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 Code must equal BL, CI, MA, MC, OF or 16.
Claim filing indicator code is located in Loop ID-2000B in the SBR segment. It is the 9th element in that segment. The claim filing indicator 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 Primary Identifier (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 Primary Identifier (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 patient last name, and the 4th element is the patient 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 dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date. If the insurance group is Vanderbilt PPO, and if the statement 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
Federal Employees Program (FEP) Subscriber Primary Identifier (ID) must equal R plus Eight Numeric Digits.
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. For FEP claims, the subscriber ID should start with the letter R followed by 8 numeric digits.

120007   PATIENT NAME MISSING
Patient Name is Required.
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 patient last name, and the 4th element is the patient first name. Patient name must be present.

120010   STMT COVERS FROM DATE INVALID
Statement Covers From Date must be a Valid Date.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date. Statement 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
                and BlueCarePlus claims only.

120016   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'.

120019   CLAIM MUST BE FILED WITH ASC
                Claim must be filed with Alternative Service Concepts (ASC).
                All charges related to Metro In Line Of Duty expenses must be submitted directly to ASC.

120020   GROUP RUN OUT ENDED RETURN TO PROV
                Group Run Out has Ended. Subscriber not Found on Eligibility File.
                Return claim to the Provider.
                Subscriber Group or Policy Number is located in Loop ID-2000B in the SBR segment. It is the 3rd element in that segment.
                Subscriber Primary Identifier (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 primary identifier. The subscriber ID is not found on the eligibility file and the group run out has ended.

120021   INVALID SUBSCRIBER PREFIX
                Subscriber Primary Identifier (ID) must be a valid Subscriber ID,
                including Prefix.
                Subscriber Primary 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 primary ID must be a valid subscriber ID including the three digit prefix. This edit is not applicable to Federal Employees Program claims.

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 NM1 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 NM1 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.

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.

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 NM1 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 TennCare[SM] 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 NM1 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 TennCare^{SM} 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 NM1 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 NM1segment. 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 NM1segment. 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 NM1 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 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 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 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 Professional provider type and does not match the Institutional 837 claim type submitted.

130030   CLAIM ATTENDING PHYS ID REQUIRED
Claim Level Attending Physician National Provider Identifier (NPI) or Secondary Identification is required for BlueCare Choices claims.
Claim Level Attending Physician NPI 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 Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. Claim level Attending Physician NPI or Secondary Identification is required. This edit is applicable for BlueCare Choices claims only.

130031   ATTENDING PHYSICIAN ID INVALID
Claim Level Attending Physician Secondary Identification must be within the range of 'CD00001' – 'CD99999', '1111111', or 'MBRPAID' 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', '1111111', or 'MBRPAID'.   This edit is applicable for BlueCare Choices claims only.

130032   CLM ATTENDING 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 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 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 NM1 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 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 / 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.*

130036   ATTND PROV NPI / TN MEDICAID ID REQ
                   Attending Provider National Provider Identifier (NPI) or Attending
                   Provider TN Medicaid ID is Required for BlueCare CHOICES Claims.

Attending Provider 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.
Attending Provider Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment.
If the Attending Provider is not an Atypical Provider and has an NPI, the NPI is required. If the Attending Provider is an Atypical Provider and does not have an NPI, and the 1st element in the REF segment is equal to 'G2', then the 2nd element of that segment must equal the seven character alphanumeric TN Medicaid ID. This edit is effective for BlueCare CHOICES claims submitted on or after 07/01/14.

130037   TN MEDICAID ID NOT ON FILE
Attending Provider Secondary Identifier Must Equal Seven Alphanumeric Characters and it Must Be On File with BCBST for BlueCare CHOICES claims.
Attending Provider Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. If the 1st element in that segment is equal to 'G2', then the 2nd element of that segment must equal seven alphanumeric characters and must be on file with BCBST for BlueCare CHOICES claims. This edit is effective for BlueCare CHOICES claims submitted on or after 07/01/14.

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.

130128   CLM ATTEND NPI REQ UNLESS EMER TRAN
Claim Level Attending Provider National Provider Identifier (NPI) is required when claim contains any services other than non-scheduled transportation charges.
Claim Level Attending Provider 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 Provider NPI is required when claim contains any services other than non-scheduled transportation charges. This edit is applicable to CoverKids claims only.

130157   MRCL PROVIDER TAX ID MISMATCH
Billing Provider Tax Identification (ID) Number does not match the Tax ID of the Medicaid Reclamation Billing Provider Number in the CPS Provider Number database.
Billing Provider Tax ID is located in Loop ID-2010AA in the REF segment. It is the 2nd element in that segment.
*Billing Provider Secondary Identification is located in Loop ID-2010BB in the REF Segment. If the 1st element in
that segment is equal to 'G2', then the 2nd element of that segment is the Billing Provider Secondary Identifier. Billing provider Secondary Identifier and Tax ID must be a valid combination in the CPS database.*

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 CLM RENDERING PROV
National Provider Identifier (NPI) is required for Claim Level Rendering Provider.
Claim Level Rendering National Provider Identifier is located in Loop ID-2310D 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 Rendering 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 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-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 Operating Physician.

130626   NPI REQ FOR LN OTHER OPERATING PHYS
National Provider Identifier (NPI) is required for Line Level Other Operating Physician.
Line Level Other 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 Other 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 RENDERING PROV
National Provider Identifier (NPI) is required for Line Level Rendering Provider.
Line Level Rendering 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 Rendering Provider.

130824   CLM RENDERING NPI NOT ACTIVE IN CPS
Claim Level Rendering Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Claim Level Rendering Provider National Provider Identifier is located in Loop ID- 2310D 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 Rendering Provider NPI must be a valid, active NPI in the CPS database. This edit is applicable for BlueCare/TennCareSelect and BlueCarePlus claims only.

