

001 TOT CHRGS NOT=ALL TOT CHRGS TOT CHRGS

Revenue Code 001 Total Charges do not equal All Total Charges

Error Code: 61105

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | Calculated Summ of Field 10, Positions 51-60, Revenue Code Total Charges Field 20, Positions 107-116, Revenue Code Total Charges Field 30, Positions 163-172, Revenue Code Total Charges Where the corresponding Revenue Code does not equal 001 |
| ANSI | 2400 | Calculated Sum of SV203 - Total Charges |
| HCDS | 61 | Calculated Summ of Field 10, Positions 51-60, Revenue Code Total Charges Field 20, Positions 107-116, Revenue Code Total Charges Field 30, Positions 163-172, Revenue Code Total Charges Where the corresponding Revenue Code does not equal 001 |
| ANSI | 2300 | CLM02, Claim Total Charges |

Resolutions

If this rejection is received, it means that the total charges received by Emdeon do not equal the revenue code 001 summary total.

Revenue Code 001 must be entered as a summary of charges on every claim and must be the last revenue code entered. All total charges in record types 10, 20, 30 and all sub-sequences of these record types must equal All Total Charges in the Total Charges field corresponding to the Revenue Code field containing the 001 revenue code.

1131 Carrier: GEN Error: Unapproved GHINO

The provider level enrollment with Emdeon is not complete for payer.

Error Code: CF00001

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS | B0 | B0-11 pos. 49-61, Blue Cross Blue Shield Billing Provider ID |
| ANSI | 2010AA+ | REF02 with a REF01 qualifer of 1B. |

NSF+ BA0 BA0-14 Pos. 105-119, Blue Cross Blue Shield Billing Provider ID

NSF BA0 BA0-14 Pos. 105-119, Blue Cross Blue Shield Billing Provider ID

Resolutions

The provider number received within the file was not approved to transmit claims to this carrier.

Please ensure that the correct enrollment information was completed prior to the provider transmitting their claims to this carrier.

997: AMT02 () Invalid Character In Data Element

The amount element (AMT02) contains characters other than numerics and a decimal.

Error Code: CM997-4

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------|----------------|
| ANSI | AMT%20Segment | AMT02 element |

Resolutions

When this file level error is received, Emdeon received a file that contained at least one invalid character in an amount field. Amount fields in the X12 transaction set consist of numbers and decimal places. Please do not use dollar signs or leading/trailing spaces when indicating transaction amounts in an X12 transaction. Failing to correctly populate this element causes the transaction to fail, and the error must be corrected, and the transaction resent.

997: CLM Data Element Too Short Element-12

The reported Special Program Code, CLM 12, is too short

Error Code: CM997-1

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------------------------|
| ANSI | 2300%20 | 2300 CLM-12 Special Program Code |

Resolutions

Resolution:

In Loop 2300, CLM-12 the Special Program Code entered must be a minimum of 2 positions.

Valid code values are found in the X098 implementation guides available at wpc-edi.com

This error will appear on a human readable 997 report. Example Human Readable 997:

Report Name : R097

Report Date : 04/28/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000002

GS Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

49 CLM Segment Has Data Element

49 CLM12 (U) Data Element Too Short

In this example the error occurred in segment 49 within the ST-SE transaction group.

997: CLM05-0 () Mandatory Data Element Missing

The Health Care Service Location Information (Bill Type) was not populated on this claim.

Error Code: CH997-2

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2300%20 | CLM05 Health Care Service Location Information (Bill Type) |

Resolutions

Report Date : 05/16/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000000026

Status: Your file was not successfully received by WebMD. File is unre

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

223 CLM Segment Has Data Element Errors

223 CLM05-0 () Mandatory Data Element Missing

997: CLM11 Segment has Data element errors

CLM11 has an accident code indicated , but no DTP*439 (Accident Date)sent to compliment it

Error Code: CM997-6

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2300 | CLM11-1 or -2 or -3 (sub-element) has an accident code indicated of one of the following AA Auto Accident AP Another Party Responsible EM Employment OA Other Accident |

Resolutions

We did not receive a DTP*439 accident date with the indicated CLM11 accident code

997: Functional Group Error

Functional Group Error: The Number of Included Transaction Sets Does Not Match the Actual Count of transaction sets.

Error Code: CH997-4

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------|----------------|
| ANSI | GE%20segment | Element 01 |

Resolutions

When this file level error is received, Emdeon received a file that contained a mismatch in the calculated total number of Transaction Sets (ST through SE segments) within the current Functional Group (GS through GE segments). The caculated total must match the number submitted in the GE01. Failing to correctly populate this element causes the transaction to fail, and the error must be corrected, and the transaction resent.

This error sometimes occurs due to a NTE segment that contains ISA declared control characters.

997: HI01 () Mandatory Data Element Missing

File level rejection: The primary diagnosis is missing on a claim.

Error Code: AG0019

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-----------------|--|--|
| ANSI 4010X098A1 | Loop%3a+2300+%e2%80%94+CLAIM+INFORMATION | HI01-1 of BK (Primary Diagnosis) HI01-2 - Diagnosis Code |

Resolutions

This 997 error is received when the HI01 (healthcare information- primary Diagnosis Code) is blank. The field is required on all claims except claims for which there are no diagnoses.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. In the example, the transaction error occured on line 234 of the ST-SE transaction set.

WEBMD Human Readable997

Report Name :R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000001

Status: Your file was not successfully received by WebMD. File is unreadable.

Linein ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#715 RejectedST*Ctrl#000715 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

234 HI Segment Has Data Element Errors234 HI01 () Mandatory Data Element Missing

997: HI02-01 () Mandatory Data Element Missing

File level error: the healthcare code transmitted did not have a qualifier identifying its purpose.

Error Code: CH997-3

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|------------------|---|
| ANSI | 2300%20HI02%2D01 | 2300 HI02-01 Health Care Code Information |

Resolutions

Below is an example of a human readable 997 that would be returned for this error.

Report Date : 05/17/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000000198

Status: Your file was not successfully received by WebMD. File is unreadable.

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#198 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

3174 HI Segment Has Data Element Errors

3174 HI02-01 () Mandatory Data Element Missing

This error refers to the healthcare information code field. When received, Emdeon received at least one healthcare information code without a corresponding qualifier.

There are several valid qualifiers for this field, including:

- o BK Principal Diagnosis
- o BJ Admitting Diagnosis DR Diagnosis Related Group (DRG)
- o BF Diagnosis
- o BO ICD-9-CM Principal Procedure Code
- o BQ HCPCS Principal Procedure
- o BI Occurrence Span

When this rejection is received, Emdeon received an institutional file that contained one or more fatal errors. This will prevent the entire file from processing, and the error must be corrected prior to retransmitting.

997: N301 () Mandatory Data Element Missing

File Level Rejection: The Line 1 address segment on the file received was blank. This is a syntactically required element.

Error Code: AG0015

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-----------------|-------------|---|
| ANSI 4010X096A1 | N3+Segment | The N3 segment is used in a number of loops. 2010AA- BILLING PROVIDER 2010AB- PAY-TO PROVIDER 2010BA- SUBSCRIBER 2010BC- PAYER 2010BD- RESPONSIBLE PARTY 2010CA- PATIENT 2310E- SERVICE FACILITY 2330A- OTHER SUBSCRIBER 2330B- OTHER PAYER |

Resolutions

This 997 error is received when the N3 segment (Street Address) is transmitted, and contains a blank N301 element.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. in this example, the error occurred on line 5189 of the ST-SE transaction set.

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000002721

Status: Your file was not successfully received by WebMD. File is unread

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#2721 Rejected

ST*Ctrl#2721 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

5189 N3 Segment Has Data Element Errors

5189 N301 () Mandatory Data Element Missing

Often, this error occurs when Line 1 address is populated on Line 2 accidentally. Another common reason for this rejection is an address field contains a defined delimiter, such as a colon (:) or an asterisk (*), as the first character in an address field.

An example of a segment that would return this error is below. Notice that the address would be read as:

Line 1: Blank

Line 2: 1234 main Street

N3**1234 Main Street~

997: N301 () Mandatory Data Element Missing

Address line 1 is missing and is a required field in the N3 segment.

Error Code: CM997-2

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--------------|--|
| ANSI | N3%20segment | Address Information N301- Street/Mailing Address, Line 1 |

Resolutions

Resolution: If the N3 segment is populated, the N301 is a required element. This field must contain a minimum of one non-space character, and is used to indicate the street address of the preceding NM1 entity.

997: N303 () Too Many Data Elements

File Level Rejection: The address segment on the file contained extra element/sub element delimiters.

Error Code: AG0014

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

ANSI 4010X096A1 N3

Used in a variety of loops, including:
2010AA- BILLING PROVIDER 2010AB-
PAY-TO PROVIDER 2010BA-
SUBSCRIBER 2010BC- PAYER 2010BD-
RESPONSIBLE PARTY 2010CA-
PATIENT 2310E- SERVICE FACILITY
2330A- OTHER SUBSCRIBER 2330B-
OTHER PAYER

Resolutions

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000228407

Status: Your file was not successfully received by WebMD. File is unread

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#228407 Rejected

ST*Ctrl#000000001(837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

1563 N3 Segment Has Data Element Errors

1563 N303 () Too Many Data Elements

This 997 error is received when the N3 segment (Street Address) is transmitted, and contains more than 2 elements.

This typically occurs when a second address line is included on the claim, and contains a delimiter in the field.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. In this example, the error occurred on line 1563 of the ST-SE transaction set.

Often, this is contained in an attention flag on a payer address, such as the following example, where Street Address 2 is contained in parentheses, and the client used a standard delimiter in the text field such as a colon (:) or the asterisk (*).

N3*1234 Main Street*(**ATTN: CLAIMS DEPT)~

997: N401 () Data Element Too Short

File Level Rejection: The City Name in an address field was not populated with a minimum of 2 characters.

Error Code: AG0011

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-----------------|--------------------------------------|--|
| ANSI 4010X096A1 | N4+Segment+(City%2fState%2fZip+Code) | One or more of the following: 2010AA- BILLING PROVIDER 2010AB- PAY-TO PROVIDER 2010BA- SUBSCRIBER 2010BC- PAYER 2010BD- RESPONSIBLE PARTY 2010CA- PATIENT 2310E- SERVICE FACILITY 2330A- OTHER SUBSCRIBER 2330B- OTHER PAYER |

Resolutions

This 997 error is received when the N401 (City name) is transmitted, and is not a minimum of 2 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. in this example, the error occurred on line 7572 of the ST-SE transaction set.

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000011455

Status: Your file was not successfully received by WebMD. File is unread

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

7572 N4 Segment Has Data Element Errors

7572 N401 (X) Data Element Too Short

997: N402 () Data Element Too Short

File Level Rejection: A state or province code was received that was too short.

Error Code: AG0013

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|--------------------|-------------|---|
| ANSI 4010X096A1 N4 | | The N4 segment is used in a variety of loops, including: 2010AA- BILLING PROVIDER 2010AB- PAY-TO PROVIDER 2010BA- SUBSCRIBER 2010BC- PAYER 2010BD- RESPONSIBLE PARTY 2010CA- PATIENT 2310E- SERVICE FACILITY 2330A- OTHER SUBSCRIBER 2330B- OTHER PAYER |

Resolutions

This 997 error is received when the N402 (State or Province Code) is transmitted, and is not exactly 2 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. in this example, the error occurred on line 22 of the ST-SE transaction set.

The data appeared similar to this example:

```
N4*KALAMAZOO*M*49006~
```

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000001225

Status: Your file was not successfully received by WebMD. File is unread

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

22 N4 Segment Has Data Element Errors

22 N402 (M) Data Element Too Short

997: N403 () Data Element Too Short

File Level Rejection: A zip or postal code in an address line was entered with less than 3 characters.

Error Code: AG0012

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|-----------------|--------------------------------------|---|
| ANSI 4010X096A1 | N4+Segment+(City%2fState%2fZip+Code) | One or more of the following Loops: 2010AA- BILLING PROVIDER 2010AB- PAY-TO PROVIDER 2010BA- SUBSCRIBER 2010BC- PAYER 2010BD- RESPONSIBLE PARTY 2010CA- PATIENT 2310E- SERVICE FACILITY 2330A- OTHER SUBSCRIBER 2330B- OTHER PAYER |
|-----------------|--------------------------------------|---|

Resolutions

This 997 error is received when the N403 (Postal Code) is transmitted, and is not a minimum of 3 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. in this example, the error occurred on line 1372 of the ST-SE transaction set.

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000007857

Status: Your file was not successfully received by WebMD. File is unread

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

1372 N4 Segment Has Data Element Errors

1372 N403 (Y) Data Element Too Short

US Postal zip codes must be 5 or 9 numeric characters.

997: NM109 () Data Element Too Short

File Level Rejection: A primary identifier was received that was too short.

Error Code: AG0003

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-----------------|-----------------|--|
| ANSI 4010X096A1 | %3cVARIABLES%3e | This error is due to data in an NM109 segment being too short. The NM1 segment is used in a number of loops. |

Resolutions

This 997 error is received when the NM109 (Primary Identifier) is transmitted, and is not a minimum of 2 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. In this example, the error occurred on line 2177 of the ST-SE transaction set.

R097

WEBMD Human Readable 997

Report Name : R097

Report Date : 09/22/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Institutional(004010X096A1)

Int Ctl Nbr : 000000003

Status: Your file was not successfully received by WebMD. File is unreadable.

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

2177 NM1 Segment Has Data Element Errors

2177 NM109 (W) Data Element Too Short

One of the more common reasons for this error is failing to populate secondary payer/subscriber information. While not the cause of all such errors, you may wish to verify this information on the file if unable to find the offending loop by the line count.

997: NM109 () Data Element Too Short

File Level Rejection: A primary identifier was received that was too short.

Error Code: AG0017

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-----------------|-------------|---|
| ANSI 4010X098A1 | NM1+Segment | At the Line Level: 2420A — RENDERING PROVIDER NAME 2420B — PURCHASED SERVICE PROVIDER NAME 2420C — SERVICE FACILITY LOCATION 2420D — SUPERVISING PROVIDER NAME 2420E — ORDERING PROVIDER NAME 2420F — REFERRING PROVIDER NAME 2420G — OTHER PAYER (PRIOR AUTHORIZATION OR REFERRAL) |
| ANSI 4010X098A1 | NM1+Segment | The NM109 is used in a number of Loops, including, at the batch level: 1000A — SUBMITTER NAME 1000B — RECEIVER NAME 2010AA — BILLING PROVIDER NAME 2010AB — PAY-TO PROVIDER NAME |
| ANSI 4010X098A1 | NM1+Segment | At the Claim Level: 2010CA — PATIENT NAME 2010BB — PAYER NAME 2010BD — CREDIT/DEBIT CARD HOLDER NAME 2310A — REFERRING PROVIDER NAME 2310B — RENDERING PROVIDER NAME 2310C — PURCHASED SERVICE PROVIDER NAME 2310D — SERVICE FACILITY LOCATION 2310E — SUPERVISING PROVIDER NAME 2330A — OTHER SUBSCRIBER NAME 2330B — OTHER PAYER NAME 2330C — OTHER PAYER PATIENT INFORMATION |

Resolutions

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000001

Status: Your file was not successfully received by WebMD. File is unreadable.

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#502 Rejected

ST*Ctrl#000502 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

1330 NM1 Segment Has Data Element Errors

1330 NM109 (F) Data Element Too Short

This 997 error is received when the NM109 (Primary Identifier) is transmitted, and is not a minimum of 2 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. in this example, the error occurred on line 1330 of the ST-SE transaction set.

997: PRV03 () Mandatory Data Element Missing

The Provider Specialty/Taxonomy Code Element (PRV03) is blank.

Error Code: CM997-5

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|-------------------------|
| ANSI | 2000A%2C%202310A%2C% 202310B%2C%202420A%2C% 202420F | PRV segment, element 03 |

Resolutions

When this file level error is received, Emdeon received a file that contained a PRV segment with the third element (Specialty/Taxonomy Code) blank. When the PRV segment is sent, element 3 is always required. Failing to correctly populate this element causes the transaction to fail, and the error must be corrected, and the transaction resent.

997: REF01 () Mandatory Data Element Missing

The qualifier for a reference segment was not populated.

Error Code: CM997-3

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------|------------------------------------|
| ANSI | REF%20segment | Reference Identification Qualifier |

Resolutions

Report Name : R097

Report Date : 05/18/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000002

Status: Your file was not successfully received by WebMD. File

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#1 Rejected

ST*Ctrl#0001 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

1763 REF Segment Has Data Element

1763 REF01 () Mandatory Data Element Mi

When this file level error is received, Emdeon received a file that was missing at least one reference identification qualifier. This field is used to indicate the significance of an identifier contained in the REF02. Failing to populate this element causes the transaction to fail, and the error must be corrected, and the transaction resent.

997: SBR03 (::XXX) Mandatory Data Element Missing

The insured group id (SBR03) contains invalid characters.

Error Code: CH997-5

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------------------------|-------------------------|
| ANSI | Loop%202000B%2C%20loop%202320 | SBR segment, Element 03 |

Resolutions

When this file level error is received, Emdeon received a file that contained at least one SBR03 (Insured Group ID) with a colon (:). This is a file control character used to indicate Sub-Elements, which the SBR03 does not have. Please do not use colons or other file control characters (generally :, ~, * and >) in Elements that should not contain them in an X12 transaction. Failing to correctly populate this element causes the transaction to fail, and the error must be corrected, and the transaction resent.

997: SV106 (123) Data Element Too Long

File Level Rejection: The Type of Service Code received was too long.

Error Code: AG0018

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-----------------|--------------------------|-----------------------------|
| ANSI 4010X098A1 | SV1+segment%2c+Loop+2400 | SV106, Type of Service Code |

Resolutions

The SV106 is not required but is validated when sent.

This 997 error is received when the SV106 type of service code is sent, and is too long. The field should be a maximum of two characters.

While marked "Not Used" in the implementation guide, file validation will check the length of the transmitted SV106 to ensure that it is no more than 2 characters.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows. In the example, the transaction error occurred on line 4344 of the ST-SE transaction set.

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000001

Status: Your file was not successfully received by WebMD. File is unreadable.

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#340 Rejected

ST*Ctrl#000340 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

4344 SV1 Segment Has Data Element Errors

4344 SV106 (COL) Data Element Too Long

997: Transaction Set Error Code

File Level Rejection: The trailer of the transaction is missing. 997: Transaction Set Error Code:
(Transaction Set Trailer Missing)

Error Code: AG0016

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|----------------|-------------------------|--|
| ANSI 4010X98A1 | TRANSACTION+SET+TRAILER | SE01/SE02- TRANSACTION SET TRAILER- Used to indicate the end of an ST-SE transaction |

Resolutions

This 997 error is received when the required SE segment is missing from an ST-SE transaction.

This is a transaction level error, and must be corrected prior to the file being resubmitted. No claims in the ST-SE transaction set will be processed when this error is received.

An example human readable 997 for this error follows.

WEBMD Human Readable 997

Report Name : R097

Report Date : 10/04/2006

Sender ID : 133052274

Receiver ID : 999999999

Version : Professional (004010X098A1)

Int Ctl Nbr : 000000001

Status: Your file was not successfully received by WebMD. File is unreadable.

Line

in ST Loop Seg-Elem (errant data) Error Message

GS*Ctrl#169 Rejected

Functional Group Error: (Functional Group Trailer Missing

ST*Ctrl#000169 (837) Rejected

Transaction Set Error Code: (One or More Segments in Error)

Transaction Set Error Code: (Transaction Set Trailer Missing)

Accident Indicator does not match diagnosis codes.

Accident Indicator does not match diagnosis codes.

Error Code: AG0005

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|-----------|--|
| ANSI | 2300+loop | CLM11 is AA or OA indicating illness due to accident. HI Segment with BK indicator for principal diag. HI Segment with BF indicator for additional diag. |
| NSF | EA0+ | Field 05.0 Position 24 for Accident Indicator. Field 30 Position 179 to 183 Primary Diag. Field 31 Position 184 to 188 Secondary Diag. Field 32 Position 189 to 193 Tertiary Diag. Field 33 Position 194 to 198 Other Diag. |
| NSF+ | EA0 | Field 05.0 Position 24 for Accident Indicator. Field 30 Position 179 to 183 Primary Diag. Field 31 Position 184 to 188 Secondary Diag. Field 32 Position 189 to 193 Tertiary Diag. Field 33 Position 194 to 198 forth Diag. Field 21.1 Position 100 to 104 fifth Diag. Field 21.2 Position 105 to 109 sixth Diag. Field 21.3 Position 110 to 114 seventh Diag. Field 21.4 Position 115 to 119 eighth Diag. |
| MCDS | E0 | Field 13 position 57 for Accident Indicator. Field 5 positions 23 to 27 for primary diag. Field 6 positions 28 to 32 for secondary diag. Field 7 positions 33 to 37 for tertiary diag. Field 8 positions 38 to 42 for other diag. |

Resolutions

If an accident is indicated by the accident indicator, the diagnosis code(s) must be related to an accident. Please verify all diagnosis codes associated with this claim.

ACCOM CHARGES MUST = 0 FOR OUTPAT

Accommodation total charges must equal 0 for outpatient services

Error Code: 90133

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| HCDS | 90 | Field 13, Positions 43 – 52 |
| ANSI | 2300 | CLM02 |

Resolutions

If this error is received, it means Emdeon received accomodation total charges that were more than \$0 on an outpatient claim.

Correct the Accommodation Total Charges and any other charges as appropriate and resubmit..

If there are accomodation charges, please resubmit as an inpatient claim.

ACCOM DAYS 1-5 MUST = RT20 DAYS

The sum of accommodation days 1 through 5 must equal the number of days indicated by the statement period from date minus the statement period thru date.

Error Code: 50073

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 50 | 1: Field 6, Positions 38 – 41 2: Field 13, Positions 80 – 83 3: Field 20, Positions 122 – 125 4: Field 27, Positions 164 – 167 5: Only pertains to UB 82 |
| ANSI | 2400 | SV205 SV204 qualifier DA |

Resolutions

If this error was received, it means Emdeon received a number of accomodation days that was more or less than what is calculated in the statement period dates.

Correct Accommodation Day count or the Statement Period From / Thru Dates to ensure that the sum of Accommodation Days 1 – 4 equal the number of days indicated by the Statement Period From Date minus the Statement Period Thru Date.

ACCOM RATE X DAYS NOT = TOT CHGS 1

Accomodation Rate X Accomodation Days Does Not = Total Accomodation Charges

Error Code: 50085

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 50 | Accomodation Rate 1 Field 5, Positions 29 – 37 Accomodation Days 1 Field 6, Positions 38-41 Total Charges 1 Field 7, Positions 42 – 51 |
| ANSI | 2400 | Accommodation Rate -1 SV206 Accommodation Days -1 SV205 Total Charges -1 SV203 |

Resolutions

If this rejection is received, it means that the accomodation days multiplied by the accomodation rate does not equal the total charge.

Correct either the Accommodation Rate -1, Accommodation Days -1, or Total Charges -1 to ensure that the Accommodation Rate -1 multiplied by the number of Accommodation Days -1 equals the Total Charges -1, then resubmit claim.

ACCOM RATE X DAYS NOT = TOT CHGS 2

Accommodation Rate x Accommodations Days Not = Total Accommodation Charges

Error Code: 50155

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 50 | Accommodation Rate – 2 Field 12, Positions 71 – 79 Accommodation Days -2 Field 13, Positions 80 – 83 Total Charges -2 Field 14, Positions 84 – 93 |
| ANSI | 2400 | Accommodation Rate – 2 SV206 Accommodation Days -2 SV205 Total Charges -2 SV203 |

Resolutions

If this rejection is received, it means that the accommodation days multiplied by the accommodation rate received by Emdeon does not equal the total charge.

Correct either the Accommodation Rate -2, Accommodation Days -2, or Total Charges -2 to ensure that the Accommodation Rate -2 multiplied by the number of Accommodation Days -2 equals the Total Charges -2, then resubmit claim.

ACCOM RATE X DAYS NOT = TOT CHGS 3

Accommodation Rate-3 x Accommodation Days -3 Not = Total Accommodation Charges -3.

Error Code: 50225

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 50 | Accommodation Rate -3 Field 19, Positions 113 – 121 Accommodation Days -3 Field 20, Positions 122 – 125 Total Charges -3 Field 21, Positions 126 – 135 |
| ANSI | 2400 | Accommodation Rate -3 SV206 Accommodation Days -3 SV205 Total Charges -3 SV203 |

Resolutions

If this rejection is received, it means that the accomodation days multiplied by the accomodation rate received by Emdeon does not equal the total charge.

Correct either the Accommodation Rate -3, Accommodation Days -3, or Total Charges -3 to ensure that the Accommodation Rate -3 multiplied by the number of Accommodation Days -3 equals the Total Charges -3, then resubmit claim.

ACCOM RATE X DAYS NOT = TOT CHGS 4

Accommodation Rate-4 x Accommodation Days -4 Not = Total Accomodation Charges -4.

Error Code: 50295

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 50 | Accommodation Rate -4 Field 26, Positions 155 – 163 Accommodation Days -4 Field 27, Positions 164 – 167 Total Charges -4 Field 28, Positions 168 – 177 |
| ANSI | 2400 | Accommodation Rate -4 SV206 Accommodation Days -4 SV205 Total Charges -4 SV203 |

Resolutions

If this rejection is received, it means that the accomodation days multiplied by the accomodation rate received by Emdeon does not equal the total charge.

Correct either the Accommodation Rate -4, Accommodation Days -4, or Total Charges -4 to ensure that the Accommodation Rate -4 multiplied by the number of Accommodation Days -4 equals the Total Charges -3, then resubmit claim.

ADMIT DATE GT STMT COV FROM DATE

The Admit Date is Greater than the Statement Covered From Date.

Error Code: 20183

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 20 | Admit Date HCDS: Field 17, Positions 129 – 134 |
| HCDS | 20 | Statement From Date Field 19, Positions 137-142 |
| ANSI | 2300 | Statement From Date DTP03, DTP01 Qualifier of 434 |

| | | |
|------|------|--|
| ANSI | 2300 | Admit Date ANSI: DTP03, DTP01 Qualifier of 435 |
|------|------|--|

Resolutions

If this message is received, it means that the admission date received by Emdeon is later than the statement covered from date.

The admission date cannot be later than the statement from date.

ADMIT DX NOT VALID ICD9-CM DX

The admission diagnosis submitted is not a valid ICD-9 -CM code

Error Code: 70182

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | Record%2070 | Field 25, positions 157-162 |
| HCDS Plus | Record%2070 | Field 25, positions 157-162 |
| ANSI | Loop%202300 | HI02-2 with a HI02-1 BJ for admitting Diagnosis |

Resolutions

When this rejection is received, the admitting diagnosis could not be verified as a valid ICD-9-CM code.

Please verify the validity of the admitting diagnosis code.

ALL TOT CHRGS NOT=001 TOT CHRGS COMPUTED

All Total Charges do not equal Revenue Code 001 calculated summary total

Error Code: 61104

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | Calculated Summ of Field 10, Positions 51-60, Revenue Code Total Charges Field 20, Positions 107-116, Revenue Code Total Charges Field 30, Positions 163-172, Revenue Code Total Charges Where the corresponding Revenue Code does not equal 001 |
| ANSI | 2400 | Calculated Sum of SV203 - Total Charges |

| | | |
|------|----|---|
| HCDS | 61 | Field 10, Positions 51-60, Revenue Code Total Charges Field 20, Positions 107-116, Revenue Code Total Charges Field 30, Positions 163-172, Revenue Code Total Charges Where the corresponding Revenue Code equals 001 |
|------|----|---|

| | | |
|------|------|----------------------------|
| ANSI | 2300 | CLM02, Claim Total Charges |
|------|------|----------------------------|

Resolutions

If this rejection is received, it means that the total charges received by Emdeon do not equal the revenue code 001 summary total, or the CLM02 segment in ANSI.

In HCDS format, the Revenue Code 001 must be entered as a summary of charges on every claim and must be the last revenue code entered. All total charges in record types 10, 20, 30 and all sub-sequences of these record types must equal All Total Charges in the Total Charges field corresponding to the Revenue Code field containing the 001 revenue code.

ANCIL CHARGES NOT=RT61 ANCIL CHARGES

Total Ancillary Charges do not equal the Record Type 61 Ancillary Charges.

Error Code: 90153

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | RT61 Ancillary Charges Field 10, Positions 51 – 60 Field 20, Positions 107 – 116 Field 30, Positions 163 – 172 |
| HCDS | 90 | Total Ancillary Charges Field 15, Positions 63 – 72 |
| ANSI | 2400 | SV203 |

Resolutions

If this rejection is received, it means that Emdeon received Total Ancillary charges in the claim trailer that do not add up to the total ancillary charges in the claim line items.

Correct either the Total Ancillary Charges or the Total Charges for each revenue line item.

APLY SPLIT BILL;FR YR MUST=THRU YR

Statement From Date Year Must Equal Statement Thru Date Year

Error Code: 20218

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|------|--|
| HCDS | 20 | Statement From Field 19, Positions 137-142 Statement Thru Field 20, Positions 143-148 |
| ANSI | 2300 | DTP03 DTP01 qualifier must equal 434 |

Resolutions

When you receive this error, Emdeon received statement dates spanning different years. This claim should be split into two claims and submitted for each year represented.

For ANSI submitters, ensure that if two dates are provided with an RD8 qualifier in DTP02, that those two dates are within the same calendar year.

BILL TYPE NOT FOUND ON TABLE

The Bill Type received is invalid

Error Code: 40046

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 40 | HCDS: Field 4 Positions 25-27 |
| ANSI | 2300 | Segment CLM05-1 Segment CLM05-3 The Bill type is a three position code created by concatenating CLM05-1 and CLM05-3. |
| HCDS Plus | 40 | Field 4, Positions 25-27 |

Resolutions

This error occurs when the bill type received is not a valid bill type code. Refer to HCDS exhibit 3 for valid bill type codes. Recommend correcting the bill type code and resubmitting the affected claim.

For HCDS and HCDS+, there must be agreement between the bill type in Record 40 and the bill/batch type in Record 10, field 2. These values must also agree with the bill/batch type value in Record 95, Field 5.

This rejection is often accompanied by the error "SOP INVALID FOR BATCH TYPE". Correcting the batch type will normally resolve both errors.

Cannot ID patient

Member is not enrolled with payer or ID can not be verified by payer.

Error Code: AG0024

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--|---|
| NSF | DA0-18+Insured+ID+Number +position++157-181 | DA0-18 Insured ID Number position 157-181 |

| | | |
|-------|--|--|
| NSF+ | DA0-18+Insured+ID+Number +postion+157-181 | DA0-18 Insured ID Number postion 157-181 |
| EMCDS | D0-07+Insured+ID+position++32-48 | D0-07 Insured ID position 32-48 |
| PCDS | D0-07+Insured+ID+position+32-48 | D0-07 Insured ID position 32-48 |
| ANSI | 2010BA+NM109 | 2010BA NM109 Insured ID 2330A NM 109 Other Insured ID |
| MCDS | D0 | D0-12 position 123-132 |

Resolutions

This is a payer rejection. The member is either not enrolled with payer or the payer can not verify the ID being sent. The provider or patient will have to contact the payer.

CHARGES MUST BE GREATER THAN ZERO CHARGE 2

Outpatient Charges for 2nd Revenue Code must be greater than \$0.

Error Code: 61193

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 61 | Total Charges-2 HCDS: Field 20 Position 107-116 |
| ANSI | 2400 | Total Charges-2 ANSI: SV203 |
| ANSI | 2400 | Revenue Code-2 ANSI: SV201 |
| HCDS | 61 | Revenue Code-2 HCDS: Field 14 Position 81-84 |

Resolutions

Enter Total Charges-2 greater than zero (0) for the corresponding Revenue Code-2 or remove the Revenue Code-2.

CHARGES MUST BE GREATER THAN ZERO CHARGE 3

Outpatient Charge 3 must be greater than \$0.

Error Code: 61283

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2400 | Total Charges-3 ANSI: SV203 (monetary amount) |
| ANSI | 2400 | Revenue Code-3 ANSI: SV201 |

| | | |
|------|----|---|
| HCDS | 61 | Total Charges-3 HCDS: Field 30 Position 163-172 |
| HCDS | 61 | Revenue Code-3 HCDS: Field 24 Position 137-140 |

Resolutions

If this error is received, it means that Emdeon received a charge that was not greater than \$0.

Total Charges-3 must be greater than zero (0) for submission of Revenue Code-3 or remove Revenue Code-3.

CHRG MUST BE GREATER THAN ZERO CHARGE 1

Outpatient Charge 1 must be greater than \$0.

Error Code: 61103

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | Total Charges-1 HCDS: Field 10, Position 51-60 |
| HCDS | 61 | Revenue Code-1 HCDS: Field 4, Position 25-28 |
| ANSI | 2400 | Total Charges-1 ANSI: SV203 |
| ANSI | 2400 | Revenue Code-1 ANSI: SV201 |

Resolutions

If this error is received, it means that Emdeon received charges that were not greater than \$0.

Total Charges-1 must be greater than zero (0) if Revenue Code-1 is submitted or remove Revenue Code-1.

CLAIM CERT INVALID FOR THIS PAYOR

Claim Certificate/Insured ID Invalid for this Payer.

Error Code: 3007H

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------|
| HCDS | 30 | HCDS: Field 7, Positions 35-53 |
| ANSI | 2330a | ANSI: NM109 |

Resolutions

This is a payer specific edit. If this rejection is received, it means Emdeon received a Claim Certificate/Insured ID in a format other than what the payer requires.

Please check the exhibit 99 for more information on the payer in question.

Claim could not be routed due to missing/invalid

Claim could not be routed due to missing/invalid registration for _____.

Error Code: AG0029

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

Resolutions

This plan will require registration through the Medifax enrollment department. Please call 1-800-296-3736 option 2 (or transfer the client to queue 80269). The Emdeon enrollment form must be pulled from the website and faxed to the number on the sheet.

CLM CERT MUST=9 DIGITS-THIS PAYOR

Claim Certificate ID (Insured ID) Must Equal 9 Digits for this Payor.

Error Code: 3007S

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

HCDS 30 HCDS: Field 7, Positions 35-53

ANSI 2010ba ANSI: NM109

Resolutions

This is a payer specific edit. If this error is received it means that Emdeon received a claim certificate ID that was not 9 digits in length. The payer on the claim requires a 9 digit claim certificate ID.

Please see the Exhibit 99 for further information on the requirements for the payer in question.

DATE GT STMT COV THRU-DT RT20 DATE 1

Outpatient Service Date-1 is greater / later than the Statement Period Thru Date

Error Code: 61095

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

HCDS 61 Service Date-1 HCDS: Field 9, Position 45-50

HCDS 20 Statement Period Thru Date HCDS: Field 20, Position 143-148

ANSI 2400 Service Date-1 ANSI: DTP03 DTP01 Qualifier 472

| | | |
|------|------|---|
| ANSI | 2300 | Statement Period Thru Date ANSI: DTP03 DTP01 Qualifier 434 |
|------|------|---|

Resolutions

The submitted outpatient Service Date-1 may not be greater / later than the Statement Period Thru Date submitted.

If this rejection was received, it means that Emdeon received an outpatient service date that was later than the statement period thru date.

DATE GT STMT COV THRU-DT RT20 DATE 2

Outpatient Service Date-2 is greater / later than the Statement Period Thru Date

Error Code: 61185

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 20 | Statement Period Thru Date HCDS: Field 20, Position 143-148 |
| ANSI | 2300 | Statement Period Thru Date ANSI: DTP03 DTP01 Qualifier 434 |
| HCDS | 61 | Service Date-2 HCDS: Field 19, Position 101-106 |
| ANSI | 2400 | Service Date-2 ANSI: DTP03 DTP01 Qualifier 472 |

Resolutions

If this rejection was received, it means that Emdeon received an outpatient service date that was later than the statement period thru date.

The submitted outpatient Service Date-2 may not be greater / later than the Statement Period Thru Date submitted.

