

BLUECROSS BLUESHIELD OF TENNESSEE, INC. (BCBST)
ANSI 837 INSTITUTIONAL EDITS

- 110001 **DUPLICATE TO RECEIPT DATE MM/DD**
The purpose of this edit is to identify duplicate claims that have been submitted to BlueCross BlueShield of Tennessee, and prevent those claims from being routed to the claims area for processing. The duplicate check edit will compare data using the Application Senders Code from the GS segment. The following fields within Loop ID-2000A of the transaction set will also be used: Billing Provider Tax ID, Patient Control Number and Statement Date from the last claim. The total calculated number of claims and the total calculated charges within the transaction set will also be used. Should a duplication of this data be submitted within a 45-day period, claims within the provider Loop ID-2000A will be rejected.
- 120001 **CLAIM FILING INDICATOR INVALID**
Claim Filing Indicator must equal BL, CI, MA, MC, OF or 16.
Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. It should be equal to 'BL', 'CI', 'MA', 'MC', 'OF' or '16'.
- 120002 **SUB ID NOT ON ELIGIBILITY FILE**
BlueCross BlueShield of Tennessee subscriber eligibility file does not list this Subscriber ID.
Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 9th element in that segment is the subscriber ID. The subscriber ID is not found in the BlueCross BlueShield of Tennessee eligibility database.
- 120003 **SUB ID, PAT NAME, DOB, DO NOT AGREE**
Subscriber ID, Patient Name and Date of Birth must match for routing verification.
Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 9th element in that segment is the subscriber ID.
Patient last name and first name are located in Loop ID-2010CA in the NM1 segment. If the 1st element in that segment is equal to 'QC', and the 2nd element is equal to '1', then the 3rd element is the last name, and the 4th element is the first name.
Patient birth date is located in Loop ID-2010CA in the DMG segment. It is the 2nd element in that segment. The subscriber ID, patient last name, patient first name, and patient birth date submitted on claim must match the BlueCross BlueShield of Tennessee eligibility database.

- 120004 DOS<01/01/02,MAIL TO SIGNATURE HLTH
Vanderbilt PPO claims with dates of service prior to 01/01/02 should be mailed to Signature Health.
Statement covers from date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. If the insurance group is Vanderbilt PPO, and if the statement covers from date is less than 01/01/2002, then the claim should be mailed to Signature Health.
- 120005 FEP SUB ID MUST BE R + 8 NUMERIC
FEP Subscriber ID must equal R plus eight numeric digits.
Subscriber ID is located in Loop ID-2010BA in the NMI segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 9th element in that segment is the subscriber ID. For FEP claims, the subscriber ID should start with the letter R followed by 8 numeric digits.
- 120006 SUBSCRIBER/PATIENT NAME MISSING
Patient Name, when patient is the subscriber, is required.
*The individual relationship code is located in Loop ID-2000B in the SBR segment. If the 2nd element is equal to '18', then the patient is the subscriber.
Subscriber last name and first name are located in Loop ID-2010BA in the NMI segment. If the 1st element is equal to 'IL', then the 3rd element is the last name, and the 4th element is the first name. Patient name must be present.*
- 120007 PATIENT NAME MISSING
Patient Name is required.
Patient last name and first name are located in Loop ID-2010CA in the NMI segment. If the 1st element in that segment is equal to 'QC', and the 2nd element is equal to '1', then the 3rd element is the last name, and the 4th element is the first name. Patient name must be present.
- 120010 STMT COVERS FROM DATE INVALID
Statement Covers From Date must be a valid date.
Statement covers from date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. Statement covers from date must be a valid date in CCYYMMDD format.

- 120011 CLAIM FILING INDICATOR MISSING
 Claim Filing Indicator must be present.
Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. The claim filing indicator must be present.
- 120012 CLM LOB NOT ACCEPTED IN X12 FILE
 Claim Line of Business not accepted in X12 file at this time.
Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. Third party commercial claims (CFI = CI), cannot be accepted at this time.
- 120015 HIPAA NONCOMPLIANT CLM NOT ACCEPTED
 Version Code must be HIPAA Compliant '005010X223A2'.
 Version / Release / Industry Identifier Code is located in the GS segment. It is the 8th element in that segment. The version code must be '005010X223A2'. This edit is applicable for BlueCare/TennCareSelect claims only.
- 130001 SUBMITTER ID NOT ON PPF1 FILE
 Submitter Tax ID does not equal Tax ID loaded in the Electronic Commerce database.
Submitter tax ID is located in Loop ID-1000A in the NMI segment. If the 1st element in that segment is equal to '41', then the 9th element in that segment is the submitter tax ID. The submitter tax ID must be a valid ID found on the Electronic Commerce database.
- 130002 PROVIDER NOT A VALID PAPERLESS PROV
 BlueCross BlueShield of Tennessee provider number must be a valid provider number in the Electronic Commerce Database
*BlueCross provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1A', then the 2nd element in that segment is the BlueCross provider number.
 Medicare provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1C', then the 2nd element in that segment is the Medicare provider number.
 National Provider Identifier (NPI) is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. This provider number or NPI must be valid in the Electronic Commerce database.*
- 130004 MEDICARE PROV NUMBER MISSING

Medicare A provider number must be present if Claim Filing Indicator is equal to MA.

Medicare provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1C', then the 2nd element in that segment is the Medicare provider number.

Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. If the claim filing indicator is equal to 'MA', then this number should not be equal to spaces or low-values. This edit is not applicable if NPI is present in the NMI segment.

130005

BCBST NO LONGER ACCEPTS MED-A CLMS

BlueCross BlueShield of Tennessee no longer accepts Medicare A Claims.

Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. Medicare A claims (CFI = MA), are no longer accepted by BlueCross BlueShield of Tennessee effective 08/01/2009.

130006

PROVIDER NUMBER NOT IN CPS

Medicare A provider number is not set up in the BlueCross BlueShield of Tennessee provider number database.

Medicare provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1C', then the 2nd element in that segment is the Medicare provider number. The provider number must be a valid Medicare provider number in the CPS database. This edit is not applicable if NPI is present in the NMI segment.

130007

PROVIDER NUMBER NOT ACTIVE IN CPS

Medicare A provider number is inactive in the BlueCross BlueShield of Tennessee CPS provider number database.

Medicare provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1C', then the 2nd element in that segment is the Medicare provider number. The provider number must be a valid, active Medicare provider number in the CPS database. This edit is not applicable if NPI is present in the NMI segment.

130010

PROV CANNOT SUBMIT BLUECROSS CLAIMS

Provider number is not cleared to submit BlueCross claims.

BlueCross provider number is located in Loop ID-2010AA in REF segment. If the 1st element in that segment is equal to '1A', then the 2nd element in that segment is the BlueCross provider number.

National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the

9th element in that segment is the NPI.

Claim filing indicator is located in Loop ID-2000B in SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. If the claim filing indicator is equal to 'BL', 'OF', or '16', then the provider number or NPI is validated against the Electronic Commerce database to verify that the provider has been approved for submitting BlueCross claims.

130011

PROV CANNOT SUBMIT TENNCARE CLAIMS

Provider number is not cleared to submit TennCareSM claims

BlueCross provider number is located in Loop ID-2010AA in the REF segment. If the 1st element in that segment is equal to '1A', then the 2nd element in that segment is the BlueCross provider number.

National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.

Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. If the claim filing indicator is equal to 'MC', then the provider number or NPI is validated against the Electronic Commerce database to verify that the provider has been approved for submitting TennCareSM claims.

130012

CLM LOB NOT ACCEPTED IN X12 FILE

Claim Line of Business not accepted in X12 file.

Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. Third Party Commercial Claims (CFI = CI), cannot be accepted at this time.

130017

PROVIDER CANNOT SUBMIT CLAIMS

Provider number is not cleared to submit claims electronically.

Provider number is located in Loop ID-2010AA in the REF segment.

National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Provider number or NPI is validated against the Electronic Commerce database to verify that the provider has been approved for submitting claims electronically.

130022

BILLING PROV NPI CHECK DIGIT INV

Billing Provider National Provider Identifier (NPI) is Invalid.

Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Billing provider NPI must be valid.

- 130023 BILLING PROVIDER NPI NOT IN CPS
Billing Provider National Provider Identifier (NPI) is not set up in the CPS provider number database.
Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
Employer's Identification Number and Social Security Number for the Billing Provider Secondary Identification are located in Loop ID-2010AA in the REF Segment.
If the 1st element in that segment is equal to 'EI', then the 2nd element of that segment is the Employer's Identification Number.
If the 1st element in that segment is equal to 'SY', then the 2nd element of that segment is the Social Security Number. Billing provider NPI / Tax ID combination must be valid and in the CPS database.
- 130024 BILLING PROV NPI NOT ACTIVE IN CPS
Billing Provider National Provider Identifier (NPI) is inactive in the CPS provider number database.
Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Billing provider NPI must be a valid, active NPI in the CPS database.
- 130026 NPI REQUIRED FOR BILLING PROVIDER
National Provider Identifier (NPI) is required for Billing Provider.
Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Billing Provider.
- 130029 PROV TYPE/CLM TYPE DO NOT MATCH
Provider Type and Claim Type do not Match.
Billing Provider National Provider Identifier (NPI) is located in Loop ID-2010AA in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is Professional provider type and does not match the Institutional 837 claim type submitted.
- 130030 CLAIM ATTENDING PHYS ID REQUIRED
Claim Level Attending Physician Secondary Identification is required for BlueCare Choices claims.
Claim Level Attending Physician Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. Claim level Attending Physician Secondary Identification is required. This edit is applicable for BlueCare Choices claims only.
- 130031 CLAIM ATTENDING PHYS ID INVALID

Claim Level Attending Physician Secondary Identification must be within the range of CD00001 – CD99999 for BlueCare Choices claims.

Claim Level Attending Physician Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. Claim level Attending Physician Secondary Identification must be within the range of CD00001 –CD99999. This edit is applicable for BlueCare Choices claims only.

130032

CLM ATTEND PHYS NPI MISSING/INVALID

Claim Level Attending Physician National Provider Identifier (NPI) must be present and valid for BlueCare Choices claims.

Claim Level Attending Physician NPI is located in Loop ID-2310A in the NMI segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Attending Physician NPI must be present and valid. This edit is applicable for BlueCare Choices claims only.

130033

CLM ATTENDING PHYS SSN REQUIRED

Claim Level Attending Physician Social Security Number (SSN) is required for BlueCare Choices claims.

Claim Level Attending Physician SSN is located in Loop ID-2310A in the NMI segment. If the 8th element in that segment is equal to '34', then the 9th element in that segment is the SSN. Claim level Attending Physician Identification code qualifier 34 and SSN are required. This edit is applicable for BlueCare Choices claims only.

