual Relationship Code (SBR02) not valid
CE0213	Insured Group or Policy Number (SBR03) element length not valid
CE0214	Insured Group or Policy Number (SBR03) element length not valid
CE0215	Plan Name (SBR04) element length not valid
CE0216	Insurance Type Code (SBR05) not valid
CE0217	Insurance Type Code (SBR05) not valid
CE0218	SBR06 code not valid
CE0219	SBR07 element length not valid
CE0220	SBR08 element length not valid
CE0221	Claim Filing Indicator (SBR09) not valid
CE0222	Claim Filing Indicator (SBR09) not valid
CE0223	Subscriber Information (SBR) segment out of sequence
CE0224	Subscriber Information (SBR) segment out of sequence
CE0225	Subscriber Information (SBR) segment out of sequence
CE0226	Subscriber Information (SBR) segment out of sequence
CE0227	Subscriber Information (SBR) segment out of sequence



CE0228	Subscriber Information (SBR) segment out of sequence
CE0229	Individual Relationship Code (PAT01) not valid
CE0230	Individual Relationship Code (PAT01) not valid
CE0231	PAT02 element length not valid
CE0232	PAT03 element length not valid
CE0233	PAT04 code not valid
CE0234	Date of Death Format Qualifier (PAT05) not valid
CE0235	Date of Death (PAT06) element length not valid
CE0236	Measurement Code (PAT07) not valid
CE0237	Weight (PAT08) element length not valid
CE0238	Pregnancy Indicator (PAT09) not valid
CE0239	Patient Information (PAT) segment out of sequence
CE0240	Patient Information (PAT) segment out of sequence
CE0241	DMG01 code not valid
CE0242	DMG02 element length not valid
CE0243	DMG03 code not valid
CE0244	DMG04 element length not valid
CE0245	DMG05 element length not valid
CE0246	DMG06 element length not valid
CE0247	DMG07 element length not valid
CE0248	DMG08 element length not valid
CE0249	DMG09 element length not valid
CE0250	DMG10 element length not valid
CE0251	DMG11 element length not valid
CE0252	DMG01 required element missing
CE0253	DMG02 required element missing
CE0254	DMG03 required element missing
CE0255	DMG segment out of sequence
CE0256	DMG segment out of sequence
CE0257	DMG02 date not valid
CE0258	CLM01 element length not valid
CE0259	CLM02 element length not valid
CE0260	CLM03 element length not valid
CE0261	CLM04 element length not valid
CE0262	CLM05 element length not valid
CE0263	CLM06 code not valid
CE0264	CLM07 code not valid
CE0265	CLM07 code not valid
CE0266	CLM08 code not valid
CE0267	CLM08 code not valid
CE0268	CLM09 code not valid
CE0269	CLM09 code not valid
CE0270	CLM10 code not valid
CE0271	CLM10 code not valid
CE0272	CLM11 element length not valid
CE0273	CLM12 code not valid
CE0274	CLM12 code not valid
CE0275	CLM13 element length not valid
CE0276	CLM14 element length not valid

CE0277	CLM15 element length not valid
CE0278	CLM16 code not valid
CE0279	CLM17 element length not valid
CE0280	CLM18 code not valid
CE0281	CLM19 code not valid
CE0282	CLM20 code not valid
CE0283	CLM20 code not valid
CE0284	NM1 no payer entered for this claim
CE0285	CLM segment out of sequence
CE0286	CLM segment out of sequence
CE0287	CLM segment out of sequence
CE0288	CLM segment out of sequence
CE0289	CLM segment out of sequence
CE0290	CLM segment out of sequence
CE0291	DTP01 code not valid
CE0292	DTP01 code not valid
CE0293	DTP02 code not valid
CE0294	DTP03 element length not valid
CE0295	DTP03 first 4 positions not numeric
CE0296	DTP03 minutes not valid
CE0297	DTP03 element length not valid
CE0298	DTP03 element length not valid
CE0299	DTP03 element length not valid
CE0300	DTP03 element length not valid
CE0301	DTP03 element not numeric
CE0302	DTP03 element not numeric
CE0303	DTP03 date not valid
CE0304	DTP01 required element missing
CE0305	DTP02 required element missing
CE0306	DTP03 required element missing
CE0307	DTP03 date not valid
CE0308	DTP03 date not valid
CE0309	DTP03 date not valid
CE0310	DTP03 time not valid
CE0311	DTP03 date/time not valid
CE0312	DTP03 date/time not valid
CE0313	DTP segment out of sequence
CE0314	DTP segment out of sequence
CE0315	DTP segment out of sequence
CE0316	DTP segment out of sequence
CE0317	DTP segment out of sequence
CE0318	DTP segment out of sequence
CE0319	CL101 required element missing
CE0320	CL101 element length not valid
CE0321	CL102 element length not valid
CE0322	CL103 element length not valid
CE0323	CL104 element length not valid
CE0324	CL1 element 1, 2, or 3 required
CE0325	CL1 segment out of sequence

CE0326	PWK01 code not valid
CE0327	PWK01 code not valid
CE0328	PWK02 code not valid
CE0329	PWK02 code not valid
CE0330	PWK03 element length not valid
CE0331	PWK04 element length not valid
CE0332	PWK05 code not valid
CE0333	PWK06 element length not valid
CE0334	PWK07 element length not valid
CE0335	PWK09 element length not valid
CE0336	PWK segment out of sequence
CE0337	PWK segment out of sequence
CE0338	PWK segment out of sequence
CE0339	PWK segment out of sequence
CE0340	PWK segment out of sequence
CE0341	PWK segment out of sequence
CE0342	CN101 code not valid
CE0343	CN102 element length not valid
CE0344	CN103 element length not valid
CE0345	CN104 element length not valid
CE0346	CN104 element length not valid
CE0347	CN105 element length not valid
CE0348	CN106 element length not valid
CE0349	CN1 segment out of sequence
CE0350	CN1 segment out of sequence
CE0351	CN1 segment out of sequence
CE0352	CN1 segment out of sequence
CE0353	CN1 segment out of sequence
CE0354	AMT01 code not valid
CE0355	AMT01 code not valid
CE0356	AMT02 element length not valid
CE0357	AMT03 element length not valid
CE0358	AMT segment out of sequence
CE0359	AMT segment out of sequence
CE0360	AMT segment out of sequence
CE0361	AMT segment out of sequence
CE0362	AMT segment out of sequence
CE0363	AMT segment out of sequence
CE0364	K301 element length not valid
CE0365	K302 element length not valid
CE0366	K301 required element missing
CE0367	K3 segment out of sequence
CE0368	K3 segment out of sequence
CE0369	K3 segment out of sequence
CE0370	K3 segment out of sequence
CE0371	K3 segment out of sequence
CE0372	NTE01 code not valid
CE0373	NTE01 code not valid
CE0374	NTE02 element length not valid

CE0375	NTE segment out of sequence
CE0376	NTE segment out of sequence
CE0377	NTE segment out of sequence
CE0378	NTE segment out of sequence
CE0379	NTE segment out of sequence
CE0380	NTE segment out of sequence
CE0381	NTE02 element has invalid data
CE0382	NTE multiple add segments invalid
CE0383	CR601 element length not valid
CE0384	CR601 code not valid
CE0385	CR602 element length not valid
CE0386	CR603 element length not valid
CE0387	CR603 code not valid
CE0388	CR604 element length not valid
CE0389	CR605 element length not valid
CE0390	CR606 element length not valid
CE0391	CR606 code not valid
CE0392	CR607 element length not valid
CE0393	CR607 code not valid
CE0394	CR608 element length not valid
CE0395	CR608 code not valid
CE0396	CR609 element length not valid
CE0397	CR610 element length not valid
CE0398	CR610 code not valid
CE0399	CR611 element length not valid
CE0400	CR612 element length not valid
CE0401	CR613 element length not valid
CE0402	CR614 element length not valid
CE0403	CR615 element length not valid
CE0404	CR615 code not valid
CE0405	CR616 element length not valid
CE0406	CR617 element length not valid
CE0407	CR617 code not valid
CE0408	CR618 element length not valid
CE0409	CR619 element length not valid
CE0410	CR620 element length not valid
CE0411	CR621 element length not valid
CE0412	CR601 required element missing
CE0413	CR602 required element missing
CE0414	CR605 required element missing
CE0415	CR606 required element missing
CE0416	CR607 required element missing
CE0417	CR608 required element missing
CE0418	CR617 required element missing
CE0419	CR6 segment out of sequence
CE0420	CRC01 code not valid
CE0421	CRC01 code not valid
CE0422	CRC02 code not valid
CE0423	CRC03 code not valid