DATE GT STMT COV THRU-DT RT20 DATE 3

Outpatient Service Date-3 is greater / later than the Statement Period Thru Date

Error Code: 61275

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2400 | Service Date-1 ANSI: DTP03 DTP01 Qualifier 472 |
| ANSI | 2300 | Statement Period Thru Date ANSI: DTP03 DTP01 Qualifier 434 |

| | | |
|------|----|---|
| HCDS | 61 | Service Date-3 HCDS: Field 29, Position 157-162 |
| HCDS | 20 | Statement Period Thru Date HCDS: Field 20, Position 143-148 |

Resolutions

If this rejection was received, it means that Emdeon received an outpatient service date that was later than the statement period thru date.

The submitted outpatient Service Date-3 may not be greater / later than the Statement Period Thru Date submitted.

DATE WITHOUT REV CODE

A service date was received without an associated Revenue Code

Error Code: 61093

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | Revenue Code 1: Field 4, pos 25 - 28 Revenue Code Date 1 : Field 9, pos 45-50 Revenue Code 2: Field 14, pos 85-89 Revenue Code 2 Date: Field 19, pos 101-106 Revenue Code 3: Field 24, pos 137-140 Revenue Code 3 Date: Field 29, pos 157-162 |
| ANSI | 2400%20Loop | Service Line Revenue Code: SV201 Service date: DTP02 with DTP01 of 472 |
| HCDS Plus | 61 | Revenue Code 1: Field 4, pos 25 - 28 Revenue Code Date 1 : Field 9, pos 45-50 Revenue Code 2: Field 14, pos 85-89 Revenue Code 2 Date: Field 19, pos 101-106 Revenue Code 3: Field 24, pos 137-140 Revenue Code 3 Date: Field 29, pos 157-162 |

Resolutions

When this rejection is received, Emdeon received a service date without an associated revenue code for an outpatient service line.

Please verify that all service dates have an associated revenue code for the rejected claim.

Diagnosis Code is invalid for Patient's Sex

The diagnosis code used is gender specific.

Error Code: AG0023

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|---|
| MCDS | C0 | C0-7 Pos 53 |
| NSF | NSF%3a++CA0-+09+Patient+Sex+position+67-+67 | CA0- 09 Patient Sex position 67- 67 DA0- 23 Insured Sex position 218- 218 |
| NSF+ | NSF%2b++CA0-+09+Patient+Sex+position+67-+67 | CA0 09.0 Patient Sex position 67- 67 DA0 23.0 Insured Sex position 218 -218 |
| EMCDS | C0-07+Patient+Sex++53-+53 | C0-07 Patient Sex position 53- 53 D0 14 Insured Sex position 134- 134 |
| PCDS | C0-07+Patient+Sex+position+53-53 | C0-07 Patient Sex position 53-53 D0 14 Insured Sex position 134- 134 |
| ANSI | 2010BA+DMG03++Patient+Sex+ | 2010BA DMG03 Patient Sex 2010CA DMG03 Patient Sex |

Resolutions

When this rejection is received, it was determined that the diagnosis code sent is gender specific. When seeing this rejection, please correct patient gender code listed in the above fields, or verify proper procedural coding.

DUPLICATE TRANSMISSION

Duplicate File Transmission

Error Code: A0014**Line of Business:** Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------|
| NSF | AA0 | NSF: Field15 Positions 213-220 |
| MCDS/DCDS | A0 | MCDS: Field 07 Positions 41-46 |
| ANSI | Header Loop | ANSI: Segment BHT04 |

Resolutions

The PROCESSING DATE and SERIAL NUMBER must not contain the same information as that of a file submitted within the last three (3) months of submission. This will cause a Duplicate Transmission error.

Processing / Creation Date

MCDS: A0-07 Positions 41-46

NSF: AA0-15 Positions 213-220

ANSI: Header Loop BHT04

Serial / Submission Number

MCDS: A0-15 Positions 123-128

NSF: AA0-05 Positions 35-40

ANSI: Header Loop BHT03

ERROR: Accident Date required

DIAGNOSIS CODE STARTING WITH '8' OR '9' ACCIDENT DATE IS REQUIRED

Error Code: GPBS-620

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | EA0 | Field 07.0 pos 26-33 Date format CCYYMMDD |
| NSF Plus | EA0 | Field 07.0 pos 26-33 Date format CCYYMMDD |
| ANSI | 2300 | DTP-01 439 qualifier DTP-02 for format of the date D8- CCYYMMDD DT- CCYYMMDDHHMM DTP-03 for the date |
| MCDS/DCDS | E0%20 | Field 14, positions 58-63 Date format MMDDYY Accident Indicator: Field 13, position 57 |

Resolutions

Client should verify if they are using the correct ICD9 diagnosis code. ICD9 codes which begin with an 8 or a 9 are related to accidents. If code is correct, then the date of the accident is required.

ERROR: Claim services in two different calendar years.

ERROR: Claim services in two different calendar years. Each calendar year must be on a separate claim. Please divide this claim into two, one for each year.

Error Code: GPBS004

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|--------------------|--------------------|--|
| MCDS/DCDS | F5 | DCDS: Service Date-1: F5-08, positions 42-47 Service Date-2: F5-18, positions 82-87 Service Date-3: F5-28, positions 122-127 Service Date-4: F5-38, positions 162-167 Date Format: MMDDYY |
| NSF Plus | FA0 | Service From Date: FA0-05, positions 40-47 Service To Date: FA0-06, positions 48-55 Date Format: CCYYMMDD |
| NSF | FA0 | Service From Date: FA0-05, positions 40-47 Service To Date: FA0-06, positions 48-55 Date Format: CCYYMMDD |
| MCDS/DCDS | F0 | MCDS: Service Start Date-1: F0-04, positions 22-27 Service End Date-1: F0-05, positions 28-31 Service Start Date-2: F0-18, positions 79-84 Service End Date-2: F0-19, positions 85-88 Service Start Date-3: F0-32, positions 136-141 Service End Date-3: F0-33, positions 142-145 Date Format: MMDDYY |
| ANSI | 2400 | Service Date: Loop 2400, Segment DTP, Element 03 (NOTE: DTP01 should contain a qualifier of 472.) Date Format: If DTP02 equals D8: CCYYMMDD If DTP02 equals RD8: CCYYMMDD-CCYYMMDD (NOTE: When a qualifier of RD8 is used in DTP02, the first date would be the Service From Date and the second date would be the Service To Date.) |

Resolutions

Claims cannot have service dates that span two calendar years. The client will need to split this claim into separate claims for each year and then resubmit the new claims.

MCDS:

Service Start Date-1: F0-04, positions 22-27

Service End Date-1: F0-05, positions 28-31

Service Start Date-2: F0-18, positions 79-84

Service End Date-2: F0-19, positions 85-88

Service Start Date-3: F0-32, positions 136-141

Service End Date-3: F0-33, positions 142-145

Date Format: MMDDYY

DCDS:

Service Date-1: F5-08, positions 42-47

Service Date-2: F5-18, positions 82-87

Service Date-3: F5-28, positions 122-127

Service Date-4: F5-38, positions 162-167

Date Format: MMDDYY

NSF:

Service From Date: FA0-05, positions 40-47

Service To Date: FA0-06, positions 48-55

Date Format: CCYYMMDD

NSF Plus:

Service From Date: FA0-05, positions 40-47

Service To Date: FA0-06, positions 48-55

Date Format: CCYYMMDD

ANSI:

Service Date: Loop 2400, Segment DTP, Element 03 (NOTE: DTP01 should contain a qualifier of 472.)

Date Format:

If DTP02 equals D8: CCYYMMDD

If DTP02 equals RD8: CCYYMMDD-CCYYMMDD (NOTE: When a qualifier of RD8 is used in DTP02, the first date would be the Service From Date and the second date would be the Service To Date.)

eMCDS:

Service From Date: FA0-05, positions 40-47

Service To Date: FA0-06, positions 48-55

Date Format: MMDDCCYY

PCDS:

Service From Date: F0-06, positions 45-52

Service End Date: F0-07, positions 53-60

Date Format: CCYYMMDD

ERROR: Date of Admission before Date of Birth

Date of Admission can not be before the patient's date of birth.

Error Code: AG0034

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| EMCDS/MCDS | E0 | Admission date E0 Field 19 positions 71-76 Date format MMDDYY |
| EMCDS/MCDS | C0 | Patient Date of Birth C0 field 8 positions 54-61 Date Format MMDDCCYY |
| NSF/NSF+ | CA0 | Patient Date of Birth CA0 field 8 positions 59-66 |
| ANSI | 2300 | Admission Date Loop 2300 Segment DTP element 01=435 qualifier element 02=D8 Format CCYYMMDD element 03=Admission Date |
| ANSI | 2010BA | Date of Birth Loop 2010BA Segment DMG Element 01=D8 qualifier Element 02=DOB Format CCYYMMDD |
| ANSI | 2010CA | Date of Birth Loop 2010CA Segment DMG Element 01=D8 qualifier Element 02=DOB Format CCYYMMDD |
| NSF/NSF+ | EA0 | Admission Date EA0 field 26 positions 155-162 Format CCYYMMDD |

Resolutions

Date of admission can not be less than patient's date of birth. Verify dates. Check date of birth in the 2010BA if patient is the insured. If patient is a dependent check 2010CA.

ERROR: Facility address1 is required by [Payer Name].

ERROR: Facility address1 is required by [Payer Name].

Error Code: GPBS 00010

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | J0 | Facility Address: J0-06, positions 54-71 |

| | | |
|----------|-------|--|
| NSF | EA1 | Facility/Lab Address 1: EA1-06, positions 53-82 |
| NSF Plus | EA1 | Facility/Lab Address - 1: EA1-08, positions 53-82 |
| ANSI | 2310D | Address Information: Loop 2310D Segment N3 Element 01 NOTE: 2310D-NM101 must contain 'FA' for this information to be read as a facility. |

Resolutions

Resolution/ Possible Cause:

This claim indicates an outside facility was used for some services. The address of the facility where service were rendered (such as a hospital, clinic, or laboratory) is required for this payer. The client will need to add the Facility Address and resubmit this claim. The Facility Address can be found in the following locations:

MCDS/DCDS:

Facility Address:

J0-06, positions 54-71

NSF:

Facility/Lab Address 1:

EA1-06, positions 53-82

NSF Plus:

Facility/Lab Address - 1:

EA1-08, positions 53-82

ANSI:

Service Facility Location Address:

Loop 2310D

Segment N3

Element 01

NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility.

eMCDS:

Facility Address:

J0-05, positions 54-71

PCDS:

Provider Address Line 1:

E8-07, positions 86-115

NOTE: E8-05 (positions 24-25) must contain 'FA' for this information to be read as a facility.

ERROR: Facility city is required by [Payer Name].

ERROR: Facility city is required by [Payer Name].

Error Code: GBPS 00011

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | J0 | Facility City: J0-07, positions 72-86 |
| NSF | EA1 | Facility/Lab City: EA1-08, positions 113-132 |
| NSF Plus | EA1 | Facility/Lab City: EA1-10, positions 113-132 |
| ANSI | 2310D | City Name: Loop 2310D Segment N4 Element 01 NOTE: 2310D-NM101 must contain 'FA' for this information to be read as a facility. |

Resolutions

Resolution/ Possible Cause:

This claim indicates an outside facility was used for some services. The city of the facility where service were rendered (such as a hospital, clinic, or laboratory) is required for this payer. The client will need to add the Facility City and resubmit this claim. The Facility City can be found in the following locations:

MCDS/DCDS:

Facility City

J0-07, positions 72-86

NSF:

Facility/Lab City:

EA1-08, positions 113-132

NSF Plus:

Facility/Lab City:

EA1-10, positions 113-132

ANSI:

City Name:

Loop 2310D

Segment N4

Element 01

NOTE: 2310D-NM101 must contain 'FA' for this information to be read as a facility.

eMCDS:

Facility City

J0-07, positions 72-86

PCDS:
Provider City:
E8-09, positions 146-165
NOTE: E8-05 (positions 24-25) must contain 'FA' for this information to be read as a facility.

ERROR: Facility name is required by [Payer Name].

ERROR: Facility name is required by [Payer Name].

Error Code: GPBS 00009

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | J0 | Facility Name: J0-05, positions 32-53 |
| NSF | EA0 | Facility/Laboratory Name: EA0-37, positions 209-241 |
| NSF Plus | EA0 | Facility/Laboratory Name: EA0-37, positions 209-241 |
| ANSI | 2310D | Organization Name: Loop 2310D Segment NM1 Element 03 NOTE: 2310D-NM101 must contain 'FA' for this information to be read as a facility. NOTE: 2310D-NM102 must contain '2'. |

Resolutions

Resolution/ Possible Cause:

This claim indicates an outside facility was used for some services. The name of the facility where service were rendered (such as a hospital, clinic, or laboratory) is required for this payer. The client will need to add the Facility Name and resubmit this claim. The Facility Name can be found in the following locations:

MCDS/DCDS:
Facility Name:
J0-05, positions 32-53

NSF:
Facility/Laboratory Name:
EA0-37, positions 209-241

NSF Plus:
Facility/Laboratory Name:
EA0-37, positions 209-241

ANSI:
Organization Name:
Loop 2310D
Segment NM1
Element 03

NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility.
NOTE: 2310D-NM102 must contain '2'.

eMCDS:
Facility Name:
J0-05, positions 32-53

PCDS:
Provider Organization Name:
E6-07, positions 27-61
NOTE: E6-05 (positions 24-25) must contain 'FA' for this information to be read as a facility.
NOTE: E6-06 (position 26) must contain 'O'.

ERROR: Facility state is required by [Payer Name].

ERROR: Facility state is required by [Payer Name].

Error Code: GBPS 00012

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | J0 | Facility State: J0-08, positions 87-88 |
| NSF | EA1 | Facility/Lab State: EA1-09, positions 133-134 |
| NSF Plus | EA1 | Facility/Lab State: EA1-11, positions 133-134 |
| ANSI | 2310D | State or Province Code: Loop 2310D Segment N4 Element 02 NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility. |

Resolutions

Resolution/ Possible Cause:

This claim indicates an outside facility was used for some services. The state of the facility where service were rendered (such as a hospital, clinic, or laboratory) is required for this payer. The client will need to add the Facility State and resubmit this claim. The Facility State can be found in the following locations:

MCDS/DCDS:

Facility State:

J0-08, positions 87-88

NSF:

Facility/Lab State:

EA1-09, positions 133-134

NSF Plus:

Facility/Lab State:

EA1-11, positions 133-134

ANSI:

State or Province Code:

Loop 2310D

Segment N4

Element 02

NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility.

eMCDS:

Facility State:

J0-08, positions 87-88

PCDS:

Provider State:

E8-10, positions 166-167

NOTE: E8-05 (positions 24-25) must contain 'FA' for this information to be read as a facility.

ERROR: Facility zip is required by [Payer Name].

ERROR: Facility zip is required by [Payer Name].

Error Code: GPBS 00013

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | J0 | Facility Zip Code: J0-09, positions 89-97 |
| NSF | EA1 | Facility/Lab Zip: EA1-10, positions 135-143 |

| | | |
|----------|-------|--|
| NSF Plus | EA1 | Facility/Lab Zip: EA1-12, positions 135-143 |
| ANSI | 2310D | Postal Code: Loop 2310D Segment N4 Element 03 NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility. |

Resolutions

This claim indicates an outside facility was used for some services. The zip code of the facility where service were rendered (such as a hospital, clinic, or laboratory) is required for this payer. The client will need to add the Facility Zip Code and resubmit this claim. The Facility Zip Code can be found in the following locations:

MCDS/DCDS:

Facility Zip Code:

J0-09, positions 89-97

NSF:

Facility/Lab Zip:

EA1-10, positions 135-143

NSF Plus:

Facility/Lab Zip:

EA1-12, positions 135-143

ANSI:

Postal Code:

Loop 2310D

Segment N4

Element 03

NOTE: 2310D-NM101 of the NM1 must contain 'FA' for this information to be read as a facility.

eMCDS:

Facility Zip Code:

J0-09, positions 89-97

PCDS:

Provider Zip Code:

E8-11, positions 168-176

NOTE: E8-05 (positions 24-25) must contain 'FA' for this information to be read as a facility.

ERROR: ICD-9 CODE () IS FURTHER DIVIDED

ICD-9 CODE () IS FURTHER DIVIDED

Error Code: gpbs-11

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0%20 | Primary Diagnosis Code Field 5 Position 23 - 27 Secondary Diagnosis Code Field 6 Position 28 - 32 Tertiary Diagnosis Code Field 7 Position 33 - 37 Other Diagnosis Code Field 8 Position 38 - 42 |
| ANSI | 2300 | HI01-2 through HI08-2 - Health Care Diagnosis Code ex: HI*BK:8901*BF:8902~ |
| NSF | EA0%20 | Diagnosis Code - 1 Field 30 Position 179 - 183 Diagnosis Code - 2 Field 31 Position 184 - 188 Diagnosis Code - 3 Field 32 Position 189 - 193 Diagnosis Code - 4 Field 33 Position 194 - 198 |
| NSF Plus | EA0%20 | Diagnosis Code - 1 Field 30 Position 179 - 183 Diagnosis Code - 2 Field 31 Position 184 - 188 Diagnosis Code - 3 Field 32 Position 189 - 193 Diagnosis Code - 4 Field 33 Position 194 - 198 Diagnosis Code - 5 Field 21.1 Position 100 - 104 Diagnosis Code - 6 Field 21.2 Position 105 - 109 Diagnosis Code - 7 Field 21.3 Position 110 - 114 Diagnosis Code - 8 Field 21.4 Position 115 - 119 |

Resolutions

This error means the Diagnosis code is required to have an additional digit or digits. The errant Diagnosis code will be copied in the error message between the parenthesis.

PCDS specifications for Diagnosis Codes.

- E0 05 Principle Diagnosis Code - 1 Position 23 - 30
- E0 06 Diagnosis Code - 2 Position 31 - 38
- E0 07 Diagnosis Code - 3 Position 39 - 46
- E0 08 Diagnosis Code - 4 Position 47 - 54
- EB 13 Diagnosis Code - 5 Position 115 - 122
- EB 14 Diagnosis Code - 6 Position 123 - 130
- EB 15 Diagnosis Code - 7 Position 131 - 138
- EB 16 Diagnosis Code - 8 Position 139 - 146

ERROR: If secondary claim and other payer id is present then paid units of service is required
Other payer id is present and paid units of service are missing.

Error Code: AG0033

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF+ | FB3 | Paid Units of Service FB3 field 16.0 positions 145-159 |
| ANSI | Loop+2330B | Other Payer ID Loop 2330B Segment NM1 element 08 =PI Qualifier Segment NM1 element 09=Secondary payer id |
| NSF+ | DA0 | Other Payer ID DA0 field 7 positions 27-31 |
| ANSI | Loop+2430 | Paid Units of Service Loop 2430 Segment SVD element 05 |

Resolutions

When submitting secondary claims. Other payer id and paid units of service are required.

If they received this message and are sending MCDS or NSF 2.0. Upgrade is necessary.

ERROR: INITIAL TREATMENT DATE MISSING

ERROR: THE INITIAL TREATMENT DATE IS MISSING

Error Code: GPBS0001

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | GC0 | Field 05.0 Positions 40-47 |
| NSF Plus | GC0 | Initial Treatment Date Field 05.0 Pos. 40-47 |
| ANSI | 2300 | When DTP01 = 454 the initial treatment date goes in DTP03. |

Resolutions

For PCDS Record type ER field 15 Position 67-74.

Claim Level

Please include the first treatment date and resubmit.

Emcds Specifications

G1 Field 5

Initial Treatment Date Positions 40 - 47

For PCDS Record type GR Field 15 Positions 68-75

Service Line Level

Please include the first treatment date and resubmit.

ERROR: Insured D.O.B. in the future.

ERROR: Insured (Subscriber) Date of Birth cannot be a future date.

Error Code: GPBS003

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | D0 | Insured's Birthdate: D0-19, positions 140-147 Date Format: MMDDCCYY |
| NSF | DA0 | Insured Date of Birth: DA0-24, positions 219-226 Date Format: CCYYMMDD |
| NSF Plus | DA0 | Insured Date of Birth: DA0-24, positions 219-226 Date Format: CCYYMMDD |
| ANSI | 2010BA | Subscriber Birth Date: Loop 2010BA, Segment DMG, Element 02 Date Format: CCYYMMDD |

Resolutions

The Date of Birth of the Insured is a future date. The Date of Birth must not be later than the current date. The client will need to correct this Date of Birth and resubmit the claim. The location and format of the date are as follows:

MCDS/DCDS:

Insured's Birthdate: D0-19, positions 140-147
Date Format: MMDDCCYY

NSF:

Insured Date of Birth: DA0-24, positions 219-226
Date Format: CCYYMMDD

NSF Plus:

Insured Date of Birth: DA0-24, positions 219-226
Date Format: CCYYMMDD

ANSI:

Subscriber Birth Date: Loop 2010BA, Segment DMG, Element 02
Date Format: CCYYMMDD

eMCDS:

Insured's Birthdate: D0-19, positions 140-147
Date Format: MMDDCCYY

PCDS:

Insured's Birth Date: D0-19, positions 140-147
Date Format: CCYYMMDD

ERROR: Medicaid subscriber must be self.

ERROR: Medicaid subscriber must be self.

Error Code: GBPS 00008

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | D0 | Patient Relation to Insured: D0-17, positions 137-138 |
| NSF | DA0 | Patient Relationship to Insured: DA0-17, positions 155-156 |
| NSF Plus | DA0 | Patient Relationship to Insured: DA0-17, positions 155-156 |
| ANSI | 2000B | Individual Relationship Code: Loop 2000B, Segment SBR, Element 02 |

Resolutions

For this payer, the Patient Relationship to Insured must be set to self. This means that the patient should be the insured, not a spouse or child. The following values are valid:

MCDS/DCDS D0-17: 01

NSF DA0-17: 01

NSF Plus DA0-17: 01

ANSI 2000B-SBR02: 18

The client will need to correct the Patient Relationship to Insured to equal the valid value above and resubmit the claim.

ERROR: Medicare subscriber must be self.

ERROR: Medicare subscriber must be self.

Error Code: GPBS

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | D0 | Patient Relation to Insured: D0-17, positions 137-138 |
| NSF | DA0 | Patient Relationship to Insured: DA0-17, positions 155-156 |
| NSF Plus | DA0 | Patient Relationship to Insured: DA0-17, positions 155-156 |
| ANSI | 2000B | Individual Relationship Code: Loop 2000B, Segment SBR, Element 02 |

Resolutions

For this payer, the Patient Relationship to Insured must be set to self. This means that the patient should be the insured, not a spouse or child. The following values are valid:

MCDS/DCDS D0-17: 01

NSF DA0-17: 01

NSF Plus DA0-17: 01

ANSI 2000B-SBR02: 18

The client will need to correct the Patient Relationship to Insured to equal the valid value above and resubmit the claim.

ERROR: MISMATCH BETWEEN STATE AND ZIP CODE OF THE PATIENT\$

MISMATCH BETWEEN STATE AND ZIP CODE OF THE PATIENT

Error Code: GPBS-619

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | CA0 | Field 14 pos 149-150 for the State Code Field 15 pos 151-159 for the zip code. |
| NSF Plus | CA0 | Field 14 pos 149-150 for the State Code Field 15 pos 151-159 for the zip code. |
| MCDS/DCDS | C0 | Field 14, pos 118-119 for State Code Field 15 pos 120-128 for Zip Code. |
| ANSI | 2010CA | N402 Segment for State N403 Segment for Zip Code. |

Resolutions

To correct this error you should first verify that data is being received in the correct positions for both the state and the zip code.

Next verify that we are receiving the correct codes for both the state and the zip code.

Verify that you are using the correct state abbreviation.

If all are correct, check the payer's exhibit 99 to determine if the payer requires the additional 4 numbers at the end of the traditional 5 digit zip. Also verify that erroneous digits are not being added in place of the additional 4 numbers for the zip.

ERROR: Neither rendering provider tax id nor NPI are present

The rendering provider tax id or NPI is required when the rendering provider name is present.

Error Code: AG0040

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|--------------------|--------------------|---|
| MCDS | B0 | Tax id B0 field 4 positions 8-16 |
| MCDS | E6 | Rendering Provider Name LName E6 field 9 positions 37-53 FName E6 field 11 57-66 MName E6 field 12 67 |
| EMCDS | E6 | Rendering Provider Qualifier and Tax id Qualifier E6 field 05b position 25 E=tax id S=social Tax id E6 field 7 positions 27-35 |
| EMCDS | E0ea | Rendering NPI E0EA field 27 positions 180-189 |
| NSF/NSF+ | BA0 | Tax id BA0 field 6 positions 32-40 |
| NSF+ | EA%40 | Rendering Provider Qualifier and Tax id Qualifier EA@ field 24.1 position 155 E=tax id S=Social Tax id EA@ field 25 position 156-164 |
| NSF+ | EA%40 | Rendering NPI EA@41 286-295 |
| ANSI | 2010AA | Group Name or Providers Name Loop 2010AA Group Name or LName Segment NM1 element 03 FName Segment NM1 element 04 MName Segment NM1 element 05 |
| NSF+ | BA0+ | Billing NPI BA0 17 150-164 |
| NSF+ | EA%40 | Rendering Provider Name LName EA@ field 27 positions 166-182 FName EA@ field 29 positions 186-195 MName EA@ field 30 position 196 |
| ANSI | 2010AA | Tax id Loop 2010AA Segment NM1 element 08 qualifier 24=Tax id 34=SSN # XX=NPI Segment NM1 element 09 Tax id , SSN or NPI |
| ANSI | 2310B | Rendering Provider Name Loop 2310B LName Segment NM1 element 03 FName Segment NM1 element 04 MName Segment NM1 element 05 |

ANSI 2310B Rendering Provider Qualifier and Tax id Loop 2310B Segment NM1 element 08 qualifier 24=Tax id 34=Social Security # XX=NPI Segment NM1 element 09 Tax id , social or NPI

NSF EA%40 Rendering Provider Tax id EA@ field 25 position 156-164

Resolutions

Tax id or NPI must be submitted. If rendering information is different than billing information. Both are required.

Tax ids must be 9 numerics

NPI must be 10 numeric, must begin with 1,2,3 or 4, and must have a valid check digit

ERROR: No payer triggered for payment

The destination payer was not indicated for adjudication of this claim.

Error Code: AG0002

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-----------------|-------------|---|
| ANSI 4010X098A1 | 2000B | SBR Segment |
| NSF 2.0 | DA0 | DA0-04, Claim Filing Indicator, position 23 |
| EMCDS | D0 | D0-24, Claim Payment Trigger, position 192 |
| NSF+ 2.01 | DA0 | DA0-04, Claim Filing Indicator, position 23 |
| MCDS | D0 | D0-24, Claim Payment Trigger, position 192 |

Resolutions

The error can occur when a 2nd payor sequence is recieved without a 1st (Primary) payer sequence.

When this rejection is received, Emdeon received a claim without an indication of the destination payer. A claim MUST have an indication of which payer to send the claim to. Please ensure that one payer is indicated as the destination payer.

ERROR: Patient D.O.B. in the future.

ERROR: Patient Date of Birth in the future.

Error Code: GPBS002

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|-----------|--------|---|
| MCDS/DCDS | C0 | Patient Birthdate: C0-08, positions 54-61 Date Format: MMDDCCYY |
| NSF | CA0 | Patient Date of Birth: CA0-08, positions 59-66 Date Format: CCYYMMDD |
| NSF Plus | CA0 | Patient Date of Birth: CA0-08, positions 59-66 Date Format: CCYYMMDD |
| ANSI | 2010CA | Patient Birth Date: Loop 2010CA, Segment DMG, Element 02 Date Format: CCYYMMDD |

Resolutions

The Date of Birth of the Patient is a future date. The Date of Birth must not be later than the current date. The client will need to correct this Date of Birth and resubmit the claim. The location and format of the date are as follows:

MCDS/DCDS:

Patient Birthdate: C0-08, positions 54-61
Date Format: MMDDCCYY

NSF:

Patient Date of Birth: CA0-08, positions 59-66
Date Format: CCYYMMDD

NSF Plus:

Patient Date of Birth: CA0-08, positions 59-66
Date Format: CCYYMMDD

ANSI:

Patient Birth Date: Loop 2010CA, Segment DMG, Element 02
Date Format: CCYYMMDD

eMCDS:

Patient Birthdate: C0-08, positions 54-61
Birthdate: MMDDCCYY

PCDS:

Patient Birthdate: C0-08, positions 54-61
Date Format: CCYYMMDD

ERROR: Place of service '21' requires date of admission.

ERROR: Place of service '21' (Inpatient Hospital) requires date of admission.

Error Code: GPBS

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E0 | Date of Admission: E0-19, positions 71-76 Place of Service: F0-07, positions 34-35 |
| NSF | EA0 | Date of Admission: EA0-26, positions 155-162 Place of Service: FA0-07, positions 56-57 |
| NSF Plus | EA0 | Date of Admission: EA0-26, positions 155-162 Place of Service: FA0-07, positions 56-57 |
| ANSI | 2300 | Date of Admission: Loop 2300, Segment DTP, Element 03, Qualifier of 435 in DTP01 Place of Service: 2400-SV105 |

Resolutions

Anytime a Place of Service of 21 (Inpatient Hospital) is received, a valid Admission Date is also required. This field is defined as the beginning confinement date for services performed in a health care facility. The client will need to add a valid Admission Date and resubmit the claim.

Place of Service:

MCDS: F0-07, positions 34-35

NSF: FA0-07, positions 56-57

NSF Plus: FA0-07, positions 56-57

ANSI: 2400-SV105

ERROR: Place of service '61' requires date of admission.

ERROR: Place of service '61' (Comprehensive Inpatient Rehabilitation Facility) requires date of admission.

Error Code: GPBS 00007

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | Date of Admission: E0-19, positions 71-76 Place of Service: F0-07, positions 34-35 |
| NSF | EA0 | Date of Admission: EA0-26, positions 155-162 Place of Service: FA0-07, positions 56-57 |
| NSF Plus | EA0 | Date of Admission: EA0-26, positions 155-162 Place of Service: FA0-07, positions 56-57 |
| ANSI | 2300 | Date of Admission: Loop 2300, Segment DTP, Element 03, Qualifier of 435 in DTP01 Place of Service Loop 2300, CLM05 |

Resolutions

Anytime a Place of Service of 61 (Comprehensive Inpatient Rehabilitation Facility) is received, a valid Admission Date is also required. This field is defined as the beginning confinement date for services performed in a health care facility. The client will need to add a valid Admission Date and resubmit the claim.

Place of Service:

PCDS: F0-08, positions 61-62

MCDS: F0-07, positions 34-35

NSF: FA0-07, positions 56-57

NSF Plus: FA0-07, positions 56-57

ANSI: 2400-SV105

ERROR: REFERRING PHYSICIAN MISSING

REFERRING PHYSICIAN UPIN MISSING FROM BOX 19. MEDICARE REQUIREMENT.

Error Code: GPBS-616

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | EA%40 | Referring Provider Secondary ID: Field 33 Pos 215 - 229 Requires 1G Modifer in EA@ Field 40, pos 284-285 |
| NSF | EA0%20 | Field 20 pos 80-94 Requires a U indicator in Field 21.0b pos 119 |
| MCDS/DCDS | E0 | Referring Provider ID Field 25 pos 104-112 Requires a U indicator in field 24, pos 103 |
| ANSI | 2310A | REF-02 Provider number REF-01 qualifier = 1G. REF*1G*A12345 |

Resolutions

This error will result if the UPIN number is not sent (1 alpha with 5 numeric characters) or when an incorrect indicator / qualifierr is sent with the identifying number.

This refers to HCFA 1500 box 17A.

ERROR: REP0001 2ndary claims NOT permitted for this payer at this time

BCBS can not bill secondaries at this time. Payer id SB560 and SB690

Error Code: AG0043

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

Resolutions

BCBS can not bill secondaries at this time. Please ensure that electronic claims for these payers do not contain secondary information.

ERROR: Service line facility addr1 is required

Service line facility address 1 is missing

Error Code: AG0036

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|----------------|-------------|--|
| MCDS | J0 | Facility Address 1 J0 field 06 positions 54-71 |
| NSF | EA1 | Facility Address 1 EA1 field 6 positions 53-70 |
| NSF+ | GX2 | Service Line Facility Address 1 GX2 field 4 positions 23-52 |
| ANSI | 2420C | Service Line Facility Address 1 Loop 2420C Segment N3 element 01 |
| EMCDS/NSF/NSF+ | FA0 | Place of Service Code FA0 field 7 positions 56-57 |
| ANSI | 2300 | Place of Service Loop 2300 Segment CLM element 05 |

Resolutions

If more than one place of service is submitted. Service line facility address 1 is required or claim will need to be split

ERROR: Service line facility city is required

ERROR: Service line facility city is required

Error Code: AG0037

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2300 | Place of service Loop 2300 Segment CLM element 05 |
| NSF | EA1 | Facility City EA1 field 8 positions 113-127 |
| NSF+ | GX2 | Service Line Facility City GX2 field 06 positions 83-102 |
| ANSI | 2420C | Service Line Facility City Loop 2420C Segment N4 element 01 |

EMCDS/NSF/NSF+ FA0

Place of Service Code FA0 field 7 positions
56-57

| | | |
|------|----|---|
| MCDS | J0 | Facility city J0 field 07 positions 72-86 |
|------|----|---|

Resolutions

If more than one place of service is submitted. Service line facility city is required or claim will need to be split

ERROR: Service line facility name is required

ERROR: Service line facility name is required

Error Code: AG0035

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|----------------|-------------|---|
| EMCDS/NSF/NSF+ | FA0+ | Place of Service Code FA0 field 7 positions 56-57 |
| EMCDS | J0 | Facility Name J0 field 5 positions 32-53 |
| NSF | EA0 | Facility Name EA0 field 37 positions 209-230 |
| NSF+ | GX0 | Service Line Facility Name GX0 field 25 positions 226-258 |
| ANSI | 2420C | Service Line Facility Name Loop 2420C Segment NM1 element 03 |
| ANSI | 2300 | Place of Service Loop 2300 Segment CLM element 05 |

Resolutions

If more than one place of service is submitted. Service line facility name is required or claim will need to be split

ERROR: Service line facility state is required

ERROR: Service line facility state is required

Error Code: AG0038

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|----------------|-------------|---|
| ANSI | 2420C | Service Line Facility State Loop 2420C Segment N4 element 02 |
| EMCDS/NSF/NSF+ | FA0 | Place of Service Code FA0 field 7 positions 56-57 |

| | | |
|------|------|--|
| ANSI | 2300 | Place of Service Loop 2300 Segment CLM element 05 |
| MCDS | J0 | Facility State J0 field 08 positions 87-88 |
| NSF | EA1 | Facility State EA1 field 09 positions 133-134 |
| NSF+ | GX2 | Service Line Facility State GX2 field 07 positions 103-104 |

Resolutions

If more than one place of service is submitted. Service line facility state is required or claim will need to be split

ERROR: Service line facility zip is required

ERROR: Service line facility zip is required

Error Code: AG0039

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|----------------|-------------|--|
| EMCDS/NSF/NSF+ | FA0 | Place of Service Code FA0 field 7 positions 56-57 |
| ANSI | 2300 | Place of Service Loop 2300 Segment CLM element 05 |
| NSF | EA1 | Facility Zip EA1 field 10 positions 135-143 |
| EMCDS | J0 | Facility Zip J0 field 9 positions 89-97 |
| NSF+ | GX2 | Service Line Facility Zip GX2 field 8 positions 105-113 |
| ANSI | 2420C | Service Line Facility Zip Loop 2420C Segment N4 element 03 |

Resolutions

If more than one place of service is submitted. Service line facility zip is required or claim will need to be split

ERROR: The Insured ID number is missing from box 1a.

ERROR: The Insured ID number is missing. The Insured ID is required on all claims.