130034

CLM ATTND PHYS EIN/SSN NOT=9 DIGITS

Claim Level Attending Physician Employer's Identification Number (EIN) or Social Security Number (SSN) must equal 9 numeric digits for BlueCare Choices claims.

Claim Level Attending Physician EIN / SSN are located in Loop ID-2310A in the NMI segment. If the 8th element in that segment is equal to '24', then the 9th element in that segment is the EIN. If the 8th element in that segment is equal to '34', then the 9th element in that segment is the SSN. Claim level Attending Physician EIN / SSN must be 9 numeric digits. This edit is applicable for BlueCare Choices claims only.

130035

CLM ATTEND TAXONOMY MISSING/INVALID

Claim Level Attending Physician Provider Taxonomy Code must be present and valid for BlueCare Choices claims.

Claim Level Attending Physician Provider Taxonomy Code is located in Loop ID-2310A in the PRV segment. It is the 3rd element in that segment. Claim level Attending Physician Provider Taxonomy Code must be present and valid. This edit is applicable for BlueCare Choices claims only.

- 130039 CLM ATTENDING PHYS EIN/SSN REQUIRED
Claim Level Attending Physician Employer's Identification Number (EIN) or Social Security Number (SSN) is required for BlueCare Choices claims.
Claim level attending physician EIN / SSN are located in Loop ID-2310A in the NM1 segment. If the 8th element in that segment is equal to '24', then the 9th element in that segment is the EIN. If the 8th element in that segment is equal to '34', then the 9th element in that segment is the SSN. Claim level Attending Physician EIN or SSN is required. This edit is applicable for BlueCare Choices claims only.
- 130122 CLM ATTENDING NPI CHECK DIGIT INV
Claim Level Attending Physician National Provider Identifier (NPI) Invalid.
Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Attending Physician NPI must be valid.
- 130124 CLM ATTENDING NPI NOT ACTIVE IN CPS
Claim Level Attending Physician National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Attending Physician NPI must be a valid, active NPI in the CPS database.
- 130126 NPI REQUIRED FOR CLM ATTENDING PROV
National Provider Identifier (NPI) is required for Claim Level Attending Physician.
Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Claim level Attending Physician.
- 130222 CLM OPERATING NPI CHECK DIGIT INV
Claim Level Operating Physician National Provider Identifier (NPI) Invalid.
Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Operating Physician NPI must be valid.

- 130224 CLM OPERATING NPI NOT ACTIVE IN CPS
Claim Level Operating Physician National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
Claim level Operating Physician NPI must be a valid, active NPI in the CPS database.
- 130226 NPI REQUIRED FOR CLM OPERATING PROV
National Provider Identifier (NPI) is required for Claim Level Operating Physician.
Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
NPI is required for Claim level Operating Physician.
- 130322 OTHER PROVIDER NPI CHECK DIGIT INV
Other Provider National Provider Identifier (NPI) Invalid.
Other Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Other Provider NPI must be valid.
- 130324 OTHER PROV NPI NOT ACTIVE IN CPS
Other Provider National Provider Identifier (NPI) is inactive in the CPS Provider number database.
Other Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Other Provider NPI must be a valid, active NPI in the CPS database.
- 130326 NPI REQUIRED FOR OTHER PROVIDER
National Provider Identifier (NPI) is required for Other Provider.
Other Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Other Provider.
- 130422 CLM SERV FAC NPI CHECK DIGIT INV
Claim Level Service Facility National Provider Identifier (NPI) Invalid.
Claim Level Service Facility National Provider Identifier is located in Loop ID-2310E in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
Claim level Service Facility NPI must be valid.

- 130424 CLM SERV FAC NPI NOT ACTIVE IN CPS
Claim Level Service Facility National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Claim Level Service Facility National Provider Identifier is located in Loop ID-2310E in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Service Facility NPI must be a valid, active NPI in the CPS database.
- 130426 NPI REQUIRED FOR CLM SERV FACILITY
National Provider Identifier (NPI) is required for Claim Level Service Facility.
Claim Level Service Facility National Provider Identifier is located in Loop ID-2310E in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Claim level Service Facility.
- 130522 LN ATTENDING NPI CHECK DIGIT INV
Line Level Attending Physician National Provider Identifier (NPI) Invalid.
Line Level Attending Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Attending Physician NPI must be valid.
- 130524 LN ATTENDING NPI NOT ACTIVE IN CPS
Line Level Attending Physician National Provider Identifier (NPI) is not set up in the CPS provider number database.
Line Level Attending Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Attending Physician NPI must be a valid, active NPI in the CPS database.
- 130526 NPI REQUIRED FOR LN ATTENDING PHYS
National Provider Identifier (NPI) is required for Line Level Attending Physician.
Line Level Attending Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Line level Attending Physician.
- 130622 LN OPERATING NPI CHECK DIGIT INV
Line Level Operating Physician National Provider Identifier (NPI) Invalid.
Line Level Operating Physician National Provider Identifier is located

in Loop ID-2420B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Operating Physician NPI must be valid.

- 130624 LN OPERATING NPI NOT ACTIVE IN CPS
Line Level Operating Physician National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Line Level Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Operating Physician NPI must be a valid, active NPI in the CPS database.
- 130626 NPI REQUIRED FOR LN OPERATING PHYS
National Provider Identifier (NPI) is required for Line Level Operating Physician.
Line Level Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Line level Operating Physician.
- 130722 LN OTHER PROV NPI CHECK DIGIT INV
Line Level Other Provider National Provider Identifier (NPI) Invalid.
Line Level Other Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Other Provider NPI must be valid.
- 130724 LN OTHER PROV NPI NOT ACTIVE IN CPS
Line Level Other Provider National Provider Identifier (NPI) is not set up In the CPS Provider number database.
Line Level Other Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Other Provider NPI must be a valid, active NPI in the CPS database.
- 130726 NPI REQUIRED FOR LN OTHER PROV
National Provider Identifier (NPI) is required for Line Level Other Provider.
Line Level Other Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. NPI is required for Line level Other Provider.
- 140001 SUBMITTER ID IS ALL ZEROS OR NINES
Submitter Tax ID must be a valid Submitter Tax ID number.

Submitter tax ID is located in Loop ID-1000A in the NMI segment. If the 1st element in that segment is equal to '41', then the 9th element in that segment is the submitter tax ID. The submitter tax ID should not be equal to all zeros or 9's.

140002

CREATION DATE > CURRENT DATE

Creation date must not be a future date.

Creation date is located in the BHT segment. It is the 4th element in that segment. The creation date must not be greater than the current date.

140004

PROV EIN SSN NPI INVALID/NOT NUMERIC

Provider's Employer Identification Number, Social Security Number and/or National Provider Identifier must be numeric and valid.

Employer's Identification Number, Social Security Number and National Provider Identifier for the Billing Provider are located in Loop ID-2010AA in the NMI Segment. If the 1st element in that segment is equal to '85', then the 9th element in that segment is the Billing Provider Identification code.

Employer's Identification Number and Social Security Number for the Billing Provider Secondary Identification are located in Loop ID-2010AA in the REF Segment.

If the 1st element in that segment is equal to 'EI', then the 2nd element of that segment is the Employer's Identification Number and must be 9 numeric digits.

If the 1st element in that segment is equal to 'SY', then the 2nd element of that segment is the Social Security Number and must be 9 numeric digits. Employer's Identification Number, Social Security Number and National Provider Identifier for the Billing Provider Identification Code and the Billing Provider Secondary Reference Identification must be numeric and valid.

140005

PROV EIN/SSN IS ALL ZEROS OR NINES

Provider's Employer Identification Number and/or Social Security Number must be a valid Provider EIN or SSN.

Employer's Identification Number and Social Security Number for the Billing Provider are located in Loop ID-2010AA in the NMI Segment. If the 1st element in that segment is equal to '85', then the 9th element in that segment is the Billing Provider Identification code.

If the 8th element in that segment is equal to '24', then the 9th element is the Employer's Identification Number.

If the 8th element in that segment is equal to '34', then the 9th element is the Social Security Number.

Employer's Identification Number and Social Security Number for the Billing Provider Secondary Identification are located in Loop ID-2010AA in the REF Segment.

If the 1st element in that segment is equal to 'EI', then the 2nd element of that segment is the Employer's Identification Number.

If the 1st element in that segment is equal to 'SY', then the 2nd element of that segment is the Social Security Number.

The Employer's Identification Number and/or Social Security Number for the Billing Provider Identification Code and the Billing Provider Secondary Reference Identification must be valid and not equal to all zeros or nines.

- 140007 PATIENT BIRTHDATE > CURRENT DATE
Patient Birth Date must not be a future date.
Patient birth date is located in Loop ID-2010CA in the DMG segment. It is the 2nd element in that segment. The patient birth date must not be greater than the current date.
- 140008 ADMIT/START OF CARE DATE REQUIRED
Admission / Start of Care Date is required.
Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date, and should not be equal to spaces or low-values.
- 140009 ADMISSION DATE > CURRENT DATE
Admission Date must not be a future date.
Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date. The admission date must not be greater than the current date.
- 140010 STMT COVERS FROM DATE MISSING
Statement Covers From Date is required.
Statement covers from date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and should not be equal to spaces or low-values.
- 140011 STMT COVERS FROM DATE>CURRENT DATE
Statement Covers From Date must not be a future date.
Statement covers from date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. The statement covers from date must not be greater than the current date.

- 140012 **STMT COVERS THRU DATE MISSING**
Statement Covers Thru Date is required.
Statement covers thru date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element and should not be equal to spaces or low-values.
- 140013 **STMT COVERS THRU DATE > CURRENT DATE**
Statement Covers Thru Date must not be a future date.
Statement covers thru date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element. The statement covers thru date must not be greater than the current date.
- 140014 **STMT THRU < STATEMENT FROM DATE**
Statement Covers Thru Date cannot be less than the Statement Covers From Date.
Statement covers from date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement thru date. The statement thru date cannot be less than the statement from date.
- 140015 **PATIENT STATUS CODE REQUIRED**
Patient Status Code is required.
Patient status is located in Loop ID-2300 in the CL1 segment. It is the 3rd element in that segment and should not be equal to spaces or low-values.
- 140018 **OCCURRENCE CODE INVALID**
Occurrence Code must be a valid Occurrence Code.
Occurrence code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BH', then the 2nd sub-element is the occurrence code. The occurrence code is validated against the table that contains valid, National Uniform Billing Committee (NUBC) occurrence codes. If additional BH sub-elements are present, each occurrence code will be validated against the table.
- 140019 **OCCURRENCE DATE > CURRENT DATE**
Occurrence Date must not be a future date.
Occurrence date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BH', then the 4th sub-element is the occurrence date. The occurrence date must not be greater than the current

date. If additional BH sub-elements are present, each occurrence date associated with the occurrence code is validated and must not be greater than the current date.