CE0424	CRC03 element length not valid
CE0425	CRC04 code not valid
CE0426	CRC04 element length not valid
CE0427	CRC05 code not valid
CE0428	CRC05 element length not valid
CE0429	CRC06 code not valid
CE0430	CRC06 element length not valid
CE0431	CRC07 code not valid
CE0432	CRC07 element length not valid
CE0433	CRC01 required element missing
CE0434	CRC02 required element missing
CE0435	CRC03 required element missing
CE0436	CRC segment out of sequence
CE0437	CRC segment out of sequence
CE0438	CRC segment out of sequence
CE0439	CRC segment out of sequence
CE0440	HI01 element length not valid
CE0441	HI01 element length not valid
CE0442	HI02 element length not valid
CE0443	HI02 element length not valid
CE0444	HI03 element length not valid
CE0445	HI03 element length not valid
CE0446	HI04 element length not valid
CE0447	HI04 element length not valid
CE0448	HI05 element length not valid
CE0449	HI05 element length not valid
CE0450	HI06 element length not valid
CE0451	HI06 element length not valid
CE0452	HI07 element length not valid
CE0453	HI07 element length not valid
CE0454	HI08 element length not valid
CE0455	HI08 element length not valid
CE0456	HI09 element length not valid
CE0457	HI09 element length not valid
CE0458	HI10 element length not valid
CE0459	HI10 element length not valid
CE0460	HI11 element length not valid
CE0461	HI11 element length not valid
CE0462	HI12 element length not valid
CE0463	HI12 element length not valid
CE0464	HI01 required element missing
CE0465	HI segment out of sequence
CE0466	HI segment out of sequence
CE0467	HI segment out of sequence
CE0468	HI segment out of sequence
CE0469	HI segment out of sequence
CE0470	QTY01 code not valid
CE0471	QTY01 code not valid
CE0472	QTY02 element length not valid

CE0473	QTY03 element length not valid
CE0474	QTY04 element length not valid
CE0475	QTY01 required element missing
CE0476	QTY02 required element missing
CE0477	QTY03 required element missing
CE0478	QTY segment out of sequence
CE0479	QTY segment out of sequence
CE0480	QTY segment out of sequence
CE0481	QTY segment out of sequence
CE0482	HCP01 code not valid
CE0483	HCP02 element length not valid
CE0484	HCP03 element length not valid
CE0485	HCP04 element length not valid
CE0486	HCP04 element length not valid
CE0487	HCP05 element length not valid
CE0488	HCP06 element length not valid
CE0489	HCP06 element length not valid
CE0490	HCP07 element length not valid
CE0491	HCP08 element length not valid
CE0492	HCP09 code not valid
CE0493	HCP09 code not valid
CE0494	HCP10 element length not valid
CE0495	HCP11 code not valid
CE0496	HCP12 element length not valid
CE0497	HCP13 code not valid
CE0498	HCP14 code not valid
CE0499	HCP15 code not valid
CE0500	HCP02 required element missing
CE0501	HCP segment out of sequence
CE0502	HCP segment out of sequence
CE0503	HCP segment out of sequence
CE0504	HCP segment out of sequence
CE0505	HCP segment out of sequence
CE0506	CR701 code not valid
CE0507	CR702 element length not valid
CE0508	CR703 element length not valid
CE0509	CR7 segment out of sequence
CE0510	CR7 segment out of sequence
CE0511	HSD01 element length not valid
CE0512	HSD01 code not valid
CE0513	HSD02 element length not valid
CE0514	HSD03 code not valid
CE0515	HSD04 element length not valid
CE0516	HSD05 element length not valid
CE0517	HSD05 code not valid
CE0518	HSD06 element length not valid
CE0519	HSD07 element length not valid
CE0520	HSD07 code not valid
CE0521	HSD08 element length not valid

CE0522	HSD08 code not valid
CE0523	HSD element 1 2 3 4 5 6 7 and 8 missing
CE0524	HSD segment out of sequence
CE0525	CAS01 element length not valid
CE0526	CAS01 code not valid
CE0527	CAS02 element length not valid
CE0528	CAS02 element cannot be spaces
CE0529	CAS03 element length not valid
CE0530	CAS04 element length not valid
CE0531	CAS05 element length not valid
CE0532	CAS06 element length not valid
CE0533	CAS07 element length not valid
CE0534	CAS08 element length not valid
CE0535	CAS09 element length not valid
CE0536	CAS10 element length not valid
CE0537	CAS11 element length not valid
CE0538	CAS12 element length not valid
CE0539	CAS13 element length not valid
CE0540	CAS14 element length not valid
CE0541	CAS15 element length not valid
CE0542	CAS16 element length not valid
CE0543	CAS17 element length not valid
CE0544	CAS18 element length not valid
CE0545	CAS19 element length not valid
CE0546	CAS01 required element missing
CE0547	CAS02 required element missing
CE0548	CAS03 required element missing
CE0549	CAS segment out of sequence
CE0550	OI01 element length not valid
CE0551	DIAGNOSIS and pointer mismatch
CE0552	DIAGNOSIS and pointer mismatch
CE0553	DIAGNOSIS and pointer mismatch
CE0554	DIAGNOSIS and pointer mismatch
CE0555	DIAGNOSIS and pointer mismatch
CE0556	DIAGNOSIS and pointer mismatch
CE0557	DIAGNOSIS and pointer mismatch
CE0558	DIAGNOSIS and pointer mismatch
CE0560	OI02 element length not valid
CE0561	OI03 element length not valid
CE0562	OI03 code not valid
CE0563	OI03 code not valid
CE0564	OI04 element length not valid
CE0565	OI04 code not valid
CE0566	OI04 code not valid
CE0567	OI05 element length not valid
CE0568	OI06 element length not valid
CE0569	OI06 code not valid
CE0570	OI06 code not valid
CE0571	OI segment out of sequence

CE0572	OI segment out of sequence
CE0573	MIA01 element length not valid
CE0574	MIA02 element length not valid
CE0575	MIA02 element length not valid
CE0576	MIA03 element length not valid
CE0577	MIA04 element length not valid
CE0578	MIA05 element length not valid
CE0579	MIA05 element length not valid
CE0580	MIA06 element length not valid
CE0581	MIA07 element length not valid
CE0582	MIA08 element length not valid
CE0583	MIA09 element length not valid
CE0584	MIA10 element length not valid
CE0585	MIA11 element length not valid
CE0586	MIA12 element length not valid
CE0587	MIA13 element length not valid
CE0588	MIA14 element length not valid
CE0589	MIA15 element length not valid
CE0590	MIA16 element length not valid
CE0591	MIA17 element length not valid
CE0592	MIA18 element length not valid
CE0593	MIA19 element length not valid
CE0594	MIA20 element length not valid
CE0595	MIA20 element length not valid
CE0596	MIA21 element length not valid
CE0597	MIA21 element length not valid
CE0598	MIA22 element length not valid
CE0599	MIA22 element length not valid
CE0600	MIA23 element length not valid
CE0601	MIA23 element length not valid
CE0602	MIA24 element length not valid
CE0603	MIA01 required element missing
CE0604	MIA segment out of sequence
CE0605	MOA01 element length not valid
CE0606	MOA02 element length not valid
CE0607	MOA03 element length not valid
CE0608	MOA03 element length not valid
CE0609	MOA04 element length not valid
CE0610	MOA04 element length not valid
CE0611	MOA05 element length not valid
CE0612	MOA05 element length not valid
CE0613	MOA06 element length not valid
CE0614	MOA06 element length not valid
CE0615	MOA07 element length not valid
CE0616	MOA07 element length not valid
CE0617	MOA08 element length not valid
CE0618	MOA09 element length not valid
CE0619	MOA elements 1 2 3 4 5 6 7 8 9 missing
CE0620	MOA segment out of sequence



CE0621	MOA segment out of sequence
CE0622	LX01 more than 450 service lines
CE0623	LX01 element length not valid
CE0624	LX01 service line must begin with 1
CE0625	LX01 service line number out of sequence
CE0626	LX01 service line number > 450
CE0627	LX segment out of sequence
CE0628	LX segment out of sequence
CE0629	LX segment out of sequence
CE0630	LX segment out of sequence
CE0631	LX segment out of sequence
CE0632	LX segment out of sequence
CE0633	SV201 element length not valid
CE0634	SV202 element length not valid
CE0635	SV202 element length not valid
CE0636	SV203 element length not valid
CE0637	SV204 element length not valid
CE0638	SV204 code not valid
CE0639	SV204 code not valid
CE0640	SV205 element length not valid
CE0641	SV206 element length not valid
CE0642	SV207 element length not valid
CE0643	SV208 element length not valid
CE0644	SV209 element length not valid
CE0645	SV210 element length not valid
CE0646	SV2 segment out of sequence
CE0647	SVD01 element length not valid
CE0648	SVD02 element length not valid
CE0649	SVD03 element length not valid
CE0650	SVD03 element length not valid
CE0651	SVD03 element length not valid
CE0652	SVD04 element length not valid
CE0653	SVD06 element length not valid
CE0654	SVD01 required element missing
CE0655	SVD02 required element missing
CE0656	SVD04 required element missing
CE0657	SVD05 required element missing
CE0658	SVD segment out of sequence
CE0659	SVD segment out of sequence
CE0660	SVD segment out of sequence
CE0661	SVD segment out of sequence
CE0662	SVD segment out of sequence
CE0663	SVD segment out of sequence
CE0664	SE01 element length not valid
CE0665	SE02 element length not valid
CE0667	SE01 required element missing
CE0668	SE02 required element missing
CE0669	SE segment out of sequence
CE0670	SE segment out of sequence