Error Code: GPBS005

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | D0 | D0-07, positions 32-48 |
| NSF | DA0 | DA0-18, positions 157-181 |

| | | |
|----------|--------|---|
| NSF Plus | DA0 | DA0-18, positions 157-181 |
| ANSI | 2010BA | Subscriber Primary Identifier: Loop: 2010BA Segment: NM1 Element: 09 |
| ANSI | 2330A | Other Insured Identifier: Loop: 2330A Segment: NM1 Element: 09 |

Resolutions

The claim was missing the Insured ID. The Insured ID is a code used to identify the insured. This may be a code assigned by the payer or the Social Security Number (SSN) of the insured. In the case of Medicare, it will be the Health Insurance Card (HIC) Number. Often payers have specific edits in place for the Insured ID. These edits can be found in the Exhibit 99. Add the Insured ID onto the claim and resubmit.

Insured ID:

- MCDS: D0-07, positions 32-48
- NSF: DA0-18, positions 157-173
- NSF Plus: DA0-18, positions 157-181
- ANSI: 2010BA-NM109 or 2330A-NM109
- eMCDS: D0-07, positions 32-48
- PCDS: D0-07, positions 32-48
- HCFA: Box 1A

**ERROR: WHEN SERVICE LINE CHARGE AMOUNT AND SERVICE LINE...
WHEN SERVICE LINE CHARGE AMOUNT AND SERVICE LINE PAID AMOUNT ARE NOT
EQUAL THEN ADJUSTMENT AMOUNT IS REQUIRED.**

Error Code: gpbs-06

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | FA0 | Service line primary paid amount Field 35, position 179~185 Line charge Field 13, position 71~77 |
| NSF Plus | FA0 | Service line primary paid amount Field 35, position 179~185 Line charge Field 13, position 71~77 |
| ANSI | 2400%2C2430 | Line Charge Amount 2400, SV102 Line Paid Amount 2430, SVD02 Adjustment amount 2430, CAS03 |

Resolutions

If the client sends the SERVICE LINE PAID AMOUNT and that amount does not EQUAL the amount of that service line then the client MUST send the ADJUSTMENTS so that the SERVICE LINE PD + ADJUSTMENTS = the SERVICE LINE CHARGE. (Particularly for NSF 2.0 FA0-35 must = FA0-13)

If the client sends the SERVICE LINE PAID AMOUNT and that amount does not EQUAL the amount of that service line then the client MUST send the ADJUSTMENTS so that the SERVICE LINE PD + ADJUSTMENTS = the SERVICE LINE CHARGE.

Translates in PCDS as

KS-06 == Service LINE PAID

KT === Adjustments

GROUP NUMBER MUST BE ENTERED

Subscriber Group Policy/Plan Number Must Be Entered

Error Code: 30103

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 30 | Group Policy/Plan Number HCDS: Field 10, Positions 80-96 |
| ANSI | 2000%20B | Insured Group or Policy Number ANSI: SBR03 |

Resolutions

The subscriber's group policy/plan number is required on claims where the primary payer is not medicare.

If this rejection is received, it means that Emdeon did not receive the subscriber's group policy/plan number on the claim.

HCPCS CODE IS INVALID HCPCS 1

HCPCS-1 Procedure code is invalid

Error Code: 61052

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 61 | HCPC Procedure Code-1 HCDS: Field 5, Position 29-33 |
| HCDS | 61 | Revenue Code-1 HCDS: Field 4, Position 25-28 |

| | | |
|------|------|---|
| ANSI | 2400 | HCPC Procedure Code-1 ANSI: SV202-2 SV202-1 Qualifier must be HC |
| ANSI | 2400 | Revenue Code-1 ANSI: SV201 |

Resolutions

Submitted code must be a valid HCPC / CPT procedure code and may only be submitted if Revenue Code-1 has been submitted.

If this rejection is received, it means that the procedure code received by Emdeon is not a valid HCPCS/ CPT code.

HCPCS CODE IS INVALID HCPCS 2

HCPCS-2 Procedure code is invalid

Error Code: 61142

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 61 | HCPC Procedure Code-2 HCDS: Field 15, Position 85-89 |
| HCDS | 61 | Revenue Code-2 HCDS: Field 14, Position 81-84 |
| ANSI | 2400 | HCPC Procedure Code-2 ANSI: SV202-2 SV202-1 Qualifier must be HC |
| ANSI | 2400 | Revenue Code-2 ANSI: SV201 |

Resolutions

If this rejection is received, it means that the procedure code received by Emdeon is not a valid HCPCS/ CPT code.

Submitted code must be a valid HCPC / CPT procedure code and may only be submitted if Revenue Code-2 has been submitted.

HCPCS CODE IS INVALID HCPCS 3

HCPCS-3 Procedure code is invalid

Error Code: 61232

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 61 | HCPC Procedure Code-3 HCDS: Field 25, Position 141-145 |
| HCDS | 61 | Revenue Code-3 HCDS: Field 24, Position 137-140 |

| | | |
|------|------|---|
| ANSI | 2400 | HCPC Procedure Code-3 ANSI: SV202-2 SV202-1 Qualifier must be HC |
| ANSI | 2400 | Revenue Code-3 ANSI: SV201 |

Resolutions

If this rejection is received, it means that the procedure code received by Emdeon is not a valid HCPCS/CPT code.

Submitted code must be a valid HCPC / CPT procedure code and may only be submitted if Revenue Code-3 has been submitted.

ICD-9 code 'E..' is not acceptable as primary diagnosis

ICD-9 codes beginning with an E are not acceptable as a primary diagnosis

Error Code: AG0008

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS | E0 | Field 5 positions 23 to 27 for primary diag. Field 6 positions 28 to 32 for secondary diag. Field 7 positions 33 to 37 for tertiary diag. Field 8 positions 38 to 42 for other diag. |
| NSF | EA0 | Field 30 Position 179 to 183 Primary Diag. Field 31 Position 184 to 188 Secondary Diag. Field 32 Position 189 to 193 Tertiary Diag. Field 33 Position 194 to 198 Other Diag |
| NSF+ | EA0 | Field 30 Position 179 to 183 Primary Diag. Field 31 Position 184 to 188 Secondary Diag. Field 32 Position 189 to 193 Tertiary Diag. Field 33 Position 194 to 198 forth Diag. Field 21.1 Position 100 to 104 fifth Diag. Field 21.2 Position 105 to 109 sixth Diag. Field 21.3 Position 110 to 114 seventh Diag. Field 21.4 Position 115 to 119 eighth Diag. |
| ANSI | 2300+Loop | HI Segment with BK indicator for principal diag. HI Segment with BF indicator for additional diags. |

Resolutions

E codes are supplemental codes associated with an injury. The primary diagnosis will begin with an 8 or a 9 indicating the injury. The E code will indicate the external cause of the injury.

(note that accident diagnosis which start with an 8 or a nine require an accident date as well.)

INC: PAT SEC ID MISSING

Incomplete: Patient Secondary ID Missing

Error Code: XDR03

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | CA0 | Field 35, Positions 267-296 Patient Secondary ID Qualifier- Field 34, Positions 265-266 |
| ANSI | 2010BA | REF02- Subscriber Secondary ID REF01- Reference Number Qualifier |
| ANSI | 2010CA | REF02- Subscriber Secondary ID REF01- Reference Number Qualifier |
| ANSI | 2330C | REF02 Subscriber Secondary Id REF01Reference Number Qualifier |

Resolutions

This error message is received whenever Emdeon receives a Patient Secondary ID Qualifier without receiving the applicable Patient Secondary ID. Please enter the Patient Secondary ID or remove the Patient Secondary ID Qualifier (Qualifier of 1W (Member Identification) or 23 (Client Number) or IG (Insurance Policy Number) or SY (Social Security Number)) and resubmit this claim.

INC: PROC MODIFIER 3 IS MISSING

Incomplete: Procedure Modifier 3 is missing.

Error Code: X5303

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| ANSI | 2400 | SV202-5 |

Resolutions

If this error is received, Emdeon received a blank modifier in the field for modifier 3. Modifier 4 cannot be sent without modifier 3 being populated. All modifiers should be two positions and contain only letters and numbers. Please ensure that all modifiers are correctly populated on the service line.

INC: SVL CAS AMT OR QTY MISSING

Incomplete: Service Level CAS Amount or Quantity Missing when a CAS Code is populated.

Error Code: XKT08

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | FB4 | Field 12, Positions 70-74 CAS Code Field 13, Positions 75-82 CAS Amount Field 14, Positions 83-92 CAS Quantity |
| ANSI | 2430 | CAS02 Adjustment Reason Code CAS03 Adjustment Amount CAS04 Adjustment Quantity ----- CAS05 Adjustment Reason Code CAS06 Adjustment Amount CAS07 Adjustment Quantity ----- CAS08 Adjustment Reason Code CAS09 Adjustment Amount CAS10 Adjustment Quantity ----- CAS11 Adjustment Reason Code CAS12 Adjustment Amount CAS13 Adjustment Quantity ----- CAS14 Adjustment Reason Code CAS15 Adjustment Amount CAS16 Adjustment Quantity ----- CAS17 Adjustment Reason Code CAS18 Adjustment Amount CAS19 Adjustment Quantity |

Resolutions

When you receive this error message this indicates this claim has a service line CAS Code entered, but either the CAS Quantity is not present or the CAS Amount is is not present. If the CAS Code has been entered, and the CAS Quantity is not present, then the CAS Amount is required. Please correct and resubmit this claim.

INC:BILLING NOTE INFO MISSING

Incomplete: Billing Note Information Missing

Error Code: X7803

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------|
| ANSI | 2300 | K301 Billing Note |

Resolutions

A K3 segment was received with no note in K301. This segment should only be used when mandated by a state.

INC:BILLING SEC ID MISSING

Incomplete: Billing Secondary Reference Number is missing.

Error Code: XBS03

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--------------|--|
| ANSI | 2010%20AA | REF02 |
| NSF Plus | BA0%20record | BA0-16.0, Billing Provider Secondary ID, positions 135-149 |

Resolutions

When the 2010AA REF01 qualifier is present, the 2010AA REF02 reference number cannot be missing or populated with all zeros. Please ensure that all sequences of the 2010AA REF segment are populated with the appropriate REF01, and that a corresponding REF02 is sent for every REF01.

NSF plus - Medicare id number cannot be populated as zeros.

INC:CLM PROV ID

Incomplete Claim Level Provider ID (Tax ID Number or Qualifier)

Error Code: XE612

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | EA1 | Facility/Lab ID Number Qualifier Field 4.1, Position 38 Supervising Provider Tax ID Qualifier Field 5, Positions 39 |
| NSF Plus | EA0 | Referring provider Field 20.1, Position 95 |
| NSF Plus | EA3 | Purchased Service Provider Tax ID Type Field 25, Position 174 |
| NSF Plus | EA%40 | Rendering Provider Tax ID Qualifier Field 24.1, position 155 |

| | | |
|------|--------------------|---|
| ANSI | 2310%20%28a%2De%29 | REF01 - Sec Reference ID Qualifier REF02 - Sec Reference ID or NM108 - Reference ID Qualifier NM109 - Reference ID 2310A - Referring Provider 2310B - Rendering provider 2310C - Purchased service provider 2310D - Service Facility 2310E - Supervising Provider |
|------|--------------------|---|

Resolutions

If this error is received, it means that Emdeon received a provider Tax ID Qualifier that was not complete. Please correct the Qualifier and resubmit. Do not include leading spaces in the data element.

NSF + Qualifiers :

E = Employer's Identification Number (EIN)

S = Social Security Number (SSN)

ANSI Qualifiers for REF01:

EI = Employer's Identification Number (EIN)

SY = Social Security Number (SSN)

ANSI Qualifiers for NM108:

24 = Employer's Identification Number (EIN)

34 = Social Security Number (SSN)

Emdeon has received claims that contain a Tax Identifier with no value present in the associated Tax ID Qualifier and vice versa. Emdeon has received Tax Identifier Qualifiers with a Tax Identifier of all zeros. An identifier of all zeros is not considered to be a valid identifier and will be rejected by Emdeon.

INC:CLM PRV ID MISSING

Claim Secondary Provider ID missing

Error Code: XE704

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | EA%40 | EA@-33, Referring Provider Secondary ID, positions 215-229 EA@-40, Referring Provider Secondary ID Qualifier, positions 284-285 |
| NSF Plus | EA1 | EA1-29, Facility Secondary ID, positions 303-317 EA1-28, Facility Secondary ID Qualifier, positions 301-302 |
| NSF Plus | EA1 | EA1-18, Supervising Provider Secondary ID, positions 193-207 EA1-18.1, Supervising Provider Secondary ID Qualifier, positions 208-209 |
| NSF Plus | EA%40 | EA@-32, Rendering Provider Secondary ID, positions 200-214 EA@-42, Rendering Provider Secondary ID Qualifier, positions 296-297 |

| | | |
|------|----------------------|---|
| ANSI | 2310A%20thru%202310E | REF02 -Provider Secondary ID 2310A-Referring Provider 2310B-Rendering provider 2310C-Purchased service provider 2310D-Service Facility 2310E-Supervising Provider |
|------|----------------------|---|

Resolutions

When this rejection is received, it means that Emdeon received a secondary ID qualifier without a secondary ID. Whenever a secondary ID qualifier is received, a secondary ID is required.

An identifier of all zeros will not be considered valid and will be rejected by Emdeon

INC:HH PRIOR RECERT VST MISSING

ECV Home Health Prior recertification visits missing

Error Code: X7203

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|--------------------|-------------|---------------------------|
| 4010 Institutional | 2305 | Segment CR7 element 02 |
| ICDS | 72 | Field 05 position 27 - 28 |

Resolutions

72 05 (27 28) Visits (this bill) Related to Prior Certification

If 72-04 or 72-67 is present, 72-05 is required =====

If the 2305 CR701 is populated, the 2305 CR702 must also be populated with a valid number greater than zero.

Total visits on this bill rendered prior to recertification "To" date.

INC:HH PROJECTED VISITS MISSING

ECV Home Health Projected visits missing

Error Code: X7274

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|--------------------|-------------|---|
| 4010 Institutional | 2305+ | Segment CR7 Element 03 |
| ICDS | 72 | field 67 positions 176 177 Total Visits Projected This Cert If 72-04 or 72-05 is present, 72-67 is required |

Resolutions

Total covered visits to be rendered by each discipline during the period covered by the plan of treatment, including PRN visits.

When sending Ansi if the 2305 CR702 is sent , the 2305 CR703 must be populated with a number greater than zero.

CR7*SN*1*0~ (This would cause the error)

INC:INS SEC ID MISSING

Incomplete: Insured Secondary ID is Missing

Error Code: XDN04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2010BA | REF02 - Insured Secondary ID REF01 - Insured Secondary ID Qualifier |

Resolutions

PCDS Location: DN-7, Position 90 to 104: Insured's Secondary ID. If DN-06 is entered, then DN-07 is required.

If this error is received, Emdeon received a Insured Secondary ID qualifier without receiving a corresponding Insured Secondary ID. If the qualifier is sent the ID must also be sent.

INC:OTH PYR PRV ID MISSING

Incomplete: Other Payer Provider Reference Number is missing.

Error Code: XDS05

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|------------------------------------|----------------|
| ANSI | 2330D%2DH%20%28Multiple%20Loops%29 | REF02 segment |

Resolutions

When the 2330(D-H) REF01 qualifier is present, the 2330(D-H) REF02 reference number must also be sent.

NOTE: D-H shows that this rejection can be for any of the following referring, rendering , purchase service, or Facility.

= DS-08 position 30-66 in PCDS

INC:PAYTO SEC ID MISSING

Incomplete: Pay-to-Provider Secondary Reference Number is missing.

Error Code: XBU03

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------------------------------|-------------------------|
| ANSI | 2010AB%20%28Pay%2Dto%20%2DProvider%29 | REF02 segment |
| NSF Plus | BB0%20%28Pay%2DTo%2D%20Provider%29 | BB0-16 position 116-130 |

Resolutions

When the 2010AB (Pay-to Provider) qualifier is present, the 2010AB REF02 must also be present with valid identification number.

NOTE: Provider can send multiple "REF" segments which can map to different positions in PCDS BU-05 , 07, 09, 11 and 13
= BU-05 position 20-49 in PCDS

NSF Plus -- When BB0-15 (Pay-to Provider Secondary Qualifier) is present, then the BB0-16 (Pay-to Provider Secondary ID) should be populated with valid identification number.

INC:PAYTO SEC ID MISSING

Incomplete: Provider Pay-to-Secondary Reference Number is Missing

Error Code: XBU03

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010AB | REF02 - Provider Secondary ID REF01 - Provider Secondary ID Qualifier |
| NSF Plus | BB0 | Field 16, Provider Secondary ID, positions 116-130 Field 15, Pay-to Provider Secondary ID Qualifier, positions 114-115 |

Resolutions

BU-7, Position 52 to 81: Provider Pay-To Secondary Reference Number

If you receive this error it means that Emdeon received a secondary ID qualifier for the Pay TO provider but did not receive the secondary ID. If the qualifier is sent the actual identifier (provider number) must also be sent.

INC:PROC CD QUAL MISSING

Incomplete: The Procedure Code Qualifier is missing from the service line.

Error Code: X5302

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|-------------|---------|
| ANSI | Loop%202400 | SV202-1 |
|------|-------------|---------|

Resolutions

When the SV202-2 is populated, there must be a value in the SV202-1 showing what value is being reported in the SV202-2. The valid qualifiers are:

HC HCPCS

IV Home Infusion EDI Coalition

ZZ HIPPS code

Please ensure that the qualifier is correctly populated for the service line.

INC:SVL CAS CD MISSING

Incomplete: A line level claim adjustment amount or quantity was sent without a corresponding Reason Code.

Error Code: XKT07

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|------|---|
| ANSI | 2430 | CAS02, Adjustment Reason Code CAS03, Adjustment Amount CAS04, Adjustment Quantity |
|------|------|---|

| | | |
|----------|-----|---|
| NSF Plus | FB4 | FB4-09.0, positions 47-51, CAS Code 1 FB4-10.0, positions 52-59, CAS Amount 1 FB4-11.0, positions 60-69, CAS Quantity 1 |
|----------|-----|---|

Resolutions

When this rejection is received, Emdeon received a CAS group (CAS amount and/or CAS quantity) without an associated CAS code declaring why the amount and/or quantity were adjusted. Please verify that all CAS groups are complete with the CAS Adjustment Reason Code, as well as a CAS amount/quantity.

This rejection may be received for any of the following groupings:

CAS02, Adjustment Reason Code; CAS03, Adjustment Amount; CAS04, Adjustment Quantity
CAS05, Adjustment Reason Code; CAS06, Adjustment Amount; CAS07, Adjustment Quantity
CAS08, Adjustment Reason Code; CAS09, Adjustment Amount; CAS10, Adjustment Quantity
CAS11, Adjustment Reason Code; CAS12, Adjustment Amount; CAS13, Adjustment Quantity
CAS14, Adjustment Reason Code; CAS15, Adjustment Amount; CAS16, Adjustment Quantity
CAS17, Adjustment Reason Code; CAS18, Adjustment Amount; CAS19, Adjustment Quantity

FB4-09.0, positions 47-51, CAS Code 1; FB4-10.0, positions 52-59, CAS Amount 1; FB4-11.0,
positions 60-69, CAS Quantity 1

FB4-12.0, positions 70-74, CAS Code 2; FB4-13.0, positions 75-82, CAS Amount 2; FB4-14.0,
positions 83-92, CAS Quantity 2

FB4-15.0, positions 93-97, CAS Code 3; FB4-16.0, positions 98-105, CAS Amount 3; FB4-17.0,
positions 106-115, CAS Quantity 3

FB4-18.0, positions 116-120, CAS Code 4; FB4-19.0, positions 121-128, CAS Amount 4; FB4-20.0,
positions 129-138, CAS Quantity 4

FB4-21.0, positions 139-143, CAS Code 5; FB4-22.0, positions 144-151, CAS Amount 5; FB4-23.0,
positions 152-161, CAS Quantity 5

FB4-24.0, positions 162-166, CAS Code 6; FB4-25.0, positions 167-174, CAS Amount 6; FB4-26.0,
positions 175-184, CAS Quantity 6

Clients can always locate the most up to date CAS Claim Adjustment Reason codes via Washington
Publishing Company's Claim adjustment code set website at: [http://www.wpc-edi.com/codes/
claimadjustment](http://www.wpc-edi.com/codes/claimadjustment)

INC:SVL CERT CATEGORY CD MISSING

NCOMPLETE: Service Line Certification Category Code Missing

Error Code: XGQ07

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2400 | CRC01 - For Condition Code Category CRC02 - For Certification Condition Indicator (A.K.A. Yes/No Condition or Response Code) CRC03 - For Condition Code (A.K.A. Condition Indicator) |

Resolutions

The Condition Code Category is required if either a Certification Condition Indicator or a Condition Code is being submitted. Insert a valid Condition Code Category (07 if for Ambulance Certification) and resubmit.

If the following fields are populated with the appropriate value in NSF+, Emdeon will populate the appropriate values on the outbound file to the payer:

- GA0-06, Position 43 Ambulance Transport
- GU0-04, Position 23 Durable Medical Equipment.
- GX0-05, Position 24 Oxygen Therapy

INC:SVL CERT COND IND MISSING

INCOMPLETE: CERTIFICATION CONDITION INDICATOR IS MISSING

Error Code: XGQ08

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2400 | CRC02 - For Certification Condition Indicator (A.K.A. Yes/No Condition or Response Code) CRC01 - For Condition Code Category CRC03 - For Condition Code (A.K.A. Condition Indicator) |

Resolutions

If the following fields are populated with the appropriate value in NSF+, Emdeon will populate the appropriate values on the outbound file to the payer:

- GA0-06, Position 43 Ambulance Transport
- GU0-04, Position 23 Durable Medical Equipment.
- GX0-05, Position 24 Oxygen Therapy

Insert either a Y for yes or an N for no as the Certification Condition Indicator and resubmit. This is required if a Condition Code Category or Condition Code is being submitted.

INC:SVL PRV ID MISSING

Service Level Provider ID Missing

Error Code: XF704

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|----------|-----------------|---|
| NSF Plus | FB1 | Field 09, position 106 - 120 This applies to other or super |
| NSF Plus | FB1 | Field 13, position 154 - 168 This applies to other or super |
| NSF Plus | GX2 | GX2-13, Test Facility Secondary ID, positions 252-266 GX2-12, Test Facility Secondary ID qualifer, positions 250-251 |
| NSF Plus | FB1 | FB1-09, Ordering Provider Secondary ID, positions 106-120 FB1-23, Ordering Provider Secondary ID Qualifier, positions 280-281 |
| NSF Plus | FB1 | FB1-13, Referring Provider Secondary ID, positions 154-168 FB1-24, Referring Provider Secondary ID Qualifier, positions 282-283 |
| NSF Plus | FB1 | FB1-22, Supervising Provider Secondary ID, positions 265-279 FB1-25, Supervising Provider Secondary ID Qualifier, positions 284-285 |
| NSF Plus | FB1 | FB1-27, Purchased Service Secondary ID, positions 288-302 FB1-26, Purchased Service Secondary ID Qualifier |
| ANSI | 2420A%20%2D%20F | REF02 2420A-Rendering Provider 2420B-Purchased Provider 2420C-Service Facility 2420D-Supervising Provider 2420E-Ordering Provider, and 2420F-Referring Provider) |
| NSF Plus | FA%40 | FA@-12, Rendering Provider Secondary ID, positions 84-98 |

Resolutions

When this error is received, Emdeon received a secondary ID qualifier without a corresponding secondary ID. The provider will need to send a secondary ID anytime that a secondary ID qualifier is populated. Please correct this claim and resubmit with the appropriate secondary ID for the qualifier sent.

An identifier of all zeros will not be considered valid and will be rejected by Emdeon.

INJURY DX-OCCUR CD MUST=1-6 OR 11

Injury Diagnosis Occurrence Code Must be 1-6 or 11.

Error Code: 40143

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2300 | Occurrence Codes ANSI: HI01-2 through HI10-2 with a -1 qualifier of BH |
| HCDS | 40 | Occurrence Codes HCDS: Field 8, Positions 82-83 Field 10, Positions 90-91 Field 12, Positions 98-99 Field 14, Positions 106-107 Field 16, Positions 114-115 Field 18, Positions 122-123 Field 20, Positions 130-131 Field 22, Positions 138-139 Field 24, Positions 146-147 Field 26, Positions 154-155 |

Resolutions

This error occurs if Emdeon receives an injury diagnosis code (800-9999) and receives an occurrence code that is other than 1-6 or 11.

INSURED BIRTHDATE IS INVALID

INSURED BIRHTDATE IS INVALID

Error Code: 31162

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS Plus | 31 | FIELD 16 POSITION 185-192 |
| ANSI | 2010BA | SEGMENT DMG01- date format DMG02- actual date |
| HCDS | 31 | FIELD 16 POSITION 185-192 |

Resolutions

The format for Insured Birthdate is as follows:

HCDS AND HCDS IS MMDDCCYY

ANSI IS CCYYMMDD

INSURED BIRTHDATE MUST BE NUME

INSURED BIRTHDATE MUST BE NUMERIC

Error Code: 31161

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 31 | Insured's Birthdate Field 16 Position 185 -192 FORMAT- MMDDCCYY |

HCDS Plus 31

Field 16 Position 185-192 FORMAT-
MMDDCCYY

ANSI LOOP%202010BA

DMG02-ACTUAL DATE

Resolutions

The format for birthdates is:

HCDS and HCDS Plus = DDMMCCYY

ANSI = CCYYMMDD

Date must be eight numbers, aligned left, and may not contain any leading spaces.

Should be entered if the associated payer requires INSURED'S BIRTHDATE for claim processing. See the Exhibit 99 for specific payer requirements.

INSURED BIRTHDATE REQ FOR PAYER

INSURED BIRTHDATE IS REQUIRED FOR PAYER

Error Code: 31163

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| HCDS | 31 | FIELD 16 POSITION 185-192 |
| HCDS Plus | 31 | FIELD 16 POSITION 185-192 |
| ANSI | 2010BA | SEGMENT DMG02 |

Resolutions

Insured's birthdate should be entered if the associated payer requires INSURED'S BIRTHDATE for claim processing

This is a payer specific requirement. Please check the Exhibit 99 for filing requirements for this payer.

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D007D

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received be Emdeon did not conform to the the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D007F

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received be Emdeon did not conform to the the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question.

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D007U

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received be Emdeon did not conform to the the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question.

INV: 1ST NAME IF NAME QUAL = L

When the rendering provider's name qualifier is an L for Last Name, the rendering provider's first name is required to be entered.

Error Code: E6101**Line of Business: Medical/Dental**

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | E6-08, position 36 for Qualifier of 'L' E6-11, positions 57-66 for First Name |
| NSF | EA%40 | EA@-26, position 165 for Qualifier of 'L' EA@-29, positions 186-195 for First Name |
| NSF | FA%40 | FA@-06, position 49 for Qualifier of 'L' FA@-08, positions 67-76 for First Name |
| NSF Plus | EA%40 | EA@-26, position 165 for Qualifier of 'L' EA@-29, positions 186-195 for First Name |
| NSF Plus | FA%40 | FA@-06, position 49 for Qualifier of 'L' FA@-08, positions 67-76 for First Name |
| ANSI | 2310B | NM102, Qualifier of 1 NM104 for First Name |
| ANSI | 2420A | NM102, Qualifier of 1 NM104 for First Name |

Resolutions

When the rendering provider is identified as a person, and not an organization, Emdeon will attempt to identify the first name of the provider. If no provider first name is received, clients will receive the above rejection. Please verify that the provider is in fact a person, and not a practice. If the provider is a practice, please update the qualifier. If the provider is a doctor, please populate the first name field in order to better identify the rendering doctor.

INV: 1ST POS CANNOT BE E

Invalid: The Primary Diagnosis Code cannot start with an E.

Error Code: E0052**Line of Business: Medical/Dental**

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E0 | E0-05, positions 23-27 |
| NSF | EA0 | EA0-30, positions 179-183 |
| NSF Plus | EA0 | EA0-30, positions 179-183 |
| ANSI | 2300 | HI01-2, with an HI01-1 Qualifier of BK |

Resolutions

When this rejection is received, Emdeon received a primary diagnosis beginning with an E. E codes ARE valid for other diagnoses; however, Emdeon is unable to send this to the payer as a primary diagnosis. Please verify the order that the diagnosis codes are entered before resubmitting the claim.

INV: ACC DT

Invalid Accident Date

Error Code: XE037

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | EA0 | Field 7, Positions 26-33 The Date must be entered in the format CCYYMMDD. |
| ANSI | 2300 | DTP03 Accident Date DTP01 Qualifier must equal 439 |

Resolutions

When this message is received, this indicates the Accident Date received by Emdeon is invalid. If entered, this must be a valid date. Refer to Standard Date Checks within format specifications, correct the Accident date, and resubmit this claim.

INV: ACC HOUR

Invalid Accident hour

Error Code: XE041

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | EA0 | Field 11, position 42-43 |
| ANSI | 2300 | DTP03 DTP01 qualifier is 439 DTP02 = DT Format = CCYYMMDDHHMM |

Resolutions

If this rejection is received it means that Emdeon did not receive a valid hour when was expected.

If sent, has to be numeric and with the appropriate qualifier

Format HHMM

HH must contain a value of 00-23

MM must contain a value of 00-59

If entered must contain one of the following values:

0000-0059, 0100-0159, 0200-0259, 0300-0359,
400-0459, 0500-0559, 0600-0659, 0700-0759,
800-0859, 0900-0959, 1000-1059, 1100-1159,
1200-1259, 1300-1359, 1400-1459, 1500-1559,
1600-1659, 1700-1759, 1800-1859, 1900-1959,
2000-2059, 2100-2159, 2200-2259, or 2300-2359

Code '99' is invalid.

INV: ACCIDENT DATE < SRVC FROM DT

Invalid: The Accident Date CANNOT be less than the Service From date.

Error Code: E0142

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | Accident Date: E0-14, positions 58-63 |
| NSF | EA0 | Accident Date: EA0-05, position 24 qualifier of 'A' EA0-07, positions 26-33 |
| NSF Plus | EA0 | Accident Date: EA0-05, position 24 qualifier of 'A' EA0-07, positions 26-33 |
| ANSI | 2300 | Accident Date: DTP02 with DTP01 Qualifier of 439 |
| MCDS/DCDS | F0 | Service Start Dates: F0-04, positions 22-27 F0-18, positions 79-84 F0-32, positions 136-141 |
| NSF | FA0 | Service From Date: FA0-05, positions 40-47 |
| NSF Plus | FA0 | Service From Date: FA0-05, positions 40-47 |
| ANSI | 2400 | Service Date: DTP02 with DTP01 Qualifier of 472 |

Resolutions

When this rejection is received, Emdeon received a service date that is before the accident date. Please verify the dates sent, as a service cannot be performed previous to an accident if the condition is related to the accident.

INV: CANNOT BE < 1ST CONSULT DATE

Invalid: The Service From Date CANNOT be less than the First Consult Date

Error Code: FA05B

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | Service From Date: FA0-05, positions 40-47 |
| NSF Plus | FA0 | Service From Date: FA0-05, positions 40-47 |
| MCDS/DCDS | F0 | Service Start Dates: F0-04, positions 22-27 F0-18, positions 79-84 F0-32, positions 136-141 |
| ANSI | 2400 | Service Date: DTP02 with DTP01 Qualifier of 472 |

| | | |
|-----------|------|--|
| NSF Plus | EA1 | Consult Date: EA1-15, positions 169-176 |
| ANSI | 2300 | Consultation Date: DTP02 with DTP01 Qualifier of 304 |
| MCDS/DCDS | E0 | First Consultation Date: E0-10, positions 44-49 |
| NSF | EA1 | Consult Date: EA1-13, positions 169-176 |

Resolutions

When this rejection is received, Emdeon received a service date that is before the associated consultation date. Please verify the dates sent, as a service cannot be performed prior to a related consultation.

INV: CANNOT BE < PATIENT BIRTHDAY

Invalid: The Service From Date CANNOT be less than the patient's birthdate.

Error Code: FA051

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | FA0 | Service From Date: FA0-05, positions 40-47 |
| NSF Plus | FA0 | Service From Date: FA0-05, positions 40-47 |
| MCDS/DCDS | F0 | Service Start Dates: F0-04, positions 22-27 F0-18, positions 79-84 F0-32, positions 136-141 |
| ANSI | 2400 | Service Date: DTP02 with DTP01 Qualifier of 472 |
| NSF | CA0 | Patient Date of Birth: CA0-08, positions 59-66 |
| MCDS/DCDS | C0 | Patient Date of Birth: C0-08, positions 54-61 |
| NSF Plus | CA0 | Patient Date of Birth: CA0-08, positions 59-66 |
| ANSI | 2010BA | Date of Birth: DMG02 |
| ANSI | 2010CA | Date of Birth: DMG02 |

Resolutions

When this rejection is received, Emdeon received a service date that preceded the patient's date of birth. Please verify the service date and date of birth on the claims and resubmit.

INV: CANNOT BE < SYMP ILLNESS DATE

Invalid: The Service From Date Cannot be Earlier Than the Symptom Illness Date

Error Code: FA053

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | Field 04, Positions 22-27 Field 18, Positions 79-84 Field 32, Positions 136-141 |
| NSF | FA0 | Field 05, Positions 40-47 |
| ANSI | 2400 | DTP03 (DTP01=472 qualifier) |

Resolutions

The error occurs when the service from date is earlier than that first symptom date.

Symptom Date

MCDS: E0-12 Positions 51-56
NSF: EA0-07 Positions 26-33
ANSI: Loop 2300 DTP03, DTP01=431 qualifier

Service From Date

MCDS: F0-04 Positions 22-27
F0-18 Positions 79-84
F0-32 Positions 136-141
NSF: FA0-05 Positions 40-47
ANSI: Loop 2400 DTP03, DTP01=472 qualifier

INV: CANNOT BE > CLAIM DATE

Invalid: Service Start Date Cannot be Greater/Later than the Claim Date

Error Code: FA054

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | F0 | Field 04, positions 22-27 |
| NSF | FA0 | Field 05, positions 40-47 |
| ANSI | 2400 | DTP03 472 qualifier. |

Resolutions

The service from date cannot be a future date. It must be the same date or earlier than the claim date.

Claim Date is in:

MCDS Record Type E0, Field 23, positions 95-102
NSF Record Type EA0, Field 36. position 201-208 (Provider Signature Date)
ANSI - does not map

INV: CANNOT BE > PATIENT DEATH DT

Invalid: The Service From Date CANNOT be greater than the patient's date of death.

Error Code: FA052

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------|--|
| NSF | FA0 | Service From Date: FA0-05, positions 40-47 |
| NSF Plus | FA0 | Service From Date: FA0-05, positions 40-47 |
| MCDS/DCDS | F0 | Service Start Dates: F0-04, positions 22-27 F0-18, positions 79-84 F0-32, positions 136-141 |
| ANSI | 2400 | Service Date: DTP02 with DTP01 Qualifier of 472 |
| NSF | CA0 | Patient's Death Date CA0-21, positions 174-181 |
| NSF Plus | CA0 | Patient's Death Date CA0-21, positions 174-181 |
| MCDS/DCDS | C0 | Patient's Death Date C0-21, positions 143-150 |
| ANSI | 2000B%2F2000C | Patient's Death Date: PAT06 |

Resolutions

When this rejection is received, Emdeon received a service date that is after the date of the patient's death. Please verify the dates sent.

INV: CANNOT BE > PATIENT DEATH DT

Invalid: The Service To Date CANNOT be after the patient's date of death.