130924   LN RENDERING NPI NOT ACTIVE IN CPS
Line Level Rendering Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.
Line Level Rendering 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 Rendering Provider NPI must be a valid, active NPI in the CPS database. This edit is applicable for BlueCare/TennCareSelect and BlueCarePlus claims only.

131025   NPI REQUIRED FOR CLM REFERRING PROV
National Provider Identifier (NPI) is required for Claim Level Referring Provider.
Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310F 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 Referring Provider. This edit is applicable for BlueCare/TennCareSelect, BlueCarePlus, and CoverKids claims only.

131125   NPI REQUIRED FOR LN REFERRING PROV
National Provider Identifier (NPI) is required for Line Level Referring Provider.
Line Level Referring Provider National Provider Identifier is located

in Loop ID-2420D 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 Referring Provider. This edit is applicable for BlueCare/TennCareSelect, BlueCarePlus, and CoverKids claims only.

135102   CLM ATTND PHYS NOT REG W/ TNCARE
Claim Level Attending Physician National Provider Identifier (NPI) must be Registered with TennCare.
Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. It is the 9th element in that segment. Claim level Attending Physician NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135103   CLM ATT PHYS NOT REG W/TNCR FOR DOS
Claim Level Attending Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Claim Level Attending Physician National Provider Identifier is located in Loop ID-2310A in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Attending Physician NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135104   CLM ATTND NPI NOT VAL PRACTITIONER
Claim Level Attending National Provider Identifier (NPI) must be a valid BlueCross BlueShield of Tennessee Practitioner.
Claim Level Attending Physician NPI 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 NPI must be a valid BlueCross BlueShield of Tennessee Practitioner. This edit is applicable for BlueCare/TennCareSelect, BlueCarePlus, and CoverKids claims only. This edit is not applicable to Type of Bill '089x'.

135105   CLM ATTEND MEDICAID ID NOT ACTIVE
Attending Provider Secondary Identifier Must be Active for all Dates of Service on the Claim.
Attending Provider Secondary Identification is located in Loop ID-2310A in the REF segment. It is the 2nd element in that segment. If the 1st element in that segment is equal to 'G2', then the claim level Attending Medicaid ID must be active for all dates of service on the claim. This edit is applicable for BlueCare Choices claims with type of bill 089x.

135200   CLM OPER PHYS NPI NOT ON FILE

Claim Level Operating Physician National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.

Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. It is the 9th element in that segment.

Claim level Operating Physician NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCare*Select and CoverKids claims only.*

135202   CLM OPER PHYS NOT REG W/ TNCARE
Claim Level Operating Physician National Provider Identifier (NPI) must be Registered with TennCare.

Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. It is the 9th element in that segment.

Claim level Operating Physician NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCare*Select and CoverKids claims only.*

135203   CLM OP PHYS NOT REG W/TNCR FOR DOS
Claim Level Operating Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.

Claim Level Operating Physician National Provider Identifier is located in Loop ID-2310B in the NM1 segment. It is the 9th element in that segment.

Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Operating Physician NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and CoverKids claims only.*

135204   LINE OPER PHYS NPI NOT ON FILE
Line Level Operating Physician National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.

Line Level Operating Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. It is the 9th element in that segment.

Line level Operating Physician NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCare*Select and CoverKids claims only.*

135206   LINE OPER PHYS NOT REG W/ TNCARE
Line Level Operating Physician National Provider Identifier (NPI) must be Registered with TennCare.

Line Level Operating Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. It is the 9th element in that segment.
Line level Operating Physician NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135207   LN OPER PHYS NOT REG W/TNCR FOR DOS
Line Level Operating Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Line Level Operating Physician National Provider Identifier is located in Loop ID-2420A in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Line level Operating Physician NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135300   CLM OTHER OPER PHYS NPI NOT ON FILE
Claim Level Other Operating Physician National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.
Claim Level Other Operating Physician National Provider Identifier is located in Loop ID-2310C in the NM1 segment. It is the 9th element in that segment.
Claim level Other Operating Physician NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135302   CLM OTH OPER PHYS NOT REG W/ TNCARE
Claim Level Other Operating Physician National Provider Identifier (NPI) must be Registered with TennCare.
Claim Level Other Operating Physician National Provider Identifier is located in Loop ID-2310C in the NM1 segment. It is the 9th element in that segment.
Claim level Other Operating Physician NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135303   OTH OP PHYS NOT REG W/TNCR FOR DOS
Claim Level Other Operating Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Claim Level Other Operating Physician National Provider Identifier is located in Loop ID-2310C in the NM1 segment. It is the 9th element in that segment.

Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Other Operating Physician NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135304   LINE OTH OPER PHYS NPI NOT ON FILE
Line Level Other Operating Physician National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.
Line Level Other Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9th element in that segment.
Line level Other Operating Physician NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135306   LINE OTHER OPER PHYS NOT REG W/ TNCARE
Line Level Other Operating Physician National Provider Identifier (NPI) must be Registered with TennCare.
Line Level Other Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9th element in that segment.
Line level Other Operating Physician NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135307   LN OTHER OPER PHYS NOT REG W/TNCR FOR DOS
Line Level Other Operating Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Line Level Other Operating Physician National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Line level Other Operating Physician NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135402   CLM RENDERING PROV NOT REG W/TNCARE
Claim Level Rendering Provider National Provider Identifier (NPI) must be Registered with TennCare.
Claim Level Rendering Provider National Provider Identifier is located in Loop ID-2310D in the NM1 segment. It is the 9th element in that segment.
Claim level Rendering Provider NPI must be registered with TennCare.