CE0671	SE segment out of sequence
CE0672	SE segment out of sequence
CE0673	SE segment out of sequence
CE0674	SE segment out of sequence
CE0675	SE02 must equal ST02
CE0676	GE01 element length not valid
CE0677	GE02 element length not valid
CE0678	GE01 required element missing
CE0679	GE02 required element missing
CE0680	GE segment out of sequence
CE0681	GE02 must equal GS06
CE0682	IEA01 element length not valid
CE0683	IEA02 element length not valid
CE0684	IEA01 required element missing
CE0685	IEA02 required element missing
CE0686	IEA segment out of sequence
CE0687	IEA02 must equal ISA13
CE0688	LIN01 element length not valid
CE0689	LIN02 code not valid
CE0690	LIN03 element length not valid
CE0691	LIN03 NDC code must be 11 digits
CE0692	LIN04 element length not valid
CE0693	LIN05 element length not valid
CE0694	LIN06 element length not valid
CE0695	LIN07 element length not valid
CE0696	LIN08 element length not valid
CE0697	LIN09 element length not valid
CE0698	LIN10 element length not valid
CE0699	LIN11 element length not valid
CE0700	LIN12 element length not valid
CE0701	LIN13 element length not valid
CE0702	LIN14 element length not valid
CE0703	LIN15 element length not valid
CE0704	LIN16 element length not valid
CE0705	LIN17 element length not valid
CE0706	LIN18 element length not valid
CE0707	LIN02 required element missing
CE0708	LIN03 required element missing
CE0709	LIN segment out of sequence
CE0710	LIN segment out of sequence
CE0711	LIN segment out of sequence
CE0712	LIN segment out of sequence
CE0713	CTP01 element length not valid
CE0714	CTP02 element length not valid
CE0715	CTP03 element length not valid
CE0716	CTP04 element length not valid
CE0717	CTP05 element length not valid
CE0718	CTP06 element length not valid
CE0719	CTP07 element length not valid

CE0720	CTP08 element length not valid
CE0721	CTP09 element length not valid
CE0722	CTP10 element length not valid
CE0723	CTP11 element length not valid
CE0724	CTP segment out of sequence
CE0725	CR101 code not valid
CE0726	CR102 element length not valid
CE0727	CR103 code not valid
CE0728	CR104 code not valid
CE0729	CR105 code not valid
CE0730	CR106 element length not valid
CE0731	CR107 element length not valid
CE0732	CR108 element length not valid
CE0733	CR109 element length not valid
CE0734	CR110 element length not valid
CE0735	CR1 segment out of sequence
CE0736	CR201 element length not valid
CE0737	CR202 element length not valid
CE0738	CR203 code not valid
CE0739	CR204 code not valid
CE0740	CR205 code not valid
CE0741	CR206 element length not valid
CE0742	CR207 element length not valid
CE0743	CR208 code not valid
CE0744	CR208 code not valid
CE0745	CR209 code not valid
CE0746	CR210 element length not valid
CE0747	CR211 element length not valid
CE0748	CR212 code not valid
CE0749	CR2 segment out of sequence
CE0750	CR2 segment out of sequence
CE0751	CR301 code not valid
CE0752	CR302 code not valid
CE0753	CR303 element length not valid
CE0754	CR304 element length not valid
CE0755	CR305 element length not valid
CE0756	CR3 segment out of sequence
CE0757	CR3 segment out of sequence
CE0758	CR501 code not valid
CE0759	CR502 element length not valid
CE0760	CR503 element length not valid
CE0761	CR504 element length not valid
CE0762	CR505 element length not valid
CE0763	CR506 element length not valid
CE0764	CR507 element length not valid
CE0765	CR508 element length not valid
CE0766	CR509 element length not valid
CE0767	CR510 element length not valid
CE0768	CR511 element length not valid

CE0769	CR512 code not valid
CE0770	CR513 code not valid
CE0771	CR514 code not valid
CE0772	CR515 code not valid
CE0773	CR516 element length not valid
CE0774	CR517 element length not valid
CE0775	CR518 element length not valid
CE0776	CR5 segment out of sequence
CE0777	SV101 element length not valid
CE0778	SV102 element length not valid
CE0779	SV103 code not valid
CE0780	SV103 code not valid
CE0781	SV104 element length not valid
CE0782	SV105 element length not valid
CE0783	SV106 element length not valid
CE0784	SV107 element length not valid
CE0785	SV108 element length not valid
CE0786	SV109 code not valid
CE0787	SV110 element length not valid
CE0788	SV111 code not valid
CE0789	SV112 code not valid
CE0790	SV113 code not valid
CE0791	SV114 element length not valid
CE0792	SV115 element length not valid
CE0793	SV115 code not valid
CE0794	SV116 element length not valid
CE0795	SV117 element length not valid
CE0796	SV118 element length not valid
CE0797	SV119 element length not valid
CE0798	SV120 element length not valid
CE0799	SV121 element length not valid
CE0800	SV1 segment out of sequence
CE0801	SV101 line item HCPC missing
CE0802	SV102 line item charge not numeric
CE0803	SV501 element length not valid
CE0804	SV502 element length not valid
CE0805	SV502 element length not valid
CE0806	SV503 element length not valid
CE0807	SV504 element length not valid
CE0808	SV505 element length not valid
CE0809	SV506 element length not valid
CE0810	SV506 element length not valid
CE0811	SV507 element length not valid
CE0812	SV5 segment out of sequence
CE0813	SV501 line item procedure code missing
CE0814	SV504 line item charge not numeric
CE0815	SV505 line item charge not numeric
CE0816	MEA01 code not valid
CE0817	MEA02 code not valid

CE0818	MEA02 code not valid
CE0819	MEA03 element length not valid
CE0820	MEA04 element length not valid
CE0821	MEA05 element length not valid
CE0822	MEA06 element length not valid
CE0823	MEA07 element length not valid
CE0824	MEA08 element length not valid
CE0825	MEA09 element length not valid
CE0826	MEA10 element length not valid
CE0827	MEA11 element length not valid
CE0828	MEA12 element length not valid
CE0829	MEA segment out of sequence
CE0830	MEA segment out of sequence
CE0831	PS101 element length not valid
CE0832	PS102 element length not valid
CE0833	PS103 element length not valid
CE0834	PS1 segment out of sequence
CE0835	PS1 segment out of sequence
CE0836	LQ01 code not valid
CE0837	LQ02 element length not valid
CE0838	LQ segment out of sequence
CE0839	LQ segment out of sequence
CE0840	FRM01 element length not valid
CE0841	FRM02 code not valid
CE0842	FRM03 element length not valid
CE0843	FRM04 element length not valid
CE0844	FRM05 element length not valid
CE0845	FRM segment out of sequence
CE0846	SV301 element length not valid
CE0847	SV302 element length not valid
CE0848	SV303 element length not valid
CE0849	SV304 element length not valid
CE0850	SV305 code not valid
CE0851	SV306 element length not valid
CE0852	SV307 element length not valid
CE0853	SV308 element length not valid
CE0854	SV309 element length not valid
CE0855	SV310 element length not valid
CE0856	SV311 element length not valid
CE0857	SV3 segment out of sequence
CE0858	SV301 line item procedure code missing
CE0859	SV302 line item charge not numeric
CE0860	DN101 element length not valid
CE0861	DN102 element length not valid
CE0862	DN103 code not valid
CE0863	DN104 element length not valid
CE0864	DN1 segment out of sequence
CE0865	DN201 required element missing
CE0866	DN201 element length not valid

CE0867	DN202 required element missing
CE0868	DN202 code not valid
CE0869	DN202 required element missing
CE0870	DN202 code not valid
CE0871	DN203 element length not valid
CE0872	DN204 element length not valid
CE0873	DN205 element length not valid
CE0874	DN206 element length not valid
CE0875	DN206 code not valid
CE0876	DN2 segment out of sequence
CE0877	TOO01 code not valid
CE0878	TOO02 element length not valid
CE0879	TOO03 element length not valid
CE0880	TOO segment out of sequence
CE0881	CLM02 claim charge must equal sum of line item charges
CE0882	ISA - too many elements or sub-elements
CE0883	GS - too many elements or sub-elements
CE0884	ST - too many elements or sub-elements
CE0885	ST - too many elements or sub-elements
CE0886	BHT - too many elements or sub-elements
CE0887	REF - too many elements or sub-elements
CE0888	REF - too many elements or sub-elements
CE0889	NM1 - too many elements or sub-elements
CE0890	NM1 - too many elements or sub-elements
CE0891	PER - too many elements or sub-elements
CE0892	HL - too many elements or sub-elements
CE0893	PRV - too many elements or sub-elements
CE0894	CUR - too many elements or sub-elements
CE0895	N3 - too many elements or sub-elements
CE0896	N4 - too many elements or sub-elements
CE0897	N4 - too many elements or sub-elements
CE0898	SBR - too many elements or sub-elements
CE0899	PAT - too many elements or sub-elements
CE0900	DMG - too many elements or sub-elements
CE0901	DMG - too many elements or sub-elements
CE0902	CLM - too many elements or sub-elements
CE0903	DTP - too many elements or sub-elements
CE0904	CL1 - too many elements or sub-elements
CE0905	PWK - too many elements or sub-elements
CE0906	CN1 - too many elements or sub-elements
CE0907	AMT - too many elements or sub-elements
CE0908	K3 - too many elements or sub-elements
CE0909	NTE - too many elements or sub-elements
CE0910	CR6 - too many elements or sub-elements
CE0911	CRC - too many elements or sub-elements
CE0912	HI - too many elements or sub-elements
CE0913	HI - too many elements or sub-elements
CE0914	QTY - too many elements or sub-elements
CE0915	HCP - too many elements or sub-elements