Error Code: FA061

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------|---|
| MCDS/DCDS | F0 | F0-5, pos 28-31, Service End Date 1 F0-19, pos 85-88, Service End Date 2 F0-33, pos 142-145, Service End Date 3 |
| NSF | CA0 | Patient's Death Date CA0-21, positions 174-181 |
| NSF Plus | CA0 | Patient's Death Date CA0-21, positions 174-181 |
| MCDS/DCDS | MCDS | Patient's Death Date C0-21, positions 143-150 |
| ANSI | 2000B%2F2000C | Patient's Death Date: PAT06 |

| | | |
|----------|------|---|
| NSF Plus | FA0 | Service Through Date FA0-06.0, positions 48-55 |
| NSF | FA0 | Service Through Date FA0-06, positions 48-55 |
| ANSI | 2400 | Service Through Date: Second date in DTP03 when DTP01 equals 472 and DTP02 is RD8 |

Resolutions

When this rejection is received, Emdeon received a service date that is after the date of the patient's death. Please verify the dates sent.

INV: CANNOT BE > PROCESS DATE

Invalid: The Service From Date Cannot be Greater Than the Process Date.

Error Code: FA055

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------|
| NSF | FA0 | Field 05, positions 40-47. |
| ANSI | 2400 | DTP03 (472 Qualifier in DTP01) |
| MCDS/DCDS | F0 | Field 04, positions 22-27 |

Resolutions

Service from date cannot be in the future (or after) the process date of the claim.

Please check appropriate specifications for the correct date format.

Process Date Fields:

MCDS: A0, Field 07, Positions 41-46

NSF: AA0. Field 15, Positions 213-220

ANSI: BHT04

INV: CARRIER NOT ACCEPTING DENTAL

Invalid: Carrier for Payer ID Entered Does Not Accept Dental Claims

Error Code: D0274

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|------------------------------|
| MCDS/DCDS | D0 | Field 5, positions 23-27 |
| NSF | DA0 | Field 07, position 27-31 |
| ANSI | 2010bb | NM1-09 NM1-08 Qualifier = PI |

Resolutions

This can occur if a dental claim is sent to a medical payer, and that payer does not accept dental claims.

This can occur if more than one payer is sent on the claim, and the claim payment trigger is on the wrong payer (and that payer does not accept dental claims).

Please check the dental payer list and make sure the payer accepts dental claims.

INV: CHARACTERS IN ORG/LST NAME

Invalid: There are invalid characters in the Rendering Organization's Name or Provider's Last Name Field.

Error Code: E6092

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------|--|
| NSF Plus | EA%40 | Rendering Provider Organization/Last Name at claim level: EA@-27, positions 166-182 |
| NSF | EA%40 | Rendering Provider Organization/Last Name at claim level: EA@-27, positions 166-182 |
| MCDS/DCDS | E6 | Rendering Provider Organization/Last Name: E6-9, positions 37-53 |
| ANSI | 2310B%2F2420A | NM103 |
| NSF | FA%40 | Rendering Provider Organization/Last Name at service line level: FA@-07, positions 50-66 |
| NSF Plus | FA%40 | Rendering Provider Organization/Last Name at service line level: FA@-07, positions 50-66 |

Resolutions

When this rejection is received, Emdeon received characters in the Rendering Provider or Organization name that cannot be processed.

In order to pass editing, the first character must contain a value of A – Z. The remainder of the field may contain A – Z, space, comma, or period. No other special characters are allowed. The field may also contain 0-9 if RENDERING PROVIDER NAME QUALIFIER is O for organization (NM102 of 2 for ANSI submitters).

INV: CHARACTERS IN PROC CODE

Invalid: There are invalid characters (characters other than 0-9 and A-Z) in the procedure code.

Error Code: FA093

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|-----------|------|---|
| MCDS/DCDS | F0 | F0-9, Procedure Code-1, positions 37-41 F0-23, Procedure Code-2, positions 94-98 F0-37, Procedure Code-3, positions 151-155 |
| NSF | FA0 | HCPCS Procedure Code: FA0-09, positions 60-64 |
| NSF Plus | FA0 | HCPCS Procedure Code: FA0-09, positions 60-64 |
| ANSI | 2400 | Procedure Code: SV101-2 with a SV101-1 Qualifier of HC |

Resolutions

When this rejection is received, Emdeon received characters other than 0-9 or A-Z in the procedure code field. Please ensure that all decimals and leading spaces are removed from the electronic version of the procedure code, as these are not allowed in the format. Please verify the procedure code, correct any discrepancies, and resubmit the corrected claim.

INV: CHARACTERS OTHER THAN A-Z,0-9

Invalid: The Referring Provider ID contained characters other than A-Z and 0-9.

Error Code: E0253

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | EA%40 | Referring Provider Secondary ID: EA@-33, positions 215-229 |
| NSF | EA0 | Referring Provider Secondary ID: EA0-20, positions 80-94 |
| MCDS/DCDS | E0 | Referring Provider ID: E0-25, positions 104-112 |
| ANSI | 2310A | REF02 |

Resolutions

When this rejection is received, Emdeon received a referring provider ID at the claim level that contained characters other than 0-9 and A-Z. Please verify that the referring provider is in the proper format with no special punctuation, including periods, dashes, or slashes. Also, please ensure that any leading spaces are removed from the electronic format of the referring provider ID.

INV: CLAIM OFFICE ID FOR PAYER

Invalid: Payer Claim Office Identification Number

Error Code: D0063

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|------------------------------------|
| MCDS/DCDS | D0 | Field 06, positions 28-31 |
| NSF | DA0 | Field 08, positions 32-35 |
| ANSI | 2010bb | REF02 (REF01 = FY) Primary Payer |
| ANSI | 2330b | REF02 (REF01 = FY) Secondary Payer |

Resolutions

Many times this error is paired with INV: PAYER ID NOT ON FILE. One of 2 things has happened:
 >>The payer ID (D0-05, DA0-07, Loop 2010bb/Loop 2330b) is not valid.>>The source of payment code (D0-04, DA0-05, Loop 2000b-SBR09) is incorrect for the payer being sent.

In rare instances, an actual claim office ID is required. As an example, Delta Dental of CA (payer ID 77777) list their claim office ID on the payer list. In the case of this payer, we would reject the claim if it isn't sent. Payers shown on the payer list as "Card" payers always require a claim office ID number.

INV: CLAIM PAYMENT TRIGGER

Invalid: Claim Payment Trigger

Error Code: D0243

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|------------------------|
| MCDS/DCDS | D0 | Field 24, position 192 |
| NSF | DA0 | Field 4, Position 23 |

Resolutions

This happens mainly in the MCDS or NSF formats where the individual positions in each format are not populated or populated with an invalid character.. The only valid entries in this field are X or a space.

INV: CLAIM/LINE QUALIFIER

Invalid: The Claim/Line Qualifier does not contain a valid value for this payer.

Error Code: E6043

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | E6-4, Claim / Line Qualifier, positions 22 |
| ANSI | 2420A | |

| | | |
|----------|-------|---|
| NSF | FA%40 | <p>FA@-05, 40-48, Render Provider Tax Id FA@-06, 49-49, Render Prov Nm Qual FA@-07, 50-66, Render Prov Org/Lst Nm FA@-10, 78-80, Render Prov Qual Degree FA@-08, 67-76, Render Prov First Name FA@-09, 77-77, Render Prov MI FA@-11, 81-83, Rend Prov Specialty Cd FA@-12, 84- 98, Render Prov Network Id FA@-13, 99- 116, Render Provider Address FA@-14, 117- 131, Render Provider City FA@-15, 132- 133, Render Provider State FA@-16, 134- 142, Render Provider Zip Cd</p> |
| NSF Plus | FA%40 | <p>FA@-08.0, positions 67-76, Rendering Provider First Name FA0-23.0, positions 93- 107, Rendering Provider ID FA@-09.0, positions 77, Rendering Provider Middle Initial FA@-06.0, positions 49, Rendering Provider Name Qualifier FA@-18.0, positions 153-162, Rendering Provider NPI FA@-07.0, positions 50-66, Rendering Provider Organization/Last Name FA@-10.0, positions 78-80, Rendering Provider Qualification Degree FA@-11.0, positions 81-83, Rendering Provider Specialty Code FA@-05.0, positions 40-48, Rendering Provider Tax ID FA@-19.0, positions 163- 163, Rendering Provider Tax ID Qualifier FA@-17.0, positions 143-152, Rendering Provider Taxonomy</p> |
| NSF Plus | FB1 | <p>FB1-15.0, positions 189-200, Rendering Provider First Name FB1-14.0, positions 169- 188, Rendering Provider Last Name FB1- 16.0, positions 201, Rendering Provider Middle Initial</p> |

Resolutions

Normally, when this rejection is received, Emdeon received service line rendering provider information for a payer that cannot process this information. Please refer to the Exhibit 99 for the most up to date information on payer claims submission requirements.

Submitters who are sending in the MCDS/DCDS system may also receive this rejection if they send a value OTHER than C or L in the E6 claim/line level qualifier. These values are the only valid values for this field. Please note that MCDS/DCDS submitters are the ONLY submitters who can receive this rejection for an invalid value- however, they can also receive the same rejection for sending service line rendering information to a payer who can not accept it.

INV: DENTAL CLAIMS MUST=COMMERCIAL

Invalid: Dental Claims Must Have a Commercial Source of Payment Code.

Error Code: D0046

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | D0 | Field 4, position 22. |
| ANSI | 2000b | SBR09 must = CI for commercial insurance. |
| NSF | DA0%20 | Field 5, position 24. |
| ANSI | 2320 | SBR09 must = CI for commercial insurance. |

Resolutions

This error is almost always triggered by one the following issues:

- ~ An invalid payer ID has been sent
- ~ The claim is being sent to a valid payer ID, but that payer does not accept dental claims.
- ~ The literal "MAIL" is being sent as the payer ID
- ~ Numbers/characters in the payer ID are transposed

This error is almost always accompanied by other errors. Typically the group of errors is resolved by using the correct payer ID for dental claims.

Medicare source of payment code should not be used on dental claims.

Many problems with this rejection are caused by sending incorrect payer ID's for print claims. The correct payer ID's for print claims are 06126 and CPRNT.

INV: DIAG CODE 3

Invalid: The third diagnosis code submitted is not a valid diagnosis code.

Error Code: E0073

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| NSF | EA0 | EA0-32, positions 189-193 |
| NSF Plus | EA0 | EA0-32, positions 189-193 |
| MCDS/DCDS | E0 | E0-7, positions 33-37 |
| ANSI | 2300 | HI03-2 with an HI03-1 Qualifier of BF |

Resolutions

This error occurs when the tertiary diagnosis code submitted is not listed as a valid ICD-9 code on Emdeon's Diagnosis Code tables. Please verify the validity of the code. If there are any questions regarding a possibly valid code that is rejecting, please contact your vendor or the Emdeon helpdesk at 800-845-6592.

INV: DIAG DOES NOT MATCH PAT SEX

Invalid: Diagnosis Code is Incompatible with Patient Sex

Error Code: E0054

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | Primary: Field 05, positions 23-27 Secondary: Field 06, positions 28-32 Tertiary: Field 07, positions 33-37 Other: Field 08, positions 38-42 |
| NSF | EA0 | Diag 1:Field 30, positions 179-183 Diag 2: Field 31, positions 184-188 Diag 3: Field 32, positions 189-193 Diag 4: Field 33, positions 194-198 |
| ANSI | 2300 | HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2 |

Resolutions

This can occur if the patient's sex is entered incorrectly (F instead of M). The record locations for patient sex are:

MCDS: C0-07 Position 53

NSF: CA0-09 Position 67

ANSI: Loop 2010ca DMG03

This can occur when the diagnosis literally is not correct for the patient's sex. For example, the diagnosis, 602.9 (OTHER TRANSURETHRAL PROSTATECTOMY) cannot be billed for a female patient.

INV: DIAGNOSIS CODE POINTER

Invalid: The Diagnosis Code Pointer entered does not point to a populated diagnosis code.

Error Code: XF038

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|----------|---|---|
| ANSI | 2400%20SV1%20%28Service%20Line%20Information%29 | 2400 SV107 (Diagnosis Pointers) sub-elements 1-8 |
| NSF Plus | FA0%20Record | FA0-14, Pointer 1, position 78 FA0-15, Pointer 2, position 79 FA0-16, Pointer 3, position 80 FA0-17, Pointer 4, position 81 |

Resolutions

The number of pointers should correspond with the number of Diagnosis codes reported on the claim.
= F0-18 thru 21 in PCDS

When this rejection is received, Emdeon received a diagnosis pointer that is invalid for the format. Valid values for NSF Plus are 1,2,3 and 4.

ANSI Submitters sending to ANSI payers should use a value between 1-8.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted. Please note that these values must be entered in sequence when sent, and may not have blank or invalid values between pointers.

INV: DIAGNOSIS POINTER

Invalid: An entered diagnosis code pointer is invalid.

Error Code: FA143

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | FA0-14, position 78, Diagnosis Code Pointer 1 FA0-15, position 79, Diagnosis Code Pointer 2 FA0-16, position 80, Diagnosis Code Pointer 3 FA0-17, position 81, Diagnosis Code Pointer 4 |
| NSF Plus | FA0 | FA0-14, position 78, Diagnosis Code Pointer 1 FA0-15, position 79, Diagnosis Code Pointer 2 FA0-16, position 80, Diagnosis Code Pointer 3 FA0-17, position 81, Diagnosis Code Pointer 4 |
| MCDS/DCDS | F0 | F0-12, position 46, Diagnosis Code Pointer-1 F0-26, position 103, Diagnosis Code Pointer-2 F0-40, position 160, Diagnosis Code Pointer-3 |
| ANSI | 2400 | SV107-1 through SV107-4 |

Resolutions

When this rejection is received, Emdeon received a diagnosis pointer that is invalid for the format. Valid values for NSF and NSF Plus are 1,2,3 and 4.

MCDS Submitters should use the following table:

- 0 = All Diagnosis Codes
- 1 = Primary Diagnosis Code (RT-E0,fld-5)
- 2 = Secondary Diagnosis Code (RT-E0,fld-6)
- 3 = Tertiary Diagnosis Code (RT-E0,fld-7)
- 4 = Other Diagnosis Code (RT-E0,fld-8)
- 5 = No Diagnosis Code entered

ANSI Submitters sending to ANSI payers should use a value between 1-8.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted.

INV: FREQUENCY TYPE CD

Invalid: Frequency Type Code

Error Code: XEN04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|------------------------|
| NSF Plus | EA0 | Field 50, Position 286 |
| ANSI | 2300 | CLM05-3 |

Resolutions

When this error message is received, Emdeon received an invalid Claim Frequency Code. Please correct using the correct claim frequency code and resubmit. Valid values are as follows:

- 1 (Original)
- 6 (Corrected)
- 7 (Replacement)
- or 8 (Void).

INV: GROUP POLICY #

Invalid: Group Policy Number for Payer

Error Code: D0091

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | D0 | Field 09, positions 66-85 |
| NSF | DA0 | Field 10, positions 69-88 |
| ANSI | 2000b | SBR03 |

Resolutions

This is a payer specific edit. If this rejection is received, it means that the group number received by Emdeon does not match the edits the payer has in place. Please see the exhibit 99 for more specific details on the payer in question.

INV: HCPC FOR PAYER

Invalid HCPC Procedure Code received for specified Payer

Error Code: FA091

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | Field 9, Position 37-41 (HCPC 1) Field 23, Position 94-98 (HCPC 2) Field 37, Position 151-155 (HCPC 3) |
| NSF | FA0 | Field 9, Position 60-64 |
| ANSI | 2400 | SV101-2 SV101-1 must have qualifier HC |

Resolutions

The HCPC procedure code submitted is an invalid procedure code for this payer. Replace the indicated procedure code with a valid procedure code for this payer and resubmit. This is a payer specific edit. Please check the exhibit 99 for payer requirements.

INV: IF NO E0 DIAG MUST BE BLANK

Invalid: If the primary diagnosis code is not populated, the primary diagnosis code pointer MUST be blank.

Error Code: FA145

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | value of 1 in the following: F0-12, position 46, Diagnosis Code Pointer-1 F0-26, position 103, Diagnosis Code Pointer-2 F0-40, position 160, Diagnosis Code Pointer-3 |
| NSF | FA0 | Diagnosis Code Pointer 1: FA0-14, position 78 |
| NSF Plus | FA0 | Diagnosis Code Pointer 1: FA0-14, position 78 |
| ANSI | 2400 | Diagnosis Code Pointer: SV107-1 |
| MCDS/DCDS | E0 | Primary Diagnosis Code: E0-5, positions 23-27 |

| | | |
|----------|------|---|
| NSF | EA0 | Diagnosis Code-1: EA0-30, positions 179-183 |
| NSF Plus | EA0 | Diagnosis Code-1: EA0-30, positions 179-183 |
| ANSI | 2300 | Primary Diagnosis Code: HI01-2 with an HI01-1 Qualifier of BK |

Resolutions

When this rejection is received, Emdeon received a diagnosis pointer that did not correspond to a populated diagnosis code field.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted.

INV: IF NO E0 DIAG MUST BE BLANK

Invalid: If the second diagnosis code is not populated, the second diagnosis code pointer MUST be blank.

Error Code: FA155

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | Value of 2 in any of the following: F0-12, position 46, Diagnosis Code Pointer-1 F0-26, position 103, Diagnosis Code Pointer-2 F0-40, position 160, Diagnosis Code Pointer-3 |
| NSF | FA0 | Diagnosis Code Pointer 2: FA0-15, position 79 |
| NSF Plus | FA0 | Diagnosis Code Pointer 2: FA0-15, position 79 |
| ANSI | 2400 | Diagnosis Code Pointer: SV107-2 |
| MCDS/DCDS | E0 | Secondary Diagnosis Code: E0-6, positions 28-32 |
| NSF Plus | EA0 | Diagnosis Code-2: EA0-31, positions 184-188 |
| ANSI | 2300 | Diagnosis Code: HI02-2 with a HI02-1 qualifier of BF |
| NSF | EA0 | Diagnosis Code-2: EA0-31, positions 184-188 |

Resolutions

When this rejection is received, Emdeon received a diagnosis pointer that did not correspond to a populated diagnosis code field.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted.

INV: IF NO E0 DIAG MUST BE BLANK

Invalid: If the third diagnosis code is not populated, the third diagnosis code pointer MUST be blank.

Error Code: FA165

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | Diagnosis Code Pointer 3: FA0-16, position 80 |
| NSF Plus | FA0 | Diagnosis Code Pointer 3: FA0-16, position 80 |
| MCDS/DCDS | F0 | (Value of 3 in any of the following) F0-12, position 46, Diagnosis Code Pointer-1 F0-26, position 103, Diagnosis Code Pointer-2 F0-40, position 160, Diagnosis Code Pointer-3 |
| ANSI | 2400 | Diagnosis Code Pointer: SV107-3 |
| MCDS/DCDS | E0 | Tertiary Diagnosis Code: E0-7, positions 33-37 |
| NSF | EA0 | Diagnosis Code-3: EA0-32, positions 189-193 |
| NSF Plus | EA0 | Diagnosis Code-3: EA0-32, positions 189-193 |
| ANSI | 2300 | Diagnosis Code: HI03-2 with a HI03-1 qualifier of BF |

Resolutions

When this rejection is received, Emdeon received a diagnosis pointer that did not correspond to a populated diagnosis code field.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted.

INV: IF NO E0 DIAG MUST BE BLANK

Invalid: If the fourth diagnosis code is not populated, the fourth diagnosis code pointer MUST be blank.

Error Code: FA175

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | Diagnosis Code Pointer 4: FA0-17, position 81 |
| NSF Plus | FA0 | Diagnosis Code Pointer 4: FA0-17, position 81 |

| | | |
|-----------|------|--|
| MCDS/DCDS | F0 | (Value of 4 in any of the following fields) F0-12, position 46, Diagnosis Code Pointer-1 F0-26, position 103, Diagnosis Code Pointer-2 F0-40, position 160, Diagnosis Code Pointer-3 |
| ANSI | 2400 | SV107-4 |
| NSF | EA0 | Diagnosis Code-4: EA0-33, positions 194-198 |
| NSF Plus | EA0 | Diagnosis Code-4: EA0-33, positions 194-198 |
| MCDS/DCDS | E0 | Other Diagnosis Code: E0-8, positions 38-42 |
| ANSI | 2300 | Diagnosis Code: HI04-2 with a HI04-1 qualifier of BF |

Resolutions

When this rejection is received, Emdeon received a diagnosis pointer that did not correspond to a populated diagnosis code field.

All submitters should ensure that when a pointer is used, the corresponding diagnosis code is also transmitted.

INV: INS TYP CD MUST=MP IF SOP=C

Invalid: Insurance Type Code Must = MP if the Source of Payment Code = C (Medicare)

Error Code: D3045

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | D3 | Field 04, positions 22-23 |
| NSF | DA0 | Field 06, positions 25-26 |
| ANSI | 2000b | SBR05 |

Resolutions

If Medicare is the Primary Payer being submitted for payment., there must be agreement between the Source of Payment Code and the Insurance Type Code. When Medicare is Primary:

Source of Payment must = 'C' (NSF, MCDS)

Source of Payment must = 'MC' (ANSI)

Insurance Type Code must = 'MP'

INV: INS TYPE CODE FOR PAYER

Invalid: Insurance Type Code for Payer

Error Code: D3043

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | D3 | Field 04, positions 22-23 |
| NSF | DA0 | Field 06, positions 25-26 |
| ANSI | 2000b | SBR05 |

Resolutions

This is a payer specific edit. If this error was received, the insurance type code received on the claim is not valid for the payer. Please see the exhibit 99 for more information on the payer in question.

INV: INSURED BIRTHDATE

Invalid: The birthdate of the insured is not a valid birthdate.

Error Code: D0194

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------------|---------------------------|
| ANSI | 2010BA%20%2F%202330 | DMG02 |
| NSF | DA0 | DA0-24, positions 219-226 |
| NSF Plus | DA0 | DA0-24, positions 219-226 |
| MCDS/DCDS | D0 | D0-19, positions 140-147 |

Resolutions

When this rejection is received, Emdeon received a value in the subscriber's birthdate that was invalid. The subscriber's birthdate must be from year 1800 through the date of the file's creation. Subscriber birthdates should reflect the birthdate of the subscriber, and should not be set to a value after the creation date of the claims file, or prior to the year 1800.

INV: INSURED ID

Invalid: The insured ID entered does not meet requirements for a valid insured ID.

Error Code: D0072

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|----------------------|------------------------------------|
| NSF Plus | DA0 | DA0-18.0, positions 157-181 |
| NSF | DA0 | DA0-18.0, positions 157-181 |
| MCDS/DCDS | D0 | D0-07, positions 32-48 |
| ANSI | 2010BA%20%2F%202330A | NM109 with a NM108 qualifier of MI |

Resolutions

When this rejection is received, Emdeon received an insured ID that is of a known invalid format. It is either a generic ID that is unused by payers, or of an invalid format that is not acceptable by a certain payer. Known generic values that will cause this rejection are:

All "0"s through all "9"s, "INDIVIDUAL", "1234567890", "123456789", "UNKNOWN", "SELF", or "NONE".

There are other payer specific edits that may also trigger this rejection. When it is received, please ensure that the subscriber ID is correctly populated with the member ID off of the subscriber's insurance card. Please verify payer specific requirements with the Exhibit 99 for the most current edits.

INV: INSURED ID = INS GR NO (FLD9)

Invalid: Insured (Subscriber) ID may not be Same as Insured's Group Number

Error Code: D0073

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 Group Number: Loop 2000b, SBR03 |

Resolutions

This occurs when using the same identifier for the insured ID and the group number. This is a standard edit. These 2 values cannot be the same.

MCDS Group Number: Field 09, positions 66-85

NSF Group Number: Field 10, positions 69-88

ANSI Group Number: Loop 2000b, SBR03

INV: INSURED ID CANNOT = PAYER ID

Invalid: The Insured ID Cannot be the Same as the Payer ID.

Error Code: D0074

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | D0 | Field 07, Positions 32-48 (Payer ID: D0-05, Positions 23-27) |
| NSF | DA0 | Field 18, positions 157-173 (Payer ID: DA0-07, Positions 27-31) |
| ANSI | 2010ba | NM109 (Primary Subscriber) (Payer ID: Loop 2010bb, NM109) (Primary Payer) |
| ANSI | 2330c | NM109 (Other Insurance Subscriber) (Payer ID: Loop 2330b, NM109) (Other Payer) |

Resolutions

In this instance, the payer ID is entered as the insured ID. These numbers cannot be the same.

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D0075

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received by Emdeon did not conform to the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question.

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D007A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received by Emdeon did not conform to the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question.

INV: INSURED ID FOR PAYER

Invalid: Insured (Subscriber) ID for the Payer

Error Code: D007H

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This is a payer specific edit. If this error is received, the insured/subscriber ID received by Emdeon did not conform to the the specifications set forth by the payer. Please check the exhibit 99 for more details on the payer in question.

INV: INSURED ID MUST = 9 OR 11 NUM

Invalid: The insured ID entered MUST equal 9 or 11 numeric characters for this payer.

Error Code: D007R

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|----------------------|------------------------------------|
| NSF | DA0 | DA0-18, positions 157-181 |
| NSF Plus | DA0 | DA0-18.0, positions 157-181 |
| MCDS/DCDS | D0 | D0-07, positions 32-48 |
| ANSI | 2010BA%20%2F%202330A | NM109 with a NM108 qualifier of MI |

Resolutions

When this rejection is received, Emdeon received an insured ID that is invalid for the payer. If you receive this rejection, please verify the subscriber ID with the insured's insurance card. You can also obtain current payer edits by checking the Exhibit 99.

INV: INSURED ID MUST=9 NUM FOR PYR

Invalid: Insured (Subscriber) ID Must be 9 Nummeric for this Insurance Company

Error Code: D007E

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-181 |
| ANSI | 2010ba | NM109 |

Resolutions

This is a payer specific edit. If this rejection was received, Emdeon received an insured ID that was either not nine numeric characters, or it had alpha characters. Please check the exhibit 99 for more details on the payer in question.

INV: LINE CHARGES MUST BE > 0

Invalid: Line Charges on Service Lines Must be Greater than Zero

Error Code: FA133

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | Field 13, positions 47-52 Field 27, positions 104-109 Field 41, positions 161-166 |
| NSF | FA0 | Field 13, positions 72-77 |
| ANSI | 2400 | SV102 |

Resolutions

These errors also occur on encounters claims if the wrong payer ID is used. Some payers have separate payer ID's for encounters. Please check the payer list and be sure you are using the correct payer ID for the type of claim you are sending.

The line charge error happens when the line charges are sent as zeroes. Very few payers will accept \$0 line charges. Please check the exhibit 99 to determine if your payer will accept \$0 line charges.

INV: LREP ZIP NOT W/IN STATE RANGE

Invalid: The Legal Representative's zip code does not fall within the known values for the state entered.

Error Code: C2122

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | CB0 | CB0-10.0, positions 136-137, Responsible Person State CB0-11.0, positions 138-146, Responsible Person Zip Code |
| NSF | CB0 | CB0-10, positions 136-137, Responsible Person State CB0-11, positions 138-146, Responsible Person Zip Code |
| MCDS/DCDS | C2 | C2-11, positions 105-106, Legal Representative State C2-12, positions 107-115, Legal Representative Zip Code |
| ANSI | 2010BC | N401- Responsible Party City N403- Responsible Party Zip |

Resolutions

When this rejection is received, Emdeon received a value in the Responsible party's zip code that did not correspond to the state entered. Zip codes are updated from the usps.com web site, and clients are encouraged to verify proper zip codes there as well.

INV: MODIFIER

Invalid Procedure Code Modifier received

Error Code: FA010

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | Field 10, Pos. 42-43 (modifier 1a) Field 11, Pos. 44-45 (modifier 1b) Field 24, Pos. 99-100 (modifier 2a) Field 25, Pos. 101-102 (modifier 2b) Field 38, Pos. 156-157 (modifier 3a) Field 39, Pos. 158-159 (modifier 3b) |
| NSF | FA0 | Field 10, Position 65-66 (modifier 1) Field 11, Position 67-68 (modifier 2) Field 12, Position 69-70 (modifier 3) Field 36, Pos. 186-187 (modifier 4) |
| ANSI | 2400 | SV101-3 (modifier 1) SV101-4 (modifier 2) SV101-5 (modifier 3) SV101-6 (modifier 4) SV101-1 must have HC qualifier |

Resolutions

The indicated modifier is not a valid national, state, or local procedure code modifier. Replace the indicated modifier with a valid modifier and resubmit the claim.

INV: MUST BE 10 ALPHA/NUM

Invalid: The Provider's ID MUST be 10 alphanumeric characters for BCBS of LA.

Error Code: D0204

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|----------------------|----------------------------------|
| MCDS/DCDS | D0 | D0-20, positions 148-160 |
| NSF Plus | CA0 | CA0-28.0, positions 213-227 |
| NSF | CA0 | CA0-28, positions 213-227 |
| ANSI | 2010AA%20%2F%202310B | REF02 with REF01 qualifier of G2 |

Resolutions

When this rejection is received, Emdeon received a value in the Provider Number field that did not contain 10 alphanumeric characters. Please verify the payer assigned provider ID for the practice, correct any discrepancies, and resubmit the claim. Please review the Exhibit 99 for current requirements for provider IDs.

INV: MUST BE 5 OR 10 ALPHA/NUM

Invalid: The Provider ID entered did not contain 10 characters.

Error Code: D0204

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|----------------------|----------------------------------|
| MCDS/DCDS | D0 | D0-20, positions 148-160 |
| NSF | CA0 | CA0-28, positions 213-227 |
| NSF Plus | CA0 | CA0-28.0, positions 213-227 |
| ANSI | 2010AA%20%2F%202310B | REF02 with REF01 qualifier of G2 |

Resolutions

When this rejection is received, Emdeon received a value in the Provider Number field that did not contain 10 alphanumeric characters. Please verify the payer assigned provider ID for the practice, correct any discrepancies, and resubmit the claim. Please review the Exhibit 99 for current requirements for provider IDs.

INV: MUST BE ENTERED SEQUENTIALLY

Invalid: The Second Diagnosis Code Pointer should Only be entered after the First Diagnosis Code Pointer has been populated.

Error Code: FA156

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | FA0 | FA0-14.0, pos 78, Diagnosis Code Pointer 1 FA0-15.0, pos 79, Diagnosis Code Pointer 2 |
| NSF | FA0 | FA0-14, pos 78, Diagnosis Code Pointer 1 FA0-15, pos 79, Diagnosis Code Pointer 2 |
| ANSI | 2400 | SV107-1, Diagnosis Code Pointer 1 SV107-2, Diagnosis Code Pointer 2 |

Resolutions

When this rejection is received, Emdeon received a value in Diagnosis Code Pointer 2 when a value was missing in Diagnosis Code Pointer 1. Please ensure that pointers are entered sequentially when associating diagnosis codes with a service line.

INV: MUST BE ENTERED SEQUENTIALLY

Invalid: The third Diagnosis Code Pointer Should Only be entered after the Second and First Diagnosis Code Pointers have been populated.

Error Code: FA166

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | FA0 | FA0-14.0, pos 78, Diagnosis Code Pointer 1 FA0-15.0, pos 79, Diagnosis Code Pointer 2 FA0-16.0, pos 80, Diagnosis Code Pointer 3 |
| NSF | FA0 | FA0-14, pos 78, Diagnosis Code Pointer 1 FA0-15, pos 79, Diagnosis Code Pointer 2 FA0-16, pos 80, Diagnosis Code Pointer 3 |
| ANSI | 2400 | SV107-1, Diagnosis Code Pointer 1 SV107-2, Diagnosis Code Pointer 2 SV107-3, Diagnosis Code Pointer 3 |

Resolutions

When this rejection is received, Emdeon received a value in Diagnosis Code Pointer 3 when a value was missing in Diagnosis Code Pointer 1 or Diagnosis Code Pointer 2. Please ensure that pointers are entered sequentially when associating diagnosis codes with a service line.

INV: MUST BE ENTERED SEQUENTIALLY

Invalid: The Fourth Diagnosis Code Pointer should only be entered after the Third Diagnosis Code Pointer has been populated.

Error Code: FA176

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | FA0 | FA0-14.0, pos 78, Diagnosis Code Pointer 1 FA0-15.0, pos 79, Diagnosis Code Pointer 2 FA0-16.0, pos 80, Diagnosis Code Pointer 3 FA0-17.0, pos 81, Diagnosis Code Pointer 4 |
| NSF | FA0 | FA0-14, pos 78, Diagnosis Code Pointer 1 FA0-15, pos 79, Diagnosis Code Pointer 2 FA0-16, pos 80, Diagnosis Code Pointer 3 FA0-17, pos 81, Diagnosis Code Pointer 4 |

| | | |
|------|------|---|
| ANSI | 2400 | SV107-1, Diagnosis Code Pointer 1 SV107-2, Diagnosis Code Pointer 2 SV107-3, Diagnosis Code Pointer 3 SV107-4, Diagnosis Code Pointer 4 |
|------|------|---|

Resolutions

When this rejection is received, Emdeon received a value in Diagnosis Code Pointer 4 when a value was missing in Diagnosis Code Pointer 1 or Diagnosis Code Pointer 2 or Diagnosis Code Pointer 3. Please ensure that pointers are entered sequentially when associating diagnosis codes with a service line.

INV: MUST=SUM OF ALL ALLOWED AMTS

Invalid: Total allowed amount must equal the calculated sum of all allowed amounts.

Error Code: XA061

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | XA0 | Field 15, positions 99-105 Total Allowed Amount compared to the sum of all DA1 Field 11 records or FE0 Field 8 records. |

Resolutions

When this error message is received, the Total Allowed Amount does not equal the calculated sum of all DA1 Field 11 records or the calculated sum of all FE0 Field 8 records.

INV: MUST=SUM OF ALL COINSUR AMTS

Invalid: The Submitted Coinsurance Total MUST = the Calculated sum of all coinsurance amounts.

Error Code: XA081

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | XA0 | XA0-17, Total Coinsurance Amount, positions 113-119 |
| NSF | FB0 | FB0-08, Coinsurance Amount, positions 61-67 |

Resolutions

When this rejection is received, the XA0-17, a field containing the total coinsurance values for the claim, did not match the calculated sum of all line level coinsurance amounts received in all FB0-08 fields on the claim. The client would need to verify the coinsurance amounts were correctly populated in all FB0-08 fields, and that the sum of those values was correctly populated in the XA0-17 field. Please note that these fields can only accept POSITIVE amounts.

INV: MUST=SUM OF ALL DEDUCTBLE AMT

Invalid: Total Deductable Amount Must Equal the Sum of All Deductable Amounts

Error Code: XA071

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | XA | Field 7, positions 43-49 |
| MCDS/DCDS | FB0 | Field 7, Positions 54-60 |
| NSF | XA0 | Field 16, Positions 106-112 |
| NSF | FB0 | Field 7, Positions 54-60 |

Resolutions

When this error is received, Emdeon received a value in XA0-16 that does not equal the sum of the deductible amounts entered in the FB0-7 fields.

Please correct the value sent in the XA0-16, or verify the values in the FB0-7's, and resubmit the claim.

INV: MUST=SUM OF ALL OAYER PD AMTS

Invalid: Total Payer Paid Amounts must Equal the Sum of All Payer Paid Amounts

Error Code: XA091

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | Field 135, Positions 179-185, Primary Paid Amount |
| NSF | XA0 | Field 18, Positions 120-126 |

Resolutions

When this error is received, Emdeon received a value in XA0-18 that does not equal the sum of the paid charge amounts entered in the FA0-35 fields.

Please correct the value sent in the XA0-18, or verify the values in the FA0-35, and resubmit the claim.

INV: MUST=SUM OF ALL PURCH SVC AMT

Invalid: The Total Purchase Service Amount must equal the calculated sum of all purchased services.

Error Code: XA101

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | XA0 | Field 20, Positions 134-140 Total Purchase Service Charges |

| | | |
|-----|-----|---|
| NSF | FB0 | Field 5, Positions 40-46. Purchase Service Charge |
|-----|-----|---|

Resolutions

If this rejection is received, it means that Emdeon received total purchase service charges that did not equal the calculated sum of all purchase services in the claim. Please correct the total purchase service charges and resubmit the claim.

INV: NO POINTER FOR E0 DIAGNOSIS

Invalid: No Diagnosis Code Pointer #1.