- 140020 OCCURRENCE SPAN CODE INVALID
Occurrence Span Code must be a valid Occurrence Span Code.
Occurrence span code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 2nd sub-element is the occurrence span code. The occurrence span code is validated against the table that contains valid NUBC occurrence span codes. If additional BI sub-elements are present, each occurrence span code is validated against the table.
- 140021 OCC SPAN FROM DT MISSING, CD PRES
Occurrence Span From Date is required if Occurrence Span Code is present.
Occurrence span from date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 4th sub-element is the occurrence span dates. The first 8 bytes of the 4th sub-element are the occurrence span from date.
Occurrence span code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 2nd sub-element is the occurrence span code. If the occurrence span code is present, the occurrence span from date should not be equal to spaces or low-values. If additional BI sub-elements are present, then the from date associated with each occurrence span code should not be equal to spaces or low-values.
- 140022 OCC SPAN FROM DT > CURRENT DATE
Occurrence Span From Date must not be a future date.
Occurrence span from date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 4th sub-element is the occurrence span dates. The first 8 bytes of the 4th sub-element are the occurrence span from date. The occurrence span from date must not be greater than the current date. If additional BI sub-elements are present, then the from date associated with each occurrence span code must not be greater than the current date.
- 140023 OCC SPAN FROM DT > SPAN THRU DT
Occurrence Span From Date cannot be greater than the Occurrence Span Thru Date.
Occurrence span from date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 4th sub-element is the occurrence span dates. The first 8 bytes of the 4th sub-element are the occurrence span from date and bytes 10 thru 17 are the occurrence span thru date. The occurrence span from date cannot be greater than the occurrence span thru date. If additional

BI sub-elements are present, the occurrence span from date associated with each occurrence span code cannot be greater than the associated occurrence span thru date.

- 140024 OCC SPAN THRU DT > CURRENT DATE
Occurrence Span Thru Date must not be a future date.
Occurrence span thru date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 4th sub-element is the occurrence span dates. The first 8 bytes of the 4th sub-element are the occurrence span from date and bytes 10 thru 17 are the occurrence span thru date. The occurrence span thru date must not be greater than the current date. If additional BI sub-elements are present, then the occurrence span thru date associated with each occurrence span code must not be greater than current date.
- 140025 OCC SPAN THRU DT > STMT THRU DATE
Occurrence Span Thru Date must be less than or equal to Statement Thru Date.
Occurrence span thru date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 4th sub-element is the occurrence span dates. The first 8 bytes of the 4th sub-element are the occurrence span from date and bytes 10 thru 17 are the occurrence span thru date.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element. The occurrence span thru date must be less than or equal to the statement thru date. If additional BI sub-elements are present, then the occurrence span thru date associated with each occurrence span code must be less than or equal to the statement thru date.
- 140026 CONDITION CODE INVALID
Condition Code must be a valid Condition Code.
Condition code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BG', then the 2nd sub-element is the condition code. The condition code is validated against the table that contains valid NUBC condition codes. If additional BG sub-elements are present, each condition code is validated against the table.
- 140027 VALUE CODE INVALID
Value Code must be a valid Value Code.
Value code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BE', then the 2nd sub-element is the value code. The value code is validated against the table that contains

valid NUBC value codes. If additional BE sub-elements are present, each value code is validated against the table.

- 140028 **ACCOM REVENUE CODE REQUIRED INP CLM**
Accommodation Revenue Codes must be present on inpatient claims and within the range of '0100' – '0219', or '1000' – '1005'.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Revenue code values between '0100' – '0219', or '1000' – '1005' are required for inpatient claims. Claims with the following Facility Code Values are designated as inpatient claims, 11, 12, 18, 21, 22, 25, 26, 27, 28, 41, 51, 61, 82, and 86. This edit is not applicable for Medicare claims. This edit is not applicable if the Claim Frequency Type code is equal to '5' or '6'. This edit is not applicable for BlueCross BlueShield claims if the Facility Code Value is equal to '12x', '22x', or '82x'.
- 140029 **REVENUE CODE INVALID**
Revenue Code must be a valid Revenue Code.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. The revenue code is validated against the table that contains valid NUBC revenue codes.
- 140031 **MULTIPLE 0001 REVENUE CODES PRESENT**
0001 Revenue Code may only be present once per claim.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Multiple revenue code 0001 may not be present on claim.
- 140032 **0001 IS ONLY REVENUE CODE PRESENT**
0001 Revenue Code cannot be only Revenue Code on claim.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Revenue code 0001 cannot be the only revenue code submitted on claim.
- 140033 **ASSESSMENT DATE > CURRENT DATE**
Assessment Date must not be a future date.
Assessment date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '866', then the 3rd element in that segment is the assessment date. The assessment date must not be greater than the current date.
- 140034 **O/P REV CD NOT 0022-0024,0220-0999**
Outpatient Revenue Codes must be in the range of 0022-0024, or 0220-0999.

Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. The outpatient revenue code must have values between '0022'- '0024', or '0220' - '0999'.

- 140035 O/P SERVICE DATE > CURRENT DATE
Outpatient Service Date must not be a future date.
Outpatient service date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472', then the 3rd element is the service date. The service date must not be greater than the current date.
- 140036 PRIN DIAG MUST BE VALID ICD-9 CODE
Principal Diagnosis Code must be a valid ICD-9 Diagnosis Code.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BK', then the 2nd sub-element is the principal diagnosis code. The diagnosis code is validated against the ICD-9 diagnosis codes table.
- 140037 OTH DIAG MUST BE A VALID ICD-9 CODE
Other Diagnosis Code must be a valid ICD-9 Diagnosis Code.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BF', then the 2nd sub-element is the other diagnosis code and is validated against the ICD-9 diagnosis code table. If additional BF sub-elements are present, then each diagnosis code is validated against the ICD-9 diagnosis code table.
- 140038 PRIN PROC CD MUST BE VALID ICD-9 CD
Principal Procedure Code must be a valid ICD-9 Procedure Code.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 2nd sub-element is the principal procedure code. The principal procedure code is validated against the ICD-9 procedure code table. This edit applies to inpatient claims only.
- 140039 PRIN PROC CD CANNOT CONTAIN PERIODS
Principal Procedure Codes cannot contain periods.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 2nd sub-element is the principal procedure code. The principal procedure code should not contain a period.
- 140040 PRIN PROC DT MISSING, CODE PRESENT
If Principal Procedure Code is present, Procedure Date is required.
Principal procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 4th sub-element is the principal procedure date.

Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 2nd sub-element is the principal procedure code. If the principal procedure code is present, then the principal procedure date should not be equal to all zeros, spaces or low-values.

- 140041 PRIN PROC DT > CURRENT DATE
Principal Procedure Date must not be a future date.
Principal procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BP' or 'BR', then the 4th sub-element is the principal procedure date. The principal procedure date must not be greater than the current date.
- 140043 OTH PROC CODE MISSING, DT PRESENT
If Other Procedure Date is present, Other Procedure Code is required.
*Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 2nd sub-element is the other procedure code.
Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 4th sub-element is the other procedure date. If other procedure date is present, other procedure code is required. If additional BQ sub-elements are present, and if other procedure dates are present, then other procedure codes are required.*
- 140044 OTH PROC CD MUST BE VALID ICD-9 CD
If Other Procedure Code is present, code must be a valid ICD-9 Procedure Code.
Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 2nd sub-element is the other procedure code. The other procedure code is validated against the ICD-9 procedure code table. If additional BQ sub-elements are present, then the other procedure codes will be validated against the table. This edit applies to inpatient claims only.
- 140045 OTH PROC CD CANNOT CONTAIN PERIODS
If Other Procedure Code is present, code cannot contain periods.
Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BO' or 'BQ', then the 2nd sub-element is the other procedure code. The procedure code should not contain a period. If additional BO or BQ sub-elements are present, then other procedure codes should not contain a period.
- 140046 OTH PROC DT MISSING, CODE PRESENT
If Other Procedure Code is present, Other Procedure Date is required.

Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 4th sub-element is the other procedure date.

Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 2nd sub-element is the other procedure code. If the other procedure code is present, then the other procedure date should not be equal to all zeros, spaces or low-values. If additional BQ sub-elements are present, and if other procedure codes are present, then the other procedure dates should not be equal to all zeros, spaces or low-values.

140047

OTH PROC DT > CURRENT DATE

Other Procedure Date must not be a future date.

Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BO' or 'BQ', then the 4th sub-element is the other procedure date. The other procedure date must not be greater than the current date. If additional other procedure codes are present, then the other procedure dates must not be greater than the current date.

140049

ADM DIAG CODE MISSING ON I/P CLAIM

Admitting Diagnosis Code is required on all inpatient claims, excluding Religious Nonmedical Health Care Institution (RNHCI) claims.

Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. The admitting diagnosis code should not be equal to spaces or low-values. This edit applies to inpatient claims only.

140050

ADM DIAG CD MUST BE VALID ICD-9 CD

Admitting Diagnosis Code must be a valid ICD-9 Diagnosis Code.

Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. The admitting diagnosis code is validated against the ICD-9 diagnosis code table.

140051

E-CODE DIAG MUST BE VALID ICD-9 CD

E-code Diagnosis must be a valid ICD-9 Diagnosis Code.

E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis. The E-code diagnosis is validated against the ICD-9 diagnosis code table.

140052

HCPCS CODE INVALID

HCPCS Code must be a valid HCPCS code.

HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code. The procedure code is validated against the HCPCS code table.

- 140055 ADMIT DATE > STATEMENT FROM DATE
Statement From Date cannot be earlier than Admission Date.
Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. The admission date cannot be greater than the statement from date.
- 140056 ADMISSION DATE INVALID
Admission date must be a valid date.
Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date. The admission date must be a valid date in CCYYMMDD format.
- 140057 STMT COVERS FROM DATE INVALID
Statement Covers From Date must be a valid date.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. The statement covers from date must be a valid date in CCYYMMDD format.
- 140058 STMT COVERS THRU DATE INVALID
Statement Covers Thru Date must be a valid date.
Statement covers thru date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element. The statement covers thru date must be a valid date in CCYYMMDD format.
- 140059 OCC CD NOT IN EFFECT FOR SVC DT
Occurrence Code must be in effect for service date.
Occurrence code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BH', then the 2nd sub-element is the occurrence code.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Occurrence code must be in effect for date of service. If additional BH sub-elements are present, each occurrence code is validated.

140060 OCC SPAN NOT IN EFFECT FOR SVC DT
Occurrence Span Code must be in effect for service date.
Occurrence span code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BI', then the 2nd sub-element is the occurrence span code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Occurrence Span code must be in effect for date of service. If additional BI sub-elements are present, each occurrence span code is validated.