CE0916	CR7 - too many elements or sub-elements
CE0917	HSD - too many elements or sub-elements
CE0918	CAS - too many elements or sub-elements
CE0919	OI - too many elements or sub-elements
CE0920	MIA - too many elements or sub-elements
CE0921	MOA - too many elements or sub-elements
CE0922	LX - too many elements or sub-elements
CE0923	SV2 - too many elements or sub-elements
CE0924	SV2 - too many elements or sub-elements
CE0925	SVD - too many elements or sub-elements
CE0926	SVD - too many elements or sub-elements
CE0927	SE - too many elements or sub-elements
CE0928	GE - too many elements or sub-elements
CE0929	IEA - too many elements or sub-elements
CE0930	LIN - too many elements or sub-elements
CE0931	CTP - too many elements or sub-elements
CE0932	Facility code in CLM05-01 must be valid
CE0933	Facility code in CLM05-01 must be valid
CE0934	Place of service in SV105 must be valid
CE0935	Place of service in SV303 must be valid
CE0936	Units (SV104) is missing or invalid
CE0937	Invalid EIN format
CE0938	Invalid check digit on NPI
CE0939	Missing last name
CE0940	Missing patient address
CE0941	Service Quantity (SV205) not valid
CE0942	Line item adjustment payer not a payer on claim
CE0943	Invalid type bill
CE0944	Invalid type bill frequency code
CE0945	Principal Diagnosis Code missing or format invalid
CE0946	Invalid Date Qualifier on Principal Procedure or Other Procedure, or Occurrence Code, or Occurrence Span Code Date Qualifier invalid on HI segment.
CE0947	POA Indicator invalid
CE0948	Admitting Diagnosis missing or format invalid
CE0949	Patient Reason For Visit missing or format invalid
CE0950	External Cause Of Injury missing or format invalid
CE0951	Other Diagnosis Code missing or format invalid
CE0952	Element 1 missing on HI segment, but subsequent elements present.
CE0953	Element 2 missing on HI segment, but subsequent elements present.
CE0954	Element 3 missing on HI segment, but subsequent elements present.
CE0955	Element 4 missing on HI segment, but subsequent elements present.
CE0956	Element 5 missing on HI segment, but subsequent elements present.
CE0957	Element 6 missing on HI segment, but subsequent elements present.
CE0958	Element 7 missing on HI segment, but subsequent elements present.
CE0959	Element 8 missing on HI segment, but subsequent elements present.
CE0960	Element 9 missing on HI segment, but subsequent elements present.
CE0961	Element 10 missing on HI segment, but subsequent elements present.
CE0962	Element 11 missing on HI segment, but subsequent elements present.

CE0963	Invalid Patient Relationship code
CE0964	Invalid Unit of Service
CE0965	Invalid Money Amount
CE0966	Invalid Adjustment Amount
CE0967	Invalid Adjustment Amount
CE0968	Invalid Adjustment Amount
CE0969	Invalid Adjustment Amount
CE0970	Invalid Adjustment Amount
CE0971	Invalid Adjustment Amount
CE0972	Invalid Line Item Adjustment Amount
CE0973	Invalid Line Item Adjustment Amount
CE0974	Invalid Line Item Adjustment Amount
CE0975	Invalid Line Item Adjustment Amount
CE0976	Invalid Line Item Adjustment Amount
CE0977	Invalid Line Item Adjustment Amount
CE0978	Present on Admission
CE0979	Related Causes Code
CE0980	Accident date with no Related Causes code
CE0981	Invalid admission source
CE0982	Invalid admission source
CE0983	Auto Accident State
CE0984	Invalid line item number
CE0985	SE - transaction number invalid
CE0986	Invalid principal procedure date
CE0987	Invalid other procedure date
CE0988	Invalid order date
CE0989	Invalid initial treatment date
CE0990	Invalid referral date
CE0991	Invalid date last seen
CE0992	Invalid onset of current illness/symptom
CE0993	Invalid acute manifestation date
CE0994	Invalid similar illness/symptom onset date
CE0995	Invalid accident date
CE0996	Invalid last menstrual period date
CE0997	Invalid last x-ray date
CE0998	Invalid estimated date of birth
CE0999	Invalid hearing and vision prescription date
CE1000	Invalid disability begin date
CE1001	Invalid disability end date
CE1002	Invalid date last worked
CE1003	Invalid date authorized return to work
CE1004	Invalid admission date/hour
CE1005	Invalid discharge hour
CE1006	Invalid assumed and relinquished care date report start
CE1007	Invalid assumed and relinquished care date report end
CE1008	Invalid claim check/remittance date
CE1009	Invalid service date
CE1010	Invalid certification revision date
CE1011	Invalid begin therapy date



CE1012	Invalid last certification date
CE1013	Invalid most recent hemoglobin or hematocrit date
CE1014	Invalid most recent serum creatine date
CE1015	Invalid test performed date
CE1016	Invalid arterial blood gas test date
CE1017	Invalid oxygen saturation test date
CE1018	Invalid shipped date
CE1019	Invalid appliance placement date
CE1020	Invalid prior placement date
CE1021	Invalid replacement date
CE1022	Invalid assessment date
CE1023	Invalid repricer received date
CE1024	Invalid disability dates
CE1025	Invalid property and casualty 1st contact date
CE1026	Invalid estimated prior placement date
CE1027	Invalid treatment start date
CE1028	Invalid treatment completion date
CE1029	Invalid accident date/time
CE1030	Invalid service date
CE1031	Invalid statement dates
CE1032	Invalid disability dates
CE1033	Invalid ctp04 - ndc quantity
CE1034	Invalid SV202 proc cd method
CE1035	Missing or incomplete line items
CE1036	Auto Accident State Invalid
CE1037	Invalid qualifier for HI segment
CE1038	Claims must not be submitted with a mixture of ICD-9 and ICD-10 code qualifiers for diagnoses or procedure codes.
CE1039	The ICD version used is not valid for this claim. ICD-9 Code Set must be used for dates of service prior to the ICD-10 Compliance Date and ICD-10 Codes must be used for dates of service on or after the Compliance Date. For Professional claims, the From Date is used; and for Institutional claims, the Discharge or Covers Through Date is used to determine the correct version.
CE1040	Institutional outpatient type claims (refer to specific bill types below) with FROM and THROUGH dates spanning the ICD-10 implementation date cannot be billed on one claim. For this type of claim, please separate the dates and resubmit.  This edit only applies to Bill Types 12X, 13X, 14X, 22X, 23X, 34X, 71X, 72X, 74X, 75X, 76X, 77X, 81X, 82X, 85X, 86X, and 89X.
CE1043	More than 1 Primary Payer sent on the claim
CRE006	Patient birth date invalid
CRE103	From date must equal through date of service for office place of service.
CRE104	Invalid procedure
CRE105	Modifier invalid or incompatible with procedure. <b>Durable Medical Equipment</b> codes (E0001-E9999 or K0001-K9999) require either a Rental (RR) or Purchase (NU) <b>MODIFIER</b> .
CRE107	Invalid charges
CRE108	Invalid units
CRE300	Multiple E&M codes for the same date of service are not allowed

CRE301	Date of service invalid for procedure.										
CRE302	Place of service invalid for procedure										
CRE303	Procedure invalid for patient's age										
CRE304	Procedure invalid for patient's gender										
CRE308	The primary surgical procedure must be on a line by itself with one unit.										
CRE309	The number of units allowed for this procedure has been exceeded. Refer to the Medically Unlikely Edits National Correct Coding Initiatives Edits.										
CRE310	The indicated code should not be on this claim with one of the other procedures. Code is included as an inclusive component of the primary procedures. Refer to Overview National Correct Coding Initiatives Edits.										
CRE311	For Place of treatment 21, 32, 51, 55 the days/units must be present and equal to the inclusive difference of the dates of service. Otherwise, from date of service must equal through date of service.										
CRE313	An E&M code is either within the pre-op or post-op period for its corresponding surgery code and the correct modifier was not included										
CRE315	Code should be part of a panel. All services for a lab panel must be filed with a panel code. Refer to the current AMA CPT manual and resubmit claim with the appropriate panel code.										
CRE316	<p>When filing Radiation Treatment Delivery Codes and Clinic Treatment Management Codes, the units should be filed as '01'. The minimum computed days (difference between the from and through dates) should be as follows:</p> <table border="1"> <thead> <tr> <th>CODE</th> <th>MINIMUM DAYS</th> </tr> </thead> <tbody> <tr> <td>77419-77430</td> <td>03</td> </tr> <tr> <td>77431</td> <td>01</td> </tr> <tr> <td>90918-90921</td> <td>28</td> </tr> <tr> <td>G0308-G0324</td> <td>28</td> </tr> </tbody> </table> <p>DME code E0118 cannot be rented by the day. Modify claim to include no more than 1 unit for each 31 day period.</p> <p>NOTE When filing 'event recording' procedure codes, statement from and through dates must be at least a 30 day period. Enter '1' for the units. This should be followed for the following procedures:</p> <p>93014 93268 93270 93271 93272</p>	CODE	MINIMUM DAYS	77419-77430	03	77431	01	90918-90921	28	G0308-G0324	28
CODE	MINIMUM DAYS										
77419-77430	03										
77431	01										
90918-90921	28										
G0308-G0324	28										
CRE317	Add on code needs a base code. Add ons are only valid when used in conjunction with their applicable base code.										
CRE318	Claim will be accepted but not processed for benefits until medical documentation is received to support use of the modifier. Providers must submit the medical records using the Provider Correspondence form located on <a href="http://www.myblueprovider.com">www.myblueprovider.com</a>										
CRE320	Modifier is not valid for use by this provider type.										
CRE325	AS modifier needed for this service when rendered by this provider type										
DB0001	Source of Pay is invalid for dental claims.										
DB0066	Source of Pay is missing or invalid.										
DB0081	Procedure code missing.										
DB0082	Invalid characters included in procedure code										
DB0083	Must be a valid dental procedure code.										
DB0084	Procedure code invalid for this date of service.										