Error Code: F0124

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | FA0 | Field 14, position 78. Field 15, position 79. Field 16, position 80. Field 17, position 81. |
| ANSI | 2400 | SV107-1 SV107-2 SV107-3 SV107-4 |
| MCDS/DCDS | F0 | Field 18, position 90. Field 19, position 91. Field 20, position 92. Field 21, position 93. |

Resolutions

If this error was received, this means no diagnosis code pointer was received by Emdeon.

Be sure to check all of the diagnosis code pointer fields if this error is received.

INV: OTHER PAYER ID

Invalid: The adjudicating payer ID transmitted is not a valid value.

Error Code: XKS13

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--|--|
| ANSI | 2430%20SVD%20%28Service%20Line%20Adjudication%29 | 2430 SVD01 - Payer Identifier |
| NSF Plus | FB3%20%28Service%20Line%20Adjudication%29 | FB3-07, Payer ID, positions 43-47 |
| ANSI | 2010BB%2F2330B | NM109, with NM108 qualifier of PI |
| NSF Plus | DA0 | DA0-07.0, Payer Organization ID, positions 27-31 |

Resolutions

A valid 5 position Other Payer Identification number must be present.

= KS-05 position 27-41 in PCDS

When this error is received, Emdeon received a value in the adjudicated payer ID field that did not correspond with the payers reported in the subscriber records. Please ensure that the payer ID reported corresponds to one of the payer IDs in an associated DA0 field or SBR segment.

INV: PATIENT RELATION

Invalid: The Patient Relationship Code received is not a valid value.

Error Code: D0175

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--------------|--|
| MCDS/DCDS | D0 | D0-17, pos 137-138, Patient Relation to Insured |
| NSF | DA0 | DA0-17, pos 155-156, Patient Relation to Insured |
| NSF Plus | DA0 | DA0-17.0, pos 155-156, Patient Relation to Insured |
| ANSI | 2000B%2F2320 | SBR02, Individual Relationship Code |
| ANSI | 2000C | PAT01, Individual Relationship Code |

Resolutions

When this rejection is received, Emdeon received an invalid value in the code field that determines the relationship between the patient and the subscriber.

Please verify the relationship code. Please remember that this rejection can be received for any sequence of payer, not just the primary.

INV: PATIENT STATE ABBREV CODE

Invalid: The Patient State Abbreviation received is not a valid state abbreviation.

Error Code: C0142

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-----------------|-----------------------|
| NSF Plus | CA0 | CA0-14.0, pos 149-150 |
| NSF | CA0 | CA0-14, pos 149-150 |
| MCDS/DCDS | C0 | C0-14, pos 118-119 |
| ANSI | 2010BA%2F2010CA | N402 |

Resolutions

When this rejection is received, Emdeon received an invalid value in the state abbreviation field for the patient's address. Please verify the state code. Clients are encouraged to use usps.com for validating addresses for proper city/state/zip combinations.

INV: PAYER ID NOT ON FILE

Invalid: Payer ID Submitted for Primary Payer is Invalid

Error Code: D0002

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------|
| NSF | DA0 | Field 7, Positions 27-31 |
| MCDS/DCDS | D0 | MCDS: Field 5, Positions 23-27 |
| ANSI | 2010bb | NM1-09 NM1-08 qualifier = PI |

Resolutions

Payer ID that was submitted is not valid. Please check the most current Emdeon payer list at www.Emdeonenvoy.com.

The wrong source of payment code may have been used.

MCDS D0-04 Position 22

NSF DA0-05 Position 24

ANSI Loop 2000 SBR09

INV: PAYER REQUIRES BC/BS PROV ID

Invalid: Payer Requires Blue Cross/Blue Shield Provider ID Number

Error Code: D005U

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------------------|
| MCDS/DCDS | B0 | Field 11, positions 49-61 |
| NSF | BA0 | Field 14, positions 105-117 |
| ANSI | 2010aa | REF02 (Qualifier 1B in REF01) |

Resolutions

This error is received when a payer requires the Blue Cross/Blue Shield provider ID and one is not received by Emdeon.

INV: PAYR ZIP NOT W/IN STATE RANGE

Invalid: The payer's zip code does not fall into the known range of zip codes for the state entered.

Error Code: D2082

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|-----------|--------|---|
| NSF Plus | DA1 | DA1-07.0, positions 103- 104, Payor State DA1-08.0, positions 105-113, Payor Zip Code |
| MCDS/DCDS | D2 | D2-07, positions 87-88, Payer's State D2-08, positions 89-97, Payer's Zip Code |
| NSF | DA1 | DA1-07, positions 103-104, Payor State DA1- 08, positions 105-113, Payor Zip Code |
| ANSI | 2010BB | N402, Payer State N403, Payer Zip Code |

Resolutions

When this rejection is received, Emdeon received a value in the Payer's zip code that did not correspond to the state entered. Zip codes are updated from the usps.com web site, and clients are encouraged to verify proper zip codes there as well.

INV: PCN IS INCONSISTENT

Invalid: The Patient Control Number IS NOT consistent throughout the claim.

Error Code: D0033

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | CA0 | CA0-03, Patient Control Number, positions 6- 22 compared to all records in claim, positions 6-22 |
| MCDS/DCDS | C0 | C0-03, Patient Control Number, positions 5- 21 is compared to all records in claim, positions 5-21 |

Resolutions

When this rejection is received, it means that the Patient Control Number of a particular record did not match the patient control number from the first record in the claim. Please ensure that the patient control number is uniformly populated throughout the claim.

INV: PLACE OF SERVICE CODE

Invalid: The service line place of service code received does not contain a valid value.

Error Code: FA073

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------|
| NSF | FA0 | FA0-07.0, pos 56-57 |
| NSF Plus | FA0 | FA0-07.0, pos 56-57 |

| | | |
|-----------|------|--|
| MCDS/DCDS | F0 | F0-7, pos 34-35, Place of Service Code-1 F0-21, pos 91-92, Place of Service Code-2 F0-35, pos 148-149, Place of Service Code-3 |
| ANSI | 2400 | SV105 This is Required if POS is different from CLM05-1 in Loop 2300 |

Resolutions

When this rejection is received, Emdeon received a invalid value for the service line place of service. Service Place values can be found at <http://www.cms.hhs.gov/states/poshome.asp>. Please verify the value on the service line, and resubmit with a corrected code.

INV: POSITION 71 MUST = 0

Invalid: The Service line charges submitted must not exceed \$9999.99.

Error Code: FA131

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------------|
| NSF | FA0 | FA0-13.0, pos 71-77, Line Charges |
| NSF Plus | FA0 | FA0-13.0, pos 71-77, Line Charges |
| ANSI | 2400 | SV102, Line Item Charge Amount |

Resolutions

When this rejection is received, Emdeon received a line charge that exceeded \$9,999.99. Please ensure that service line charges do not exceed \$9,999.99 for this claim. Not all payers can receive enhanced dollar amount fields. Those that can not are limited by the legacy limitation to \$9999.99.

INV: PRIM DIAG CODE

Invalid: Primary Diagnosis Code is Invalid.

Error Code: E0053

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| MCDS/DCDS | E0 | Field 5, positions 23-27. |
| NSF | EA0 | Field 30, positions 179-183. |
| ANSI | 2300 | HI01-2 (BK qualifier in HI01-1) |

Resolutions

If this error was received, it means that the primary diagnosis code received was not a valid diagnosis code.

A diagnosis code that begins with "E" may not be used as a primary diagnosis. This will result in a rejection.

INV: PROC CD MODIFIER

Invalid: The Procedure Code Modifier 4 is not a Valid Modifier

Error Code: X5305

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| ANSI | 2400%20Loop | SV202-6 |

Resolutions

This same error message is returned for errors related to modifier 3. Please check both modifier 3 and modifier 4 for accuracy.

If this error is received, Emdeon received an invalid modifier in the fourth modifier field. The most common reason for this error is the modifier including an invalid character. All modifiers are two positions and contain only letters and numbers.

INV: PROC DT LATER THAN RECV DT

Invalid: The File Process Date received is later than the date the file was received.

Error Code: A0074

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|--------------------------------------|
| ANSI | Beginning%20of%20Hierarchical%20Transaction | BHT04, Transaction Set Creation Date |
| NSF | AA0 | AA0-15.0, pos 213-220, Creation Date |
| NSF Plus | AA0 | AA0-15.0, pos 213-220, Creation Date |
| MCDS/DCDS | A0 | A0-7, pos 41-46 Processing Date |

Resolutions

When this rejection is received, Emdeon received a submission date in the file that exceeded the date that the file was received. As Emdeon is unable to process "future date" files, the date of the file creation should NEVER be set to an advanced date. This rejection is often caused by a doctor's office closing their daily file before creating the claim file for transmission.

Another possible cause of the problem is having a future date on the system being used to create the file and the program pulls that invalid date from the operating system.

INV: PROC DT PRIOR TO EXPIR DT

Invalid: The Submission Date received is prior to the 90 day timeframe allowed for file processing.

Error Code: A0084

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--|--------------------------------------|
| ANSI | Beginning% 20of% 20Hierarchical% 20Transaction | BHT04, Transaction Set Creation Date |
| NSF | AA0 | AA0-15.0, pos 213-220, Creation Date |
| NSF Plus | AA0 | AA0-15.0, pos 213-220, Creation Date |
| MCDS/DCDS | A0 | A0-7, pos 41-46 Processing Date |

Resolutions

When this rejection is received, Emdeon received a process date that is greater than 3 months old. Please verify that this file has not been previously submitted and processed, and recreate the file with a current date.

INV: PROC MODIFIER 1 IS MISSING

Invalid: Procedure Code Modifier 2 was Entered Without Procedure Code Modifier 1

Error Code: X5310

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------------|--|
| ANSI | 2400 | SV202-3 Modifier 1 SV202-4 Modifier 2 |
| HCDS Plus | 60% 20% 2D% 20Inpatient | Field 6, positions 34 and 35-Ancillary HCPC Modifier-1a Field 7, positions 36-37- Ancillary HCPC Modifier-1b Field 16, positions 90 and 91- Ancillary HCPC Modifier-2a Field 17, positions 92 and 93 - Ancillary HCPC Modifier-2b Field 26, positions 146 and 147-Ancillary HCPC Modifier-3a Field 27, positions 148 and 149- Ancillary HCPC Modifier-3b |
| HCDS Plus | 61% 20% 2D% 20Outpatient | Field 06, positions 34 and 35-Modifier-1a Field 07, positions 36 and 37-Modifier-1b Field 16, positions 90 and 91-Modifier-2a Field 17, positions 92 and 93-Modifier-2b Field 26, positions 146 and 147-Modifier-3a Field 27, positions 148 and 149-Modifier-3b |

Resolutions

ICDS Positions: Record Type 53, Field 12, Positions 90-91 Modifier 1 (HCPCS & CPT-4) If 53-13 is present, then 53-12 is required

Procedure Code Modifier 2 was Entered Without Procedure Code Modifier 1. Please check all procedure codes (1 through 6 if present) and modifiers to ensure that modifier 2 is not present without modifier 1 also being present.

INV: PROV ACCEPT MCARE IND

Invalid Provider Accepts Medicare Assignment Indicator

Error Code: X4309

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2300 | CLM07 Provider Accept Assignment Code |
| HCDS Plus | 20 | Field 28, Position 192 Provider Accepts Medicare Assignment |

Resolutions

ICDS Location: Record Type 43, Field 17 Position 139

This error indicates that an invalid code was received for the Provider Accepts Medicare Assignment indicator. Valid Codes are:

4010 and HCDS+ Codes:

A = Yes, Provider accepts Medicare assignment

C = No, Provider does not accept Medicare assignment

ICDS Codes:

Y = Yes, Provider accepts Medicare assignment

N = No, Provider does not accept Medicare assignment

INV: PROV ID FOR PAYER

Invalid: Provider ID Not Valid for the Payer.

Error Code: D0203

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------------------|
| MCDS/DCDS | D0 | Field 20, positions 148-160. |
| NSF | CA0 | Field 28, positions 213-227. |
| ANSI | 2310b | REF02 (G2 qualifier in REF01) |
| ANSI | 2420a | REF02 (G2 qualifier in REF01) |

Resolutions

This is a payer specific edit. If this error was received, it means that the provider ID that Emdeon received did not match the format required by the payer. This number is sometimes referred to as the commercial provider number

INV: PROV SITE MUST=0-9/A-Z

Invalid: Provider Site ID's Must Contain Only Characters 0-9 or A-Z.

Error Code: B0044

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | B0 | MCDS: Field 05 Positions 17-20 |
| ANSI | Loop 2010AA | ANSI: Segment REF02 is the Site ID, when the qualifier, segment REF01 =G5 |
| NSF | BA0 | NSF: Field 07 Positions 41-44 |

Resolutions

This error occurs when the site ID received is invalid, containing characters other than 0-9 or A-Z. The Site ID cannot contain spaces or special characters.

INV: PROV SITE MUST=0-9/A-Z

Invalid: Provider Site ID's Must Contain Only Characters 0-9 or A-Z.

Error Code: B0053

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | B0 | MCDS: Field 05 Positions 17-20 |
| ANSI | Loop 2010AA | ANSI: Segment REF02 is the Site ID, when the qualifier, segment REF01 =G5 |
| NSF | BA0 | NSF: Field 07 Positions 41-46 |

Resolutions

This error occurs when the site ID received is invalid, containing characters other than 0-9 or A-Z.

INV: PROV ZIP NOT W/IN STATE RANGE

Invalid: The Billing Provider's zip code received is not within the known range for the state abbreviation entered

Error Code: B0053

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2010AA | N402, Service location State/Province Name N403, Service location Zip Code |

| | | |
|-----------|-----|---|
| MCDS/DCDS | B0 | B0-17, pos 139-140, State B0-18, pos 141-149, Zip Code |
| NSF Plus | BA1 | BA1-16.0, pos 216-217, Provider Pay-To State BA1-17.0, pos 218-226, Provider Pay-To Zip |
| NSF | BA1 | BA1-16.0, pos 216-217, Provider Pay-To State BA1-17.0, pos 218-226, Provider Pay-To Zip |

Resolutions

This rejection is often caused by using an incorrect state abbreviation. Please double-check both the state abbreviation and zip code fields for the BILLING provider.

When this rejection is received, Emdeon received a value in the zip code field that does not correspond with the known range of zip codes for that state. Please verify the state code and zip code. Clients are encouraged to use usps.com for validating addresses for proper city/state/zip combinations.

INV: REF PROVIDER ID FOR PAYER

Invalid: The referring provider ID submitted is invalid for the payer.

Error Code: E0258

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | EA%40 | EA@-33.0, pos 215-229, Referring Provider Secondary ID |
| MCDS/DCDS | E0 | Field 25, Positions 104-112 Referring Provider ID |
| NSF | EA0 | EA0-20.0, pos 80-94, Referring Provider Id # |
| NSF Plus | EA0 | EA0-20.0, pos 80-94, Referring Provider Tax ID |
| ANSI | 2310A | NM109 or REF02 |

Resolutions

When this rejection is received, Emdeon received a referring provider ID that is invalid for the payer submitted. Please verify the provider ID for the referring physician. Clients can always find the most up to date payer specific edits by using the Exhibit 99 for that payer.

INV: RENDER NETWORK ID FOR PAYER

Invalid: Rendering Provider Network ID Number for Payer

Error Code: E6132

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 14, positions 71-85 |
| NSF | EA@ | Field 32, positions 200-214 (Claim level) |
| NSF | FA@ | Field 12, positions 84-98 (Line Level) |
| ANSI | 2310b | REF02 (REF01= N5) [Claim Level] |
| ANSI | 2420a | REF02 (REF01 = N5) [Line Level] |

Resolutions

This is a payer specific edit. We will only edit for this if the payer requires it and wants us to edit for it. Please check the exhibit 99 for the payer in question. This error indicates that a Network ID has been entered but does not meet the format requirements set forth by the payer.

INV: RENDER NETWORK ID FOR PAYER

Invalid: Rendering Provider Network ID for the Payer.

Error Code: E6132

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | EA@ | Field 32, positions 200-214 (Claim Level). |
| NSF | FA@ | Field 12, positions 84-98 (Line Level) |
| ANSI | 2310b | Element: REF02 (REF01 = N5) [Claim Level] |
| ANSI | 2420a | Element: REF02 (REF01 = N5) [Line Level] |
| MCDS/DCDS | E6 | Field 14, positions 71-85 |

Resolutions

If this rejection is received, it means that Emdeon received a value that does not conform to the payer's requirements. Please check the exhibit 99 for the payer in question.

INV: RENDER PROV ID MUST = 9 NUM

Invalid: Rendering Provider Tax ID Must be Nine (9) Numeric Characters.

Error Code: E6063

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 07, positions 27-35 |
| NSF | EA@ | Field 25 positions 156-164 (Claim level) |
| NSF | FA@ | Field 05, positions 40-48 (Line Level) |
| ANSI | 2310b | NM109 (Claim Level) 24 qualifier in NM108. |

| | | |
|------|-------|---|
| ANSI | 2310b | REF02 (Claim Level) EI qualifier in REF01 |
| ANSI | 2420a | NM109 (Line Level) 24 qualifier in NM108 |
| ANSI | 2420a | REF02 (Line Level) EI Qualifier in REF01 |

Resolutions

If this error is received, Emdeon received a provider tax ID that is less than 9 numeric characters.

This rejection is also caused when there are alpha characters, spaces, dashes or other special characters in this field.

INV: RENDER PROV ID MUST BE NUM

Invalid: Rendering Provider's Tax ID Must be All Numeric.

Error Code: E6071

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 07, positions 27-35 |
| NSF | EA@ | Field 25 positions 156-164 (Claim level) |
| NSF | FA@ | Field 05, positions 40-48 (Line Level) |
| ANSI | 2310b | NM109 (Claim Level) 24 qualifier in NM108. |
| ANSI | 2310b | REF02 (Claim Level) EI qualifier in REF01 |
| ANSI | 2420a | NM109 (Line Level) 24 qualifier in NM108 |
| ANSI | 2420a | REF02 (Line Level) EI Qualifier in REF01 |

Resolutions

This error is received when the tax ID entered is not 9 numeric characters. This field cannot have spaces, dashes, hyphens, or other non-numeric characters.

Please check the exhibit 99 for possible payer specific information.

INV: RENDER PROV SPLTY CODES

Invalid: Renderring Provider Specialty Code

Error Code: E6121

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------------|
| ANSI | 2420a | PRV03 (Line Level) Taxonomy Code |
| MCDS/DCDS | E6 | Field 13, positions 68-70 |
| NSF | EA@ | Field 31, positions 197-199 |
| ANSI | 2310b | PRV03 (Claim Level) Taxonomy Code |

Resolutions

This can occur when the code being used is invalid. This applies to the provider specialty codes in the MCDS and NSF formats, and the taxonomy codes in the ANSI format.

INV: RENDER PROV SPLTY CODES

Invalid: Rendering Provider Specialty Codes

Error Code: E6121

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 13, positions 68-70 |
| ANSI | 2310b | PRV03 (Claim Level) Taxonomy Code |
| ANSI | 2420a | PRV03 (Line Level). Taxonomy Code |
| NSF | EA@ | Field 31, positions 197-199 (Claim Level) |
| NSF | FA@ | Field 11, positions 81-83 (Line Level). |

Resolutions

This error is received when the specialty code/taxonomy code received by Emdeon is not valid.

Please see www.wpc-edi.com for valid taxonomy codes.

INV: SAME DAY DUPLICATE CLAIM

Invalid: Same Day Duplicate Claim (Same claim sent twice on the same day.)

Error Code: C0013

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| MCDS/DCDS | C0 | All Fields |
| NSF | CA0 | All Fields |
| ANSI | 2010ca | All fields |

Resolutions

If this error has been received, Emdeon received the same claim twice in the same day.

Please see exhibit 97 in the MCDS or NSF specifications for a complete list of the fields compared to determine if a duplicate claim has been submitted.

INV: SECONDARY DIAG CODE

Invalid: Secondary Diagnosis Code Submitted is not a Valid Code

Error Code: E0063

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| NSF | EA0 | NSF: Field 31 Positions 184-188 |
| MCDS/DCDS | E0 | MCDS: Field 6 Positions 28-32 |
| ANSI | Loop%202300 | Segment HI02-2, HI02-1 qualifier = BF |

Resolutions

This error occurs when the secondary diagnosis code submitted is not listed as a valid ICD-9 code on processing system code tables. Should be entered if the primary diagnosis has been entered and there are additional diagnoses to report. Typically, this is HCFA Box 21.2

INV: SVL PRV TAXONOMY CODE

Invalid: Service Level Provider Taxonomy Code

Error Code: XF604

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2420A | Rendering provider PRV03 PRV01 qualifier = PE |
| ANSI | 2420F | Referring provider PRV03 PRV01 qualifier = RF |
| NSF Plus | FA%40 | Rendering Provider Field 17, Positions 143-152 |

Resolutions

When this error is received, Emdeon received an invalid Service Level Provider Taxonomy Code. Please correct and resubmit this claim.

Code Value Source: BCBS Association and ASC X12N TG2 WG15

Available From: Washington Publishing Company, www.wpc-edi.com

If entered, must be 10 bytes.

Three digit provider specialty codes are not valid in these locations.

INV: TER DIAG NOT ENTERED

Invalid: The Tertiary Diagnosis Code Was Not Entered.

Error Code: E0081

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| ANSI | 2300 | HI103-2 |

| | | |
|-----------|-----|-----------------------------|
| MCDS/DCDS | E0 | Field 07, positions 33-37 |
| NSF | EA0 | Field 32, positions 189-193 |

Resolutions

A third diagnosis code must be entered before the fourth diagnosis field may be populated.
 This error is received when a fourth diagnosis code is entered without a third diagnosis code being present.

INV: TYPE OF SERVICE CODE

Invalid: Type of Service Code

Error Code: FA083

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | Field 08, position 36 Field 22, position 93 Field 36, position 150 |
| ANSI | 2400 | SV106 Not a mandaory element, If sent will be used. |
| NSF | FA0 | Field 08, Positions 58-59 |

Resolutions

Verify that the type of service is 0-9, A-I, L, M, N, P, R, V, Y, or Z or the appropriate type of service based on the format being sent.

See exhibit 6 in NSF or MCDS/DCDS for valid Type of Service Codes . Not a required element for 4010 transactions.

INV:1ST SYM/ILL DT

Invalid: First Symptom or Illness Date entered is invalid.

Error Code: XE040

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF Plus | EA0%20 | EA0-06 must be '1' or '2' EA0-07 (First Symptom/Illness Date) position 26-33 |
| ANSI | 2300%20DTP | 2300 DTP with *431* qualifier |

Resolutions

Date must be expressed as CCYYMMDD. Please verify that the date is correctly entered, and there are no spaces, dashes, or slashes contained in the date field.

INV:ATTACH TRAN TYPE CD

Invalid: Attachment Transmission Type Code

Error Code: XE034

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2300 | PWK02 |
| NSF Plus | EA0 | Field 38, Positions 242 Documentation Indicator |

Resolutions

PCDS Location: E0-30, Position 172 to 173: Attachment Transmission Type Code

If this error is received it means that Emdeon did not receive a valid transmission type code for the attachment method of transmission.

Valid codes are listed below:

NSF+ 4010A1 Code

- 1 BM By Mail
- 2 FX By Fax
- 3 AA Available on Request at Provider Site
- E* EM E-Mail
- L* EL Electronically Only

INV:BILLING NPI

The Billing Provider National Provider Identifier (NPI) is Invalid

Error Code: XB001

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010AA | NM109 NM108 Qualifier = XX |
| NSF Plus | BA0 | Field 17, Positions 150-164 Left justified and space filled. |

Resolutions

PCDS location: B0-8, Position 23 to 32: National Provider ID (NPI)

If the billing provider NPI is entered, must be 10 bytes.

The billing provider NPI will NOT be the provider tax ID or UPIN.

INV:BILLING SEC ID QUAL MISSING

INVALID: BILLING PROVIDER SECONDARY ID QUALIFIER MISSING

Error Code: XBS04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010AA | REF01 |
| NSF Plus | BA0 | BA0-29, Position 307-308, Billing Provider Secondary ID Qualifier BA0-16, Positions 135-149, Billing Provider Secondary ID |

Resolutions

When this error is received, Emdeon received a secondary billing provider ID without a secondary ID qualifier. Please insert a valid Billing Provider Secondary Reference Number Qualifier from the following list and resubmit:

- 1J – Facility ID Number
- B3 – PPO Number
- BQ – HMO Code Number
- FH – Clinic Number
- LU – Location Number
- X5 – State Industrial Accident
- 1C – Medicare Number
- G2 - Commercial Provider Identifier

INV:BILLING SEC ID QUAL MISSING

INVALID: BILLING SECONDARY ID QUALIFIER IS MISSING

Error Code: XBS04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010AA | REF01 |
| NSF Plus | BA0 | BA0-29, Billing Provider Secondary ID Qualifier, positions 307-308 |

Resolutions

Insert a valid Billing Provider Secondary Reference Number Qualifier from the following list and resubmit:

- 1J – Facility ID Number
- B3 – PPO Number
- BQ – HMO Code Number
- FH – Clinic Number
- LU – Location Number
- X5 – State Industrial Accident
- 1C – Medicare Number

INV:BILLING SEC ID QUAL MISSING

Invalid: Billing Provider Secondary Reference Number

Error Code: XBS04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|--|
| ANSI | 2010AA%20%28Billing% 20Provider%20Information%29 | 2010AA REF01 (qualifier) |
| NSF Plus | BA0 | BA0-29 (Billing Provider Secondary ID Qualifier) position 307-308 |

Resolutions

Valid qualifiers are as follows:

0B State License Number

1A Blue Cross Provider Number

1B Blue Shield Provider Number

1C Medicare Provider Number

1D Medicaid Provider Number

1G Provider UPIN Number

1H CHAMPUS Identification Number

1J Facility ID Number

B3 Preferred Provider Organization Number

BQ Health Maintenance Organization Code Number

EI Employer's Identification Number

FH Clinic Number

G2 Provider Commercial Number

G5 Provider Site Number

LU Location Number

SY Social Security Number

U3 Unique Supplier Identification Number (USIN)

X5 State Industrial Accident Provider Number

When this rejection is received, Emdeon received an invalid qualifier identifying the secondary ID sent. Please verify that the qualifier sent is valid for use in the billing provider secondary identifier.

INV:BILLING TAXONOMY CD

Invalid Billing Taxonomy Code

Error Code: XBP04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------------------|
| NSF Plus | BA0 | Field 28, position 297-306 |
| ANSI | 2000A | PRV03 PRV01 qualifier = BI |

Resolutions

Should be a valid taxonomy code which is available at www.wpc-edi.com

Go to website

Click on HIPAA on the left hand side.

Click on codes on the left hand side.

Taxonomy codes are located in the middle of the page.

Click on individual, group, or non-individual to verify the codes.

INV:CLM DT QUAL

Invalid Claim Date Qualifier

Error Code: XEM02

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| ANSI | | DTP01 |

Resolutions

PCDS Location: EM-5, Position 27 to 29: Date Time Qualifier

Valid Qualifiers

Accident= 439

Onset of Similar Symptoms or Illness= 438

Disability End=361

Disability Begin= 360

Referral Date= 330

Date Last Worked= 297

Prescription Date= 471

INV:CLM PLACE OF SERVICE CD

Invalid: Place of Service Code

Error Code: XEN01

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------------|
| ANSI | 2300%20CLM | 2300 CLM05-1 (Place of Service Code) |
| NSF Plus | EA0%20 | EA0-49 position 284-285 |

Resolutions

Need a valid Place of Service Code - See specs

PCDS = EN-04 position 25-26

When this rejection is received, Emdeon received an invalid CLAIM level Place of Service Code. Please verify that the code sent is valid for use in the Place of Service Code field. Codes entered must be valid codes from the Electronic Media Claims National Standard Format.

INV:CLM PROV ID QUAL

INVALID: CLAIM PROVIDER ID QUALIFIER

Error Code: XE613

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF | EA0 | EA0-20.1, Referring Provider Tax ID Qualifier, Position 95 |
| ANSI | 2310 | 2310a NM108-Referring Provider Secondary ID Qualifier 2310b NM108-Rendering Provider Secondary ID Qualifier 2310c NM108-Purchased Service Provider Secondary ID Qualifier 2310d NM108-Service Facility Secondary ID Qualifier 2310e NM108-Supervising Provider Secondary ID Qualifier |
| NSF Plus | EA%40 | Rendering Provider Tax ID Qualifier Field 24.1, position 155 |
| NSF Plus | EA1 | Facility/Lab ID Number Qualifier Field 4.1, Position 38 Supervising Provider Tax ID Qualifier Field 5, Positions 39 |

Resolutions

When this error is received, it means that Emdeon received a Tax ID qualifier that is invalid. Please replace the incorrect Provider Tax ID Qualifier with a correct qualifier and resubmit.

Valid Qualifiers are 24 (EIN), 34 (SSN) for X12 submissions, and S (SSN) or E (EIN) for NSF +.

INV:CLM PROV ID QUAL

Invalid Claim Provider ID Qualifier

Error Code: XE703

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|----------|-------|--|
| ANSI | 2310c | REF01-Purchased Service Provider Secondary ID Qualifier |
| ANSI | 2310e | REF01-Supervising Provider Secondary ID Qualifier |
| ANSI | 2310d | REF01-Service Facility Secondary ID Qualifier |
| ANSI | 2310a | REF01-Referring Provider Secondary ID Qualifier |
| ANSI | 2310b | REF01-Rendering Provider Secondary ID Qualifier |
| NSF Plus | EA1 | Field 18.1, Positions 208-209 Supervising Provider Secondary ID Qualifier Field 28, positions 301-302, Facility/Lab Secondary ID Qualifier |
| NSF Plus | EA%40 | Field 40, Positions 284-285 Referring Provider Secondary ID Qualifier Field 42, Positions 296-297, Rendering Provider Secondary ID Qualifier |

Resolutions

If this rejection is received, it means that Emdeon received a claim level secondary ID qualifier that is not valid. Please resubmit the claim with a valid qualifier.

INV:CLM PRV TAXONOMY CD

Invalid Claim Level Provider Taxonomy Code

Error Code: XE602

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2310b | PRV03 PE qualifier in PRV01 |
| NSF Plus | EA3 | Referring provider taxonomy code Field 5, Positions 38-48 |
| NSF Plus | EA%40 | Rendering provider taxonomy code Field 39, Positions 274-283 |
| ANSI | 2310a | PRV03 RF qualifer in PRV01 |

Resolutions

If this rejection is received, it means Emdeon received a taxonomy code that is not valid. Please correct the code and resubmit the claim.

Should be a valid taxonomy code which is available at www.wpc-edi.com

Go to website

Click on HIPAA on the left hand side.

Click on codes on the left hand side.

Taxonomy codes are located in the middle of the page.

Click on individual, group, or non-individual to verify the codes.

If entered must be 10 bytes.

Three digit provider specialty codes are not valid in these locations.

INV:CLM SPINAL NATURE OF COND CD

Invalid: Chiropractic Patient Condition Code is invalid at the CLAIM level.

Error Code: XES02

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--|----------------|
| ANSI | 2300%20CR2%20%28Spinal% 20Manipulation%20Information% 29 | 2300 CR208 |

Resolutions

When this rejection is received, a value was received in the claims level chiropractic nature of condition code that was invalid.

If the value is entered, it must be A, C, D, E, F, G or M.

A Acute Condition

C Chronic Condition

D Non-acute

E Non-Life Threatening

F Routine

G Symptomatic

M Acute Manifestation of a Chronic Condition

INV:CLM TAX AMOUNT NOT NUM

Invalid: Claim COB Tax Amount not Numeric

Error Code: XDU04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------------------------|
| ANSI | 2320 | COB Tax Amount AMT02 AMT01 Qual = T |
| NSF Plus | DA1 | Tax AMT Field 34, Positions 248-255 |

Resolutions

If entered, must be numeric. Amount fields must be all numeric digits and may not contain any leading spaces.

INV:HH TOTAL VISITS NOT NUM

Home health total visits are not numeric.

Error Code: X4903

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|--------------------|-------------|--------------------------|
| 4010 Institutional | 2305+ | HSD segment 02 |
| ICDS | 72 | Field 06 Position 29 -29 |

Resolutions

Must be numeric and must be greater than or equal to 1.

INV:INS BIRTH DT

Subscriber/Insured Birth Date is not Valid

Error Code: XD026

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---------------------------------------|------------------------------------|
| ANSI | 2010BA%20Subscriber% 20Information | 2010BA DMG02 Subscriber Birth Date |
| NSF Plus | DA0 | DA0-24 position 219-226 |

Resolutions

Date must be expressed as CCYYMMDD

INV:PAT MEMBER ID

Invalid: Patient Member ID

Error Code: X3703

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|---------------------|--|
| ANSI | 2010CA%20or%202330C | NM109 with NM108 of MI or REF02 with REF01 of 1W |

Resolutions

ICDS Location: Record Type 37, Field 9, Positions 106 - 130, Patient Member Identification Number.
If entered, must be greater than 1 byte

If you send a qualifier of MI in the NM108, you must send a member ID in NM109 and it must be greater than one character.

or

If you send a qualifier of 1W in REF01 you must send a member ID in REF02 and it must be greater than one character.

INV:PAT WEIGHT NOT NUM

Invalid: The patient weight reported is not a numeric value.

Error Code: XEP06

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------------------|----------------|
| ANSI | 2300%2E%20Segment%20CR1 | CR102 |

Resolutions

EP-4, Position 25 to 28: Patient Weight in Pounds

When the patient weight is entered for ambulance transport claims, the patient weight **MUST** be numeric. Please ensure that the weight contains only numbers.

INV:PAYTO TAXONOMY CD

INVALID: PAY TO PROVIDER TAXONOMY CODE

Error Code: XBR10

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| NSF Plus | BB0 | Field 18, Positions 167-176 |
| ANSI | 2000A | PRV03 PRV01 qualifier = PT |

Resolutions

Replace the invalid taxonomy code with a valid 10-byte taxonomy code and resubmit. Valid taxonomy codes can be found at www.wpc-edi.com.

Specialty codes can not be transmitted in place of taxonomy codes for certain payers.

INV:PAYTO TAXONOMY CD

Invalid: The Pay To Provider Taxonomy Code supplied is incorrect.

Error Code: XBR10

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--------------|---|
| NSF Plus | BB0 | BB0-18, Pay-to Provider Taxonomy Code, positions 167-176 |
| ANSI | Loop%202000A | PRV03- Taxonomy Code with a PRV01- Qualifier of PT for Pay-To PRV02-Qualifier of ZZ |

Resolutions

This error is received when Emdeon receives a taxonomy code for the pay-to provider that is invalid. Replace the invalid taxonomy code with a valid 10-byte taxonomy code and resubmit. Valid taxonomy codes can be found in the Taxonomy Crosswalk located in the NSF+ transaction specifications.

INV:PAYTO ZIP

Pay-to Provider Zip Code is Invalid

Error Code: XBC06

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| ANSI | 2010AB | Segment N4 Element 3 |
| NSF+ | BB0 | Record 23.0 Positions 259 - 267 |

Resolutions

If entered, See Standard Address Checks in Exhibit 2 for field validation.

INV:PHYS SSN

Invalid Physician SSN

Error Code: X8002

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--|---|
| ANSI | 2310A%2C%202310B%2C%202310C%2C%202310E | 2310A: NM109 with NM108 Qualifier of 34 Attending Physician Primary ID REF02 with Qualifier of SY Attending Physician Secondary ID 2310B: NM109 with NM108 Qualifier of 34 Operating Physician Primary ID REF02 with Qualifier of SY Operating Physician Secondary ID 2310C: NM109 with NM108 Qualifier of 34 Other Provider Primary ID REF02 with Qualifier of SY Other Provider Secondary ID 2310E: NM109 with Qualifier 34 Service Facility Primary ID |

| | | |
|-----------|----|--|
| HCDS Plus | 80 | Field 5, Positions 27 - 36 Attending Physician Primary ID Field 12, Positions 82 - 91 Physician Primary ID Field 20, Positions 139 -148 Other Physician Primary ID |
|-----------|----|--|

Resolutions

ICDS Position: Record Type 80, Field 18, Positions 175 183 Physician Social Security Number

The social security number should always be nine numeric characters. If this field is entered, it must be numeric and longer than one digit.