140061 COND CD NOT IN EFFECT FOR SVC DT
Condition Code must be in effect for service date.
Condition code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BG', then the 2nd sub-element is the condition code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Condition Code must be in effect for date of service. If additional BG sub-elements are present, each condition code is validated.

140062 VALUE CODE NOT IN EFFECT FOR SVC DT
Value Code must be in effect for service date.
Value code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BE', then the 2nd sub-element is the value code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Value Code must be in effect for date of service. If additional BE sub-elements are present, each value code is validated.

- 140063 REV CD NOT IN EFFECT FOR SVC DT
Revenue Code must be in effect for service date.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Revenue Code must be in effect for date of service.
- 140064 PRIN DIAG NOT IN EFFECT FOR SVC DT
Principal Diagnosis Code must be in effect for service date.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BK' then the 2nd sub-element is the principal diagnosis code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Principal diagnosis code must be in effect for date of service.
- 140065 OTHER DIAG NOT IN EFFECT FOR SVC DT
Other Diagnosis Code must be in effect for service date.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BF', then the 2nd sub-element is the other diagnosis code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Other diagnosis code must be in effect for date of service. If additional BF sub-elements are present, then each diagnosis code is validated.
- 140066 PRIN PROC NOT IN EFFECT FOR SVC DT
Principal Procedure Code must be in effect for service date.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BP' or 'BR', then the 2nd sub-element is the principal procedure code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd

element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Principal procedure code must be in effect for date of service.

- 140067 **OTHER PROC NOT IN EFFECT FOR SVC DT**
Other Procedure Code must be in effect for service date.
Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BO' or 'BQ', then the 2nd sub-element is the other procedure code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Other procedure date must be in effect for date of service. If additional BO or BQ sub-elements are present, then the other procedure codes will be validated against the table.
- 140068 **ADM DIAG NOT IN EFFECT FOR SVC DT**
Admitting Diagnosis Code must be in effect for service date.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Admitting diagnosis code must be in effect for date of service.
- 140069 **ECODE DIAG NOT IN EFFECT FOR SVC DT**
E-Code Diagnosis must be in effect for service date.
E-Code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. E-Code diagnosis must be in effect for date of service.
- 140070 **HCPCS CD NOT IN EFFECT FOR SVC DT**
HCPCS Code must be in effect for service date.
HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. HCPCS code must be in effect for date of service.

- 140071 TYPE ADM NOT IN EFFECT FOR SVC DT
Type of Admission must be in effect for service date.
Type of admission is located in Loop ID-2300 in the CL1 segment. It is the 1st element in that segment.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Type of admission must be in effect for date of service.
- 140072 SOURCE ADM NOT IN EFFECT FOR SVC DT
Source of Admission must be in effect for service date.
Source of admission is located in Loop ID-2300 in the CL1 segment. It is the 2nd element in that segment.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Source of admission must be in effect for date of service.
- 140073 PAT STATUS NOT IN EFFECT FOR SVC DT
Patient Status must be in effect for service date.
Patient status is located in Loop ID-2300 in the CL1 segment. It is the 3rd element in that segment.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Patient status must be in effect for date of service.
- 140074 TYPE ADMISSION INVALID
Type of Admission must be valid as listed in the NUBC codes.
Type of admission is located in Loop ID-2300 in the CL1 segment. It is the 1st element in that segment. Type of admission is validated against the table that contains valid NUBC type of admission codes.

- 140075 SOURCE ADMISSION INVALID
Source of Admission must be valid as listed in the NUBC codes.
Source of admission is located in Loop ID-2300 in the CL1 segment. It is the 2nd element in that segment. Source of admission is validated against the table that contains valid NUBC source of admission codes.
- 140076 PATIENT STATUS INVALID
Patient Status must be valid as listed in the NUBC codes.
Patient status is located in Loop ID-2300 in the CL1 segment. It is the 3rd element in that segment and is validated against the table that contains valid NUBC patient status codes.
- 140078 PRIN PROC CD MUST BE VALID ICD-9 CD
Principal Procedure Code must be a valid ICD-9 Procedure Code.
Principal procedure code is located in Loop ID-2300 in the HI segment. It is the 2nd sub-element in the segment. If the 1st sub-element in the segment is equal to 'BR', then the principal procedure code must be a valid ICD-9 procedure code. The principal procedure code is validated against the ICD-9 procedure code table. This edit applies to outpatient claims only.
- 140079 PRIN PROC CD MUST BE VALID HCPCS CD
Principal Procedure Code must be a valid HCPCS Code.
Principal procedure code is located in Loop ID-2300 in the HI segment. It is the 2nd sub-element in the segment. If the 1st sub-element in the segment is equal to 'BP', then the principal procedure code must be a valid HCPCS code. The principal procedure code is validated against the HCPCS code table. This edit applies to outpatient claims only.
- 140080 OTH PROC CD MUST BE VALID ICD-9 CD
Other Procedure Code must be a valid ICD-9 Code.
Other procedure code is located in Loop ID-2300 in the HI segment. It is the 2nd sub-element in the segment. If the 1st sub-element in the segment is equal to 'BQ', then the other procedure code must be a valid ICD-9 procedure code. The other procedure code is validated against the ICD-9 procedure code table. If additional BQ sub-elements are present, then the other procedure codes will be validated against the table. This edit applies to outpatient claims only.
- 140081 OTH PROC CD MUST BE VALID HCPCS CD
Other Procedure Code must be a valid HCPCS Code.
Other procedure code is located in Loop ID-2300 in the HI segment. It is the 2nd sub-element in the segment. If the 1st sub-element in the segment is equal to 'BO', then the other procedure code must be a valid HCPCS procedure code. The other procedure code is validated

against the HCPCS procedure code table. If additional BO sub-elements are present, then the other procedure codes will be validated against the table. This edit applies to outpatient claims only.

- 140086 SECONDARY ADJ AMOUNT MUST BE > 0
Claim Adjustment Amount must be greater than zero if a claim adjustment reason code is present.
Claim adjustment amounts are located in Loop ID-2430 in the 3rd, 6th, 9th, 12th, 15th, and 18th elements of the CAS segment.
Claim adjustment reason codes are located in Loop ID-2430 in the 2nd, 5th, 8th, 11th, 14th, and 17th elements of the CAS segment. If an adjustment reason code is present, then an adjustment amount must be present and greater than zero.
- 140087 SECONDARY ADJ QUANTITY MUST BE > 0
Adjustment Quantity must be greater than zero if a claim adjustment reason code is present.
Adjustment quantity is located in Loop ID-2430 in the 4th, 7th, 10th, 13th, 16th, and 19th elements of the CAS segment.
Claim adjustment reason codes are located in Loop ID-2430 in the 2nd, 5th, 8th, 11th, 14th, and 17th elements of the CAS segment. If an adjustment reason code is present, then the claim adjustment quantity must be present and greater than zero.
- 140088 LINE LEVEL CLM ADJ REASON CODE INV
Line Level Claim Adjustment Reason Code Invalid.
Line level claim adjustment reason code is located in Loop ID-2430 in the CAS segment. The 2nd, 5th, 8th, 11th, 14th, and 17th elements contain the claim adjustment reasons. These reason codes are validated against the Adjustment Reason Code table.
- 140089 REPRICED DRG AMOUNT MUST BE > 0
Repriced DRG Amount must be greater than zero, if present.
Repriced DRG amount is located in Loop ID-2300 in the HCP segment. It is the 7th element in that segment. The repriced DRG amount, if present, must be greater than zero.
- 140090 LINE PAID UNITS OF SERV MUST BE > 0
Paid Units of Service must be greater than zero, if present.
Paid units of service is located in Loop ID-2430 in the SVD segment. It is the 5th element in that segment. Line paid units of service, if present, must be greater than zero.
- 140091 OTH SUB/INS ZIP CD MUST BE NUMERIC
Other Subscriber/Insured Zip Code must be numeric, if present.
Other subscriber/insured zip code is located in Loop ID-2330A in the N4

segment. It is the 3rd element in that segment. Positions 1 – 5 of the subscriber/insured zip code, if present, must be numeric.

- 140092 OTH SUB/INS COUNTRY CODE MUST BE US
Other Subscriber/Insured Country Code must be 'US', if present.
Other subscriber/insured country code is located in Loop ID-2330A in the N4 segment. It is the 4th element in that segment. The country code, if present, must be 'US'.
- 140097 PRIN DIAG CD CAN'T BE > 5 POSITIONS
Principal Diagnosis Code cannot exceed 5 positions.
Principal Diagnosis Code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BK', then the 2nd sub-element of the 1st element is the principal diagnosis code. The principal diagnosis code should not be greater than 5 positions.
- 140098 ADMIT DIAG CD CAN'T BE > 5 POSITIONS
Admitting Diagnosis Code cannot exceed 5 positions.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. The admitting diagnosis code should not be greater than 5 positions.
- 140099 E-CODE DIAG CAN'T BE > 5 POSITIONS
E-Code Diagnosis cannot exceed 5 positions.
E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis. The E-code diagnosis should not be greater than 5 positions.
- 140100 OTH DIAG CD CAN'T BE > 5 POSITIONS
Other Diagnosis Code cannot exceed 5 positions.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BF', then the 2nd sub-element of the 1st element is the other diagnosis code. The other diagnosis code should not be greater than 5 positions. If additional BF sub-elements are present, then each diagnosis code should not be greater than 5 positions.
- 140101 DATE OF ONSET PRIN DIAG >CURRENT DT
Date of Onset of Principal Diagnosis must not be a future date.
Date of onset of principal diagnosis is located in Loop ID-2300 in the CR6 segment. It is the 5th element in that segment. The date of onset of principal diagnosis must not be greater than the current date.
- 140102 DATE SURG PROC PERF > CURRENT DATE
Date Surgical Procedure Performed must not be a future date.

Date surgical procedure performed is located in Loop ID-2300 in the CR6 segment. It is the 9th element in that segment. The date surgical procedure performed must not be greater than current date.