DB0085	Procedure code invalid.
DB0086	Procedure D8680 cannot occur on the same date of service as the following codes: D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8660
DB0087	Procedure codes D9430 and D9440 cannot occur on the same date of service.
DB0088	Procedure code D9220 cannot be filed multiple times with the same date of service.
DB0095	Tooth number invalid.
DB0108	First tooth surface is invalid.
DB0109	Second tooth surface is invalid.
DB0110	Third tooth surface is invalid.
DB0111	Fourth tooth surface is invalid.
DB0112	Fifth tooth surface is invalid.
DB0113	Tooth number required for this procedure.
DB0114	Tooth surface required for this procedure.
DB0121	Invalid Subscriber ID (must not contain spaces).
DB0123	Insured ID not valid for this type of claim.
DB0184	Prior payer patient responsibility cannot be more than charges
DB0187	Upgrade to the newest version of the Billing Software
EL0001	Insured ID must be valid
EL0002	Insured ID must be valid
EL0003	Program no longer administered by BCBSMS. Please send the claim to the new program administrator.
EL0004	The claim was identified as a State of MS claim but the insurance identification is not a State of MS member
EL0005	The claim was submitted as a BCBSMS claim but should have been submitted as a State of MS claim
EL0006	This submitter is only allowed to file claims for State of MS members
EL0007	The Insured ID submitted was not found
EL0008	The relationship code transmitted is spouse but the patient age is less than 1 year
EL0009	The relationship code is not a valid value
EL0010	The Insured ID submitted was not eligible on the date of service submitted
EL0011	The patient submitted was not eligible on the date of service submitted
EL0012	The patient submitted was not eligible on the date of service submitted
EL0013	The patient submitted was not found as a member on the Insured ID submitted.
EL0014	The patient submitted was not found as a member on the Insured ID submitted.
EL0015	The Insured ID submitted was not eligible on the date of service submitted
EL0016	Either the name or the date of birth submitted for the member does not match BCBSMS records
EL0017	The patient submitted was not eligible on the date of service submitted
EL0018	The patient submitted was not found as a dependent on the Insured ID submitted.
EL0019	Federal policies require an EXACT match on patient first letter of first name, relationship code, sex and date of birth. Check eligibility information on <i>myBlue Provider</i> to ensure you have the patient information exactly as indicated.
HB0001	Submitter not authorized to send claims for this provider
HB0011	Patient's last name must be present
HB0012	Patient's first name must be present

HB0016	Patient's gender must be M or F
HB0017	Patient state must be present
HB0018	Patient zip code must be numeric, not equal to zeroes and in correct format
HB0019	If the patient state is MS the patient zip code must be a valid MS zip code.
HB0020	The patient address must be present
HB0021	The patient city must be present
HB0023	Employment related code invalid
HB0024	Auto accident code invalid
HB0025	The release of information indicator is not valid
HB0026	The similar symptom indicator is not valid
HB0029	First diagnosis code must be present
HB0030	The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis. External causes of morbidity codes for ICD-10 can be considered V00 – Y99 diagnoses.
HB0031	First diagnosis code is not valid
HB0032	Other diagnosis code is not valid
HB0038	Lab indicator invalid
HB0045	If facility state is present, it must be valid
HB0048	Total charges must be numeric and not 0
HB0049	Primary Payer name and insured information must be present, if BCBSMS is not primary
HB0050	Ambulance pickup location must be present if place of service is 41 or 42
HB0051	If admit date is present on the claim it must not be after the first date of service
HB0052	The provider was not a valid BCBSMS provider as of the first date of service on the claim.
HB0053	Submitter not authorized to send claims for this provider
HB0054	If this claim is for anesthesia services the procedure with the anesthesia modifier must be on the first line.
HB0055	This claim contains a procedure requiring an anesthesia modifier but there is not an anesthesia modifier submitted
HB0059	For BCBSMS membership, subscriber first and last name required when patient not self. For Federal program or other Blue Cross and Blue Shield coverage, only the last name is required when patient is not self.
HB0060	For BCBSMS membership, patient first and last name must match subscriber first and last name required when patient is self. For Federal program or other Blue Cross and Blue Shield coverage, only the patient last name must match subscriber last name when patient is self.
HB0061	This benefit plan requires an accident date when an accident related diagnosis is present.
HB0062	An accident date is required for Federal program when an accident related diagnosis is present.
HB0063	If accident date is entered then admit date cannot be before accident date
HB0064	A valid admission date requires a facility name.
HB0065	Admission date must be before discharge
HB0066	Facility Name required based on place of service sent
HB0067	Claim must have at least one line which uses primary diagnosis
HB0075	Worker's comp claim but related cause code is not employment
HB0076	Related cause code is employment but worker's comp is not primary
HB0078	Related cause code is auto accident but the claim does not have an auto accident diagnosis.

HB0079	Related cause code is other accident but the claim contains an auto accident diagnosis
HB0080	There is an auto accident diagnosis code on claim but there is no accident indicator (related cause code)
HB0081	The assignment of benefits indicator for must be Y or N
HB0082	The relationship code is not a valid value
HB0083	Source of Pay is missing or invalid.
HB0084	The assignment of benefits indicator for each insurance company must be Y or N
HB0086	Insured state must be valid
HB0087	Insured Zip code must be numeric
HB0088	Insured Zip code must be in valid format
HB0089	If insured state is MS then insured zip code must be valid for MS
HB0092	Surgeon and assistant surgeon cannot be filed on the same claim
HB0093	Duplicate line item found (Medicaid subrogation only.)
HB0094	Emergency Indicator must be Y or N
HB0096	Vaccine covered by Federal Government and should not be billed to BCBSMS. Only the administration component should be billed (and any procedures performed during the visit as applicable.)
HB0099	Claim filing period expired (Medicaid subrogation only.)
HB0102	Must be valid place of treatment or service code.
HB0103	There is not a line filed on the claim that points to the first diagnosis code.
HB0104	The first diagnosis code cannot be an E diagnosis code.
HB0105	Version 4010 claims are limited to 12 diagnosis codes.
HB0106	Line charges must be numeric and not equal to zero.
HB0107	Units of service must be numeric and not equal to zero
HB0108	Anesthesia time must be reported in minutes
HB0109	The From Date of Service must be between the Accident/Symptom Date and the To Date of Service, and also in the same year as the To Date of Service.
HB0110	Diagnosis pointer invalid
HB0111	Anesthesia time was filed without an anesthesia modifier
HB0112	An anesthesia modifier was filed without anesthesia minutes
HB0113	Other insurance allowed and other insurance paid cannot be greater than total charges per procedure.
HB0114	Other Insurance allowed is less than other insurance paid plus patient responsibility items at the line level
HB0115	If other insured allowed amount is present, then the other insurance indicator must be present
HB0116	The records at BCBSMS indicate that this should be a secondary claim which requires primary insurance information to be provided on the claim.
HB0117	The records at BCBSMS indicate that this should be a secondary claim which requires primary insurance information to be provided on the claim.
HB0118	Invalid NDC code submitted
HB0119	If the procedure code falls in the DSP list, then the NDC must be present and valid, and the metric qty must be present
HB0120	If Other Insurance Allowed amount is submitted, then either the Other Insurance Paid or Other Insurance Deductible must also be submitted
HB0121	Without appropriate modifiers, no more than one anesthesia procedure can be submitted for the same date of service
HB0122	No more than two anesthesia procedures are allowed for the same date of service (regardless of modifiers.)

HB0123	There is an anesthesia modifier file on the claim but there is not an anesthesia procedure filed on the claim
HB0124	There is an anesthesia procedure filed on the claim but there is not an appropriate anesthesia modifier
HB0125	The modifier submitted is not appropriate for this provider.
HB0126	An epidural procedure code is not valid for this provider.
HB0127	The ob/gyn procedure and modifier submitted are not valid for this provider
HB0132	Submitter not authorized to send claims for this provider
HB0133	No provider number identified. Contact EDI Services.
HB0134	This provider is not permitted to file professional claims.
HB0136	The provider is not registered with BCBSMS. Contact EDI Services.
HB0138	Invalid Subscriber ID (must not contain spaces).
HB0140	File direct – file with home plan.
HB0141	The charges were incurred or the claim was received at a time that this subscriber ID prefix was invalid. Contact the subscriber for accurate insurance information.
HB0142	Format of subscriber ID is not recognizable as a Blue Cross and Blue Shield ID.
HB0143	Invalid Subscriber ID (must not contain spaces).
HB0144	The provider on the claim is an out of state, non-network provider.
HB0145	The first diagnosis must fall within the code's effective dates for this procedure
HB0146	Secondary diagnosis codes must fall within the code's effective date for this procedure
HB0149	Primary diagnosis not valid for patient gender
HB0150	Secondary diagnosis not valid for patient gender
HB0151	Duplicate claim
HB0172	Invalid NDC code submitted
HB0173	Unlisted procedures require either description or NDC.
HB0174	For the first diagnosis – Serious Reportable Event (SRE) diagnosis codes (E876.5, E876.6, and E876.7) will not be accepted on claims from network providers with dates of service on or after 1/1/10. Under no circumstances will there be reimbursement for SREs, and the member will be held harmless for any charges relating to the SRE.
HB0175	Serious Reportable Event (SRE) diagnosis codes (E876.5, E876.6, and E876.7) will not be accepted on claims from network providers with dates of service on or after 1/1/10. Under no circumstances will there be reimbursement for SREs, and the member will be held harmless for any charges relating to the SRE.
HB0180	When records indicate other insurance coverage is primary on Federal Employee members, primary insurance information must be filed on the claim
HB0181	When a corrected claim is indicated, the original document control number is required.
HB0182	Accident Date must be less than or equal to the from date of service.
HB0183	There was a wellness procedure submitted without an appropriate wellness diagnosis code
HB0184	Diagnosis is not valid for wellness services
HB0185	Lab code related to the venipuncture administration code is not present. If there is no separate charge applicable, indicate the related CPT/HCPCS code for the venipuncture charge(s) in the description field.