INV:PROC CD MODIFIER

Invalid Procedure Code Modifier Modifier (HCPCS & CPT-4)

Error Code: X5304

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | Loop%202400 | SV202-3 SV202-4 SV202-5 SV202-6 |
| HCDS Plus | 60 | Field 6, Positions 34-35 Field 7, Positions 36-37 Field 16, Positions 90-91 Field 17, Positions 92-93 Field 26, Positions 146-147 Field 27, Positions 148-149 |

Resolutions

If this error is received, Emdeon received an invalid modifier. The most common reason for this error is the modifier including an invalid character. All modifiers are two positions and contain only letters and numbers.

INV:PROC CD MODIFIER NUM

Procedure Code Modifier 1 is Invalid (see also modifiers 2, 3, 4)

Error Code: XF026

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| ANSI | 2400 | SV301-3 |
| NSF Plus | FA0 | Field 10, Positions 65-66 |

Resolutions

PCDS Location: F0-12, Position 72 to 73: Procedure Code Modifier 1

If entered, must be 2 bytes.

This same error message will also be provided for errors on Modifiers 2, 3, and 4. Check all modifiers for accuracy if you receive this error. All modifiers are two positions and contain only letters and numbers.

INV:PROC CD MODIFIER NUM

Procedure Code Modifier 2 is Invalid (see also modifiers 1, 3, 4)

Error Code: XF027

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2400 | SV301-4 |
| NSF Plus | FA0 | Field 11, HCPCS Modifier 2, positions 67-68 |

Resolutions

PCDS Location: F0-13, Position 74 to 75: Procedure Code Modifier 2

If entered, must be 2 bytes.

This same error message will also be provided for errors on Modifiers 1, 3, and 4. Check all modifiers for accuracy if you receive this error. All modifiers are two positions and contain only letters and numbers.

INV:PROC CD MODIFIER NUM

Procedure Code Modifier 3 is Invalid (see also modifiers 1, 2, and 4)

Error Code: XF028

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2400 | SV301-5 |
| NSF Plus | FA0 | Field 12, HCPCS Modifier, Positions 69-70 |

Resolutions

PCDS Location: F0-14, Position 76 to 77: Procedure Code Modifier 3

If entered, must be 2 bytes.

This same error message will also be provided for errors on Modifiers 1, 2, and 4. Check all modifiers for accuracy if you receive this error. All modifiers are two positions and contain only letters and numbers.

INV:PROC CD MODIFIER NUM

Procedure Code Modifier 4 is Invalid (see also modifiers 1, 2, and 3)

Error Code: XF029

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
| ANSI | 2400 | SV301-6 |

Resolutions

PCDS Location: F0-15, Position 78 to 79: Procedure Code Modifier 4

If entered, must be 2 bytes.

This same error message will also be provided for errors on Modifiers 1, 2, and 3. Check all modifiers for accuracy if you receive this error. Modifiers may contain only letters and numbers.

INV:PROC CD QUAL

Invalid: The Procedure Code Qualifier is invalid on the service line.

Error Code: X5301

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|----------------|----------------|
| ANSI | Loop%202400%20 | SV202-1 |

Resolutions

The procedure code qualifier must be HC, IV, or ZZ or the claim will reject. When this rejection is received, Emdeon received an invalid value in Loop 2400, SV202-1.

INV:SVL CAS AMT NOT NUM

Invalid: The Service Level CAS Amount field contains a value that is not numeric.

Error Code: XKT05

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2430 | CAS03, Adjustment Amount CAS06, Adjustment Amount CAS09, Adjustment Amount CAS12, Adjustment Amount CAS15, Adjustment Amount CAS18, Adjustment Amount |

| | | |
|----------|-----|---|
| NSF Plus | FB4 | FB4-10.0, positions 52-59, CAS Amount 1 FB4-13.0, positions 75-82, CAS Amount 2 FB4-16.0, positions 98-105, CAS Amount 3 FB4-19.0, positions 121-128, CAS Amount 4 FB4-22.0, positions 144-151, CAS Amount 5 FB4-25.0, positions 167-174, CAS Amount 6 |
|----------|-----|---|

Resolutions

When this rejection is received, Emdeon received a non numeric value in the CAS Amount field. For NSF+ submitters, please remember that all amount fields have an implied decimal, meaning that there should never be anything but numeric values in an amount field.

For ANSI submitters, there should never be any characters but numeric values and a decimal point to indicate the cents field. If there is no cents field in the amount, the decimal should not be sent. Please ensure that there are no leading spaces in front of these values as well. Please do not send any values other than 0-9 or (.) in the CAS amount fields.

INV:SVL CAS GROUP CD

Invalid: The Service Level CAS Group Code entered is not a valid value.

Error Code: XKT01

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------------|
| NSF Plus | FB4 | FB4-08.0, positions 45-46, CAS Group |
| ANSI | 2430 | CAS01 |

Resolutions

When this rejection is received, Emdeon received an invalid value in the CAS Group field. CAS Group values are used to determine the nature of a group of CAS Codes, and must fall into one of the following values:

- CO: Contractual Obligations
- CR: Correction and Reversals
- OA: Other Adjustments
- PI: Payer Initiated Reductions
- PR: Patient Responsibility

Please correct any invalid CAS Group values and resubmit rejected claims.

INV:SVL CAS QTY NOT NUM

Invalid: The Service Level CAS Quantity entered is NOT all numeric.

Error Code: XKT06

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2430 | CAS04, Adjustment Quantity CAS07, Adjustment Quantity CAS10, Adjustment Quantity CAS13, Adjustment Quantity CAS16, Adjustment Quantity CAS19, Adjustment Quantity |
| NSF Plus | FB4 | FB4-11.0, positions 60-69, CAS Quantity 1 FB4-14.0, positions 83-92, CAS Quantity 2 FB4-17.0, positions 106-115, CAS Quantity 3 FB4-20.0, positions 129-138, CAS Quantity 4 FB4-23.0, positions 152-161, CAS Quantity 5 FB4-26.0, positions 175-184, CAS Quantity 6 |

Resolutions

When this rejection is received, Emdeon received a non numeric value in the CAS Quantity field. Please do not send any values other than 0-9 in the CAS Quantity fields. Also, please do not send any leading zeroes.

INV:SVL PRV ID QUAL

Invalid Service Line Secondary Provider ID Qualifier.

Error Code: XF703

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--------------------|---|
| NSF Plus | FB1 | Ordering provider Field 23, position 280-281 Referring provider Field 24, position 282-283 Supervising provider Field 25, position 284-285 Purchased service provider Field 26, position 286-287 |
| NSF Plus | GX2 | Test facility Field 12, position 250-251 |
| NSF Plus | FA%40 | Rendering provider Field 20, position 164-165 |
| ANSI | 2420%20%28a%2Df%29 | REF01 2420A = Rendering 2420B = Purchased Service 2420C = Service facility 2420D = Supervising 2420E = Ordering 2420F = Referring |

Resolutions

If this rejection is received, it means that Emdeon received a qualifier that is not valid. Please correct the provider id qualifier (usually 1B, 1C, 1D, 1G, 1H, or G2) and resubmit the claim. Please review the sent provider secondary ID qualifiers for the correct codes.

Invalid Accident State Code

An automobile accident was indicated without correctly identifying the state where the accident occurred.

Error Code: AG0001

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | EA0 | If field 05 contains an "A" in position 24 (indicating an auto accident), you must populate field 10 position 40-41 with a valid state indicator. (Example: TN for Tennessee). |
| NSF+ | EA0 | If field 05 contains an "A" in position 24 (indicating an auto accident), you must populate field 10 position 40-41 with a valid state indicator. (Example: TN for Tennessee). |
| MCDS | E0 | If field 13 contains an "A" in position 57 (indicating an auto accident), you must populate field 16 position 67-68 with a valid state indicator. (Example: TN for Tennessee). |
| EMCDS | E0 | If field 13 contains an "A" in position 57 (indicating an auto accident), you must populate field 16 position 67-68 with a valid state indicator. (Example: TN for Tennessee). |
| ANSI | 2300 | If CLM11-1,-2, or -3 contains an "AA" (indicating an auto accident), you must populate CLM11-4 with a valid state indicator. (Example: TN for Tennessee). |
| PCDS | E0 | If field 13 contains an "A" in position 73 (indicating an auto accident), you must populate field 16 position 86-87 with a valid state indicator. (Example: TN for Tennessee). |

Resolutions

An accident state must be indicated if the accident indicator indicates an automobile-related accident.

INVALID CHARACTERS IN STATE CODE

INVALID CHARACTERS IN PATIENT ADDRESS STATE CODE ABBREVIATION

Error Code: 20163

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 20 | Patient State Abbreviation Field 15, Positions 118-119 |
| HCDS Plus | 20 | Patient State Abbreviation Field 15, Positions 118-119 |
| ANSI | 2010CA | When Patient is not equal to Subscriber: N402 |
| ANSI | 2010BA | When 2000B SBR02 = 18, (Patient = Subscriber) N402 |

Resolutions

This error will be received when the state abbreviation is not a valid, two position, standard state abbreviation.

Please check that the state abbreviation is two positions.

Please Check that the state contains only letters. Numbers are not allowed in this field.

For states such as Oklahoma (OK), Missouri (MO), Louisiana (LA), Florida (FL); make sure that you are using the letter "O", not the numeral zero. Also make sure that you are using the letter "L", not the numeral 1.

State code must not be blank.

INVALID CLM OFFICE FOR PAYOR ID

Invalid Claim Office ID for Payor ID.

Error Code: 30057

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| ANSI | 2010bc | ANSI: REF02 REF01 must be FY |
| HCDS | 30 | HCDS: Field 6, Positions 31-34. |

Resolutions

If this error is received, it means that Emdeon did not receive a valid claim office ID for the payer. This happens on Payers listed as "Card" payers. Please check the payer list for the payer in question.

This error also can be received if the payer is no longer active. If the payer list still has the payer listed, please have a call center representative check and see if the payer is still active on the commercial system.

INVALID DATA CONDITION CODE 1

Invalid Condition Code 1

Error Code: 40272

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2300 | HI01-2 HI01-1 qualifier must be BG |
| HCDS | 41 | Field 4, Positions 25-26 Must be numeric and from the valid code list in HCDS Exhibit 8. |

Resolutions

This error message results from a claim processed by Emdeon containing an invalid first condition code. This code should be corrected and the claim resubmitted. HCDS submitters should refer to Exhibit 8 in the HCDS specifications for a listing of available codes. ANSI submitter should refer to the applicable NUBC codes.

INVALID DX CODE/NOT ON FILE

The diagnosis code received is either invalid, or is not able to be located on Emdeon's tables.

Error Code: 70053

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | Record%2070 | Principal Diagnosis Code, Field 4, pos 25-30 Other Diagnosis-1, Field 5, pos 31-36 Other Diagnosis-2, Field 6, pos 37-42 Other Diagnosis-3, Field 7, pos 43-48 Other Diagnosis-4, Field 8, pos 49-54 Other Diagnosis-5, Field 9, pos 55-60 Other Diagnosis-6, Field 10, pos 61-66 Other Diagnosis-7, Field 11, pos 67-72 Other Diagnosis-8, Field 12, pos 73-78 |
| HCDS Plus | Record%2070 | Principal Diagnosis Code, Field 4, pos 25-30 Other Diagnosis-1, Field 5, pos 31-36 Other Diagnosis-2, Field 6, pos 37-42 Other Diagnosis-3, Field 7, pos 43-48 Other Diagnosis-4, Field 8, pos 49-54 Other Diagnosis-5, Field 9, pos 55-60 Other Diagnosis-6, Field 10, pos 61-66 Other Diagnosis-7, Field 11, pos 67-72 Other Diagnosis-8, Field 12, pos 73-78 |

| | | |
|------|-------------|---|
| ANSI | 2300%20Loop | HI01-2 through HI12-2 with -1 qualifier of BK for Primary, BF for other diagnosis codes |
|------|-------------|---|

Resolutions

When this rejection is received, Emdeon received a diagnosis code that is not valid, or is not on Emdeon's files.

Please verify the diagnosis code on the rejected claim.

INVALID GROUP ID NUMBER

Invalid Subscriber Group Policy/Plan Number

Error Code: 30102

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 30 | Group Policy/Plan Number HCDS: Field 10, Positions 80-96 |
| ANSI | 2000%20B | Insured Group or Policy Number ANSI: SBR03 |

Resolutions

If this rejection is being received, it means a valid group policy number is required, and either a number was not received or we received a default number of 999999.

This rejection is received primarily on claims submitted to "No Card"; payers. Claims submitted to "No Card" payers must have a valid group number on the claim.

May only contain a-z, 0-9, /, space, or -. No other special characters are allowed. May not contain the same value as the Claim Certificate ID/Insured ID.

May not contain all zeroes.

This rejection is typically only received on Payers that are not Blanket No-Card Payers.

INVALID PAYER - NOT ON FILE

Payer ID Submitted is Not a Valid Payer ID for Institutional Claims.

Error Code: 3005B

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------------|
| HCDS | 30 | HCDS: Field 5, Positions 26-30 |
| ANSI | 2010bc | ANSI: NM109 NM108 qualifier of PI |

Resolutions

If this error is received, it means that the payer ID entered on the claim is not a valid payer ID, or it is a payer ID that is valid only on Medical/Professional claims.

For an updated payer list, please go to www.Emdeonenvoy.com.

INVALID PR PROC CODE/NOT ON FILE

Invalid Principal Procedure Code/Principal Procedure Code Not on File

Error Code: 70092

Line of Business: Choose a type

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------------|
| HCDS | 70 | HCDS: Field 13, Positions 79 – 85 |
| ANSI | 2300 | ANSI: HI01-2 |

Resolutions

If this rejection is received, it means Emdeon received a principal procedure code that is not valid.

Correct by entering a valid Principal Procedure Code and resubmit.

This error can also be caused by a mis-match between the procedure coding method and the code being used. For example, if ICD-9-CM codes are specified as the procedure coding method, the code must be a valid ICD-9-CM code.

INVALID PROC CODE/NOT ON FILE

The Procedure code entered is either invalid, or not located on Emdeon's procedure code table

Error Code: 70122

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 70 | Field 13, positions 79-85 Field 15, positions 92-98 Field 17, positions 105-111 Field 19, positions 118-124 Field 21, positions 131-137 Field 23, positions 144-150 |
| HCDS Plus | 70 | Field 13, positions 79-85 Field 15, positions 92-98 Field 17, positions 105-111 Field 19, positions 118-124 Field 21, positions 131-137 Field 23, positions 144-150 |
| ANSI | 2300%20Loop | HI01-2 Procedure code HI101-1 of BP for HCPCS BR for ICD-9 |

Resolutions

When this rejection is received, Emdeon was unable to validate that the procedure code transmitted is a valid code.

Please verify the validity of the rejected procedure code.

INVALID STATE CODE ABBREVIATIO

INVALID PATIENT STATE CODE ABBREVIATION

Error Code: 20162

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 20 | Patient State Abbreviation Field 15, Positions 118-119 |
| HCDS Plus | 20 | Patient State Abbreviation Field 15, Positions 118-119 |
| ANSI | 2010CA | When Patient is not equal to Subscriber: N402 |
| ANSI | 2010BA | N402 When 2000B SBR02 = 18, (Patient = Subscriber) |

Resolutions

This error will be received when the state abbreviation is not a valid, two position, standard state abbreviation.

Please check that the state abbreviation is two positions.

For states such as Oklahoma (OK), Missouri (MO), Louisiana (LA), Florida (FL); make sure that you are using the letter "O"; not the numeral zero. Also make sure that you are using the letter "L" not the numeral 1.

State code must not be blank.

INVALID SUBSCRIBER FIRST NAME

First name of subscriber is not correct

Error Code: AG0041

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|---|
| MCDS | D0 | D0-12 pos. 123-132 |
| NSF+ | DA0+20.0+Insured+First+Name+position+202+-213 | CA0 05.0 Patient First Name 43- 54 DA0 20.0 Insured First Name 202- 213 |

| | | |
|-------|--|---|
| EMCDS | D0-12+Insured+First+Name+ +position+123-132 | C0 05 Patient First Name position 42- 51 D0 12 Insured First Name position 123 -132 |
| PCDS | D0-12+Insured+First+Name +position+123-132 | C0 05 Patient First Name position 42- 51 D0- 12 Insured First Name position 123-132 |
| NSF | CA0+05+Patient+First+Name +position+43-+54 | CA0 05.0 Patient First Name position 43- 54 DA0 20.0 Insured First Name position 202- 213 |
| ANSI | 2010BA+NM104++Subscriber +First+Name | 2010BA NM104 Subscriber First Name 2330A NM104 Other Subscriber First Name |

Resolutions

When seeing this rejection please view the patient card and correct the subscriber first name. If the subscriber name is as it appears on the card, call or fax EBS the insurance card so that it can be corrected.

This often occurs when a patient name is less than two characters, or contains invalid characters.

INVALID,CLAIM NUM = GROUP NUMBER

Invalid: Claim Number (Insured ID) Equals the Group Number

Error Code: 30076

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 30 | Claim Certificate ID HCDS: Field 7, Positions 35-53 |
| HCDS | 30 | Group Policy/Plan Number HCDS: Field 10, Positions 80-96 |
| ANSI | 2000%20B | Insured Group or Policy Number ANSI: SBR03 |
| ANSI | 2010%20BA | Subscriber Primary Identifier ANSI: NM109 |

Resolutions

This is a standard edit. If the payer in question has issued a group number that is the same as the insured ID, please advise the agent taking the call so this can be investigated further.

If this rejection is received, it means that the claim number (insured ID) received by Emdeon was the same as the group number.

Lab procedure not assigned

Medicare requires that providers accept assignment of benefits on lab procedures.

Error Code: AG0000

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| PCDS | E0 | Field 4 position 22 must contain "A" or "B" for lab procedure codes. |
| MCDS | E0 | Field 4 position 22 must contain "A" or "B" for lab procedure codes. |
| NSF | EA0 | Field 34 position 199 must contain "A" or "B" for lab procedure codes. |
| NSF+ | EA0 | Field 34 position 199 must contain "A" or "B" for lab procedure codes. |
| ANSI | 2300 | CLM07 must contain an A or a B for lab procedure codes. |

Resolutions

Medicare requires lab procedures to be assigned. If the procedure code is a lab code, then the assignment of benefits indicator needs to be either "A" or "B"

MED'CR PROV NUM INVALID FOR PAYOR

Medicare provider number is invalid for this payer

Error Code: 1006B

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 10 | HCDS: Field 6 Positions 22-34 |
| ANSI | 2010AA | ANSI: Segment REF02 REF01 Qualifier = 1C |
| HCDS Plus | 10 | Field 6, Positions 22-34 |

Resolutions

This error occurs when the Medicare billing provider number received by Emdeon is invalid according to payer specific edits in place. Recommend correcting the Medicare billing provider number and resubmitting the affected claim.

This is a payer specific requirement but is typical for Medicare payers. In this instance, the claim contains a Medicare billing provider number but the submitted ID is not in the payer's required format. Please see the Exhibit 99 for the billing requirements for this payer. This error should not be confused with any similar payer specific edit for rendering provider information.

MED'CR PROV NUM REQ FOR THIS P

Medicare Billing Provider Number Required for this Payer

Error Code: 1006A

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------------------------|
| HCDS | 10 | HCDS: Field 6 Positions 22-34 |
| ANSI | 2010AA | Segment REF02 REF01 qualifier=1C |
| HCDS Plus | 10 | Field 6, Positions 22-34 |

Resolutions

This error occurs when the Medicare billing provider number is not received in the incoming claim file for Medicare claims or an incorrect ANSI qualifier is received. Recommend resubmitting this claim and ensuring the Medicare billing provider ID is located in the correct field and sent with the correct ANSI qualifier, if appropriate.

This is a payer specific requirement but is typical for Medicare payers. In this instance, the payer is asking for the provider number for the billing provider. Please see the Exhibit 99 for the billing requirements for this payer. This error should not be confused with any similar payer specific edit for rendering provider information.

Membership number not on file.

Member is not enrolled with payer or payer can not identify the member ID.

Error Code: AG0025

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|---|
| NSF | DA0-18+Insured+ID+Number +position+157-181 | DA0-18 Insured ID Number position 157-181 |
| NSF+ | DA0-18+Insured+ID+Number +position+157-181 | DA0-18 Insured ID Number position 157-181 |
| PCDS | D0-07++Insured+id+pos+32-48 | D0-07 Insured id pos 32-48 |
| EMCDS | D0-07+Insured+ID+position+32-48 | D0-07 Insured ID position 32-48 |
| ANSI | 2010BA+NM109+Subscriber+ID+ | 2010BA NM109 Subscriber ID 2330A NM109 Other Subscriber ID |

Resolutions

This is a payer rejection. When seeing this rejection, please verify information is correct on the Insured ID card and contact the payer to verify that the patient has not received a new card.

missing/invalid ordering provider UPIN

Ordering provider UPIN is missing or invalid

Error Code: FA201

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF+ | FB1 | Field 09, positions 106-120 Requires a 1G in Field 23, position 280-281 as an indicator. |
| ANSI | 2420E | REF01 must contain a 1G qualifier. REF02 contains the ordering physicians UPIN number |
| NSF | FB1 | Field 09.0 position 106-120 |

Resolutions

Verify that the UPIN number contains 1 alpha and 5 numerics. Verify it is in the correct position for your billing format. Verify that the appropriate qualifier has been sent identifying the information as a UPIN.

missing/invalid referring provider ID

Referring provider id is missing or invalid

Error Code: E025A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | EA%40 | Field 40.0, positions 284-285 Referring provider id qualifier(varies depending on payer) Field 33.0, positions 215-229, Referring Provider Secondary ID |
| MCDS/DCDS | E0 | Field 25, Positions 104-112 Referring Provider ID |
| ANSI | 2310A | REF Segment Element 01= qualifier (various depending on payer) Element 02= referring provider id |
| NSF | EA0 | Field 20.0, positions 80-94, Referring Provider Id # |

Resolutions

Emdeon received a referring provider ID that is either missing or invalid for the payer submitted. Please verify the provider ID and qualifier for the referring physician. Clients can find the most up to date payer specific edits by using the Exhibit 99 for that payer.

missing/invalid referring provider UPIN

referring provider UPIN is missing or invalid

Error Code: FA202

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | FB1 | Referring Provider UPIN Claim Level EA0 field 21B position 119 = U EA0 field 20 positions 80-94 Line Level FB1 field 13 positions 154-168 |
| MCDS | E0+ | Referring Provider UPIN field 24 positions 103 = U field 25 positions 104-112 |
| NSF+ | FB1 | Referring Provider UPIN FB1 field 13 positions 154-168 Line Level EA@field 33 positions 215-229 Qualifier EA@ field 40 positions 284-285 |
| ANSI | 2310A | Referring Provider UPIN Loop 2310A Segment REF element 1=1G qualifier Element 2=UPIN Line Level Loop 2420F Segment REF element 1=1G qualifier Element 2=UPIN |

Resolutions

Verify that the UPIN number contains 1 alpha and 5 numerics. Verify it is in the correct position for your billing format. Verify that the appropriate indicator has been sent identifying the identifying information as a UPIN.

Missing/invalid registration for (Health Plan Name).

Missing/invalid registration for (Health Plan Name).

Error Code: AG0028

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| | | Resolutions This plan will require registration through the Medifax enrollment department. Please call 1-800-296-3736 option 2 (or transfer the client to queue 80269). The Emdeon enrollment form must be pulled from the website and faxed to the number on the sheet. |

Must provide both first and last Ordering Provider name

Must provide both first and last Ordering Provider name if either is sent.

Error Code: AG0009

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|-------|-------------------|--|
| eMCDS | FB2 | FB2-06 Ordering Prov Last Name pos.73-92 FB2-07 Ordering Prov First Name pos.93-104 FB2-08 Ordering Provider MI pos.105 |
| PCDS | F6+(DK+qualifier) | F6-07 Provider Last Name / Organization Name pos.27-61 svl_prov_lnm F6-08 Provider First Name pos.62-73 svl_prov_fnm F6-09 Provider Middle Initial pos.74 svl_prov_mi |
| NSF | FB1 | Ordering physicians last name goes in Field 06.0 Position 73 to 92 Ordering physicians First name goes in Field 07.0 Position 93 to 104 Ordering physicians middle initial goes in Field 08.0 Position 105 |
| NSF+ | FB1 | Ordering physicians last name goes in Field 06.0 Position 73 to 92 Ordering physicians First name goes in Field 07.0 Position 93 to 104 Ordering physicians middle initial goes in Field 08.0 Position 105 |
| ANSI | 2420E | NM101 requires a DK qualifier Ordering physicians last name goes in NM103 Ordering physicians First name goes in NM104 Ordering physicians Middle initial goes in NM105 |

Resolutions

This error is often received when an organization name is sent instead of the actual ordering provider. When sending the ordering physicians name, it must contain both a first and last name.

NO CLAIMS IN INPUT FILE

ERROR: The file submitted did not contain any complete claims.

Error Code: A0016

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | C0 | A complete MCDS/DCDS claim MUST CONTAIN the following records: C0, at least 1 D0 record, E0 (medical), at least 1 F0 (medical), at least 1 F5 (dental) and X0. Batches must be completed with a Y0 and B0 record, and files must start and stop with an A0 and Z0 record. |

| | | |
|----------|-------|---|
| NSF | CA0 | NSF format files MUST contain at least one claim with the EACH of the following records: CA0, at least 1 DA0, EA0, at least 1 FA0, and XA0. Batches must be completed with a YA0 and BA0 record, and files must start and stop with an AA0 and ZA0 record. |
| NSF Plus | CA0 | NSF+ format files MUST contain at least one claim with the EACH of the following records: CA0, at least 1 DA0, EA0, at least 1 FA0, and XA0. Batches must be completed with a BA0, BA1 and YA0 record, and files must start and stop with an AA0 and ZA0 record. |
| ANSI | 2000B | Complete claims for ANSI submitters MUST contain the following loops: 2000B — SUBSCRIBER HIERARCHICAL LEVEL 2010BB — PAYER NAME 2010CA — PATIENT NAME 2300 — CLAIM INFORMATION 2400 — SERVICE LINE ANSI Submitters files will need to contain ISA, GS, GE, and IEA envelope structures, as well as ST and SE transaction set headers, and BHT hierarchal transaction headers at the file level. They must also contain loops 1000A — SUBMITTER NAME, 1000B — RECEIVER NAME, 2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL, and 2010AA — BILLING PROVIDER NAME at the batch level. |

Resolutions

When this file level rejection is received, Emdeon was unable to verify that the file transmitted contained a complete claim. Please review the file structure to ensure it is in the proper format, and that at least one repetition of all of the above required records/loops is contained in the file for your format.

NO MTCH PROV ID, NOT ON FILE,RSUBT

No Match for the Provider ID with the HIP-NY Specific Provider Table.

Error Code: E614D

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------------------|
| MCDS/DCDS | E6 | Field 14, positions 71-85. |

| | | |
|------|-------|---|
| NSF | EA%40 | Field 32, positions 200-214 (Claim Level) |
| ANSI | 2310b | REF02 (Claim Level) N5 in REF01 |
| ANSI | 2420a | REF02 (Line Level) N5 in REF01 |
| NSF | FA%40 | Field 12, positions 84-98 (Line Level) |

Resolutions

Per the payer list: Individual provider enrollment is required by HIP of NY.

Please call HIP of NY Provider Relations to obtain the enrollment form at (800) 447-8386 or e-mail at edisupport@hipusa.com. HIP sends us the list of approved providers weekly. If the provider ID is not on this list, we will reject the claim.

Please see the exhibit 99 for more information on the format of the provider ID for HIP of NY (Payer ID 55247).

NO REV CODE/HCPCS NOT ALLOWED

If a HCPCS procedure code is received on a service line, an associated revenue code must be transmitted for that service line.

Error Code: 61053

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS Plus | 61 | Revenue Code 1: Field 4, pos 25-28 AND HCPCS Code 1: Field 5, pos 29-33 Revenue Code 2: Field 14, pos 85-89 AND HCPCS Code 2: Field 15, pos 85-89 Revenue Code 3: Field 24, pos 137-140 AND HCPCS Code 3: Field 25, pos 141-145 |
| ANSI | 2400%20Loop | Revenue Code: SV201 HCPCS Code: SV202-2, with SV202-1 qualifier of HC |
| HCDS | 61 | Revenue Code 1: Field 4, pos 25-28 AND HCPCS Code 1: Field 5, pos 29-33 Revenue Code 2: Field 14, pos 85-89 AND HCPCS Code 2: Field 15, pos 85-89 Revenue Code 3: Field 24, pos 137-140 AND HCPCS Code 3: Field 25, pos 141-145 |

Resolutions

When this rejection is received, Emdeon received a HCPCS code without an associated revenue code.

Please verify that if a HCPCS procedure code is transmitted, a revenue code is also included on that service line.

NVALID SUBSCRIBER FIRST NAME

NVALID SUBSCRIBER FIRST NAME

Error Code: AG0021

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-----------------|---|
| MCDS | D0+record | D0-07, Insured ID, positions 32-48 D0-12, Insured First Name, positions 123-132 |
| NSF, NSF+ | DA0+record | DA0-18, Insured ID, positions 157-181 DA0-20.0, Insured First Name, positions 202-213 |
| ANSI | 2010BA%2c+2330+ | NM104, Subscriber First Name NM109, Subscriber Primary ID |

Resolutions

This is a carrier-generated error. When this error is received, the first name of subscriber does not match the first name associated with the insured ID, as determined by the payer. Please ensure that the transmitted first name is verified against the carrier's insured ID card and current registration with the payer.

It is recommended that if this information is verified, and a discrepancy is found, that you contact the carrier directly to determine the cause for the rejection.

OCCURRENCE CODE 1 IS INVALID

The First Occurrence Code (1) is Invalid

Error Code: 40142

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 40 | Field 8, Positions 82-83 See exhibit 6 for valid codes |
| ANSI | 2300 | HI01-2 Qualifier in HI01-1 must be BH See NUBC external code source |

Resolutions

When you receive this error, Emdeon processed a claim with an invalid first occurrence code. If transmitting HCDS, please see exhibit 6 for valid codes. For ANSI, please see NUBC occurrence code list. Please correct this claim and resubmit.

PAYER REQ::FOLLOWE BY NUMER

Payer requires the group policy / plan number and that it begin with :: or --

Error Code: 3010M

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 30 | HCDS: Field 10 Positions 80-96 |
| ANSI | 2000B | Subscriber Segment SBR-03 |
| ANSI | 2320 | Other Subscriber Segment SBR-03 |

Resolutions

The payer requires the group policy or plan number to be entered in the claim when the claim payment trigger (HCDS Field 27 position 192 or ANSI Segment SBR07) is X and the Source of payment (HCDS Field 4 position 25 or ANSI Segment SBR09) is not C (Medicare).

As of July 05, the only payer with this requirement is Sloan's Lake, payer ID: 84096

This edit calls for the Group Number field to be populated with either :: or -- followed by the group number.

PRIC METH = 5-7, PRICE RATE IS REQ

Pricing Methodology equals code 05 thru 07, then the Repricing Per Diem or Flat Rate Amount is required

Error Code: 66102

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|------------------|--|
| ANSI | 2300%20or%202400 | HCP01 = Pricing Methodology HCP05 = Repricing Per Diem or Flat Rate Amount |
| HCDS | 66 | Field 09 position 73 Pricing Methodology Field 10 position 74 -81 Pricing Rate |
| HCDS Plus | 66 | Field 09 position 73 Pricing Methodology Field 10 position 74 -81 Pricing Rate (ICDS) RT66-09 position 75 Pricing Methodology RT66-10 position 76-83 Pricing Rate |

Resolutions

If the Pricing Methodology equals code 05 thru 07, then the Repricing Per Diem or Flat Rate Amount is required to be greater than \$0

(ICDS Location)

RT66-09 position 75

Pricing Methodology

RT66-10 position 76-83

Pricing Rate

PRIN DIAGNOSIS CODE IS REQUIRED

A Principal Diagnosis code is required.

Error Code: 70042

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | RT%2070 | Principal Diagnosis Code: Field 4, pos 25-30 |
| HCDS Plus | RT%2070 | Principal Diagnosis Code: Field 4, pos 25-30 |
| ANSI | Loop%202300 | HI01-2 with a HI01-1 qualifier of BK |

Resolutions

When this rejection is received, Emdeon received a claim without a principal diagnosis code.

Please verify that a valid principal diagnosis code is transmitted with the claim.

PRINCIPAL PROC CODE NOT ENTERED

PRINCIPAL PROCEDURE CODE NOT ENTERED

Error Code: 70113

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------------------------|
| HCDS | 70 | Field 13, Positions 79-85 |
| HCDS Plus | 70 | Field 13, Positions 79-85 |
| ANSI | 2300 | HI01-2 With HI01-1 Qual of BP or BR |

Resolutions

This rejection indicates that a principal procedure code was not entered. Please check the appropriate Record 70 fields for HCDS or HCDS Plus.

For ANSI, ensure that the procedure code is entered and that either BP or BR, depending on the coding method, is entered as the code qualifier to indicate that the code is the primary procedure code.

BP = CPT-4 Principal Procedure Coding Method

BR = ICD-9 Principal procedure Coding Method

PRN PROC DT GRTR THAN STMT THRU-DT

The principal procedure date submitted cannot be greater / later than the statement period thru date.

Error Code: 70115

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|------|---|
| HCDS | 70 | Field 14, Positions 86 - 91 in format MMDDYY |
| ANSI | 2300 | HI01-4 in format CCYYMMDD HI01-3 qualifier D8 |

Resolutions

If this rejection is received, it means that Emdeon received a Principal Procedure Date greater / later than the Statement Period Thru Date.

Correct either the Principal Procedure Date or the Statement Period Thru Date, as the Principal Procedure Date cannot be greater / later than the Statement Period Thru Date.

PROCEDURE CODE METHOD MUST = 9

Procedure Coding Method Must Equal 9 (ICD9 Codes).

Error Code: 70274

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 70 | HCDS: Field 27, Position 169 Code values: 4 = CPT4 5 = HCPCS 9 = ICD9 CM |
| ANSI | 2300 | ANSI: HI01-1 (Code List Qualifier Code) ANSI code list qualifier codes: BP = CPT-4 BR = ICD-9-CM |

Resolutions

If the procedure coding method contains a value 9 (ICD-9 codes), all procedure codes in the record type 70 must be ICD-9-CM procedure codes. If ICD-9 procedure codes are being used, the procedure coding method must be 9 (ICD-9 Codes).

If the Code List Qualifier Code = BR, all procedure codes must be ICD-9-CM procedure codes. If ICD=9 procedure codes are being used, the code list qualifier code must = BR.

Blue Cross of California claims (payer ID 47198), that have Revenue Codes = 36x, 37x, 70x-72x, 75x, or 79x must use ICD9 Procedure Codes (Procedure Coding Method 9).

PROV ID INVALID FOR PAYER

The Supplied Provider ID is not a valid Provider ID for this payer.

Error Code: 30243

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|------------------------|--|
| ANSI | 2310%20A%20or%202010AA | 2310A, REF02 with a REF01 qualifier of G2. If this is not populated, will default to 2010AA, REF02 if a REF01 qualifier of G2 is present |
| HCDS | Record%20Type%2030 | Field 24, positions 160-172 |

Resolutions

When this error is received, the Provider ID furnished does not match the pattern of assigned IDs for the payer the claim is destined for. This is a payer specific edit. Please refer to the Exhibit 99 for further details.

Leading spaces in an ANSI data element are read as significant and can cause an otherwise valid ID to reject.