- 140103 VERBAL SOC DATE > CURRENT DATE
Verbal Start of Care Date must not be a future date.
Verbal start of care date is located in Loop ID-2300 in the CR6 segment. It is the 12th element in that segment. The verbal start of care date must not be greater than current date.
- 140104 DT PHYS LAST SAW PAT > CURRENT DATE
Date Physician Last Saw Patient must not be a future date.
Date physician last saw patient is located in Loop ID-2300 in the CR6 segment. It is the 13th element in that segment. The date physician last saw patient must not be greater than current date.
- 140105 DT LAST CONTACTED PHYS > CURRENT DATE
Date Last Contacted Physician must not be a future date.
Date last contacted physician is located in Loop ID-2300 in the CR6 segment. It is the 14th element in that segment. The date last contacted physician must not be greater than current date.
- 140106 DT SECONDARY DIAG-1 > CURRENT DATE
Date of Secondary Diagnosis-1 must not be a future date.
Date of secondary diagnosis-1 is located in Loop ID-2300 in the CR6 segment. It is the 18th element in that segment. The date of secondary diagnosis-1 must not be greater than current date.
- 140107 DT SECONDARY DIAG-2 > CURRENT DATE
Date of Secondary Diagnosis-2 must not be a future date.
Date of secondary diagnosis-2 is located in Loop ID-2300 in the CR6 segment. It is the 19th element in that segment. The date of secondary diagnosis-2 must not be greater than current date.
- 140108 DT SECONDARY DIAG-3 > CURRENT DATE
Date of Secondary Diagnosis-3 must not be a future date.
Date of secondary diagnosis-3 is located in Loop ID-2300 in the CR6 segment. It is the 20th element in that segment. The date of secondary diagnosis-3 must not be greater than current date.
- 140109 DT SECONDARY DIAG-4 > CURRENT DATE
Date of Secondary Diagnosis-4 must not be a future date.
Date of secondary diagnosis-4 is located in Loop ID-2300 in the CR6 segment. It is the 21st element in that segment. The date of secondary diagnosis-4 must not be greater than current date.

- 140110 INTERCHANGE DATE > CURRENT DATE
Interchange Date must not be a future date.
Interchange date is located in the ISA segment. It is the 9th element in that segment. The interchange date must not be greater than current date.
- 140111 TYPE ADMISSION MISSING ON I/P CLAIM
Type of Admission is required on inpatient claim.
Type of admission is located in Loop ID-2300 in the CLI segment. It is the 1st element in that segment and should not be equal to space or low-value. This edit is valid for inpatient claims only.
- 140112 SOURCE ADMISSION MISSING ON I/P CLM
Source of Admission is required on inpatient claim.
Source of admission is located in Loop ID-2300 in the CLI segment. It is the 2nd element in that segment and should not be equal to space or low-value. This edit is valid for inpatient claims only.
- 140114 BILLING PROV ZIP CD MUST BE NUMERIC
Billing Provider Zip Code must be numeric.
Billing provider zip code is located in Loop ID-2010AA in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the billing provider zip code must be numeric.
- 140115 BILLING PROV COUNTRY CD MUST BE US
Billing Provider Country Code must be 'US', if present.
Billing provider country code is located in Loop ID-2010AA in the N4 segment. It is the 4th element in that segment. The billing provider country code, if present, must be 'US'.
- 140116 PAY-TO PROV ZIP CD MUST BE NUMERIC
Pay-To Provider Zip Code must be numeric.
Pay-to provider zip code is located in Loop ID-2010AB in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the pay-to provider zip code must be numeric.
- 140117 PAY-TO PROV COUNTRY CD MUST BE US
Pay-To Provider Country Code must be 'US', if present.
Pay-to provider country code is located in Loop ID-2010AB in the N4 segment. It is the 4th element in that segment. The pay-to provider country code, if present, must be 'US'.
- 140118 SUBSCRIBER ZIP CODE MUST BE NUMERIC
Subscriber Zip Code must be numeric.
Subscriber zip code is located in Loop ID-2010BA in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the subscriber zip code must be numeric.

- 140119 **SUBSCRIBER COUNTRY CODE MUST BE US**
Subscriber Country Code must be 'US', if present.
Subscriber country code is located in Loop ID-2010BA in the N4 segment. It is the 4th element in that segment. The subscriber country code, if present, must be 'US'.
- 140120 **PAYER ZIP CODE MUST BE NUMERIC**
Payer Zip Code must be numeric.
Payer zip code is located in Loop ID-2010BC in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the payer zip code must be numeric.
- 140121 **PAYER COUNTRY CODE MUST BE US**
Payer Country Code must be 'US', if present.
Payer country code is located in Loop ID-2010BC in the N4 Segment. It is the 4th element in that segment. The payer country code, if present, must be 'US'.
- 140122 **RESP PARTY ZIP CODE MUST BE NUMERIC**
Responsible Party Zip Code must be numeric.
Responsible party zip code is located in Loop ID-2010BD in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the responsible party zip code must be numeric.
- 140123 **RESP PARTY COUNTRY CODE MUST BE US**
Responsible Party Country Code must be 'US', if present.
Responsible party country code is located in Loop ID-2010BD in the N4 segment. It is the 4th element in that segment. The responsible party country code, if present, must be 'US'.
- 140124 **PATIENT ZIP CODE MUST BE NUMERIC**
Patient Zip Code must be numeric.
Patient zip code is located in Loop ID-2010CA in the N4 segment. It is the 3rd element in that segment. Positions 1 – 5 of the patient zip code must be numeric.
- 140125 **PATIENT COUNTRY CODE MUST BE US**
Patient Country Code must be 'US', if present.
Patient country code is located in Loop ID-2010CA in the N4 segment. It is the 4th element in that segment. The patient country code, if present, must be 'US'.
- 140126 **FACILITY ZIP CODE MUST BE NUMERIC**
Facility Zip Code must be numeric.
Facility zip code is located in Loop ID-2310E in the N4 segment. It

is the 3rd element in that segment. Positions 1 – 5 of the facility zip code must be numeric.

- 140127 FACILITY COUNTRY CODE MUST BE US
Facility Country Code must be 'US', if present.
Facility country code is located in Loop ID-2310E in the N4 segment. It is the 4th element in that segment. The facility country code, if present, must be 'US'.
- 140129 INVALID BILLING PROV TAXONOMY CD
Healthcare Provider Taxonomy Code (HCPT) is invalid for the Billing Provider Specialty Information.
Billing provider specialty information is located in Loop ID-2000A in the PRV segment. If the first element in that segment is equal to 'BI', or 'PT' and the 2nd element in that segment is equal to 'ZZ', then the 3rd element in that segment is the Provider Specialty (Taxonomy) Code. The provider specialty code is validated against the table that contains valid Healthcare Provider Taxonomy Codes.
- 140130 INVALID ATTENDING PHYS TAXONOMY CD
Healthcare Provider Taxonomy Code (HCPT) is invalid for the Attending Physician Specialty Information.
Attending physician specialty information is located in Loop ID-2310A in the PRV segment. If the 1st element in that segment is equal to 'AT' or 'SU' and the 2nd element in that segment is equal to 'ZZ', then the 3rd element in that segment is the Provider Specialty (Taxonomy) Code. The provider specialty code is validated against the table that contains valid Healthcare Provider Taxonomy Codes.
- 140139 SERV LINE DATE REQ OUTPATIENT CLAIM
Service Line Date is required on all outpatient claims.
Service line date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472' or '866', then the 3rd element in that segment is the service line date. The service line date is required on all outpatient claims.
- 140140 QTY SEGMENT INV ON OUTPATIENT CLAIM
QTY Segment is not accepted on outpatient claims.
QTY segment is located in Loop ID-2300. The QTY segment must not be present on outpatient claims.
- 140141 RSN VISIT DIAG MUST BE VALID ICD-9
Patient Reason for Visit Diagnosis Code must be a valid ICD-9 Diagnosis Code.
Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then

the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code is validated against the ICD-9 diagnosis code table.

- 140142 **RSN VISIT DIAG NOT IN EFFECT SVC DT**
Patient Reason for Visit Diagnosis Code must be in effect for service date. *Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code.*
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. The patient reason for visit diagnosis code must be in effect for date of service.
- 140143 **RSN VISIT DX CAN'T BE > 5 POSITIONS**
Patient Reason for Visit Diagnosis Code cannot exceed five positions. *Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code cannot be greater than five positions.*
- 140144 **HIPAA NONCOMPLIANT CLM NOT ACCEPTED**
Version Code must be HIPAA Compliant '004010X096A1'. *Version code is located in the GS segment. It is the 8th element in that segment. The version code must be '004010X096A1'.*
- 140145 **TOTAL CHGS CAN'T BE LESS THAN ZERO**
Total Claim Charge Amount cannot be less than Zero. *Total claim charge amount is located in Loop ID-2300 in the CLM segment. It is the 2nd element in that segment. The total charge amount for the claim cannot be less than zero.*
- 140146 **STATEMENT COVERS FROM YEAR INVALID**
Statement Covers From Year must be a reasonable year. *Statement covers from date is located in Loop ID-2300 in the DTP Segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. The statement covers from year must be a valid year after 1945.*
- 140147 **SERVICE LINE FROM YEAR INVALID**
Service Line Year must be a reasonable year.

Service line date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472' or '866', then the 3rd element in that segment is the service or assessment date. The service or assessment date from year must be a valid year after 1945.

- 140148 NO ENCOUNTER AGREEMENT IN PLACE
Encounter Agreement is not in place at this time.
Claim or Encounter Identifier is located in the BHT segment. It is the 6th element in that segment. If the identifier is equal to 'RP', then the transaction is an encounter. Encounter agreement is not in place at this time.
- 150001 PATIENT DATE OF BIRTH > STMT DATE
Patient Date of Birth cannot be greater than Statement Date.
*Patient birth date is located in Loop ID-2010CA in the DMG segment. It is the 2nd element in that segment.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date. The patient birth date cannot be greater than the statement covers from date.*
- 150003 TYPE ADMISSION INVALID
Type of Admission must be valid.
Type of admission is located in Loop ID-2300 in the CLI segment. It is the 1st element in that segment. The type of admission code is validated against the table that contains valid NUBC type of admission codes.
- 150005 SOURCE ADMISSION INVALID
Source of Admission must be valid.
Source of admission is located in Loop ID-2300 in the CLI segment. It is the 2nd element in that segment. The source of admission code is validated against the table that contains valid NUBC source of admission codes.
- 150006 ADMISSION HOUR MISSING
Admission Hour is required.
Admission hour is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. Bytes 9 and 10 in the 3rd element are the admission hour and should not be equal to spaces or low-values.
- 150007 PATIENT STATUS INVALID
Patient Status must be valid.
Patient status is located in Loop ID-2300 in the CLI segment. It is the 3rd element in that segment. The patient status code is validated against the

table that contains valid NUBC patient status codes.