This edit is applicable for BlueCare/TennCare*Select and CoverKids claims only.*

135403   CLM REN PROV NOT REG W/TNCR FOR DOS
Claim Level Rendering Provider National Provider Identifier (NPI) must Be Registered with TennCare for all Dates of Service on Claim.
Claim Level Rendering Provider National Provider Identifier is located in Loop ID-2310D in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Rendering Provider NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135406   LN RENDERING PROV NOT REG W/TNCARE
Line Level Rendering Provider National Provider Identifier (NPI) must be Registered with TennCare.
Line Level Rendering Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. It is the 9th element in that segment.
Line level Rendering Provider NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135407   LN REND PROV NOT REG W/TNCR FOR DOS
Line Level Rendering Provider National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Line Level Rendering Provider National Provider Identifier is located in Loop ID-2420C in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Line level Rendering Provider NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135500   CLM SERV LOCATION NPI NOT ON FILE
Claim Level Service Location National Provider Identifier (NPI) is Not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.
Claim Level Service Location National Provider Identifier is located in Loop ID-2310E in the NM1 segment. It is the 9th element in that segment.
Claim level Service Location NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCareSelect

and CoverKids claims only.

135502   CLM SERV LOCATION NOT REG W/ TNCARE
Claim Level Service Location National Provider Identifier (NPI) must be Registered with TennCare.
Claim Level Service Location National Provider Identifier is located in Loop ID-2310E in the NM1 segment. It is the 9th element in that segment.
Claim level Service Location NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135503   CLM SERV LOC NOT REG W/TNCR FOR DOS
Claim Level Service Location National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Claim Level Service Location National Provider Identifier is located in Loop ID-2310E in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Service Location NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135600   CLM REFER PROV NPI NOT ON FILE
Claim Level Referring Provider National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.
Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310F in the NM1 segment. It is the 9th element in that segment.
Claim level Referring Provider NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135602   CLM REFER PROV NOT REG W/ TNCARE
Claim Level Referring Provider National Provider Identifier (NPI) must be Registered with TennCare.
Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310F in the NM1 segment. It is the 9th element in that segment.
Claim level Referring Provider NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.

135603   REFER PROV NOT REG W/ TNCR FOR DOS

Claim Level Referring Provider National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310F in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Claim level Referring Provider NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135604   LINE REFER PROV NPI NOT ON FILE
Line Level Referring Provider National Provider Identifier (NPI) is not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.
Line Level Referring Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. It is the 9th element in that segment.
Line level Referring Provider NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135606   LN REFER PROV NOT REG W/ TNCARE
Line Level Referring Provider National Provider Identifier (NPI) must be Registered with TennCare.
Line Level Referring Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. It is the 9th element in that segment. Line level Referring Provider NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

135607   LN REF PROV NOT REG W/ TNCR FOR DOS
Line Level Referring Provider National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.
Line Level Referring Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. It is the 9th element in that segment.
Statement Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Line level Referring Provider NPI must be registered with TennCare for all dates of service submitted on the claim. This edit is applicable for BlueCare/TennCare*Select and* CoverKids *claims only.*

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 NM1 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 Greater than Current 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 INVAL/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 NM1 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 NM1 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 Greater than Current 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 Greater than Current 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.

140013   STMT COVERS THRU DATE>CURRENT DATE
Statement To Date must not be Greater than Current Date.
Statement from and to 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 and to date. The statement from date appears from bytes 10 thru 17 in the 3rd element. The statement to date must not be greater than the current 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 Code Date must not be Greater than Current Date.
Occurrence code 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 code date. The occurrence code date must not be greater than the current date. If additional BH sub-elements are present, each occurrence code date 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 Greater than Current 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.

140024   OCC SPAN THRU DT > CURRENT DATE
Occurrence Span Thru Date must not be Greater than Current 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 Code Thru Date must be less than or equal to Statement Thru Date.
Occurrence span code 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 code date. The first 8 bytes of the 4th sub-element are the occurrence span code from date and bytes 10 thru 17 are the occurrence span code thru date.
Statement dates are 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 and to date. The statement to date appears from bytes 10 thru 17 in the 3rd element. The occurrence span code thru date must be less than or equal to the statement to date. If additional BI sub-elements are present, then the occurrence span code thru date associated with each occurrence span code must be less than or equal to the statement to 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.

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 Greater than Current 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 of 1st element in that segment is equal to 'BR' or 'BBR', 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 of 1st element in that segment is equal to 'BR' or 'BBR', 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 of 1st element in that segment is equal to 'BR' or 'BBR', 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 of 1st element in that segment is equal to 'BR' or 'BBR', 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' or 'BBQ', 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' or 'BBQ', then the 4th sub-
          element is the other procedure date. If other procedure date is present,
          other procedure code is required. If additional BQ or BBQ sub-elements
          are present, and if additional 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 'BQ' or 'BBQ', then the 2nd
          sub-element is the other procedure code. The other procedure code should
          not contain a period. If additional BQ or BBQ 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' or 'BBQ', 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 'BBQ', 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 or BBQ sub-elements are present,
          and additional 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 'BQ' or 'BBQ', then the 4th sub-element is the other procedure date. The other procedure date must not be greater than the current date. If additional BQ or BBQ sub-elements 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 1st element is equal to 'BJ' or 'ABJ', then the 2nd sub-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 1st element is equal to 'BJ', then the 2nd sub-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 is the External Cause of Injury code. The E-code diagnosis is validated against the ICD-9 diagnosis code table.

140052   PROCEDURE CODE INVALID
Procedure Code must be a Valid HCPCS or CPT Code.
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. The procedure code is validated against the HCPCS or CPT code table.*

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 'BR', then the 2nd sub-element is the principal procedure code.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to 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 'BQ', then the 2nd sub-element is the other procedure code.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to date. Other procedure date must be in effect for date of service. If additional BQ sub-elements are present, then all 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   PROC CD NOT IN EFFECT FOR SVC DT

Procedure Code must be in effect for service date.