PROV ID INVALID FOR PAYER

Payer Assigned Provider ID Invalid for Payer

Error Code: E614F

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 14, positions 71-85 |
| NSF | EA@ | Field 32, positions 200-214 (Claim Level) |
| NSF | FA@ | Field 12, positions 84-98 (Line Level) |
| ANSI | 2310b | REF02 (Claim Level) N5 in REF01 |
| ANSI | 2420a | REF02 (Line Level) N5 in REF01 |

Resolutions

This is a payer specific edit. We will only edit for this if the payer requires it and wants us to edit for it. Please check the exhibit 99 for the payer in question. This error indicates that a Provider ID has been entered but does not meet the format requirements set forth by the payer.

PROV ID REQUIRED FOR THIS PAYOR

A Payer Assigned Provider ID is Required for this Payor.

Error Code: 30242

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 30 | Provider ID Number HCDS: Field 24, Positions 160-172 |
| ANSI | 2310A | Attending Physician Secondary Identification ANSI: REF02, REF01 Qualifier of G2 |

Resolutions

This is a payer specific edit. If this error is received, it means that Emdeon did not receive a provider ID in this field.

Please see the Exhibit 99 for further information on the requirements for the payer in question.

This edit reflects the fact that Emdeon did not receive a valid commercial provider number. This may be because the payer assigned commercial provider number was not sent in the correct location, or was transmitted with an incorrect qualifier for the provider's ID.

Provider Number Not on file

Provider number not enrolled

Error Code: AG0042

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|--|
| MCDS | F0-15+ | Position 59-73, Performing Provider ID |
| NSF | FA0-23+Rendering+Provider+ID+position+93-107 | FA0-23 Rendering Provider ID position 93-107 |
| NSF+ | EA%40+32.0+Rendering+Provider+Secondary+ID+position+200-214 | EA@ 32.0 Rendering Provider Secondary ID position 200-214 EA@ 42.0 Rendering Provider Secondary ID Qualifier 296-297 |
| EMCDS | FA0-23+Performing+Provider+ID+position+93-107 | FA0-23 Performing Provider ID position 93-107 |
| PCDS | E7-07+++Provider+Secondary+Identifier+REF02 | E7-06 Provider Secondary Identifier Qualifier REF01 with 1B E7-07 Provider Secondary Identifier REF02 |
| ANSI | 2310B+REF02+ | 2310B REF01 with a 1B qualifier 2310B Ref 02 |

Resolutions

This is a Payer rejection. When seeing this rejection, please verify the provider ID that was transmitted. If this has been done, please contact the payer to verify the provider ID.

Provider number not valid.

Provider number submitted is not enrolled or not correct. If the number is on the claim it may have the incorrect qualifier.

Error Code: AG0026

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|------------------------------|----------------|
| MCDS | F0-15+Performing+provider+ID | Position 59-73 |

| | | |
|-------|--|--|
| EMCDS | FA0-23+Rendering+Provider+ID+position+93-107 | FA0-23 Rendering Provider ID position 93-107 |
| NSF+ | EA%40+32+Rendering+Provider+Secondary+ID+postion+200-214 | EA@ 32 Rendering Provider Secondary ID position 200-214 EA@ 42.0 Rendering Provider Secondary ID Qualifier 296 297 |
| PCDS | E7-06+Provider+Secondary+Identifier+Qualifier+position+26-27 | E7-06 Provider Secondary Identifier Qualifier position 26-27 E7-07 Provider Secondary Identifier position 27-42 |
| NSF | FA0-23+Rendering+Provider+ID+position++93-107 | FA0-23 Rendering Provider ID position 93-107 |
| ANSI | 2310B+REF+01++Reference+Identification+Qualifier | 2310B REF 01 Reference Identification Qualifier 1B qualifier 2310B REF02 Reference Identification |

Resolutions

When seeing this rejection, please verify that you are sending the correct ID number and correct qualifier on the claim. Once the ID and qualifer are verified, please contact the payer to verify the provider ID is enrolled at the payer.

RENDER ADDR CONTAINS INVALID CHAR

Rendering Provider Address Contains Invalid Characters

Error Code: E6142

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| MCDS/DCDS | E6 | Field 15, Positions 86-103 |
| NSF | BA1 | Claim Level Field 7, Positions 35-64. |
| ANSI | 2310d | N3 Segment Must have 77 qualifier. |
| NSF | FA%40 | Line Level Field 13, Positions 99-116 |
| ANSI | 2420C | N301 Must have 77 qualifier |

Resolutions

If this rejection is received, it means Emdeon received characters in the rendering provider address field that are not valid.

The only valid characters in this field are A-Z, 0-9, space, comma, period, ampersand (&), pound sign (#), and forward slash (/). No other special characters are allowed, and that address may not be less than 2 characters in length.

REQ: PROV ID IN NETWK ID FOR PAYER

Rendering Provider Network ID is Required for the Payer.

Error Code: E6146

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 14, Positions 71-85 |
| NSF | EA%40 | Claim level Field 32, Positions 200-214. |
| ANSI | 2310b | REF02 REF01 must have N5 qualifier. |
| NSF | FA%40 | Line level Field 12, positions 84-98 |
| ANSI | 2420a | REF02 REF01 must have N5 qualifier |

Resolutions

If this rejection was received, it means Emdeon did not receive a rendering provider network ID on a claim that required one. Please add this information to the claim and resubmit. This is a payer specific edit, please consult the Exhibit 99 for the payer requirements.

Please note that if a provider enters claims into the software by populating information in a HCFA-1500 format in their software, there is no field in the HCFA-1500 for the rendering provider network ID. The software vendor will have to assist the provider in getting this information into their system.

REQ: ACC DT IF ACC IND PRESENT

Required: If an accident indicator is present, the accident date is required.

Error Code: E0146

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | E0-13, pos 57, Accident Indicator values of: A = Automobile accident N = non-automobile accident space = not an accident E0-14, pos 58-63, Date Date format = MMDDYY |
| NSF | EA0 | EA0-05, pos 24, Accident Indicator values of: A = Auto accident O = Non-auto accident EA0-07.0, pos 26-33, Accident Date Date format = CCYYMMDD |
| NSF Plus | EA0 | EA0-05.0, pos 24, Accident Indicator EA0-07.0, pos 26-33, Accident/Symptom Date Date format = CCYYMMDD |
| ANSI | 2300 | CLM11-1 with values: Auto Accident AA Another Party Responsible AP Other Accident OA Accident Date-DTP03 with DTP01 qualifier of 439 Date format = CCYYMMDD |

Resolutions

When this rejection is received, Emdeon received an accident indicator without an accident date. Please verify that if the claim was related to an accident, that the date of the accident is correctly populated.

REQ: ACCIDENT STATE

Required: If an accident is indicated, the state the accident occurred in is required.

Error Code: E0162

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-------------------------------------|
| NSF | EA0 | EA0-10.0, pos 40-41, Accident State |
| ANSI | 2300 | CLM11-4 |
| NSF Plus | EA0 | EA0-10.0, pos 40-41, Accident State |
| MCDS/DCDS | E0 | E0-16, pos 67-68, Accident State |

Resolutions

When this rejection is received, Emdeon received a accident indicator without indicating the state that the accident occurred in. Please verify that the state the accident occurred in is populated on all accident related claims.

REQ: ANESTHESIA MINUTES

Required: Anesthesia Minutes

Error Code: FA193

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | FA0 | Field 19, positions 87-89 |
| ANSI | 2400 | SV104 (With MJ modifier in SV103) |
| MCDS/DCDS | F0 | Field 16, positions 74-76, Field 30, positions 131-133 Field 44, positions 188-190 |

Resolutions

Typically this rejection happens because there is a type of service of 7 (anesthesia), but there are no minutes on the claim

What also happens is more than one line item is sent and the minutes are entered for the wrong line item. This can happen when there is more than one line item, but only one line item is for anesthesia.

REQ: BILLING SEC ID QUAL

Required: Billing Secondary ID Qualifier

Error Code: XBS01**Line of Business: Medical/Dental**

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| NSF Plus | BA0 | Field 29, Positions 307-308 Qualifier is required if Field 16, Positions 135-149 are populated |
| ANSI | 2010AA | REF01 Billing Provider Secondary Reference Number Qualifier. REF02: 0B State License Number 1A Blue Cross Provider Number 1B Blue Shield Provider Number 1C Medicare Provider Number 1D Medicaid Provider Number 1G Provider UPIN Number 1H CHAMPUS Identification Number 1J Facility ID Number B3 Preferred Provider Organization Number BQ Health Maintenance Organization Code Number EI Employer's Identification Number FH Clinic Number G2 Provider Commercial Number G5 Provider Site Number LU Location Number SY Social Security Number U3 Unique Supplier Identification Number (USIN) X5 State Industrial Accident Provider Number |

Resolutions

This error message results whenever Emdeon receives Billing Provider Secondary information within the claim, but the Billing Provider Secondary Reference Number Qualifier has not been transmitted. Please correct and resubmit this claim.

REQ: CONFINE DISCHARGE DATE

Confinement (Hospitalization) Discharge Date is Required.

Error Code: E0206**Line of Business: Medical/Dental**

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------------|
| MCDS/DCDS | E0 | Field 20, Positions 77-82. |
| NSF | EA0 | Field 27, Positions 163-170. |
| ANSI | 2300 | DTP03 DTP01 must have 096 qualifier. |

Resolutions

If this rejection is received, Emdeon received a claim requiring the discharge date for services performed in a health care facility. Please correct the claim by adding the discharge date and resubmit the claim.

REQ: CONFINE FROM DATE

Confinement From Date (Admission Date) is Required.

Error Code: E0191

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------------|
| MCDS/DCDS | E0 | Field 19, Positions 71-76. |
| NSF | EA0 | Field 26, Positions 155-162 |
| ANSI | 2300 | DTP03 DTP01 must have 435 qualifier. |

Resolutions

If this rejection was received, it means that the confinement from date (admission date) was required on the claim and none was received. Please correct the claim by adding this information and resubmit the claim.

This rejection is triggered based on the Place of Service. If you feel that you have received this rejection in error, please make sure that the Place of Service is correct on the claim.

REQ: GROUP POLICY #

Required: Subscriber Group Policy/Plan Number

Error Code: D0092

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------|
| MCDS/DCDS | D0 | Field 09, positions 66-85 |
| ANSI | 2000b | SBR03 |
| ANSI | 2320 | SBR03 |
| NSF | DA0 | Field 10, positions 69-88 |

Resolutions

Consult the Exhibit 99. There may be specific edits for the group number format (for example payer ID 62308). Typically, this is HCFA Box 11.

Consult the payer list. If they are a no-card payer (for example payer ID 39141), a group policy number is required.

REQ: GRP NAME

Required: Claims sent to this payer require an insured group's name.

Error Code: D0107

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | DA0 | DA0-11.0, positions 89-121, Group Name |
| NSF Plus | DA0 | DA0-11.0, positions 89-121, Group Name |
| ANSI | 2000B | SBR04 |
| MCDS/DCDS | D0 | D0-10, positions 86-102, Group Name |

Resolutions

When this rejection is received, Emdeon did not receive a group name for a payer that requires this information. As this is a payer specific edit, clients are encouraged to visit the Exhibit 99 to view the most current field requirements for any payer.

REQ: HANDICAP PROG IND

Required: When a Special Program Code is entered, the handicapped program indicator is required.

Error Code: EC110

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | EA%40 | EA@-11, positions 74-75, Program for Handicap Ind |
| NSF | EA0 | EA0-41.0, positions 246-247, Special Program Indicator |

Resolutions

When this rejection is received, Emdeon received a special programs indicator without an indication of what the program is related to. Please ensure that any time a special program code is indicated, that the appropriate value is populated to indicate the type of program.

REQ: INSURED BIRTHDATE

Required: The Date of Birth of the INSURED is required.

Error Code: D0191

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | DA0 | DA0-24.0, positions 219-226, Insured Date of Birth Format = CCYYMMDD |

| | | |
|-----------|--------------------|--|
| NSF Plus | DA0 | DA0-24.0, positions 219-226, Insured Date of Birth Format = CCYYMMDD |
| ANSI | 2320%20OR%202010BA | DMG02 Format = CCYYMMDD |
| MCDS/DCDS | D0 | D0-19, positions 140-147, Insured Birthdate Format = MMDDCCYY |

Resolutions

When this rejection is received, WebWMD received a claim that did not contain the date of birth for the insured for a payer. Please verify that the date of birth is populated for both the patient and the insured, and that it is populated for all payers.

REQ: INSURED FIRST NAME

Required: Insured's (Subscriber) First Name

Error Code: D0121

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 12, positions 123-132 |
| NSF | DA0 | Field 20, positions 202-211 |
| ANSI | 2010ba | NM104 |

Resolutions

If this message is received, Emdeon received no name in the Insured First Name field.

This can also occur if the first position of the field is left blank.

REQ: INSURED ID

Required: Insured (Subscriber) ID Number

Error Code: D0071

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|-----------------------------|
| MCDS/DCDS | D0 | Field 07, positions 32-48 |
| NSF | DA0 | Field 18, positions 157-173 |
| ANSI | 2010ba | NM109 |
| ANSI | 2330a | NM109 |

Resolutions

This error can happen if no insured ID is entered at all.

REQ: LCNSE # IN NETWK ID FOR PAYER

Required: License Number in the Rendering Provider Network ID Field.

Error Code: E6144

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 14, positions 71-85. |
| NSF | EA@ | Field 32, positions 200-214 (Claim Level) |
| NSF | FA@ | Field 12, positions 84-98 (Line Level) |
| ANSI | 2310b | REF02 (Claim Level) N5 in REF01 |
| ANSI | 2420a | REF02 (Line Level) N5 in REF01 |
| NSF + | EA%40 | Field 42, Position 296-297, with N5 qualifier to indicate EA@ 32 is a rendering network ID |

Resolutions

This is a payer specific edit where the rendering provider's license number is required to be entered in the network ID field. Please refer to the exhibit 99 for the payer in question for more information on a specific payer.

REQ: LEGAL REP CITY

Required: When a legal representative is flagged, the legal representative city must be populated.

Error Code: C2101

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | CB0 | CB0-09.0, positions 116-135, Resp Person City |
| NSF Plus | CB0 | CB0-09.0, positions 116-135, Resp Person City |
| ANSI | 2010BC | N401, Resp Party City Name |
| MCDS/DCDS | C2 | C2-10, positions 90-104, Legal Representative City |

Resolutions

When this rejection is received, Emdeon received a claim that was flagged as having a legal representative without indicating the city in the address of the legal representative. Please correctly populate the entire address for a legal representative when a legal representative is required on the claim.

REQ: LEGAL REP FIRST NAME

Required: When a legal representative is indicated on a claim, the Legal Representative's First Name must be populated.

Error Code: C2061

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010BC | NM104, Resp Party First Name Is required if NM102 = 1 (Person) |
| NSF | CB0 | CB0-05.0, positions 43-54, Resp Person First Name |
| NSF Plus | CB0 | CB0-05.0, positions 43-54, Resp Person First Name |
| MCDS/DCDS | C2 | C2-6, positions 43-52, Legal Representative First Name |

Resolutions

When this rejection is received, Emdeon received a claim that was flagged as having a legal representative without indicating the first name of the legal representative. Please correctly populate the entire name for a legal representative when a legal representative is required on the claim.

REQ: LEGAL REP LAST NAME

Required: When a legal representative is indicated on a claim, the Legal Representative's Last Name must be populated.

Error Code: C2051

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2010BC | NM103, Resp Party Last/Org Name |
| NSF Plus | CB0 | CB0-04.0, positions 23-42, Resp Person Last Name |
| NSF | CB0 | CB0-04.0, positions 23-42, Resp Person Last Name |
| MCDS/DCDS | C2 | C2-5, positions 23-42, Legal Representative Last Name |

Resolutions

When this rejection is received, Emdeon received a claim that was flagged as having a legal representative without indicating the last name of the legal representative. Please correctly populate the entire name for a legal representative when a legal representative is required on the claim.

REQ: LEGAL REP STATE

Required: When a legal representative is flagged, the legal representative state must be populated.

Error Code: C2111

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010BC | N402, Resp Party State/Prov Code |
| NSF | CB0 | CB0-10.0, positions 136-137, Resp Person State |
| NSF Plus | CB0 | CB0-10.0, positions 136-137, Resp Person State |
| MCDS/DCDS | C2 | C2-11, positions 105-106, Legal Representative State |

Resolutions

When this rejection is received, Emdeon received a claim that was flagged as having a legal representative without indicating the state in the address of the legal representative. Please correctly populate the entire address for a legal representative when a legal representative is required on the claim.

REQ: LINE CHARGE

Required: Dental Service Line Charge

Error Code: F5101

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F5 | Field 10, positions 53-58 Field 20, positions 93-98 Field 30, positions 133-138 Field 40, positions 173-178 |
| ANSI | 2400 | SV302 |

Resolutions

Must be entered if the corresponding dental procedure code has been entered. Each F5 record has the capability of having 4 separate line items and associated charges. Please check all line items for completeness.

Verify line charge is an amount other than 0.

REQ: LINE CHARGE

Required: Dental Service Line Charge

Error Code: F5201

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2400 | SV302 |
| MCDS/DCDS | F5 | Field 10, positions 53-58 Field 20, positions 93-98 Field 30, positions 133-138 Field 40, positions 173-178 |

Resolutions

Must be entered if the corresponding dental procedure code has been entered. Each F5 record has the capability of having 4 separate line items and associated charges. Please check all line items for completeness.

Verify line charge is an amount other than 0.

REQ: MEDICAL ALL-PAYER ADDENDUM

REQ: MEDICAL ALL-PAYER ADDENDUM

Error Code: D2003

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

Resolutions

Vendor needs to contact sales.

Emdeon has an entry in the internal enrollment table for the submitter that states no non-par payers are to be processed under their contract; this means payers like Medicare/Medicaid, or BCBS. Only private commercial payers like Aetna, Cigna, UHC, etc... will be processed.

REQ: MUST = C FOR PAYER

Required: Claim/Line Qualifier Must = C (Claim Level) for the Payer.

Error Code: E6048

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 04, position22 (Claim Level) |
| NSF | EA%40 | This record by itself generates a "C" (Claim Level) when it is mapped to the E6 record. |
| NSF | FA%40 | This record by itself generates an "L" (Line Level) when it is mapped to the E6 record. |
| ANSI | 2310b | Triggers a claim level E6 record. |
| ANSI | 2420a | Triggers a line level E6 record. |

Resolutions

This is a payer specific edit. If this error was received, it means they only want claim level rendering provider records/loops. Please consult the exhibit 99 for the payer in question.

Mapping information for line level records is for purposes of illustration only. If you receive this rejection, the payer wants claim level information only; no line level rendering provider records should be sent.

REQ: NAME QUAL L OR O FOR PAYER

Required: Name Qualifier L (Last Name) or O (Organization) Required by Payer.

Error Code: E6083

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 08, position 36. O=Organization; L = Last Name |
| NSF | EA@ | Field 26, position 165 (Claim Level) O=Organization; L = Last Name |
| NSF | FA@ | Field 06, position 49 (Line Level) O=Organization; L = Last Name |
| ANSI | 2310b | NM102 (Claim Level) 1=Person (Last Name) 2=Non-Person (Organization) |
| ANSI | 2420a | NM102 (Claim Level) 1=Person (Last Name) 2=Non-Person (Organization) |

Resolutions

This is a payer specific edit. Please see the exhibit 99 for more details on the payer in question.

REQ: ORG/LST NAME FOR PAYER

Required: Provider Organization or Last Name for the Payer.

Error Code: E6093

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 09, positions. 37-53 |
| NSF | EA@ | Field 27, positions 166-182 (Claim level) |
| NSF | FA@ | Field 07, positions 50-66 (Line Level) |
| ANSI | 2310b | NM103 (Claim Level) |
| ANSI | 2420a | NM103 (Line Level) |

Resolutions

Please check the exhibit 99 for more specific edits for the payer in question.

This is a payer specific edit. If this rejection was received, it means that the last name/organization name of the provider was not received at Emdeon.

REQ: OTH PYR PRV ID QUAL

Required: Other Payer Provider ID Qualifier

Error Code: XDS04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2330 | REF02-Secondary ID, with valid REF01 2330D-Other Payer Referring/PCP Provider 2330E-Other Payer Rendering Provider 2330F-Other Payer Purchase Service Provider 2330G-Other Payer Service Facility Provider 2330H-Other Payer Supervising Service Provider |

Resolutions

This error message is received whenever Emdeon receives a claim with an Other Payer provider secondary identification number, but no Other Payer provider secondary identifier qualifier. Please correct and resubmit this claim.

REQ: PAYER ADDR 1

Required: The payer's address is required on this claim.

Error Code: D2041

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | DA1 | DA1-04.0, positions 23-52, Payor Address 1 |
| NSF Plus | DA1 | DA1-04.0, positions 23-52, Payor Address 1 |
| MCDS/DCDS | D2 | D2-04, positions 22-46, Payer's Address-a |
| ANSI | 2010BB | N301, Payer Address 1 |

Resolutions

When this rejection is received, Emdeon received a claim without indicating the address information for the payer. Please correctly populate the entire address for all payers on the claim.

REQ: PAYER CITY

Required: The payer's city is required on the claim.

Error Code: D2061

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010BB | N401, Payer City Name |
| NSF Plus | DA1 | DA1-06.0, positions 83-102, Payer City |
| NSF | DA1 | DA1-06.0, positions 83-102, Payer City |
| MCDS/DCDS | D2 | D2-06, positions 72-86, Payer's City |

Resolutions

When this rejection is received, Emdeon received a claim without indicating the city in the address information for the payer. Please correctly populate the entire address for all payers on the claim.

REQ: PAYER CLAIM OFFICE ID

Required: The Payer Claim Office ID is required, and was not received.

Error Code: D0061

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | D0 | D0-6, positions 28-31, Payer Claim Office ID |
| NSF | DA0 | DA0-08.0, positions 32-35, Payer Claim Office Id |
| NSF Plus | DA0 | DA0-08.0, positions 32-35, Payer Claim Office Number |
| ANSI | 2010BB | REF02 with a REF01 qualifier of FY |

Resolutions

When this rejection is received, Emdeon received payer information that was lacking a claim office ID. In order to properly identify the particular office that a claim should go to for a payer, please ensure that the claim office ID is correctly populated on all claims. Please consult the Emdeon payer list for further information on payers that require the claim office ID.

REQ: PAYER STATE

Required: The payer's state is required on the claim.

Error Code: D2071

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010BB | N402, Payer State/Prov Code |
| NSF | DA1 | DA1-07.0, positions 103-104, Payer State |
| NSF Plus | DA1 | DA1-07.0, positions 103-104, Payer State |

MCDS/DCDS D2

D2-07, positions 87-88, Payer's State

Resolutions

When this rejection is received, Emdeon received a claim without indicating the state in the address information for the payer. Please correctly populate the entire address for all payers on the claim.

REQ: POSITIVE CHARGES

Required: Positive Claim Total Charges

Error Code: X0131

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------|
| MCDS/DCDS | X0 | MCDS: Field 13 Positions 43-50 |
| NSF | XA0 | NSF: Field 12 Positions 78-84 |

Resolutions

Only positive numeric dollar amounts are acceptable at this time; negative values are not allowed. Typically, this applies to the claim total charge field, HCFA Box 28.

REQ: PRIM DIAG CODE

Required: Primary Diagnosis Code

Error Code: E0051

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | MCDS: Field 05 Positions 23-27 |
| ANSI | Loop 2300 | ANSI: Segment HI01-2 is the DIAG CODE when the qualifier, segment HI01-1=BK |
| NSF | EA0 | NSF: Field 30 Positions 179-183 |

Resolutions

This error occurs when no primary diagnosis code (ICD-9) was submitted for the illness or injury that was the primary reason for treatment. If a primary diagnosis code is not entered, then REFERRING PROVIDER LAST NAME & FIRST NAME must be entered.

The Primary Diagnosis Code must be entered if the specialty code does not contain one of the following: 045, 051-054, 059, 063, 069, 071-075, 087, 088, 095, N06.

Referring Provider Last Name

MCDS: E0-26 Positions 113-132

NSF: EA0-22 Positions 120-139

ANSI: Loop 2310A NM103, NM101=DN and NM102=1

Referring Provider First Name

MCDS: E0-27 Positions 133-142

NSF: EA0-23 Positions 140-151

ANSI: Loop 2310A NM104, NM101=DN and NM102=1

Specialty Code

MCDS: B0-22 Positions 181-183 (Specialty Code)

NSF: BA0-22 Positions 231-233 (Specialty Code)

ANSI: Loop 2000A PRV03 (Taxonomy Code)

REQ: PRIM DIAG CODE

Required: Primary Diagnosis Code

Error Code: EX050

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E0 | MCDS: Field 05 Positions 23-27 |
| NSF | EA0 | NSF: Field 30 Positions 179-183 |
| ANSI | Loop 2300 | ANSI: Segment HI01-2 is the DIAG CODE when the qualifier, segment HI01-1=BK |

Resolutions

This error occurs when no primary diagnosis code (ICD-9) was submitted for the illness or injury that was the primary reason for treatment.

If a primary diagnosis code is not entered, then REFERRING PROVIDER LAST NAME & FIRST NAME must be entered.

The Primary Diagnosis Code must be entered if the specialty code does not contain one of the following: 045, 051-054, 059, 063, 069, 071-075, 087, 088, 095, N06.

Referring Provider Last Name

MCDS: E0-26 Positions 113-132

NSF: EA0-22 Positions 120-139

ANSI: Loop 2310 A NM103, NM101=DN and NM102=1

Referring Provider First Name

MCDS: E0-27 Positions 133-142

NSF: EA0-23 Positions 140-151

ANSI: Loop 2310A NM104, NM101=DN and NM102=1

Specialty Code

MCDS: B0-22 Positions 181-183 (Specialty Code)

NSF: BA0-22 Positions 231-233 (Specialty Code)

ANSI: Loop 2000A PRV03 (Taxonomy Code)

REQ: PROCEDURE CODE

Required: Procedure Code 1 is required on the service line.

Error Code: F0091

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | F0-9 Medical Line Item-1, Procedure Code-1, pos 37-41 |

Resolutions

When this rejection is received, Emdeon received a service line without a procedure code. Please remember that all procedure codes sent electronically MUST contain only alpha and numeric characters- they should never contain imbedded or leading spaces, or any special characters. As this is the first code in the F0 record, if the F0 record is created, this procedure code must be populated.

REQ: PROCEDURE CODE

Required: The Second Procedure Code is required on this service line.

Error Code: F0231

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | F0-23 Medical Line Item-2, Procedure Code-2, pos 94-98 |

Resolutions

When this rejection is received, Emdeon received a service line without a procedure code. Please remember that all procedure codes sent electronically MUST contain only alpha and numeric characters- they should never contain imbedded or leading spaces, or any special characters. As this is the second procedure code, you will only receive this rejection when the service start date 2 has been populated.

REQ: PROCEDURE CODE

Required: The Third Procedure Code is required on this services line.

Error Code: F0371

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | F0-37 Medical Line Item-3, Procedure Code-3, pos 151-155 |

Resolutions

When this rejection is received, Emdeon received a service line without a procedure code. Please remember that all procedure codes sent electronically MUST contain only alpha and numeric characters- they should never contain imbedded or leading spaces, or any special characters. As this is the third procedure code, you will only receive this rejection when the service start date 3 has been populated.

REQ: PROCEDURE CODE

Required: The Procedure Code is required on the Dental Service Line for Denti-Cal.

Error Code: F3071

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| MCDS/DCDS | F3 | F3-7, Procedure Code, positions 31-35 |

Resolutions

When this rejection is received, Emdeon received a service line without a procedure code. Please remember that all procedure codes sent electronically MUST contain only alpha and numeric characters- they should never contain imbedded or leading spaces, or any special characters. The F3 record is a Denti-Cal specific record.

See Exhibit 7 of the DCDS specification for Denti-Cal specific codes.

REQ: PROCEDURE CODE

Required: A Procedure Code is required for this service line.

Error Code: FA094

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | FA0 | FA0-09.0, positions 60-64, HCPCS Procedure Code |
| NSF Plus | FA0 | FA0-09.0, positions 60-64, HCPCS Procedure Code |
| MCDS/DCDS | F0 | F0-9 Medical Line Item-1 Procedure Code-1, pos 37-41 F0-23 Medical Line Item-2 Procedure Code-2, pos 94-98 F0-37 Medical Line Item-3 Procedure Code-3, pos 151-155 |
| ANSI | 2400 | SV101-2 with a SV101-1 qualifier of HC |

Resolutions

When this rejection is received, Emdeon received a service line without a procedure code. Please remember that all procedure codes sent electronically MUST contain only alpha and numeric characters- they should never contain imbedded or leading spaces, or any special characters.

REQ: PROV CITY

Required: The Billing Provider's City is required.

Error Code: B0162

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| NSF | BA1 | BA1-15.0, positions 196-215, Billing Provider City |
| NSF Plus | BA1 | BA1-15.0, positions 196-215, Billing Provider City |
| ANSI | 2010AA | N401 |
| MCDS/DCDS | B0 | B0-16 , positions 124-138, Provider City |

Resolutions

When this rejection is received, Emdeon received a claim without indicating the city of the billing provider. Please correctly populate the entire address for the billing provider on the claim.

REQ: PROV ID FOR PAYER

Required: The Payer Assigned Provider ID

Error Code: D0202

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|---|------------------------------------|
| MCDS/DCDS | D0 | Field20, positions 148-160 |
| NSF | CA0 | Field 28, positions 213-225 |
| ANSI | 2310b% 20% 28if% 20present% 29% 20or% 202010aa | REF02 (With G2 qualifier in REF01) |

Resolutions

This is a payer specific edit. Error indicates that a payer assigned provider number is required but was not present. Please see the exhibit 99 for more details on what the payer requires. This number is sometimes referred to as the commercial provider number.

REQ: PROV LNAME IF PRIM DIAG BLANK

Required: Referring Provider's Last Name is Required if Primary Diagnosis Code is Blank

Error Code: E0261

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E0 | MCDS: Field 26 Positions 113-132 |
| ANSI | 2310A | ANSI: Segment NM103 is LNAME when qualifier segment NM102=1 |
| NSF | EA0 | NSF: Field 22 Positions 120-139 |

Resolutions

This error occurs when the primary diagnosis code is left blank. If it is left blank then the referring providers Last Name and First Name are required.

Referring Provider Last Name

MCDS: E0-26 Positions 113-132

NSF: EA0-22 Positions 120-139

ANSI: Loop 2310A segment NM103 (lastname) when qualifier segment, NM102=1

Primary Diagnosis Code

MCDS: E0-05 Positions 23-27

NSF: EA0-30 Positions 179-183

ANSI: Loop 2300 segment HI01-2 (code) when qualifier segment HI01-1=BK

REQ: PROV STATE

Required: The billing provider's state is required on the claim.

Error Code: B0172

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2010AA | N402, Billing Provider State/Prov Code |
| NSF | BA1 | BA1-16.0, positions 216-217, Billing Provider State |
| NSF Plus | BA1 | BA1-16.0, positions 216-217, Provider Pay-To State |
| MCDS/DCDS | B0 | B0-17, positions 139-140, Billing Provider State |

Resolutions

When this rejection is received, Emdeon received a claim without indicating the state of the billing provider. Please correctly populate the entire address for the billing provider on the claim.

REQ: PROV STATE

Required: The billing provider's state is required on the claim.

Error Code: B017A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2010AA | N402, Billing Provider State/Prov Code |
| NSF Plus | BA1 | BA1-16.0, positions 216-217, Provider Pay-To State |

MCDS/DCDS B0 B0-17, positions 139-140, Billing Provider State

NSF BA1 BA1-16.0, positions 216-217, Billing Provider State

Resolutions

When this rejection is received, Emdeon received a claim without indicating the state of the billing provider. Please correctly populate the entire address for the billing provider on the claim.

REQ: REFERRING PROV NAME IF REFERRAL # PRESENT

Referring provider name is required if referral number is submitted

Error Code: E0268

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS | E6 | Referral # E6 field 21 positions 155-169 |
| MCDS | E0 | Referring Provider Name LName E0 field 26 positions 113-132 FName E0 field 27 positions 133-142 MName E0 field 28 position 143 |
| NSF | EA0 | Referring Provider Name LName EA0 field 22 positions 120-139 FName EA0 field 23 positions 140-151 MName Ea0 field 24 position 152 |
| ANSI | 2300 | REF Segment Element 01=9F qualifier Element 02 =referral number |
| ANSI | 2310A | Referring Provider Name Segment NM1, Element 01=DN Qualifier LName Segment NM1, Element 03 FName Segment NM1, Element 04 MName Segment NM1, Element 05 |
| NSF | EA%40 | Referral Number EA@ field 35 positions 240-254 |
| NSF+ | EA3 | Referral Number EA3 field 4 positions 23-37 |
| NSF+ | EA0 | Referring Provider Name LName EA0 field 22 positions 120-139 FName EA0 field 23 positions 140-151 MName Ea0 field 24 position 152 |

Resolutions

If referral number is provided (prior authorization numbers should not be submitted in this field) They must also submit referring provider name.

REQ: RENDER NETWORK ID FOR PAYER

Required: Rendering Provider Network ID Number Assigned by the Payer

Error Code: E6131

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2310b | REF02 (REF01 = N5) [Claim Level] |
| ANSI | 2420a | REF02 (REF01 = N5) [Line Level] |
| MCDS/DCDS | E6 | Field 14, positions 71-85 |
| NSF | EA@ | Field 32, positions 200-214 (Claim level) |
| NSF | FA@ | Field 12, positions 84-98 (Line Level) |

Resolutions

This is a payer specific edit. We will only edit for this if the payer requires it and wants us to edit for it. When this rejection is received, a network ID is required and one wasn't received by Emdeon. Please check the exhibit 99 for the payer in question.

REQ: RENDER PROV ADDRESS FOR PAYER

Required: Rendering Provider's Address is Required by this Payer.

Error Code: E615A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 15, positions 99-123 |
| NSF | BA1 | Field 07, positions 35-52 (Claim Level) |
| NSF | FA@ | Field 13, positions 99-116 (Line Level) |
| ANSI | 2310d | N301 (Claim Level) NM1 must have "77" qualifier (Service Location) |
| ANSI | 2420c | N301 (Line Level) NM1 must have "77" qualifier (Service Location) |
| ANSI | 2010aa | N301 (Billing Level) (Pulls from this field if 2310d or 2420c are not populated.) |

Resolutions

This is a payer specific edit. If this rejection is received, it means that Emdeon did not receive the rendering provider's address, and it is required by the payer. Please check the exhibit 99 for additional information on what the payer requires.

REQ: RENDER PROV CITY FOR PAYER

Required: Rendering Provider City is required by Payer

Error Code: E616A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | Field 16, positions 104-118. |
| NSF | FA@ | Field 14, positions 117-131 (Line Level). |
| NSF | BA1 | Field 09, positions 95-109 (Claim Level). |
| ANSI | 2310d | N401 (Claim Level) NM1 must have "77" qualifier (Service Location). |
| ANSI | 2420c | N401 (Line Level) NM1 must have "77" qualifier (Service Location). |
| ANSI | 2010aa | N401 Only if 2310d or 2420c are not sent. |

Resolutions

This is a payer specific edit. If this error was received, Emdeon did not receive the rendering provider's city on the claim. Please check the exhibit 99 to determine if the payer in question requires the provider's city.

REQ: RENDER PROV ID FOR PAYER

Required: Rendering Provider Tax ID for the Payer

Error Code: E6072

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 07, positions 27-35 |
| NSF | EA@ | Field 25 positions 156-164 (Claim level) |
| NSF | FA@ | Field 05, positions 40-48 (Line Level) |
| ANSI | 2310b | NM109 (Claim Level) 24 qualifier in NM108. |
| ANSI | 2310b | REF02 (Claim Level) EI qualifier in REF01 |
| ANSI | 2420a | NM109 (Line Level) 24 qualifier in NM108 |
| ANSI | 2420a | REF02 (Line Level) EI Qualifier in REF01 |

Resolutions

This is a payer specific edit. If this rejection is received, it means that we did not receive the rendering provider tax ID.