- 150008 DISCHARGE HOUR INVALID
Discharge Hour must be valid.
Discharge hour is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '096', then the 3rd element in that segment is the discharge hour. Discharge hour is validated against the table that contains valid NUBC discharge hour codes.
- 150010 FACILITY TYPE CODE NOT ACCEPTED
Facility Type Code is not valid for BlueCross BlueShield of Tennessee or BlueCare claims.
Facility Type Code is located in Loop ID-2300 in the CLM segment. The first 2 bytes of the 5th element in that segment are the first two positions of the facility type code. The third position of the facility type code is located in the 3rd sub-element of the 5th element. This facility type code is validated against the table that contains valid type of bills.
- 150012 ATTEND PHYS ID CAN'T HAVE SPEC CHAR
Attending Physician ID can't contain special characters.
Attending Physician is located in Loop ID-2310A in the NM1 segment. If the 1st element in that segment is equal to '71', then the 9th element in that segment is the attending physician ID. The attending physician ID should not contain any special characters.
- 150017 ACCIDENT HOUR INV/VAL CD 45 PRESENT
Accident Hour must equal 00 – 23, or 99, if Value Code 45 is present.
Value code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BE', then the 2nd sub-element is the value code. The 5th sub-element of the 1st element is the value code associated amount. If the value code is equal to '45', then the associated amount for that value code must be whole digits and equal to '00' – '23', or '99'. If additional BE sub-elements are present, and if the value code is equal to '45', then the associated amount for that value code must be whole digits and equal to '00' - '23', or '99'.
- 150023 TRANSPORTATION MODIFIER MISSING
Transportation Modifier is required.
HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. If the HCPCS code is equal to 'A0000' – 'A0999', then a transportation modifier is required.
- 150024 MODIFIER INVALID FOR TRANSPORTATION
Modifier invalid for transportation.

HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. If the HCPCS code is equal to 'A0000' – 'A0999', then a valid transportation modifier is required. The procedure modifier is validated against the table that contains transportation modifiers.

150027

SUB FOUND, DOB & NAME DO NOT MATCH

Subscriber Identification number found, Date of Birth and Name do not match TennCareSM eligibility file.

Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 9th element in that segment is the subscriber ID.

Subscriber Name is located in Loop ID-2010BA in the NM1 segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 3rd element is the subscriber last name and the 4th element is the subscriber first name.

Subscriber date of birth is located in Loop ID-2010BA in the DMG segment. It is the 2nd element in that segment. Subscriber ID found, date of birth and name do not match TennCareSM eligibility file.

150028

TENNCARE ELIGIBILITY NOT FOUND

TennCareSM Eligibility not found

Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1st element in that segment is equal to 'IL' and the 2nd element is equal to '1', then the 9th element in that segment is the subscriber ID. The subscriber ID is not found in the TennCareSM eligibility database.

150044

CONDITION CODE INVALID ON O/P CLAIM

Condition Code 36, 38, and 39 are not valid for outpatient claims.

Condition code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BG', then the 2nd sub-element is the condition code. If the claim is an outpatient claim, condition codes '36', '38' and '39' are invalid. If additional BG sub-elements are present, then each condition code is validated.

150046

VAL AMT NOT = 0, VAL CD 02 PRESENT

If Value Code 02 is present, Value Amount must equal zero.

Value code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BE', then the 2nd sub-element is the value code. The 5th sub-element of the 1st element is the value code associated amount. If the value code is equal to '02', then the associated amount for that value code must be equal to zero. If additional BE sub-elements are present, and if the value code is equal to '02', then the associated amount for that value code must be equal to zero.

- 150047 **# DAYS / STATEMENT DATE NOT EQUAL**
Number of Days associated with Accommodation Revenue Codes must equal the difference in Statement From and Thru Dates.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. If this revenue code is an accommodation revenue code and the 4th element in that segment is equal to 'DA', then the 5th element is the service unit count. The sum of these units must be equal to the difference in the statement from and thru dates. This edit is not applicable if the Claim Frequency Type Code is equal to '5', '6', '7', or '8'. Please refer to billing guidelines for information related to interim bills and Behavioral Health claims.
- 150048 **BLOOD PINTS INVALID**
Blood Pints must be whole digits to the left of decimal for value codes 37, 38, or 39.
Value code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BE', then the 2nd sub-element is the value code. The 5th sub-element is the value code associated amount. If the value codes is equal to '37', '38', or '39', then the associated amount for that value code must be greater than zero and whole digits to the left of decimal point. If additional BE occurrences are present, and if the value code is equal to '37', '38', or '39', then the associated amount for that value code must be greater than zero and whole digits to the left of the decimal point.
- 150053 **SERVICE UNIT COUNT MUST BE > ZERO**
Service Unit Count must be greater than zero.
Service unit count is located in Loop ID-2400 in the SV2 segment. It is the 5th element in that segment. The service unit count must be numeric and greater than zero. This edit is not applicable if revenue code is equal to '0022', '0023' or '0024'.
- 150054 **ATTEND PHYS ID CAN'T HAVE SPECIAL CHAR**
Attending Physician ID cannot contain special characters.
Attending Physician ID is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. The attending physician ID should not contain special characters.
- 150056 **STMT FROM DT <> ADM DT-1st INTERIM**
Statement From Date must equal Admission Date if interim first claim.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element.

Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date.

Facility Type Code is located in Loop ID-2300 in the CLM segment. The first 2 bytes of the 5th element in that segment are the first two positions of the facility type code. The third position of the type of bill is located in the 3rd sub-element of the 5th element. If the third position of type bill indicates interim first claim, then the statement from date must equal the admission date.

150057

TOB 113 FROM DT NOT >= ADM DT + 29

Statement From Date must be greater than 29 days from the Admission Date and the Service Unit Count must be equal to or greater than 29 if interim continuing claim.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The statement covers thru date appears from bytes 10 thru 17 in the 3rd element.

Admission date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '435', then the 3rd element in that segment is the admission date and hour. The first 8 bytes in the 3rd element are the admission date.

Service Unit Count is located in Loop ID-2400 in the SV2 segment. If the 4th element in that segment is equal to 'DA', then the 5th element in that segment is the service unit count.

Facility Type Code is located in Loop ID-2300 in the CLM segment. The 1st sub-element of the 5th element is the facility type code. The 3rd sub-element of the 5th element is the claim frequency code. If the facility type code and the claim frequency type code are equal to 113, then the statement from date must be greater than 29 days from the admission date and the service unit count must be equal to or greater than 29 days. Claim must comply with interim bill policy.

150058

SEC CLAIM – NO PRIMARY PAYER INFO

Primary Payer Information must be present if claim is Secondary claim.

Payer responsibility sequence number code is located in Loop ID-2000B in the SBR segment. If the 1st element in the segment is equal to 'S' or 'T', then Loop ID-2320 must also be present and the 1st element in the SBR segment must be equal to 'P' or 'S'. Primary payer information must be present on secondary claim.

- 150060 CLM LEVEL CLM ADJ REASON CODE INV
Claim Level Claim Adjustment Reason Code Invalid.
Claim level claim adjustment reason code is located in Loop ID-2320 in the CAS segment. The 2nd, 5th, 8th, 11th, 14th, and 17th elements contain the claim adjustment reasons. These reason codes are validated against the adjustment reason code table.
- 150062 CLM LEVEL ADJUDICATION DATE MISSING
Claim Level Adjudication Date is Missing.
Claim level other payer claim adjudication date is located in Loop ID-2330B in the DTP segment. It is the 3rd element in that segment. If the claim is a secondary claim, and the primary payer has adjudicated the claim, then the claim level adjudication date is required.
- 150063 CLM ADJUDICATION DATE>CURRENT DATE
Claim Level Adjudication Date must not be a future date.
Claim level other payer claim adjudication date is located in Loop ID-2330B in the DTP segment. If the 1st element in the segment is equal to '573', then the 3rd element is the claim adjudication date. The claim adjudication date must not be greater than current date.
- 150065 CLM ADJUDICATION DATE>CURRENT DATE
Line Level Adjudication Date must not be a future date.
Line level other payer claim adjudication date is located in Loop ID-2430 in the DTP segment. If the 1st element in the segment is equal to '573', then the 3rd element is the claim adjudication date. The claim adjudication date must not be greater than current date.
- 150066 OTHER INS POLICY NUMBER MISSING
Other Insured's Policy Number is Missing.
Identification code is located in Loop ID-2330A in the NMI segment. It is the 9th element in that segment. Identification code must be present.
- 150068 'DA'QUAL MISSING/ACCOM REV CD PRES
'DA' qualifier is required if accommodation revenue code is present.
Unit or Basis for Measurement Code is located in Loop ID-2400 in the SV2 segment. It is the 4th element in that segment. Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. If the revenue code is an accommodation revenue code '0100' - '0219' or '1000' - '1005', then 'DA' unit or basic for measurement code is required.
- 150074 TOB 112/113 ACCOM DAYS NOT 30 OR >
Accommodation Days must be equal to or greater than 30 if the Facility

Type Code is 112 or 113.

Facility Type Code is located in Loop ID-2300 in the CLM segment. The 1st sub-element of the 5th element is the facility type code. The 3rd sub-element of the 5th element is the claim frequency code.

Service Unit Count is located in Loop ID-2400 in the SV2 segment. If the 4th element in that segment is equal to 'DA', then the 5th element in that segment is the service unit count. If the facility type code and the claim frequency code are equal to '112' or '113', then the accommodation days must be equal to or greater than '30'.

150075

TOB 112/113 THRU DT NOT>=FROM DT+30

Statement thru date must be equal to or greater than the statement from date plus 30 if the Facility Type Code is 112 or 113.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date.

Facility Type Code is located in Loop ID-2300 in the CLM segment. The 1st sub-element of the 5th element is the facility type code. The 3rd sub-element of the 5th element is the claim frequency code. If the facility type code and the claim frequency type code are equal to '112' or '113', then the statement thru date must be equal to or greater than the statement from date plus 30.

150078

PROC DT MUST COMPLY BILL GUIDELINE

Procedure Date must comply with Procedure Billing Guidelines.

Principal procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 4th sub-element is the principal procedure date.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. The principal procedure date must comply with billing guidelines.

150079

OTH PROC DT MUST COMPLY BILL GDLN

Other Procedure Date must comply with Procedure Billing Guidelines.

Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 4th sub-element is the other procedure date.

Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd

element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. The other procedure date must comply with billing guidelines.