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 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 through date. Procedure 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.

140110   INTERCHANGE DATE > CURRENT DATE
Interchange Date must not be Greater than Current 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 CL1 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 CL1 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'.

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.

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 'PR', 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 'PR', then the 2nd sub-element of the 2nd element is the patient reason for visit diagnosis code.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to 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 'PR', 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.

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.

140151   PRIN DIAG MUST BE VALID ICD-10 CODE
Principal Diagnosis Code must be a valid ICD-10 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 'ABK', then the 2nd sub-element is the principal diagnosis code. The diagnosis code is validated against the ICD-10 diagnosis codes table.

140152   OTH DIAG MUST BE A VALID ICD-10 CODE
Other Diagnosis Code must be a valid ICD-10 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 'ABF', then the 2nd sub-element is the other diagnosis code and is validated against the ICD-10 diagnosis code table. If additional ABF sub-elements are present, then each diagnosis code is validated against the ICD-10 diagnosis code table.

140153   PRIN PROC CD MUST BE VALID ICD-10 CD
Principal Procedure Code must be a valid ICD-10 Procedure Code.
Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element in that segment is equal to 'BBR', then the 2nd sub-element is the principal procedure code. The principal procedure code is validated against the ICD-10 procedure code table. This edit applies to inpatient claims only.

140154   OTH PROC CD MUST BE VALID ICD-10 CD
If Other Procedure Code is present, code must be a valid ICD-10 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 'BBQ', then the 2nd sub-element is the other procedure code. The other procedure code is validated against the ICD-10 procedure code table. If additional BBQ sub-elements are present, then the other procedure codes will be validated against the table. This edit applies to inpatient claims only.

140155   ADM DIAG CD MUST BE VALID ICD-10 CD
Admitting Diagnosis Code must be a valid ICD-10 Diagnosis Code.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element is equal to 'ABJ', then the 2nd sub-element is the admitting diagnosis code. The admitting diagnosis code is validated against the ICD-10 diagnosis code table.

140156   E-CODE DIAG MUST BE VALID ICD-10 CD
E-code Diagnosis must be a valid ICD-10 Diagnosis Code.

E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1ˢᵗ sub-element of 1st element is equal to 'ABN', then the 2ⁿᵈ sub-element is the E-code diagnosis. The E-code diagnosis is validated against the ICD-10 diagnosis code table.

140157   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 'ABK' then the 2ⁿᵈ sub-element is the principal diagnosis code.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. Principal diagnosis code must be in effect for date of service.

140158   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 'ABF', then the 2ⁿᵈ sub-element is the other diagnosis code.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date.   Other diagnosis code must be in effect for date of service. If additional ABF sub-elements are present, then each diagnosis code is validated.

140159   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 of the 1ˢᵗ element in that segment is equal to 'BBR', then the 2ⁿᵈ sub-element is the principal procedure code.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3ʳᵈ element are the statement from date and bytes 10 thru 17 are the statement through date. Principal procedure code must be in effect for date of service.

140160   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 'BBQ', then the 2ⁿᵈ sub-element is the other procedure code.

Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. Other procedure date must be in effect for date of service. If additional BBQ sub-elements are present, then the other procedure codes will be validated.

140161 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 1st element is equal to 'ABJ', then the 2nd sub-element is the admitting diagnosis code.
      Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. Admitting diagnosis code must be in effect for date of service.

140162 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 1st element is equal to 'ABN', then the 2nd sub-element is the E-code diagnosis.
      Statement 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. E-Code diagnosis must be in effect for date of service.

140163 OTH PROC CD MUST BE VALID ICD-10 CD
      Other Procedure Code must be a valid ICD-10 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 'BBQ', then the other procedure code must be a valid ICD-10 procedure code. The other procedure code is validated against the ICD-10 procedure code table. If additional BBQ sub-elements are present, then the other procedure codes will be validated against the table. This edit applies to outpatient claims only.

140164 PRIN DIAG CD CAN'T BE > 7 POSITIONS
      Principal Diagnosis Code cannot exceed Seven 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 'ABK', then the 2nd sub-

element is the principal diagnosis code. The principal diagnosis code should not be greater than 7 positions.

140165   ADMIT DIAG CD CAN'T BE > 7 POSITIONS
Admitting Diagnosis Code cannot exceed Seven Positions.
Admitting diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABJ', then the 2nd sub-element is the admitting diagnosis code. The admitting diagnosis code should not be greater than 7 positions.

140166   E-CODE DIAG CAN'T BE > 7 POSITIONS
E-Code Diagnosis cannot exceed Seven Positions.
E-code diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABN', then the 2nd sub-element is the E-code diagnosis. The E-code diagnosis should not be greater than 7 positions. If additional ABN sub-elements are present, then each diagnosis code should not be greater than 7 positions.

140167   OTH DIAG CD CAN'T BE > 7 POSITIONS
Other Diagnosis Code cannot exceed Seven 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 'ABF', then the 2nd sub-element is the other diagnosis code. The other diagnosis code should not be greater than 7 positions. If additional ABF sub-elements are present, then each diagnosis code should not be greater than 7 positions.

140168   RSN VISIT DIAG MUST BE VALID ICD-10
Patient Reason for Visit Diagnosis Code must be a valid ICD-10 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 1st, 2nd, or 3rd element is equal to 'APR', then the 2nd sub-element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code is validated against the ICD-10 diagnosis code table.