HB0186	Vaccine code related to the vaccine administration code is not present. If there is no separate charge applicable, indicate the related CPT/HCPCS code for the vaccine charge(s) in the description field.
HB0187	A corrected claim must be received within 12 months of the original claim payment date.
HB0188	Only one correction per original claim should be submitted.
HB0189	The DCN submitted for the original claim cannot be found in the BCBSMS system
HB0190	The DCN submitted for the original claim can be found in the BCBSMS system, but key information does not match the corrected claim. Please void original first, then submit as a new claim.
HB0191	When a State of MS claim is filed with procedure code 99070 a description is required
HB0192	V829 cannot be only diagnosis code file on a State of MS claim
HB0193	HCPC codes A4221, A4222, and A4223 cannot be submitted by this State of MS provider.
HB0194	Invalid NDC code submitted
HB0195	Subscriber is not registered on <i>myBlue</i> .
HB0200	Other insurance not on line item
HB0205	The services rendered require a prior authorization request before submitting the claim. Please use the Prior Authorization Forms located on <a href="http://www.myblueprovider.com">www.myblueprovider.com</a> to submit request prior to resubmitting the original claim.
HB0206	Referring NPI must be supplied for claims with place of service 81.
HB0207	Referring NPI not found on the national database (NPPES).
HB0208	Referring NPI is not in Mississippi – please refer to ancillary claims filing guidelines.
HB0209	Not a Mississippi claim – please refer to ancillary claims filing guidelines.
HB0210	Outpatient Therapy Codes (97001-97799) are not allowed by BCBSMS with a place of service of Home.
HB0211	Prior payer patient responsibility cannot be more than charges
HB0213	Claims where Medicare is primary must include the Medicare adjudication date.
HB0214	Claims where Medicare is primary must not be submitted until 30 days after the Medicare adjudication date. This is to allow time for the claim to be coordinated with Medicare.
HB0215	Delivery claims require modifier (TH/SC/CG). Your claim will be accepted but not processed for benefits until medical documentation is received to identify any applicable medical indications related to delivery and the gestational age of the child at delivery. Network providers must submit the medical records using the BCBSMS web portal at <a href="http://www.myblueprovider.com">www.myblueprovider.com</a> while non-network providers must utilize the form as found on <a href="http://www.bcbsms.com">www.bcbsms.com</a>
HB0216	Effective April 1, 2015: Maternity CPT Codes require a specific modifier that identifies applicable medical indications related to delivery and the gestational age of the child at delivery. One of the following modifiers is expected: <b>TH</b> – Delivery at 39 weeks or greater <b>SC</b> – Medically necessary delivery at less than 39 weeks gestation (to include spontaneous labor) <b>CG</b> – Elective delivery at less than 39 weeks gestation
HB0218	Air Ambulance claims with dates of service after 4/19/2015 require a valid Mississippi zip code for the pickup location.
HB0219	Upgrade to the newest version of the Billing Software

HB0221	Delivery claims with dates of service on or after 10/1/2015 require diagnoses indicating both a gestational age (Z3A type diagnosis) and a delivery outcome (Z37 type diagnosis.)
HB0222	Professional delivery claims received after 1/1/2016 for dates of service on or after 10/1/2015 will require additional line level information included on the line with the delivery CPT in order to indicate delivery type, method, and the number of deliveries associated with the method. Refer to the Blue Cross and Blue Shield of Mississippi coding policy for Medically Indicated Early-Term Deliveries for more information.
HB0223	The delivery type and method indicator (see HB0222) must agree with the CPT code (both must specify the same method – c-section or vaginal.)
HB0224	Delivery claims with dates of service on or after 10/1/2015 can have only one (1) diagnoses for a gestational age (Z3A... diagnosis).
HB0225	Reimbursement for Procedure included in Global Fee
HB0226	The presence of at least one F-code is required on any claim where the Prior Authorization is "CMH"
HB0227	CPT Category II codes ending in F are only allowed on line items if the charge is \$0 or \$0.01
HB0228	For State of Ms claims, a valid NDC code is required for this CPT code
HB0229	NDC Code Required for this Medicaid claim
HB0230	There is no exact match for your void request of this claim. If you are removing/changing claim elements, you must file as a corrected claim
HB0231	Telemedicine services (other than originating site fees) must be submitted with place of service 02 (Telehealth).
HB0232	Originating site fees must not be submitted with place of service 02 (Telehealth).
HB0233	Original claim is denied for lack of required biometrics. Please submit needed biometrics.
HB0234	NDC code required for this procedure.
HB0235	LIN03 NDC code must be 11 digits.
HB0236	Not a valid NDC code for the CPT/HCPC for the date of service indicated.
HB0237	If the procedure code is an unlisted procedure, then the NDC must be present and valid, and the metric quantity must be present.
HB0379	Insured written direction of payment to non-network provider is required. To ensure the member's understanding of their rights under the law, we request that you use the Blue Cross and Blue Shield of Mississippi (BCBSMS) Non-Network Provider Written Direction of Payment form located on <a href="http://www.bcbsms.com">www.bcbsms.com</a> . Fax the signed BCBSMS Non-Network Provider Written Direction of Payment form to 601-664-4864 or 1-800-598-6643.
HB0380	Services are not within the scope of license for the provider. Please remove this code and resubmit any other services on the claim.
HB0383	Drug specific CPT is available for NDC
HB0385	Women's wellness visit (CPT 99402 with wellness diagnosis) improperly coded, this is only valid when wellness labs are not performed.
IC0002	Invalid patient control number
IC0006	Invalid admit date
IC0016	Patient Control Number is spaces
IC0017	Invalid patient control number
IC0019	Invalid payor name
IC0021	Invalid insured last name
IC0022	Invalid insured id
IC0023	Invalid payor id



MA0001	Invalid provider information
MA0002	Invalid patient control number
MA0003	Invalid patient name
MA0004	Invalid patient address, city, state or zip
MA0007	Invalid patient status
MA0008	Invalid patient insurance id
MA0009	Principal Procedure Date must not be greater than Through date
MB0001	1 <sup>st</sup> position of Patient Control Number must not be space
MB0002	Patient Last Name must not be spaces
MB0003	Patient address, city or state missing
MB0004	Invalid patient sex
MB0005	Group number or group name must not be spaces
MB0006	Payor name required on non-destination payor
MB0007	Source of pay must be C
MB0008	Insurance type must be MB or spaces
MB0009	Payor ID must be 07302
MB0010	Patient Relation must be self
MB0011	Invalid insurance ID
MB0012	Invalid diagnosis pointer 1
MB0013	Invalid diagnosis pointer 2, 3, or 4
MB0014	Invalid units of service
MI0001	Payor name
MI0002	Payor ID must be 77032 if payor Medicaid
MI0003	Invalid patient relationship for Medicaid
MI0004	Invalid procedure date
MP0001	Invalid patient sex
MP0002	Payor ID must be 77032
MP0003	Invalid patient relationship
MP0004	Invalid line item place of service
MP0005	Invalid diagnosis pointer
PC0001	Patient address and city must be entered
PC0002	Invalid admit date
PC0003	Invalid discharge date
PC0004	Lab indicator must be Y, N, or spaces
UB0001	Contact EDI Services – invalid ESC record.
UB0006	Provider not active in BCBSMS systems on statement covers from date.
UB0007	When Medicare is indicated as Payer A on a Blue Cross inpatient or outpatient type claim then deductible, co-insurance, primary insurance denial, or a room difference for revenue codes 110-169 must be present.
UB0008	No Blue Cross liability found.
UB0009	No State of MS liability found.
UB0010	If a primary payer is listed, there must be either a deductible, co-insurance, or prior payer amount or a primary insurance denial.
UB0011	Claims cannot be filed to BCBSMS by providers outside of MS.
UB0012	Cannot determine Blue Cross Plan. Contact EDI Services.
UB0013	Hospice claims require rev code (651, 652, 655, 656) but not 651/652 with 655/656
UB0014	If type bill 13x or 14x is submitted with revenue codes 912 or 913 then the revenue code units must equal the covered days