- 150080 **PRIN PROC DT NOT WITHIN STMT DATES**
Principal Procedure Date must be within Statement From and Thru Dates. *Principal procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR', then the 4th sub-element is the principal procedure date.*
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. The principal procedure date should fall within the statement from and thru dates.
- 150081 **OTH PROC DT NOT WITHIN STATEMENT DT**
Other Procedure Date must be within Statement From and Thru Dates. *Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ', then the 4th sub-element is the other procedure date.*
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Other procedure dates should fall within the statement from and thru dates. If additional BQ sub-elements are present, then the other procedure dates should fall within the statement from and thru dates.
- 150093 **PAYER PD AMT MISSING/SECONDARY CLM**
Payer Paid Amount is required if claim is a Secondary COB claim. *Payer prior payment is located in Loop ID-2320 in the AMT segment. It is the 2nd element in that segment. If the claim is a COB secondary claim with a Loop ID-2320 and if the 1st element in the SBR segment of that loop is equal to 'P', then the AMT segment with a qualifier of 'C4' or 'NI' is required.*
- 150094 **ADJ REASON MISSING/SECONDARY CLAIM**
Claim Adjustment Reason Code is required if claim is a Secondary COB claim and the amount paid is different from the amount originally charged. *Claim adjustment reason codes are located in Loop ID-2320 and Loop ID-2430 in the 2nd, 5th, 8th, 11th, 14th, and 17th elements of the CAS segment. If the claim is a secondary COB claim and the payer paid amount is not equal to the total claim charge amount, then the adjustment reason code is required.*

- 150095 CLM LEVEL ADJUDICATION DATE MISSING
Claim Level Other Payer Claim Adjudication Date is required.
Claim level other payer claim adjudication date is located in Loop ID-2330B in the DTP segment. It is the 3rd element in that segment. If the claim is a secondary claim and another secondary payer has adjudicated the claim, then the claim level adjudication date is required.
- 150096 CLAIM LEVEL OTH PAYER PAID MISSING
Claim Level Other Payer Paid amount is required.
Payer prior payment is located in Loop ID-2320 in the AMT segment. If the claim is a COB secondary claim and another secondary payer has adjudicated the claim, then the AMT segment with a qualifier of 'C4' or 'N1' is required.
- 150097 QUANTITY/UNITS CONTAINS A DECIMAL
Quantity/Units cannot contain a decimal point.
Quantity/Units is located in Loop ID-2400 in the SV2 segment. It is the 5th element in that segment. Quantity/Units cannot contain a decimal point.
- 150098 PRIN PROC DATE MISSING, CODE PRESENT
If Principal Procedure Code is present, Principal Procedure Date is required.
*Principal procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR' or 'BP', then the 4th sub-element is the principal procedure date.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element in that segment is equal to 'BR' or 'BP', then the 2nd sub-element is the principal procedure code. If the principal procedure code is present, then the principal procedure date should not be equal to spaces or low-values.*
- 150099 OTH PROC DATE MISSING, CODE PRESENT
If Other Procedure Code is present, Other Procedure Date is required.
*Other procedure date is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ' or 'BO', then the 4th sub-element is the other procedure date.
Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BQ' or 'BO', then the 2nd sub-element is the other procedure code. If the other procedure code is present, then the other procedure date should not be equal to spaces or low-values. If additional 'BQ' or 'BO' sub-elements are present, and if other procedure codes are present, then the other procedure dates should not be equal to spaces or low-values.*

- 150100 PRIN DIAG/MORE SPECIFIC DIAG CD REQ
Principal Diagnosis Code must be more specific diagnosis code.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BK' then the 2nd sub-element is the principal diagnosis code. The principal diagnosis code must be a more specific diagnosis code.
- 150101 ADMIT DIAG/MORE SPECIFIC DIAG CD REQ
Admitting Diagnosis Code must be more specific diagnosis code.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. The admitting diagnosis code must be a more specific diagnosis code.
- 150102 E-CODE/MORE SPECIFIC DIAG CD REQ
E-Code Diagnosis Code must be more specific diagnosis code.
E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis. The E-code diagnosis must be a more specific diagnosis code.
- 150103 OTH DIAG/MORE SPECIFIC DIAG CD REQ
Other Diagnosis Code must be more specific diagnosis code.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BF', then the 2nd sub-element is the other diagnosis code. The other diagnosis code must be a more specific diagnosis code.
- 150105 ICD-9 PROC CODE ON MEDICARE O/P CLM
ICD-9 Procedure Code not accepted on Medicare Outpatient claim.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BR', then the 2nd sub-element is the ICD-9 principal procedure code.
Other procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BQ', then the 2nd sub-element is the ICD-9 procedure code. ICD-9 procedure codes are not accepted on Medicare Outpatient claims. This edit applies to Medicare claims only.
- 150106 SERV LN DT RANGE INVALID MDCARE CLM
Service Line Date Range is invalid on Medicare Inpatient Part B and Outpatient claims.
Service line date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472', then the 2nd element in that

segment is the date qualifier. The date qualifier 'RD8', which indicates a date range, is invalid. This edit applies to Medicare claims only.

- 150107 **SRV LN DT NOT=/OR 3 DAY PRIOR STMT DT**
Service Line Date must be equal to, or within 3 day range prior to Statement From and Thru Dates.
Service line date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472', then the 3rd element in that segment is the service line date.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Service line date must be equal to or within 3 day range prior to statement from and thru dates. This edit applies to inpatient claims only. This edit is not applicable if revenue code is equal to '0022', '0023' or '0024'.
- 150108 **SERV LINE DT NOT WITHIN STMT DATES**
Service Line Date must be within Statement From and Thru Dates.
Service line date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472', then the 3rd element in that segment is the service line date.
Statement covers date is located in Loop ID-2300 in the DTP segment. If the 1st element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement covers thru date. Service line date should fall within the statement from and thru dates. This edit applies to outpatient claims only. This edit is not applicable if revenue code is equal to '0022', '0023' or '0024'.
- 150110 **PROC CD TOO LONG, CHECK DELIMITERS**
Procedure Code is too long. Check delimiters in segment.
Procedure code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the HCPCS procedure code. Procedure code cannot be longer than 5 bytes in length.
- 150112 **PROC CODE UNITS > 1 NOT ALLOWED**
Units may not be greater than one for specific Procedure Codes.
HCPCS procedure code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code.

Unit count is located in Loop ID-2400 in the SV2 segment. If the 4th element in that segment is equal to 'UN', then the 5th element in that segment is the unit count. The unit count for specific procedure codes cannot be greater than one. This edit applies to Outpatient claims only.

- 150113 MODIFIER 1 MISSING, MOD 2,3,4 PRES
Modifier 1 is required if Modifier 2, 3, or 4 is present.
HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. If procedure code modifier 2, 3, or 4, is present, modifier 1 must also be present.
- 150114 DUPLICATE MOD PRES SAME LINE ITEM
Duplicate Modifiers are present on the Same Line Item.
HCPCS code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. Procedure Code Modifiers cannot be duplicated on the same line item.
- 150115 PRINCIPAL DIAGNOSIS CODE MISSING
Principal Diagnosis Code is Missing.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BK', then the 2nd sub-element is the principal diagnosis code. Principal diagnosis code is required.
- 150116 EMPLOYER'S ID NUMBER > 10 DIGITS
Employer Identification Number (EIN) cannot be greater than Ten Digits.
Employer EIN is located in the NM1 segment in the following loops; 2010AA, 2010AB, 2310A, 2310B, 2310C, 2310E, 2420A, 2420B, 2420C It is the 9th element in the NM1 segment. If the 8th element in that segment is equal to '24', then the 9th element in that segment is the EIN. The EIN cannot be greater than 10 positions. This edit applies to Medicare claims only.
- 150117 EMPLOYER'S ID NUMBER > 10 DIGITS
Employer Identification Number (EIN) cannot be greater than Ten Digits.
Employer EIN is located in the REF segment in the following loops; 2010AA, 2010AB, 2310A, 2310B, 2310C, 2310E, 2330D, 2330E, 2330F, 2330G, 2330H, 2420A, 2420B, 2420C It is the 2nd element in the REF segment. If the 1st element in that segment is equal to 'EI', then the 2nd element in that segment is the EIN. The EIN cannot be greater than 10 positions. This edit applies to Medicare claims only.

- 150120 UPIN CODE 'NPP000' NOT ALLOWED
UPIN Code 'NPP000' is Not Allowed.
Provider UPIN is located in the REF segment in the following loops; 2010AA, 2010AB, 2310A, 2310B, 2310C, 2310E, 2330D, 2330E, 2330F, 2330G, 2330H, 2420A, 2420B, 2420C
It is the 2nd element in the REF segment. If the 1st element in that segment is equal to 'IG', then the 2nd element in that segment is the UPIN. The UPIN cannot be equal to 'NPP000'. This edit applies to Medicare claims only.
- 150121 PRIN DIAG CD '.' IN WRONG POSITION
Principal Diagnosis Code Period (if present) must be located between the 3rd and 4th position of the diagnosis code.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BK', then the 2nd sub-element of the 1st element is the principal diagnosis code. If the principal diagnosis code contains a period, then the period must be located between the 3rd and 4th position of the diagnosis code. This edit applies to Medicare claims only.
- 150122 ADM DIAG CD '.' IN WRONG POSITION
Admitting Diagnosis Code Period (if present) must be located between the 3rd and 4th position of the diagnosis code.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. If the admitting diagnosis code contains a period, then the period must be located between the 3rd and 4th position of the diagnosis code. This edit applies to Medicare claims only.
- 150123 E-CODE DIAG '.' IN WRONG POSITION
E-Code Diagnosis Period (if present) must be located between the 3rd and 4th position of the diagnosis code.
E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis. If the e-code diagnosis contains a period, then the period must be located between the 3rd and 4th position of the diagnosis code. This edit applies to Medicare claims only.
- 150124 OTH DIAG CD '.' IN WRONG POSITION
Other Diagnosis Code Period (if present) must be located between the 3rd and 4th position of the diagnosis code.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BF', then the 2nd sub-element of the 1st element is the other diagnosis code. If the other diagnosis code

contains a period, then the period must be located between the 3rd and 4th position of the diagnosis code. This edit applies to Medicare claims only.

- 150125 PRIN DIAG CD CANNOT CONTAIN PERIODS
Principal Diagnosis Code cannot contain Periods.
Principal diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BK', then the 2nd sub-element of the 1st element is the principal diagnosis code. The principal diagnosis code should not contain a period.
- 150126 ADM DIAG CD CANNOT CONTAIN PERIODS
Admitting Diagnosis Code cannot contain Periods.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'BJ', then the 2nd sub-element of the 2nd element is the admitting diagnosis code. The admitting diagnosis code should not contain a period.
- 150127 E-CODE DIAG CANNOT CONTAIN PERIODS
E-Code Diagnosis cannot contain Periods.
E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 3rd element is equal to 'BN', then the 2nd sub-element of the 3rd element is the E-code diagnosis. The E-code diagnosis should not contain a period.
- 150128 OTH DIAG CD CANNOT CONTAIN PERIODS
Other Diagnosis Code cannot contain Periods.
Other diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'BF', then the 2nd sub-element of the 1st element is the other diagnosis code. The other diagnosis code should not contain a period.
- 150129 RSN VISIT DX ‘.’ IN WRONG POSITION
Patient Reason for Visit Diagnosis Code Period (if present) must be located between the 3rd and 4th position of the diagnosis code.
Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code. If the patient reason for visit diagnosis code contains a period, then the period must be located between the 3rd and 4th position of the diagnosis code. This edit applies to Medicare claims only.
- 150130 RSN VISIT DIAG REQ MDCARE O/P CLAIM
Patient Reason for Visit Diagnosis Code is required on Medicare Outpatient Claims containing revenue codes 045X, 0516 or 0526.

Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment.

Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code is required on Medicare outpatient claims containing revenue codes '045X', '0516' or '0526'. This edit applies to Medicare claims only.

150131

RSN VISIT DIAG CAN'T CONTAIN PERIOD

Patient Reason for Visit Diagnosis Code cannot contain periods.

Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code should not contain a period.

150132

NDC CODE MUST BE 5-4-2 FORMAT

National Drug Code (NDC) must be supplied in the 5-4-2 format on Medicare claims.

NDC code is located in Loop ID-2410 in the LIN segment. If the 2nd element in that segment is equal to 'N4', then the 3rd element is the NDC code. The NDC code must be in the 5-4-2 format (11 positions), for Medicare claims. This edit applies to Medicare claims only.

150133

CFI 'MC' VALID MEDICAID CLAIMS ONLY

Claim Filing Indicator MC is valid for Medicaid claims only.

Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1st element in that segment is equal to 'P', then the 9th element in that segment is the claim filing indicator. Claim filing indicator 'MC' is valid for Medicaid claims only.

150135

NDC REQUIRED FOR DRUG PROCEDURE CD

National Drug Code (NDC) is required for Drug Procedure Code.

NDC is located in Loop ID-2410 in the LIN segment. If the 2nd element in that segment is equal to 'N4', then the 3rd element in that segment is the NDC.

HCPCS procedure code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code.

Service date is located in Loop ID-2400 in the DTP segment. If the 1st element in that segment is equal to '472', then the 3rd element in that segment is the service date.

Statement date is located in Loop ID-2300 in the DTP segment. If the first element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the

statement thru date. NDC is required for drug procedure code if the first character of the procedure code is equal to 'J' and the service date or statement from date is equal to or greater than 01/01/2008.

- 150136 NDC CODE MUST BE 11 DIGITS
National Drug Code (NDC) must be eleven numeric digits.
NDC is located in Loop ID-2410 in the LIN segment. If the 2nd element in that segment is equal to 'N4', then the 3rd element in that segment is the NDC. NDC must be eleven numeric digits.
- 150137 NDC QUAN REQ FOR DRUG PROCEDURE CD
National Drug Code (NDC) Quantity Required for Drug Procedure Code.
*NDC Unit Price is located in Loop ID-2410 in the CTP segment. It is the 3rd element in that segment.
NDC Quantity is located in Loop ID-2410 in the CTP segment. It is the 4th element in that segment.
NDC Unit or Basis for Measurement Code is located in Loop ID-2410 in the CTP segment. It is the 1st sub-element of the 5th element in that segment.
HCPCS procedure code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HC', then the 2nd sub-element is the procedure code.
Statement date is located in Loop ID-2300 in the DTP segment. If the first element in that segment is equal to '434', then the 3rd element in that segment is the statement from or to date. The first 8 bytes in the 3rd element are the statement covers from date and bytes 10 thru 17 are the statement thru date. NDC quantity is required for drug procedure code if the first character of the procedure code is equal to 'J' and the service date or statement from date is equal to or greater than 01/01/2008.*
- 150138 CLM ATTENDING NPI NOT = 10 DIGITS
Claim Level Attending Physician National Provider Identifier (NPI) must equal 10 Digits in length.
*Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
Claim level Attending Physician NPI must equal ten digits in length.*
- 150139 CLM OPERATING NPI NOT = 10 DIGITS
Claim Level Operating Physician National Provider Identifier (NPI) must equal 10 Digits in length.
*Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI.
Claim level Operating Physician NPI must equal ten digits in length.*
- 150140 OTHER PROVIDER NPI NOT EQUAL 10 DIGITS

Other Provider National Provider Identifier (NPI) exceeds 10 digits in length.

Other Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Other Provider NPI must not exceed 10 digits in length.

150141

CLM SERV FAC NPI NOT = 10 DIGITS

Claim Level Service Facility National Provider Identifier (NPI) must equal 10 Digits in length.

Claim Level Service Facility National Provider Identifier is located in Loop ID-2310E in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Claim level Service Facility NPI must equal ten digits in length.

150142

LN ATTENDING NPI NOT = 10 DIGITS

Line Level Attending Physician National Provider Identifier (NPI) must equal 10 Digits in length.

Line Level Attending Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Attending Physician NPI must equal ten digits in length.

150143

LN OPERATING NPI NOT = 10 DIGITS

Line Level Operating Physician National Provider Identifier (NPI) must equal 10 Digits in length.

Line Level Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Operating Physician NPI must equal ten digits in length.

150144

LN OTHER PROV NPI NOT = 10 DIGITS

Line Level Other Provider National Provider Identifier (NPI) must equal 10 Digits in length.

Line Level Other Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element in that segment is the NPI. Line level Other Provider NPI must equal ten digits in length.

150145

PRESENT ON ADMISSION INDICATOR REQ

Present On Admission (POA) Diagnosis Indicators are required for Medicare Advantage inpatient claims for dates of service 04/01/2008 and after and for BlueCross and BlueCare/TennCareSelect inpatient claims for dates of service 11/01/2008 and after.

Present on admission indicators are located in Loop ID-2300 in the K3 segment. It is the 1st element in that segment. The data element shall contain the

letters "POA", followed by a single POA indicator for every diagnosis reported on the claim. The POA indicator for the principal diagnosis should be the first indicator after "POA". POA indicators for secondary diagnoses would follow next, if applicable. The last POA indicator for principal and, if applicable, other diagnoses shall be followed by the letter "Z" to indicate the end of POA indicators for principal and, if applicable, other diagnoses or the letter "X" to indicate the end of POA indicators for principal and, if applicable, other diagnoses in special data processing situations. The present on admission indicators must be present for Medicare Advantage inpatient claims for dates of service 04/01/2008 and after and for BlueCross and BlueCare/TennCareSelect inpatient claims for dates of service 11/01/2008 and after.

- 150146 POA INDICATOR/INDICATOR COUNT INV
Present On Admission (POA) Diagnosis Indicators must be valid POA codes and equal to the number of applicable Diagnosis codes.
Present on admission indicators are located in Loop ID-2300 in the K3 segment. It is the 1st element in that segment. The data element shall contain the letters "POA", followed by a single POA indicator for every diagnosis reported on the claim. The POA indicator for the principal diagnosis should be the first indicator after "POA". POA indicators for secondary diagnoses would follow next, if applicable. The last POA indicator for principal and, if applicable, other diagnoses shall be followed by the letter "Z" to indicate the end of POA indicators for principal and, if applicable, other diagnoses or the letter "X" to indicate the end of POA indicators for principal and, if applicable, other diagnoses in special data processing situations. The present on admission indicators must be valid codes and equal to the number of applicable diagnosis codes.
- 150147 REVENUE CODE 0654 NOT ACCEPTED
Revenue Code 0654 is not accepted.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Revenue Code 0654 is not accepted. This edit is applicable for BlueCare/TennCareSelect claims only.
- 150148 I/P&O/P HOSP REVCD NOT ACC SAME CLM
Inpatient and Outpatient Hospice Revenue Codes are not accepted on the same Claim.
Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Inpatient Hospice revenue codes '0655', '0656' or '0658' and outpatient Hospice revenue codes '0651' or '0652' are not accepted on the same claim. This edit is applicable for BlueCare/TennCareSelect claims only.
- 150149 I/P HOSPICE REVCD NOT ACCPT O/P CLM
Inpatient Hospice Revenue Code is not accepted on Outpatient claim.

Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment.

Facility Type Code is located in Loop ID-2300 in the CLM segment. The first 2 bytes of the 5th element in that segment are the first two positions of the facility type code. The third position of the type of bill is located in the 3rd sub-element of the 5th element. Inpatient Hospice revenue codes of '0655', '0656' or '0658' are not accepted on outpatient claim, facility type code '81X'. This edit is applicable for BlueCare/TennCareSelect claims only.

150150 SEC COB LINE INFO OUT OF BALANCE
Secondary Coordination of Benefits Information must Balance at the Line Level.

Line level paid amount is located in Loop ID-2430 in the SVD segment. It is the 2nd element in that segment.

Line level adjustment amount is located in Loop ID-2430 in the CAS segment. The 3rd, 6th, 9th, 12th, 15th, and 18th elements contain the line adjustment amounts.

Line level charge amount is located in LoopID-2400 in the SV2 segment. It is the 3rd element in that segment. The accumulated SVD segment paid amount and the CAS segment(s) adjustment amount(s) should balance to the line level charge amount.

150152 PATIENT REASON FOR VISIT DIAG REQ
Patient Reason for Visit Code is Required if the Facility Type Code is equal to '13' or '85' and the Admission Source Code is equal to '1', '2', or '5' and Revenue Code '045x', '0516', '0526', or '0762' is present on any line item in the claim.

Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 2nd element is equal to 'ZZ', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code.

Facility Type Code is located in Loop ID-2300 in the CLM segment. It is the 1st sub-element of the 5th element in that segment.

Admission Source Code is located in Loop ID-2300 in the CL1 segment. It is the 2nd element in that segment.

Revenue Code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. The patient reason for visit diagnosis code is required if the facility type code is equal to '13' or '85' and the admission source code is equal to '1', '2', or '5' and revenue code '045x', '0516', '0526', or '0762' is present on any line item in the claim. This edit is applicable for BlueCare/TennCareSelect claims only.

150153 OTHER PAYER PAID AMOUNT CAN'T BE <0
Other Payer Paid Amount cannot be less than zero.

Payer prior payment is located in Loop-ID 2320 in the AMT segment. If the 1st element in that segment is equal to 'C4', then the 2nd element in that segment is the other payer paid amount and it cannot be less than zero. This edit is applicable for BlueCross and BlueCare/TennCareSelect claims.

150154

CLM LVL NTE SEG MISSING/INV HHA CLM

Claim Level NTE Segment must be present and valid for BlueCross BlueShield of Tennessee Blue Advantage Home Health claims.

Claim NTE segment is located in Loop ID-2300. Note reference code is located in Loop ID-2300 in the NTE segment. It is the 1st element in that segment.

Description is located in Loop ID-2300 in the NTE segment. It is the 2nd element in that segment.

If the claim is a BlueCross BlueShield of Tennessee Blue Advantage Home Health claim, then the claim NTE segment must be present with a note reference code of 'ADD'.

Description must begin with CC, followed by a space and CCYYMMDD claim received date followed by a space and CCYYMMDD claim paid date, followed by a space and either a 3 position reject reason code if applicable, followed by LX1 or 3 spaces if reject reason code is not applicable, followed by LX1. Claim cannot exceed maximum allowed number of line items.