140169   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 1st, 2nd, or 3rd element is equal to 'APR', then the 2nd sub-element is the patient reason for visit diagnosis code.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. The patient reason for visit diagnosis

code must be in effect for date of service. If additional APR sub-elements are present, then each diagnosis code is validated.

140170   RSN VISIT DX CAN'T BE > 7 POSITIONS
             Patient Reason for Visit Diagnosis Code cannot exceed Seven Positions.
             Patient reason for visit diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st, 2nd, or 3rd element is equal to 'APR', then the 2nd sub-element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code cannot be greater than seven positions.

140173   MCARE XOVER IND < 30 DAYS
             Medicare Crossover claim cannot be submitted within 30 days of the Primary Adjudication or Payment date.
             Payer Responsibility Sequence Number Code is located in Loop ID-2000B in the SBR segment. It is the 1st element in that segment.
             Claim Filing Indicator Code is located in Loop ID-2320 in the SBR segment. It is the 9th element in that segment.
             Inpatient Claim Payment Remark Code is located in Loop ID-2320 in the MIA segment. It is the 5th, 20th, 21st, and 23rd element in that segment.
             Outpatient Claim Payment Remark Code is located in Loop ID-2320 in the MOA Segment. It is the 3rd through 7th element in that segment.
             Adjudication or Payment Date is located in Loop ID-2330B in the DTP segment. It is the 3rd element in that segment.
             Line Adjudication or Payment Date is located in Loop ID-2430 in the DTP segment. It is the 3rd element in that segment.
             If the Payer Responsibility Sequence Number Code is equal to 'S' or 'T', and the Claim Filing Indicator is equal to 'MA' or 'MB'and the Claim Payment Remark Code is equal to 'MA18' or 'N89', then the Medicare Crossover claim cannot be submitted within 30 days of the Primary Adjudication or Payment date.

140174   ICD10 DIAG W/ DOS SPANNING COMPL DT
             International Classification of Diseases Clinical Modification (ICD-10_CM) Diagnosis Codes are not accepted on claims with Dates of Service Spanning the Compliance Date.
             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 'ABK', then the 2nd sub-element of the 1st element is the principal diagnosis code.
             Admitting Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABJ', then the 2nd sub-element of the 1st element is the admitting diagnosis code.
             Patient Reason for Visit is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'APR', then the 2nd sub-element of the 1st element is the patient reason for visit. The APR sub-elements may be repeated up through the 3rd element.

External Cause of Injury Code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABN', then the 2nd sub-element of the 1st element is the external cause of injury code. The ABN sub-elements may be repeated up through the 12th element.

Other Diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABF', then the 2nd sub-element of the 1st element is the other diagnosis. The ABF sub-elements may be repeated up through the 12th element.

Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date.

ICD-10 diagnosis codes are not accepted on claims with dates of service spanning the compliance date. This edit is applicable to claims with a Facility Code Value equal to '12', '13', '14', '22', '23', '34', '43', '71', '72', '73', '74', '75', '76', '77', '78', '79', '81', '82', '83', '84', '85', or '89'.

140175   ICD10 DIAG W/ DOS PRIOR TO COMPL DT
International Classification of Diseases Clinical Modification (ICD-10_CM) Diagnosis Codes are not accepted on claims with Dates of Service Prior to the Compliance Date.

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 'ABK', then the 2nd sub-element of the 1st element is the principal diagnosis code.

Admitting Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABJ', then the 2nd sub-element of the 1st element is the admitting diagnosis code.

Patient Reason for Visit is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'APR', then the 2nd sub-element of the 1st element is the patient reason for visit. The APR sub-elements may be repeated up through the 3rd element.

External Cause of Injury Code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABN', then the 2nd sub-element of the 1st element is the external cause of injury code. The ABN sub-elements may be repeated up through the 12th element.

Other Diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABF', then the 2nd sub-element of the 1st element is the other diagnosis. The ABF sub-elements may be repeated up through the 12th element.

Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. ICD-10 diagnosis codes are not accepted on

claims with dates of service prior to the compliance date.

140176   ICD10 PROC W/ DOS SPANNING COMPL DT
International Classification of Diseases Clinical Modification (ICD-10-PCS) Procedure Codes are not accepted on claims with Dates of Service Spanning the Compliance Date.
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 'BBR', then the 2nd sub-element of the 1st element is the 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 'BBQ', then the 2nd sub-element of the 1st element is the procedure code. The BBQ sub-elements may be repeated up through the 12th element.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date.
ICD-10 procedure codes are not accepted on claims with dates of service spanning the compliance date. This edit is applicable to claims with a Facility Code Value equal to '12', '13', '14', '22', '23', '34', '43', '71', '72', '73', '74', '75', '76', '77', '78', '79', '81', '82', '83', '84', '85' or '89'.

140177   ICD10 PROC W/ DOS PRIOR TO COMPL DT
International Classification of Diseases Clinical Modification (ICD-10-PCS) Procedure Codes are not accepted on claims with Dates of Service Prior to the Compliance Date.
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 'BBR', then the 2nd sub-element of the 1st element is the 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 'BBQ', then the 2nd sub-element of the 1st element is the procedure code. The BBQ sub-elements may be repeated up through the 12th element.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. ICD-10 procedure codes are not accepted on claims with dates of service prior to the compliance date.

140178   ICD10 PROC SUBM PRIOR TO ALLOW DATE
International Classification of Diseases Clinical Modification (ICD-10-PCS) Procedure Codes are not accepted Prior to the Allowed Date.

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 'BBR', then the 2nd sub-element of the 1st element is the 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 'BBQ', then the 2nd sub-element of the 1st element is the procedure code. The BBQ sub-elements may be repeated up through the 12th element. ICD-10 procedure codes are not accepted prior to the allowed date.