UB0015	Type bill 13x or 14x submitted with a condition code of 41 requires a revenue code of 912 or 913 to also be submitted
UB0016	There was not a principal diagnosis code submitted on the claim
UB0017	Principal diagnosis code not valid for statement from date
UB0018	Principal diagnosis code not found on BCBSMS files
UB0019	Principal diagnosis code not valid for patient gender
UB0020	POA indicator of 1 not valid for use with this principal diagnosis code
UB0021	An invalid POA indicator was submitted with the principal diagnosis code
UB0022	Admitting diagnosis code not valid for statement from date
UB0023	Admitting diagnosis code not found on BCBSMS files
UB0024	Admitting diagnosis code not valid for patient gender
UB0025	Principal diagnosis for accident, but no accident occurrence code found
UB0026	Invalid claim frequency type code
UB0027	Service Location must be numeric
UB0028	Service location must not be zeroes
UB0029	Type of bill does not agree with type of claim
UB0030	Type of bill does not agree with type of claim
UB0031	There is an accommodation revenue code submitted but the type of bill indicates that this should be an outpatient claim.
UB0032	The type of bill indicates that this is an inpatient claim but there is not an accommodation revenue code submitted
UB0033	Incorrect type of bill or provider number
UB0034	Incorrect type of bill or provider number
UB0035	Incorrect type of bill or provider number
UB0036	Incorrect type of bill or provider number
UB0037	Incorrect type of bill or provider number
UB0038	Type bill 892 not allowed
UB0039	Type bill 125, 135, 145, 765 not allowed
UB0040	Patient's last name must be present
UB0041	Patient's first name must be present
UB0042	Insured address and city must be present.
UB0043	Insured state must be valid
UB0044	Insured Zip code must be numeric
UB0049	Patient gender must be M or F
UB0050	Inpatient must have valid admission date not past covers from date
UB0051	Statement covers from date must not be more than a year from admission date
UB0052	Admit hour cannot be 99
UB0053	Invalid admit hour
UB0054	Inpatient claim must have an admit type
UB0055	Institutional claims must have an admit source
UB0056	Discharge hour cannot be 99
UB0057	Invalid discharge hour
UB0058	Institutional claims must have a patient status.
UB0061	Medicaid subrogation must be within past yr
UB0063	Statement covers from date must be less than or equal to covers through date
UB0064	Covered days must be numeric
UB0065	Days on accommodation revenue codes must equal covered + non-covered (if supplied)

UB0066	The records at BCBSMS indicate that this should be a secondary claim which requires primary insurance information to be provided on the claim.
UB0067	Inpatient claim must have an attending physician NPI
UB0068	Inpatient claim must have an attending physician first and last name.
UB0070	Total charges must be numeric and not equal to zero
UB0071	Total charges must be numeric and not equal to zero
UB0073	Duplicate claim
UB0076	If occurrence code 25 is present, non-covered charges must equal total charges.
UB0077	If occurrence code 24 is present, there must be either non-covered charges or allowed amount equal to deductible amount and no prior payment.
UB0078	Prior payer information not present on claim, but prior payer is indicated.
UB0079	Prior payer information not present on claim, but prior payer is indicated.
UB0080	No Blue Cross liability
UB0081	This submitter is only allowed to file claims for State of MS members
UB0083	Submitter not authorized to send claims for this provider
UB0084	Provider name is required.
UB0085	Provider address is required.
UB0086	Provider city is required.
UB0087	Provider state is required.
UB0088	Provider zip is required.
UB0089	Provider tax id is required.
UB0090	This submitter is only allowed to file claims for State of MS members
UB0092	Submitter not authorized to send claims for this provider
UB0093	Payer name is required.
UB0094	Release of information indicator must be Y, I or space.
UB0095	The assignment of benefits indicator for each insurance company must be Y or N
UB0096	Insured's last name is required.
UB0098	File direct – file with home plan.
UB0099	The charges were incurred or the claim was received at a time that this subscriber ID prefix was invalid. Contact the subscriber for accurate insurance information.
UB0100	Invalid plan code
UB0101	Invalid Insured ID.
UB0112	A revenue code charge cannot exceed \$99,999.99.
UB0113	A revenue code charge must not be zero.
UB0115	Invalid revenue code
UB0116	Invalid revenue code for this statement covers period.
UB0117	Invalid revenue code for surgery center.
UB0118	Vaccine covered by Federal Government and should not be billed to BCBSMS. Only the administration component should be billed (and any procedures performed during the visit as applicable.)
UB0119	HCPCS required on surgery center claims
UB0120	HCPCS required on renal dialysis claims
UB0121	Invalid revenue code for rehab center.
UB0122	Invalid revenue code for rehab center.
UB0123	Professional fees not allowed on UB for this revenue code (outpatient)
UB0124	Medicare Advantage claim: Revenue code requires HCPC
UB0125	Medicare Advantage claim: Revenue code requires RUG
UB0126	Revenue code requires units (for rehab center or renal dialysis)

UB0127	Service date outside range of statement covers period
UB0128	Revenue code invalid on partial hospitalization
UB0129	Revenue code requires units (912/913)
UB0130	For Types of Bill 13x or 14x, revenue codes 912 and 913 must not have more than one unit of service if from and through dates are the same
UB0131	For Types of Bill 13x or 14x, revenue codes 912 and 913 must not have HCPCS or charges
UB0132	For Types of Bill 13x or 14x, revenue codes 912 and 913 requires condition code 41 on claim
UB0133	Type bill 13x or 14x with revenue codes 912 or 913 – covered days must not be more than statement from/through dates
UB0134	Type bill 13x or 14x with revenue codes 914, 915, or 916 requires charges
UB0135	Type bill 13x or 14x with revenue codes 914, 915, or 916 requires units
UB0136	Type bill 13x or 14x with revenue codes 914, 915, or 916 requires HCPCS code
UB0137	Service date outside range of statement covers period
UB0138	Service date must be present for this revenue code
UB0139	HCPC required for this revenue code
UB0140	If the procedure code falls in the DSP list, then the NDC must be present and valid, and the metric qty must be present
UB0141	HCPCS required for this revenue code
UB0142	Invalid HCPCS
UB0143	Invalid HCPCS for this date
UB0144	Invalid HCPCS for this gender
UB0171	Occurrence span from date must be less than or equal to through date
UB0174	Value code amount not present with value code
UB0177	Value code duplicated
UB0191	Ambulance zip code invalid
UB0194	Blood revenue code without units
UB0195	Pints replaced should not be greater than pints furnished for blood revenue codes
UB0196	Invalid accident hour for accident diagnosis
UB0197	No Blue Cross Liability found
UB0199	Principal procedure code required
UB0200	Principal procedure code date required
UB0201	Principal diagnosis code missing
UB0209	Diagnosis code is not valid
UB0217	Diagnosis code is not valid for date of service
UB0225	Diagnosis code is not valid for patient gender
UB0233	POA indicator of 1 not valid for use with this diagnosis code
UB0241	Invalid POA indicator submitted with diagnosis code
UB0254	Invalid character in the principal procedure code
UB0255	Invalid character in other procedure codes
UB0258	Accident related diagnosis, accident occurrence code must be present
UB0259	Accident related diagnosis must not be submitted with occurrence codes 05 or 06
UB0260	Accident related diagnosis must be submitted with occurrence codes 01, 02, or 03
UB0261	Covered days must be numeric on inpatient claims
UB0262	Non-covered days (if present) must be numeric on inpatient claims

UB0263	Statement covers period must equal covered + non-covered (if supplied).
UB0265	Diagnosis code is not valid
UB0266	Diagnosis code is not valid for patient age
UB0267	Diagnosis code is not valid for patient gender
UB0268	E-code cannot be reason for visit
UB0269	Invalid procedure code (grouper)
UB0270	Procedure and age conflict (grouper)
UB0271	Procedure and gender conflict (grouper)
UB0272	Service unit out of range for procedure
UB0273	Multiple bilateral procedures without modifier 50
UB0274	Inappropriate specification of bilateral procedure
UB0275	Invalid modifier (grouper)
UB0276	Invalid date (grouper)
UB0277	Invalid age (grouper)
UB0278	Invalid sex (grouper)
UB0279	Terminated bilateral procedure or terminated procedure with units greater than one
UB0280	Inconsistency between implanted device and implantation procedure.
UB0281	Revenue code with maximum occurrence of 450 times
UB0282	Multiple medical visits on same day with same revenue code without condition code G0
UB0283	Transfusion or blood product exchange without specification of blood product.
UB0284	Observation revenue code on line item with non-observation HCPCS code
UB0285	Partial hospitalization condition code 41 not approved for type of bill.
UB0286	HCPCS required for this revenue code (grouper)
UB0287	Multiple observation overlap in time
UB0288	Codes G0378 and G0379 are only allowed with bill type 13X
UB0289	Non-reportable for site of service.
UB0290	G0379 only allowed with G0378.
UB0291	Clinical trial requires diagnosis code V707 as other than primary diagnosis.
UB0292	Use of modifier CA with more than one procedure not allowed (grouper)
UB0293	CA modifier requires patient status code 20 (grouper)
UB0294	Claim lacks required device code.
UB0295	Incorrect billing of blood and blood products. Bill 038x and a 0391 revenue code. Both rev codes should have the same HCPCS code, both should have a BL modifier and both should have the same units. You do not need to file code 36430 as rev code 0391 is for administration.
UB0296	Units greater than one for bilateral procedure billed with modifier 50.
UB0297	Incorrect billing of modifier FB (grouper)
UB0298	Trauma response critical care code with revenue code 068x and CPT 99291.
UB0299	Claim lacks allowed procedure code.
UB0300	Units exceed maximum for HCPCS
UB0301	Claim lacks required radiopharmaceutical.
UB0302	Incorrect billing of rev code with HCPCS code
UB0303	Contact EDI Services – OCE edit without error number assigned
UB0304	Units are required on this revenue code