Please check the exhibit 99 for possible edits for the payer in questions.

REQ: RENDER PROV STATE FOR PAYER

Required: Rendering Provider's State Required by the Payer.

Error Code: E617A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 17, positions 119-120 |
| NSF | BA1 | Field 10, positions 115-116 (Claim Level). |
| ANSI | 2310d | N402 (Claim Level). NM1 must have "77" qualifier (Service Location). |
| ANSI | 2420c | N402 (Line Level). NM1 must have "77" qualifier (Service Location). |
| ANSI | 2010aa | N402 Only if 2310d or 2420c are not sent. |
| NSF | FA@ | Field 15, positions 132-133 (Line Level) |

Resolutions

This is a payer specific edit. If this rejection was received, it means that the provider's state was not received by Emdeon. Please check the exhibit 99 for the specific requirements for the payer in question.

REQ: RENDER PROV ZIP FOR PAYER

Required: Rendering Provider Zip Code for Payer

Error Code: E618A

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | E6 | Field 18, positions 121-129 |
| NSF | BA1 | Field 11, positions 117-125 (Claim Level) |
| NSF | FA@ | Field 16, positions 134-142 (Line Level). |
| ANSI | 2310d | N403 (Claim Level). NM1 must have "77" qualifier (Service Location). |
| ANSI | 2420c | N403 (Line Level) NM1 must have "77" qualifier (Service Location). |
| ANSI | 2010aa | N403 Only if neither 2310d or 2420c are present. |

Resolutions

This is a payer specific edit. This error is received if the zip code is not received by Emdeon. If the provider's zip code is not present, the claim will be rejected.

REQ: RTZ0

Required: A file trailer record is required to successfully process a file.

Error Code: Z0011

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | Z0 | Z0-1, pos 1-2, Record Type 'Z0' Z0-2, pos 3-11, Submitter ID Z0-3, pos 12-16, Receiver ID Z0-4, pos 17-20, Receiver Sub-ID Z0-5, pos 21-24, Total Batches Z0-6, pos 25-98, Filler Z0-7, pos 99-108, Total Charges - File Z0-8, pos 109-176, Filler Z0-9, pos 177-183, Total Claims Transmitted Z0-10, pos 184-192, Total Records Transmitted |
| NSF | ZA0 | ZA0-01.0, pos 1-3, Record Id ZA0-02.0, pos 4-19, Submitter Id ZA0-04.0, pos 29-33, Receiver Id ZA0-06.0, pos 52-58 , File Record Count ZA0-07.0, pos 59-65 , File Claim Count ZA0-08.0, pos 66-69, Batch Count ZA0-09.0, pos 70-80, File Total Charges |
| NSF Plus | ZA0 | ZA0-01.0, pos 1-3, Record Id ZA0-02.0, pos 4-19, Submitter Id ZA0-04.0, pos 29-33, Receiver Id ZA0-06.0, pos 52-58 , File Record Count ZA0-07.0, pos 59-65 , File Claim Count ZA0-08.0, pos 66-69, Batch Count ZA0-09.0, pos 70-80, File Total Charges |

Resolutions

When this rejection is received, Emdeon was unable to find a file trailer on the file in question. Please ensure that the file is complete and contains all of the above records/fields after the final YA0 record in the file. This can be caused by receipt of an incomplete file to to a transmission error.

Other possible causes of this rejection include overflowed records. NSF format records should never exceed 320 characters, while MCDS records should never exceed 192 characters. Please ensure that there are no extra lines between records, and that all records are of the appropriate length for the format transmitted.

Another reason that a submitter would receive this rejection is for having an invalid record for a format. An example of this would be a NSF 2.0 submitter sending a D3 record. While this is a valid NSF format record, the NSF process will be unable to understand the D3, and will presume that the file is corrupt.

Please ensure that all records transmitted in the file are appropriate to the version or format that you are transmitting.

Any file structure error that prevents the Emdeon system from successfully reading the entire file can cause this error to be returned. If the system does not successfully read the file thru to the file trailer record, it will assume that the record is not present.

REQ: SERVICE UNITS OR MINUTES

Required: The Service Units OR Minutes **MUST** be populated for this charge.

Error Code: F0068

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | F0-16 Medical Line Item-1 Anesthesia Minutes-1, pos 74-76 F0-9 Medical Line Item-1 Procedure Code-1, pos 37-41 |

Resolutions

When this rejection is received, Emdeon received a service line without indicating the number of units or minutes. Please remember that all units or minutes sent electronically **MUST** contain only numeric characters- they should never contain imbedded or leading spaces, or any special or alphabetic characters, including decimals.

REQ: SERVICE UNITS OR MINUTES

Required: The Service Units OR Minutes **MUST** be populated for the second service charge.

Error Code: F0208

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | F0-20 Medical Line Item-2 Service Units-2, pos 89-90 F0-30 Medical Line Item-2 Anesthesia Minutes-2, pos 131-133 |

Resolutions

When this rejection is received, Emdeon received a service line without indicating the number of units or minutes. Please remember that all units or minutes sent electronically **MUST** contain only numeric characters- they should never contain imbedded or leading spaces, or any special or alphabetic characters, including decimals.

REQ: SERVICE UNITS OR MINUTES

Required: The Service Units OR Minutes **MUST** be populated for the third service charge.

Error Code: F0348

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| MCDS/DCDS | F0 | Field 34, Positions 146-147 Service Units - 3 Field 44, Positions 188-190 Anesthesia Minutes |

Resolutions

When this rejection is received, Emdeon received a service line without indicating the number of units or minutes. Please remember that all units or minutes sent electronically **MUST** contain only numeric characters- they should never contain imbedded or leading spaces, or any special or alphabetic characters, including decimals.

REQ: SERVICE UNITS OR MINUTES

Required: The Service Units OR Minutes **MUST** be populated for this charge.

Error Code: FA195

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | F0 | F0-6, Medical Line Item-1 Service Units-1, pos 32-33 F0-16, Medical Anesthesia Minutes-1, pos 74-76 |
| NSF | FA0 | FA0-18, positions 82-84, Units of Service FA0-19, positions 87-89, Anesthesia/Oxygen Minutes |
| NSF Plus | FA0 | FA0-18.0, positions 82-85, Units of Service FA0-19.0, positions 86-89, Anesthesia/ Oxygen Minutes |
| ANSI | 2400 | SV104, with SV103 qualifier of MJ for minutes, or UN for Units |

Resolutions

When this rejection is received, Emdeon received a service line without indicating the number of units or minutes. Please remember that all units or minutes sent electronically **MUST** contain only numeric characters- they should never contain imbedded or leading spaces, or any special or alphabetic characters.

REQ:HH DISCIPLINE TYPE CD

Home health Discipline Type Code is missing

Error Code: X7201

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|--------------------|-------------|---------------------------|
| 4010 Institutional | 2305 | Segment CR7 Element 1 |
| ICDS | 72 | Field 4 Positions 25 - 26 |

Resolutions

Code indicating disciplines ordered by a physician.

If entered, must = AI, CR, MS, OT, PS, PT, RT, SN,

or ST

REQ:SVL CAS AMT

Required: If the Service Level CAS Group Code is present, the First Service level CAS Amount MUST be populated.

Error Code: XKT04

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2430 | CAS01, Claim Adjustment Group Code CAS03, Adjustment Amount |
| NSF Plus | FB4 | FB4-08.0, pos 45-46, CAS Group FB4-10.0, pos 52-59, CAS Amount 1 |

Resolutions

When a CAS Group Code is entered (as either the creation of an FB4 record or as the start of a 2430 loop CAS segment), the first CAS Adjustment Amount becomes required, as CAS codes are to be entered sequentially, and no CAS segment should be populated with just the CAS Group Code.

REQ:SVL CAS GROUP CD

Required: The Service Level CAS Group Code is required when CAS codes are sent on the service line.

Error Code: XKT02

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--------------------------------------|
| ANSI | 2430 | CAS01 |
| NSF Plus | FB4 | FB4-08.0, positions 45-46, CAS Group |

Resolutions

When this rejection is received, Emdeon received data in one of the following fields without receiving a Group Code to identify the nature of the CAS Adjustment.

CAS02, Adjustment Reason Code; CAS03, Adjustment Amount; CAS04, Adjustment Quantity
CAS05, Adjustment Reason Code; CAS06, Adjustment Amount; CAS07, Adjustment Quantity
CAS08, Adjustment Reason Code; CAS09, Adjustment Amount; CAS10, Adjustment Quantity
CAS11, Adjustment Reason Code; CAS12, Adjustment Amount; CAS13, Adjustment Quantity
CAS14, Adjustment Reason Code; CAS15, Adjustment Amount; CAS16, Adjustment Quantity
CAS17, Adjustment Reason Code; CAS18, Adjustment Amount; CAS19, Adjustment Quantity

FB4-09.0, positions 47-51, CAS Code 1; FB4-10.0, positions 52-59, CAS Amount 1; FB4-11.0, positions 60-69, CAS Quantity 1

FB4-12.0, positions 70-74, CAS Code 2; FB4-13.0, positions 75-82, CAS Amount 2; FB4-14.0, positions 83-92, CAS Quantity 2

FB4-15.0, positions 93-97, CAS Code 3; FB4-16.0, positions 98-105, CAS Amount 3; FB4-17.0, positions 106-115, CAS Quantity 3

FB4-18.0, positions 116-120, CAS Code 4; FB4-19.0, positions 121-128, CAS Amount 4; FB4-20.0, positions 129-138, CAS Quantity 4

FB4-21.0, positions 139-143, CAS Code 5; FB4-22.0, positions 144-151, CAS Amount 5; FB4-23.0, positions 152-161, CAS Quantity 5

FB4-24.0, positions 162-166, CAS Code 6; FB4-25.0, positions 167-174, CAS Amount 6; FB4-26.0, positions 175-184, CAS Quantity 6

If there is a CAS Claim adjustment on the service line, please populate the CAS Group Code field with the appropriate value below to reflect the nature of the claim adjustment.

CO: Contractual Obligations

CR: Correction and Reversals

OA: Other Adjustments

PI: Payer Initiated Reductions

PR: Patient Responsibility

REQ:SVL CAS REASON CD

Required: If the Service Level CAS Group Code is present, the First Service level CAS Reason Code MUST be populated.

Error Code: XKT03

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2430 | CAS01- Claim Adjustment Group Code CAS02-Adjustment Reason Code |
| NSF Plus | FB4 | FB4-08.0, pos 45-46, CAS Group FB4-09.0, pos 47-51, CAS Code 1 |

Resolutions

When a CAS Group Code is entered (as either the creation of an FB4 record or as the start of a 2430 loop CAS segment), the first CAS Adjustment Reason Code becomes required, as CAS codes are to be entered sequentially, and no CAS segment should just be populated with the CAS Group Code.

REQ:SVL PROV TAX ID QUAL

Service Level Rendering Provider Tax ID or Qualifier Required

Error Code: XF602

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| ANSI | 2420a | NM108 Valid qualifiers: 24 = EIN 34 = SSN |
| NSF Plus | FA%40 | Field 19, Position 163 Rendering Provider Tax ID Qualifier Valid qualifiers: E = EIN S = SSN |

Resolutions

When this error message is received this means a Service Level Rendering Provider Tax ID Qualifier was not submitted. Please resubmit this claim with the Service Level Rendering Provider Tax ID Qualifier.

Emdeon has received claims that contain a Tax Identifier with no value present in the associated Tax ID Qualifier, and vice versa. Emdeon has received a Tax Identifier Qualifier with a Tax Identifier of all zeros. An identifier of all zeros is not considered to be a valid identifier and will be rejected by Emdeon

Emdeon has received claims that contain a Tax Identifier with no value present in the associated Tax ID Qualifier, and vice versa. Emdeon has received a Tax Identifier Qualifier with a Tax Identifier of all zeros. An identifier of all zeros is not considered to be a valid identifier and will be rejected by Emdeon

RETRN: Claim cannot be sent electronically by WebMD

Claim is being returned due to incomplete/missing payer registration.

Error Code: GPBS

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2010AA | NM109 Primary Identifier (Tax ID) REF02 with G5 Qualifier (Site ID) |

| | | |
|-----------|-----|---|
| NSF Plus | BA0 | Field 6, Positions 32-40 Billing Provider Tax ID Field 7, Positions 41-46 Billing Provider Site ID (Four positions, left justified) |
| MCDS/DCDS | B0 | Field 4, Positions 8-16 Billing Provider Tax ID Field 5, Positions 17-20 Billing Provider Site ID |
| NSF | BA0 | Field 6, Positions 32-40 Billing Provider Tax ID Field 7, Positions 41-46 Billing Provider Site ID (Four positions, left justified) |

Resolutions

This rejection occurs when the tax and site ID submitted by the client is compared to an internal enrollment database, and a registration profile for a payer that requires registration is not on file. To correct the error, please ensure that the provider submitted is correctly enrolled, and that the tax ID and site ID transmitted match the enrollment database for the provider's registration.

For enrollment issues related to payer registration, please contact the software vendor's enrollment department, or refer to the Emdeon payer registration forms at:

http://emdeon.com/PayerLists/payer_enrollment_forms.php

REV CD NOT ENTERED/CHRG MUST = 0

When a revenue code is not entered, the service line charges must equal zero.

Error Code: 61102

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS Plus | 61 | Revenue Code 1: Field 4, pos 25-28 AND Service Line Total Charges: Field 10, pos 51-60 Revenue Code 2: Field 14, pos 85-89 AND Service Line Total Charges: Field 20, pos 107-116 Revenue Code 3: Field 24, pos 137-140 AND Service Line Total Charges: Field 30, pos 163-172 |
| ANSI | 2400%20Loop | Revenue Code: SV201 Service Line Charges: SV203 |

HCDS 61 Revenue Code 1: Field 4, pos 25-28 AND Service Line Total Charges: Field 10, pos 51-60 Revenue Code 2: Field 14, pos 85-89 AND Service Line Total Charges: Field 20, pos 107-116 Revenue Code 3: Field 24, pos 137-140 AND Service Line Total Charges: Field 30, pos 163-172

Resolutions

When this rejection is received, Emdeon received line charges without an associated revenue code. Line charges can only be entered if a valid revenue code is entered.

Please verify that if charges are transmitted on a service line that an associated revenue code is sent.

REV CODE WITHOUT DATE

Revenue Code 1, 2, or 3 submitted without the corresponding Service Date 1, 2, or 3.

Error Code: 61059

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 61 | Service Date-1 HCDS: Field 9, Position 45-50 Service Date-2 HCDS: Field 19, Position 101-106 Service Date-3 HCDS: Field 29, Position 157-162 |
| HCDS | 61 | Revenue Code-1 HCDS: Field 4, Position 25-28 Revenue Code-2 HCDS: Field 14, Position 81-84 Revenue Code-3 HCDS: Field 24, Position 137-140 |
| ANSI | 2400 | Service Date ANSI: DTP03 DPT01 Qualifier of 472 |
| ANSI | 2400 | Revenue Code ANSI: SV201 |

Resolutions

This error occurs if Emdeon receives a revenue code in this record without a service date.

Enter a corresponding Service Date for the Revenue Code submitted or remove the Revenue Code causing the error.

RT46 IS REQUIRED FOR THIS PAYOR

The Record type '46' ("Additional Provider Information") is a required record for this payer.

Error Code: 46012

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------------|--|
| HCDS | Record%20Type%20%2746%27 | HCDS- RT 46 |
| ANSI | LOOP%202310%20A | ANSI-Provider ID: LOOP 2310 A, REF02 This is a typical requirement. See comments under resolutions. |
| ANSI | LOOP%202310%20E | ANSI- Address: LOOP 2310 E, N301, N302, N401, N402,N403 This is a typical requirement. See comments under resolutions. |

Resolutions

This is a payer specific edit. The required fields may vary by payer.

This record is required when the payer requires additional information about the performing physician, or when the pay-to provider differs from the performing provider. It must also be entered for those payers that assign provider identification numbers to their contracted providers. (For detailed information, see Exhibit 99 for the specified payer.)

RT50 NOT ALLOWED ON OUTPAT BILL

An HCDS Record Type 50 may not be included on outpatient claims

Error Code: 50013

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 50 | This record is not allowed on outpatient claims. |
| ANSI | 2400 | ANSI, the following fields form the HCDS Record Type 50, thus they are not allowed on outpatient claims: SV201, SV203, SV204, SV205, SV206, SV207 |

Resolutions

Advise customer that the above fields may not be used for outpatient claims. Correct and resubmit

If this rejection was received, it means that Emdeon received fields that are not allowed on outpatient claims.

RT50 REQ ON INPAT BILLS

Record Type 50 (Accommodation Information) is required for Inpatient Bills

Error Code: 50015

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 50 | Accommodation Information |
| ANSI | 2400 | SV2 Service Line Accommodation Information |

Resolutions

When you receive this error, Emdeon received an inpatient claim without accommodation information. Please correct and resubmit.

Also check that the claim is in fact an inpatient claim.

ANSI - Please check that the Facility Type Code, 2300 CLM05-1, is reflected correctly in the claim.

RT61 MUST EXIST ON OUTPATIENT BILL RECORD TYP

Record Type 61, Outpatient record type must exist exist on Outpatient Bill Record Type

Error Code: 61013

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | 2300 | Batch Type ANSI: CLM0501=13 ANSI: CLM0502=A ANSI: CLM0503=1 |
| ANSI | 2400 | Service Information Loop Required ANSI: Include SV2 segment |
| HCDS | 10 | Batch Type HCDS: Field 2, Position 3-5 |

Resolutions

If this rejection is received, it means Emdeon received an outpatient batch type but did not receive a record type 61 or 2400 service loop.

Whenever the Batch and Claim Type Code corresponds to outpatient, an outpatient record type must be present within the claim.

SAME-DAY DUPLICATE CLAIM

Same Day Duplicate Claim

Error Code: 20013

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

Resolutions

This error occurs if Emdeon receives the same claim twice in the same day.

Please see Exhibit 97 for duplicate claims editing guidelines.

SEX CODE MUST=M, F, OR U

Insured Sex Code must equal M (male), F (female), or U (unknown)

Error Code: 30153

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------|--|
| HCDS | 30 | Field 15, Position 141 Patient Relationship to the Insured Field 18, Positions 144-145 |
| ANSI | 2010BA%20or%202320 | Primary Insured 2010BA Additional Insured 2320 DMG03 Insured's Sex |
| ANSI | 2000C | PAT01 Patient's Relationship to the Insured is other than self (01). |

Resolutions

When you receive this error, Emdeon did not receive an indication of the insured's sex. This must be entered if Patient Relationship to Insured does not contain a value reflecting self (01). Please check that both the insured's sex code and the patient relationship to insured code are entered correctly.

If the Insured is other than the patient, please ensure that the insured's sex is entered and is either M, F, or U.

SOP INVALID FOR BATCH TYPE

Source of Payment Code Invalid for Batch Type

Error Code: 30047

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------|---|
| HCDS | 30 | FIELD 4 POSITION 25 |
| HCDS Plus | 30 | FIELD 4 POSITION 25 |
| ANSI | LOOP%202000B | Claim Filing Indicator Code (SOP) SBR09 |

Resolutions

Every claim must have one Record Type 30 containing a CLAIM PAYMENT TRIGGER (RT 30 fld 27) with a value of X and a valid combination of payer and SOP code.

This error indicates a disagreement between the type of claim being sent and the SOP code. This error is seen on Medicare, Commercial, and Champus claims. Most frequently, this error will occur when the SOP of 'H' is sent on a non-Champus claim.

A Code used to indicate the source of payment for the claim associated with this payer record.

For HCDS or HCDS Plus, must be a valid code from the following list:

- 1* Liability Medical
- 2* Medicare Risk - HMO
- 3* Automobile Medical
- 4* Mutually Defined
- 5* Disability
- A = Self Pay
- B = Workers Compensation
- C = Medicare
- D = Medicaid
- E = Other Federal Program
- F = Commercial Insurance Company
- G = Blue Cross/Blue Shield
- H = Champus
- I = Other
- K* Central Certification
- P* Blue Shield
- Q* Point of Service (POS)
- R* Exclusive Provider Organization (EPO)
- S* Indemnity Insurance
- T* Title V
- U* Medicare Part B
- V* Veteran Administration Plan
- W* Liability
- X* Preferred Provider Organization (PPO)
- Y* Health Maintenance Organization
- Z* Other Non Federal Organizations

* Codes added to accommodate HIPPA for HCDS+ format

Provider Medicare Number (Record Type-10, Field -6) must be entered if SOURCE OF PAYMENT CODE contains a value of C

SOP MUST='F','C' OR 'H' IF TRIG=X

The Source of Payment Code must be "F", "C", or "H" if the Claim Payment Trigger is "X".

Error Code: 30293

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 30 | Field 4, Position 25. Source of Payment Code |
| ANSI | 2000b | SBR09 Claim Filing Indicator Code |

Resolutions

If this error is received, it means that Emdeon received an invalid source of payment code for the payer triggered for payment. Please make sure that the source of payment code is a valid code and resubmit.

Make sure that you have the correct source of payment code for the payer sent, and that the correct payer is triggered for payment.

state must be a minimum of 2 characters in length

The state indicated must be a minimum of 2 alpha characters in length

Error Code: AG0004

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|--|---|
| NSF | All+address+records | Verify all state abbreviation fields. |
| MCDS | All+address+records | Verify all state abbreviation fields. |
| NSF+ | All+address+records | Verify all state abbreviation fields. |
| ANSI | This+will+be+in+any+loop+that +contains+an+N4+address +segment | N402 State code should be 2 characters. |

Resolutions

This error occurred because the state code was either sent incomplete or in the wrong position causing only part of the code to go through. Please verify the state code you are using with the www.usps.gov. Do not include any leading spaces.

STMT FROM-DATE LT ADMISSION DATE

The Admission Date is Later the Statement Covered From Date.

Error Code: 20203

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 20 | Statement From Date HCDS: Field 19, Positions 137-142 |
| ANSI | 2300 | Admit Date ANSI: DTP03, DTP01 Qualifier of 435 |

| | | |
|------|------|---|
| ANSI | 2300 | Statement From Date ANSI: DTP03, DTP01 Qualifier of 434 |
| HCDS | 20 | Admit Date HCDS: Field 17, Positions 129 – 134 |

Resolutions

If this rejection is received, it means that Emdeon received an admission date that is later than the statement covered from date.

The admission date cannot be after the statement covered from date.

SUBMITTER EIN INVALID/NOT ON FILE

Submitter EIN (Employer Identification Number) is Invalid/Not on File.

Error Code: 01021

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------------------|---|
| HCDS | 01 | HCDS: Field 2, Positions 3-12 Note: Position 1 must contain a zero. |
| ANSI | INTERCHANGE%20CONTROL%20HEADER | ANSI: ISA06 Must be the same as loop 1000A NM109 |

Resolutions

This error can also occur if there is a typographical error in the Submitter ID being entered.

If this error is received, it means that Emdeon received a submitter ID that is not enrolled with Emdeon.

This error will also occur if the federally assigned Tax Identification Number submitted on the file is not enrolled with Emdeon.

ISA06 must be the same as Loop 1000A, NM109

SUBMITTER EIN INVALID/NOT ON FILE

Submitter EIN (Employer Identification Number) is Invalid/Not on File

Error Code: 99021

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|------------------------|--|
| HCDS | 99 | HCDS: Field 2, Positions 3-12. Position 1 must be a zero. |
| ANSI | Transaction%20Envelope | ANSI: ISA06 Must be the same as Loop 1000A, NM109 |
| ANSI | 1000A | NM109 NM108 Qualifier = 46 NM109 Must be the same as ISA06 |

Resolutions

If this error is received, it means that Emdeon received a submitter ID that is not enrolled with Emdeon.

This error will also occur if the federally assigned Tax Identification Number submitted on the file is not enrolled with Emdeon.

This error can also occur if there is a typographical error in the Submitter ID being entered.

In the HCDS format, the submitter ID in RT99 must match what is sent in RT01, or the file will reject.

ISA06 must be thje same as Loop 1000A, NM109

SUBSCRIBER ID NUMBER format is Invalid

SUBSCRIBER ID NUMBER format is Invalid

Error Code: AG0020

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------------|
| NSF+ | DA0+record | DA0-18, Insured ID, positions 157-181 |
| ANSI | 2000B | NM109, Subscriber Primary ID |
| MCDS | D0+record | D0-07, Insured ID, positions 32-48 |
| NSF | DA0+record | DA0-18, Insured ID, positions 157-181 |

Resolutions

This is a carrier-generated error. When this error is received, the insured ID does not match the format of the carrier's insured IDs, as determined by the payer. Please ensure that the transmitted insured ID is verified against the carrier's insured ID card and current registration with the payer.

It is recommended that if this information is verified, and a discrepancy is found, that you contact the carrier directly to determine the cause for the rejection.

The HMO provider ID is required

The HMO provider ID is required

Error Code: gpbs0622

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| MCDS/DCDS | E6 | E6-14 Rendering Provider Network ID position 71 thru 85 |
| NSF | EA%40 | EA@-32 Render Prov Network ID position 200 thru 214 |

NSF Plus EA%40

EA@-32 Render Prov Network ID position 200 thru 214 *note -If EA@-42.0 = N5 map, else do not map.

| | | |
|------|-------|--|
| ANSI | 2310B | REF01 = N5 REF02 = Network Provider ID |
|------|-------|--|

Resolutions

Payerid SX056 (stepname bcbspa) requires an HMO provider id along with the normal bcbspa rendering provider id.

*important -The bcbspa rendering provider id must also be sent with the HMO provider id for this payer.

TYP ADM=1,2/OCC CD 1-6 OR 10,11REQ

If Type of Admission is 1 or 2, An Occurrence Code of 1-6 or 10-11 is Required.

Error Code: 40145

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 20 | Type of Admission HCDS: Field 10, Position 65 |
| ANSI | 2300 | Occurrence Codes ANSI: HI01-2 through HI10-2 with -1 qualifier of BH |
| HCDS | 40 | Occurrence Codes HCDS: Field 8, Positions 82-83 Field 10, Positions 90-91 Field 12, Positions 98-99 Field 14, Positions 106-107 Field 16, Positions 114-115 Field 18, Positions 122-123 Field 20, Positions 130-131 Field 22, Positions 138-139 Field 24, Positions 146-147 Field 26, Positions 154-155 |
| ANSI | 2300 | Type of Admission ANSI: CL101 |

Resolutions

If this error is received, it means that Emdeon received a type of admission code of 1 or 2, and received an occurrence code that was other than 1-6 or 10-11. This must be corrected before the claim will pass standard edits.

UNITS INVALID/REV CD NOT ENTER

The units are invalid or the revenue code was not entered for this charge.

Error Code: 61082

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS Plus | 61 | Revenue Code 1: Field 4, pos 25-28 AND Service Units 1: Field 8, pos 38-44 Revenue Code 2: Field 14, pos 85-89 AND Service Units 2: Field 18, pos 94-100 Revenue Code 3: Field 24, pos 137-140 AND Service Units 3: Field 28, pos 150-156 |
| ANSI | 2400%20Loop | Revenue Code: SV201 Service Units: SV204 (Qualifier of UN) and SV205 (Units) |
| HCDS | 61 | Revenue Code 1: Field 4, pos 25-28 AND Service Units 1: Field 8, pos 38-44 Revenue Code 2: Field 14, pos 85-89 AND Service Units 2: Field 18, pos 94-100 Revenue Code 3: Field 24, pos 137-140 AND Service Units 3: Field 28, pos 150-156 |

Resolutions

When this rejection is received, Emdeon received units of service without an associated revenue code. Units can only be entered if a valid revenue code is entered.

Please verify that if units are transmitted on a service line that an associated revenue code is sent.

VALUE CODE 1 NOT ENTERED

Value Code 1 Not Entered.

Error Code: 40341

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 41 | Field 16, Positions 56-57 |
| ANSI | 2300 | HI04-2 'BE' QUALIFIER IN HI04-1 |

Resolutions

If this error is received, it means Emdeon did not receive a value code, and one was required. Please correct this field with a the appropriate value code and resubmit the claim.

VALUE AMOUNT 3 MUST BE ENTERED

The Value Amount 3 must be entered if Value Code 3 has been entered.

Error Code: 40373

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| ANSI | LOOP%202300 | ANSI-Value Code 3: HI03-2 Value Amount 3: HI03-5 HI03-1 qualifier of "BE" |

| | | |
|------|--------------------|--|
| HCDS | Record%20Type%2041 | HCDS-Value Code 3: Record 41, field 20, positions 78-79 Value Amount 3: Record 41, field 21, positions 80-88 |
|------|--------------------|--|

Resolutions

A Value amount must be entered for every Value Code entered, this error will occur when Value Code 3 is entered without an amount in Value Amount 3.

VALUE AMOUNT 4 MUST BE ENTERED

The Value Amount 4 must be entered if Value Code 4 has been entered.

Error Code: 40393

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-----------------------|---|
| HCDS | Record%20Type%2041%20 | HCDS: Value Code 4: Record 41, field 22, positions 89-90 Value Amount 4: Record 41, field 23, positions 91-99 |
| ANSI | Loop%202300 | ANSI: Value Code 4: HI04-2 Value Amount 4: HI04-5 HI04-1 qualifier of "BE" |

Resolutions

A Value Amount must be entered for every Value Code entered, this error will occur when Value Code 4 is entered without an amount in Value Amount 4.

VALUE AMOUNT 5 MUST BE ENTERED

The Value Amount 5 must be entered if Value Code 5 has been entered.

Error Code: 40413

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------|--|
| HCDS | Record%20Type%2041 | HCDS-Value Code 5: Record 41, field 24, positions 100-101 Value Amount 5: Record 41, field 25, positions 102-110 |
| ANSI | Loop%202300 | ANSI: Value Code 5: HI05-2 Value Amount 5: HI05-5 HI05-1 qualifier of "BE" |

Resolutions

A Value Amount must be entered for every Value Code entered, this error will occur when Value Code 5 is entered without an amount in Value Amount 5.

VALUE AMOUNT 6 MUST BE ENTERED

The Value Amount 6 must be entered if Value Code 6 has been entered.

Error Code: 40433

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|--------------------|---|
| HCDS | Record%20Type%2041 | HCDS: Value Code 6: Record 41, field 26, positions 111-112 Value Amount 6: Record 41, field 27, positions 113-121 |
| ANSI | Loop%202300 | ANSI: Value Code 6: HI06-2 Value Amount 6: HI06-5 HI06-1 qualifier of "BE" |

Resolutions

A Value Amount must be entered for every Value Code entered, this error will occur when Value Code 6 is entered without an amount in Value Amount 6.

VALUE AMT MUST BE NUMERIC

Value Amount Must Be Numeric

Error Code: 40331

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 41 | Field 17, Positions 58-66. |
| ANSI | 2300 | Value Code Associated Amount HI01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces. If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE AMT MUST BE NUMERIC

Value Amount Must Be Numeric

Error Code: 40351

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|------|--|
| HCDS | 41 | Field 19, Positions 69-77 |
| ANSI | 2300 | Value Code Associated Amount HI01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces. If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE AMT MUST BE NUMERIC

Value Amount (3) Must Be Numeric

Error Code: 40371

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 41 | Field 21, Positions 80-88 |
| ANSI | 2300 | Value Code Associated Amount HI01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces. If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE AMT MUST BE NUMERIC

Value Amount (4) Must Be Numeric

Error Code: 40391

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 41 | Field 23, Positions 91-99 |
| ANSI | 2300 | Value Code Associated Amount H01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces. If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE AMT MUST BE NUMERIC

Value Amount (5) Must Be Numeric

Error Code: 40411

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---|
| HCDS | 41 | Field 25, Positions 102-110 |
| ANSI | 2300 | Value Code Associated Amount H01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces.

If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE AMT MUST BE NUMERIC

Value Amount (6) Must Be Numeric

Error Code: 40431

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|--|
| HCDS | 41 | Field 27, Positions 113-121 |
| ANSI | 2300 | Value Code Associated Amount HI01-5 'BE' QUALIFIER IN HI01-1 |

Resolutions

Please ensure that dollar amount field are zero initialized and do not contain leading or trailing spaces.

If this error is received, it means Emdeon received a dollar amount that was not numeric. Please correct this field with a positive dollar amount and resubmit the claim.

VALUE CODE = ZZ, DRG CODE REQUIRED

A Value Code of ZZ was entered without a corresponding DRG Code.

Error Code: 41401

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|----------------|
|-------------|-------------|----------------|

| | | |
|------|----|---|
| HCDS | 41 | Value Code 1: Field 16, Positions 56-57 Value Code 2: Field 18, Positions 67-68 Value Code 3: Field 20, positions 78-79 Value Code 4: Field 22, positions 89-90 Value Code 5: Field 24, positions 100-101 Value Code 6: Field 26, positions 111-112 Value Code 7: Field 28, positions 122-123 Value Code 8: Field 30, positions 133-134 DRG Code: Field 40, positions 188-190 |
|------|----|---|

| | | |
|------|-------------|---|
| ANSI | Loop%202300 | ANSI: HI01-1 qualifier of "DR" DRG Code: HI01-2 HI01-1 qualifier of "BE" Value Code 1: HI01-2 HI02-1 qualifier of "BE" Value Code 2: HI02-2 HI03-1 qualifier of "BE" Value Code 3: HI03-2 HI04-1 qualifier of "BE" Value Code 4: HI04-2 HI05-1 qualifier of "BE" Value Code 5: HI05-2 HI06-1 qualifier of "BE" Value Code 6: HI06-2 HI07-1 qualifier of "BE" Value Code 7: HI07-2 HI08-1 qualifier of "BE" Value Code 8: HI08-2 |
|------|-------------|---|

Resolutions

This error is received when a Value Code of ZZ is entered without a DRG (Diagnostic Related Group) code.

VALUE CODE 2 NOT ENTERED

Value Code 2 Not Entered

Error Code: 40352

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 41 | Field 18, Positions 67-68 |
| ANSI | 2300 | HI04-2 'BE' QUALIFIER IN HI04-1 |

Resolutions

If this error is received, it means Emdeon did not receive a value code, and one was required. Please correct this field with a the appropriate value code and resubmit the claim.

VALUE CODE 3 NOT ENTERED

Value Code 3 Not Entered

Error Code: 40372

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 41 | Field 20, Positions 78-79. |
| ANSI | 2300 | HI04-2 'BE' QUALIFIER IN HI04-1 |

Resolutions

If this error is received, it means Emdeon did not receive a value code, and one was required. Please correct this field with a the appropriate value code and resubmit the claim.

VALUE CODE 4 NOT ENTERED

Value Code 4 Not Entered.

Error Code: 40392

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 41 | Field 22, Positions 89-90 |
| ANSI | 2300 | HI04-2 'BE' QUALIFIER IN HI04-1 |

Resolutions

If this error is received, it means Emdeon did not receive a value code, and one was required. Please correct this field with a the appropriate value code and resubmit the claim.

VALUE CODE 5 NOT ENTERED

Value Code 5 Not Entered

Error Code: 40412

Line of Business: Hospital

| File Format | Record Type | Field/Position |
|-------------|-------------|---------------------------------|
| HCDS | 41 | Field 24, Positions 100-101 |
| ANSI | 2300 | HI04-2 'BE' QUALIFIER IN HI04-1 |

Resolutions

If this error is received, it means Emdeon did not receive a value code, and one was required. Please correct this field with a the appropriate value code and resubmit the claim.

ZIP code of the Patient is missing

The ZIP code of the Patient is missing from box 5. The ZIP Code must be given as part of the address.

Error Code: AG0010

Line of Business: Medical/Dental

| File Format | Record Type | Field/Position |
|--------------------|--------------------|--------------------------------|
| NSF | CA0 | Field 15 position 151 to 159. |
| MCDS | C0 | Field 15, position 120 to 128. |
| NSF+ | CA0 | Field 15 position 151 to 159. |
| ANSI | 2010CA | N403 |

Resolutions

Be sure to include an accurate 5 digit zip code for the patient's address. You may obtain the zip code at www.usps.gov.