140179   ICD10 DIAG SUBM PRIOR TO ALLOW DATE

International Classification of Diseases Clinical Modification (ICD-10_CM) Diagnosis Codes are not accepted Prior to the Allowed Date.

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 'ABK', then the 2nd sub-element of the 1st element is the principal diagnosis code.

Admitting Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABJ', then the 2nd sub-element of the 1st element is the admitting diagnosis code.

Patient Reason for Visit is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'APR', then the 2nd sub-element of the 1st element is the patient reason for visit. The ABR sub-elements may be repeated up through the 3rd element.

External Cause of Injury Code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABN', then the 2nd sub-element of the 1st element is the external cause of injury code. The ABN sub-elements may be repeated up through the 12th element.

Other Diagnosis is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'ABF', then the 2nd sub-element of the 1st element is the other diagnosis. The ABF sub-elements may be repeated up through the 12th element.

Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. ICD-10 diagnosis codes are not accepted prior to the allowed date.

140180   ICD9 PROC NOT ALLOWD AFTER COMPL DT

International Classification of Diseases, Clinical Modification (ICD-9-CM) Procedure Codes are not allowed After the Compliance 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.

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.

Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. ICD-9 procedure codes are not allowed after the compliance date.

140181   ICD9 DIAG NOT ALLOWD AFTER COMPL DT
International Classification of Diseases, Clinical Modification (ICD-9-CM) Diagnosis Codes are not allowed After the Compliance Date.
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.
Admitting Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BJ', then the 2nd sub-element of the 1st element is the admitting diagnosis code.
Patient Reason for Visit is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'PR', then the 2nd sub-element of the 1st element is the patient reason for visit. The PR sub-elements may be repeated up through the 3rd element.
External Cause of Injury Code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of the 1st element is equal to 'BN', then the 2nd sub-element of the 1st element is the external cause of injury code. The BN sub-elements may be repeated up through the 12th element.
Other Diagnosis 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. The BF sub-elements may be repeated up through the 12th element.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. ICD-9 diagnosis codes are not allowed after the compliance date.

140182   MODIFIER INVALID
Procedure Modifier must be a Valid Modifier Code.
Procedure modifier is located in Loop ID-2400 in the SV2 segment. It is in the 3rd, 4th, 5th, and 6th sub-elements of the 2nd element. The procedure modifier must be a valid procedure modifier code.

140183   MODIFIER NOT IN EFFECT FOR SVC DT
Procedure Modifier must be in effect for Service Date.
Procedure modifier is located in Loop ID-2400 in the SV2 segment. It is in the 3rd, 4th, 5th, and 6th sub-elements of the 2nd element. The procedure modifier must be in effect for service date.

140184   PICK-UP ZIP CD MISSING AMB CLAIM
          Ambulance Pick-Up Location Zip Code is required for Ambulance
          Claims.
          *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
          amount.*
          *Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st
          element in that segment. Value code 'A0' and ambulance pick-up location
          zip code is required if revenue code 054x is present on the claim. This edit
          is not applicable to claims received through the COBA crossover process.*

140185   STATEMENT FROM DATE +3 < ADMIT
          Statement From Date must be no more than 3 days prior to the Admission
          Date.
          *Statement From and To 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 and to 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 statement from date must be
          no more than 3 days prior to the admission date.*

140186   ACCOM DAYS <> ADMIT TO STMT TO DATE
          Number of Accommodation Days must equal the difference in Admission
          Date and Statement To Date.
          *Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st
          element in that segment.*
          *Service Unit Count is located in Loop ID-2400 in the SV2 segment. It is
          the 5th element in that segment.*
          *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.*
          *Statement From and To 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 and to date. The sum of the
          accommodation revenue code service unit counts must be equal to the
          difference in the admission and statement to date.*

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 CL1 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 CL1 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 CL1 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 TennCare^{SM} 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 TennCare^{SM} eligibility file.

150028 TENNCARE ELIGIBILITY NOT FOUND
TennCare^{SM} 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 TennCare^{SM} 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.

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.

150057   TOB 113 FROM DT NOT >= ADM DT + 30
Statement From Date must be greater than or equal to 30 days from the Admission Date and the Service Unit Count must be greater than or equal to 30 if interim continuing claim.
Statement dates are 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 and to date.
Admission date and hour are 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.
Service Unit Count is located in Loop ID-2400 in the SV2 segment. It is the 5th element in that segment.
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 or equal to 30 days from the admission date and the service unit count must be greater than or equal to 30 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.

150063   CLM ADJUDICATION DATE>CURRENT DATE
Claim Level Adjudication Date must not be Greater than Current 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 Greater than Current 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 NM1 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' or 'BBR', then the 4th sub-element is the principal procedure date.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through 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' or 'BBQ', then the 4th sub-element is the other procedure date.
Statement dates are 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 from and through date of the statement. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement through date. The other procedure date must comply with billing guidelines.

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 'N1' 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 SERV UNIT COUNT CONTAINS A DECIMAL
     Service Unit Count cannot contain a decimal point.
     Service Unit Count is located in Loop ID-2400 in the SV1 segment. It is the 4th element in that segment. Service unit count 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 'BBR', 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 of the 1st element in that segment is equal to 'BR' or 'BBR', 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 'BBQ', 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 'BBQ', 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 BBQ 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 and 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 through date. Service line date must be equal to or within 3 day range prior to statement from date. 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 To 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 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to date. Service line date should fall within the statement from and to 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.

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.

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' or 'ABK', then the 2nd sub-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 1st element is equal to 'BJ' or 'ABJ', then the 2nd sub-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 1st element is equal to 'BN' or 'ABN', then the 2nd sub-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' or 'ABF', then the 2nd sub-element is the other diagnosis code. The other diagnosis code should not contain a period.