UB0305	Service dates prior to 2005 are invalid
UB0306	Invalid principal diagnosis code ( grouper)
UB0307	Claim does not meet any DRG criteria ( grouper)
UB0308	Not a valid patient age ( grouper)
UB0309	Not a valid patient gender ( grouper)
UB0310	Principal diagnosis code is illogical ( grouper)
UB0311	Principal diagnosis code is not a valid ICD9 code ( grouper)
UB0312	POA indicator missing or invalid ( grouper)
UB0313	DRG is un-groupable. Check the admission date, discharge status, POA indicators, age and sex of the patient and the ICD9 procedure codes to correct ( grouper)
UB0314	Serious Reportable Event (SRE) diagnosis codes (E876.5, E876.6, and E876.7) will not be accepted on inpatient or outpatient claims from network providers with dates of service on or after 1/1/10. Under no circumstances will there be reimbursement for SREs, and the member will be held harmless for any charges relating to the SRE.
UB0315	Serious Reportable Event (SRE) diagnosis codes (E876.5, E876.6, and E876.7) will not be accepted on inpatient or outpatient claims from network providers with dates of service on or after 1/1/10. Under no circumstances will there be reimbursement for SREs, and the member will be held harmless for any charges relating to the SRE.
UB0325	When records indicate other insurance coverage is primary on Federal Employee members, primary insurance information must be filed on the claim
UB0326	Interim Bills (TYPE OF BILL ending in 12, 13, or 14, or PATIENT STATUS 30) are not acceptable for this claim type
UB0327	Interim Bills (TYPE OF BILL ending in 12, 13, or 14, or PATIENT STATUS 30) are not acceptable for this claim type
UB0328	Interim Bills (TYPE OF BILL ending in 12, 13, or 14, or PATIENT STATUS 30) are not acceptable for this claim type
UB0329	Pre-Admission Testing / Services – All outpatient services provided within 48 hours prior to admission as an inpatient are included in the Fair Market Price for the inpatient stay and must be billed to BCBSMS as part of the inpatient claim. This provision applies only to outpatient services performed at the same (or related) facility where the patient is subsequently admitted. Does not apply to claims in which Medicare is primary.
UB0330	When a corrected claim is indicated, the original document control number is required.
UB0331	Invalid occurrence code date
UB0332	Accident Date must be less than or equal to the from date of service.
UB0333	Invalid admission source
UB0334	A corrected claim must be received within 12 months of the original claim payment date.
UB0335	Only one correction per original claim should be submitted.
UB0336	Value code A0 required with revenue code 54x for outpatient treatment of Medicare Advantage members.
UB0337	On Medicare Advantage claims for Home Health (REVENUE CODE 0023), the 18 digit Benefit Management Treatment Authorization Code is required.
UB0338	Medicare Advantage Claim: Must have value 61 code for Rev 23, 821, 841, 880, 831, 851, 881
UB0339	Medicare Advantage Claim: Must have value code 61 and valid CBSA code for Rev 23, 821, 841, 880, 831, 851, 881

UB0340	Medicare Advantage Claim: must have Value code A8 and A9 for rev codes 821, 831, 841, 851, 880, 881
UB0341	Admitting diagnosis required on inpatient Medicare Advantage claims
UB0342	Diagnosis V829 and Z139 require other diagnosis on State of MS claims
UB0343	State of MS network providers can only file composite rate codes unless the participant is Medicare primary
UB0344	Revenue code 025x not allowed from VA, submit to Caremark
UB0345	State of MS will only accept nursery revenue codes on children.
UB0346	Subscriber is not registered on <i>myBlue</i> .
UB0347	The DCN submitted for the original claim cannot be found in the BCBSMS system
UB0348	The DCN submitted for the original claim can be found in the BCBSMS system, but key information does not match the corrected claim. Please void original first, then submit as a new claim.
UB0349	Invalid Subscriber ID (must not contain spaces).
UB0350	Principal Procedure Code invalid
UB0351	Principal Procedure code invalid for this date of service
UB0352	Principal procedure code invalid for patient's gender
UB0353	Procedure code invalid
UB0354	Procedure code invalid for this date of service
UB0355	Procedure code invalid for patient's gender
UB0356	External Cause of Injury – invalid
UB0357	External Cause of Injury – invalid for date
UB0358	External Cause of Injury – invalid for gender
UB0359	External Cause of Injury – must be E code for ICD9
UB0360	Inpatient claims must have POA indicator set for External Cause of Injury
UB0361	Invalid POA indicator on External Cause of Injury
UB0362	Outpatient claims must have at least one valid reason for visit diagnosis
UB0363	Invalid reason for visit diagnosis
UB0364	Reason for visit diagnosis invalid for date of service
UB0365	Reason for visit diagnosis invalid for gender
UB0366	Source of Pay is missing or invalid.
UB0372	The services rendered require a prior authorization request before submitting the claim. Please use the Prior Authorization Forms located on <a href="http://www.myblueprovider.com">www.myblueprovider.com</a> to submit request prior to resubmitting the original claim.
UB0373	Add-on code 3325 is present without one of the following primary codes on the same day: 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33222, 33230, 33231, 33233, 33234, 33235, 33240, 33249.
UB0374	Code C9732 and C1840 not submitted together on the same day. (Code for insertion of ocular telescopic lens submitted without the code for the lens, or vice versa).
UB0375	Prior payer patient responsibility cannot be more than charges
UB0377	Claims where Medicare is primary must include the Medicare adjudication date.
UB0378	Claims where Medicare is primary must not be submitted until 30 days after the Medicare adjudication date. This is to allow time for the claim to be coordinated with Medicare.
UB0379	Insured written direction of payment to non-network provider is required. To ensure the member's understanding of their rights under the law, we request that you use the Blue Cross and Blue Shield of Mississippi (BCBSMS) Non-Network Provider Written Direction of Payment form

	located on <a href="http://www.bcbsms.com">www.bcbsms.com</a> . Fax the signed BCBSMS Non-Network Provider Written Direction of Payment form to 601-664-4864 or 1-800-598-6643.
UB0380	Private room revenue codes (011x or 014x) require either an average semi-private room rate (given as a value code 01 with amount) or indication that the facility has no semi-private rooms (given as value code 02 with zero amount).
UB0383	Air Ambulance claims with dates of service after 4/19/2015 require a valid Mississippi zip code for the pickup location.
UB0384	Upgrade to the newest version of the Billing Software
UB0386	Primary diagnosis code of Z5189 requires a procedure code for Physical Rehab and/or Diagnostic Audiology Services
UB0387	Delivery claims with dates of service on or after 10/1/2015 require diagnoses indicating both a gestational age (Z3A type diagnosis) and a delivery outcome (Z37 type diagnosis.)
UB0388	Institutional Outpatient claims (type bill 13x only) which include ICD procedure codes must also include CPT codes in the claim line items.
UB0389	Delivery claims with dates of service on or after 10/1/2015 can have only one (1) diagnoses for a gestational age (Z3A... diagnosis).
UB0390	Skin Substitute Application Procedure without appropriate skin substitute product code
UB0391	FQHC Payment code not reported for FQHC claim
UB0392	FQHC claim lacks required qualifying visit code
UB0393	Incorrect Revenue code reported for FQHC payment code
UB0394	Item or Service not covered under FQHC PPS
UB0395	Device dependent procedure reported without device code
UB0396	NDC Code required for this Medicaid claim
UB0397	Facility Overhead charges associated with Provider-Based Clinics are not allowed.
UB0398	Corneal Tissue processing reported without cornea transplant procedure
UB0399	Biosimilar HCPCS reported without Biosimilar modifier
UB0400	Partial Hospitalization claim span is equal to or more than 4 days with insufficient number of hours of service
UB0401	Partial Hospitalization interim claim from and through dates must span more than 4 days
UB0402	Partial Hospitalization services are required to be billed weekly
UB0403	Claim with Pass-Through device, drug or biological lacks required procedure
UB0404	Claims with Pass-Through or Non-Pass-Through drug or biological lacks OPPS Payable Procedure
UB0405	Claim for HSCT Allogeneic Transplantation lacks required Revenue code line for donor acquisition services
UB0406	Item or Service with Modifier PN not allowed under PFS
UB0407	There is no exact match for your void request of this claim. If you are removing/changing claim elements, you must file as a corrected claim
UB0410	Invalid Procedure Code (CPT/HCPC).
UB0411	Invalid Modifier.
UB0412	Original claim is denied for lack of required biometrics. Please submit needed biometrics.
UB0414	NDC Code required for this procedure
UB0415	LIN03 NDC Code must be 11 digits
UB0416	Invalid NDC Code submitted
UB0417	Drug Specific CPT is available for NDC



UB0418	Invalid NDC Code submitted
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## Frequently Asked Questions

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1. ***What if I don't understand what a particular code means?***

EDI Services may sometimes be able to assist in explaining an edit beyond the description shown in this manual. Please be prepared to give the claim details (such as subscriber identification number, patient account number, first date of service, when the claim was submitted, and your submitter identification) when calling EDI Services. Also, you may refer to ASC X12 Technical Report for the appropriate claim type as many of these rules are specified within the appropriate implementation guide.

2. ***What if I disagree with a reject?***

If you feel you have encountered an error that is incorrect and your claims transaction is in compliance with the appropriate ASC X12 Technical Report, please contact EDI Services with details.