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 1st, 2nd, or 3rd element is equal to 'PR' or 'APR', then the 2nd sub-element is the patient reason for visit diagnosis code. The patient reason for visit diagnosis code should not contain a period. 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 MUST BE 11 ALPHA/NUMERIC

National Drug Code (NDC) must be Eleven Alpha/Numeric.

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 alpha/numeric characters.

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.

150145   VALID PRESENT ON ADMISSION IND REQ
Valid 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/TennCare*Select* Inpatient claims for dates of service 11/01/2008 and after.
Present on Admission Indicator is located in Loop ID-2300 as the 9th component in each of the Health Care Code Information elements in the HI segment. A valid POA indicator is required for the Principal Diagnosis Code where the 1st component in the Health Care Code Information element contains a value of "BK" or "ABK" and for each Other Diagnosis Code where the 1st component in the Health Care Code Information element contains a value of "BF" or "ABF". Valid POA Indicator values include "N"- No , "U" - Unknown, "W" - Not Applicable, and "Y" - Yes. The edit is applicable for Acute Care Hospitals when submitting Type of Bill '011x', '012x', '018x', '021x', '022x', '028x', '041x', '082x', & '086x'.
Valid 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/TennCare*Select and BlueCarePlus inpatient claims for dates of service 11/01/2008 and after.*

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/TennCare*Select and BlueCarePlus 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/TennCare*Select and BlueCarePlus 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 Loop ID-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 1st, 2nd, or 3rd element is equal to 'PR' or 'APR', then the 2nd sub-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/TennCare*Select claims only.*

150153 OTHER PAYER PAID AMOUNT CAN'T BE <0
     Other Payer Paid Amount cannot be less than Zero.
     Payer paid amount is located in Loop ID-2320 in the AMT segment. If the 1st element in that segment is equal to 'D', then the 2nd element in that segment is the other payer paid amount and it cannot be less than zero.

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.

150155   PROC CD MISSING/REV CD 0450 PRESENT
Procedure Code must be Present and Valid if Revenue Code 0450 is Present.

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 Health Care Financing Administration Common Procedural Coding System Codes (HCPCS) code.

Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. HCPCS procedure code must be present and valid if revenue code 0450 is present. Edit effective date 01/01/2012.

150156   TAX ID AND NPI DO NOT MATCH
Billing Provider Tax Identification (ID) Number does not match the Billing Provider National Provider Identifier (NPI) set up in the CPS Provider Number database.

Billing Provider Tax ID is located in Loop ID-2010AA in the REF segment. It is the 2nd element in that segment.

Billing Provider NPI is located in Loop ID-2010AA in the NM1 segment. If the 8th element in that segment is equal to 'XX', then the 9th element is the NPI. The billing provider tax ID/NPI combination must be a valid combination in the CPS provider number database.

150157   STMT FRM/TO DTS NOT=SERV LN DTS
Statement From Date must equal the Earliest Service Line Date and Statement To Date must equal the Latest Service Line Date.

Statement From and To Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment.

Service Date is located in Loop ID-2400 in the DTP segment. It is the 3rd element in that segment. Statement from date must equal the earliest

service line date and statement to date must equal the latest service line date. This edit is applicable for BlueCare/TennCareSelect and BlueCarePlus claims with Bill Type 066x and 089x only and is not applicable if the Claim Frequency Type Code is equal to '5' or '8'.

150158 MED ADV CLM CANNOT BE SUB BY HMS
Medicare Advantage Claim Cannot be Submitted by Health Management Systems (HMS).
Member is enrolled in Medicare Advantage. Medicare Advantage claims cannot be submitted by HMS.

150159 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 'ABK' then the 2ⁿᵈ sub-element is the principal diagnosis code. The principal diagnosis code must be a more specific diagnosis code.

150160 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 1ˢᵗ element is equal to 'ABJ', then the 2ⁿᵈ sub-element is the admitting diagnosis code. The admitting diagnosis code must be a more specific diagnosis code.

150161 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 1st element is equal to 'ABN', then the 2ⁿᵈ sub-element is the E-code diagnosis. The E-code diagnosis must be a more specific diagnosis code.

150162 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 'ABF', then the 2ⁿᵈ sub-element is the other diagnosis code. The other diagnosis code must be a more specific diagnosis code.

150163 FEP CLAIM FILE TO CORRECT PLAN
Federal Employees Program (FEP) claims must be submitted to the Correct Plan.
FEP claims must be submitted to the correct Plan. This edit is not applicable to Medicare Secondary crossover claims submitted through the Coordination of Benefits Contractor (COBC).

150164 QUALIFIER HP REQ / HIPPS CD SNF CLM

Qualifier 'HP' is Required for Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code for Skilled Nursing Facility and Hospital Swing Bed Claims.

Product or Service ID Qualifier is located in Loop ID-2400 in the SV2 segment. It is the 1st sub-element of the 2nd element.

Procedure Code is located in Loop ID-2400 in the SV2 segment. It is the 2nd sub-element of the 2nd element.

Statement From and To Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Qualifier HP is required for HIPPS code if the service line revenue code is equal to '0022', and the facility type code is equal to '18x' or '21x', and the from date of service is equal to or greater than '07/01/2014'. This edit is applicable to Medicare Advantage and BlueCarePlus claims only.

150165   QUALIFIER HP REQ / HIPPS CD HH CLM

Qualifier 'HP' is Required for Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code for Home Health Inpatient Claims.

Product or Service ID Qualifier is located in Loop ID-2400 in the SV2 segment. It is the 1st sub-element of the 2nd element.

Procedure Code is located in Loop ID-2400 in the SV2 segment. It is the 2nd sub-element of the 2nd element.

Statement From and To Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. Qualifier HP is required for HIPPS code if the service line revenue code is equal to '0023', and the facility type code is equal to '32x', and the from date of service is equal to or greater than '07/01/2014'. This edit is applicable to Medicare Advantage and BlueCarePlus claims only.

150166   HIPPS CODE REQUIRED FOR SNF CLAIM

Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code is Required for Skilled Nursing Facility and Hospital Swing Bed Claims.

Procedure Code is located in Loop ID-2400 in the SV2 segment. If the 1st sub-element of the 2nd element is equal to 'HP', then the 2nd sub-element of the 2nd element is the HIPPS code.

Service Line 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. It is the 1st sub-element of the 5th element.

Statement From and To Date is located in Loop ID-2300 in the DTP segment. It is the 3rd element in that segment. A valid HIPPS Code is required if the service line revenue code is equal to '0022', and the facility type code is equal to '18x' or 21x', and the from date of service is equal to or greater than '07/01/2014'. This edit is applicable to Medicare Advantage and BlueCarePlus claims only.

150167　　　HIPPS CODE REQ FOR HOME HEALTH CLM
Health Insurance Prospective Payment System (HIPPS) Skilled Nursing
Facility Rate Code is Required for Home Health Inpatient Claims.
*Procedure Code is located in Loop ID-2400 in the SV2 segment. If the 1st
sub-element of the 2nd element is equal to 'HP', then the 2nd sub-element of
the 2nd element is the HIPPS code.*
*Service Line 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. It is
the 1st sub-element of the 5th element.*
*Statement From and To Date is located in Loop ID-2300 in the DTP
segment. It is the 3rd element in that segment. A valid HIPPS Code is
required if the service line revenue code is equal to '0023', and the facility
type code is equal to '32x', and the from date of service is equal to or
greater than '07/01/2014'. This edit is applicable to Medicare Advantage
and BlueCarePlus claims only.*

150168　　　CLM FREQUENCY CODE 5 NOT ACCEPTED
Claim Frequency Type Code 5 is Not Accepted.
*Claim Frequency Type Code is located in Loop ID-2300 in the
CLM segment. It is the 3rd sub-element of the 5th element. The
Claim frequency type code 5 is not accepted. This edit is not
applicable for BlueCare/TennCareSelect claims.*

150169　　　DUPLICATE PROCEDURE CODE NOT ALLOWED
Duplicate Procedure Codes are Not Allowed.
*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 HCPCS procedure code.*
*Procedure Modifier is located in Loop ID-2400 in the SV2 segment. It is
the 3rd, 4th, 5th, and 6th sub-element of the 2nd element. Duplicate
procedures codes with the same date of service and charge amount are not
allowed. This edit applies to BlueCarePlus claims only.*

150170　　　REQ FOR ANTICIPATED PMT NOT ALLOWED
Request for Anticipated Payment is Not Allowed
*Facility Type Code is located in Loop ID-2300 in the CLM segment. It is
the 1st sub-element of the 5th element.*
*Claim Frequency Code is located in Loop ID-2300 in the CLM segment.
It is the 3rd sub-element of the 5th element. The Facility Type Code and
Claim Frequency Code combination of 0322 'Request for Anticipated
Payment', is not allowed for BlueCarePlus claims. This edit is applicable
to BlueCarePlus claims only.*

150171　　　MODIFIER INVALID FOR HCPCS PROC CD

Modifier Invalid for Health Care Financing Administration Common Procedural Coding System (HCPCS) Code.

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. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. The procedure modifier and HCPCS procedure code must be a valid combination.

150172   MODIFIER INVALID FOR CPT PROC CD
Modifier Invalid for American Medical Association Current Procedural Terminology (CPT) Code.

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. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers. The procedure modifier and CPT procedure code must be a valid combination.

150173   HCPCS/MOD NOT IN EFFECT FOR SVC DT
Health Care Financing Administration Common Procedural Coding System (HCPCS) Code and Modifier Combination must be in Effect for Service Date.

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. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to date. The procedure modifier and HCPCS procedure code combination must be in effect for service date.

150174   CPT/MOD NOT IN EFFECT FOR SVC DT
American Medical Association Current Procedural Terminology (**CPT**) Code and Modifier Combination must be in Effect for Service Date.

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. The 3rd, 4th, 5th and 6th sub-elements are the procedure modifiers.
Statement dates are 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 and to date. The first 8 bytes in the 3rd element are the statement from date and bytes 10 thru 17 are the statement to date. The procedure modifier and CPT procedure code combination must be in effect for service date. This edit is not applicable for Medicare Advantage claims.

150175   SERV LINE DT NOT WITHIN STMT DATES
                Service Line Date must be within Statement From and To 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 dates 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 and to date. The first 8 bytes in the 3rd
                element are the statement from date and bytes 10 thru 17 are the statement
                to date. Service line date must fall within the statement from and to dates.
                This edit is applicable to BlueCare/TennCare*Select and BlueCarePlus*
                claims only.

150176   INVALID NDC / PROC CODE COMBINATION
                National Drug Code (NDC) and Health Care Financing Administration
                Common Procedural Coding System (HCPCS) Code must be a Valid
                Combination and in Effect for Service Date.
                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 is the
                service date.
                Statement dates are 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 and to date. The first 8 bytes in the 3rd
                element are the statement from date and bytes 10 thru 17 are the statement
                to date. The NDC and HCPCS procedure code combination must be valid
                and in effect for service date. This edit is not applicable to Federal
                Employees Program claims.

150177   DRUG QTY INVALID FOR PROC CODE
                Quantity must be valid for Drug Procedure Code.
                Quantity / Service 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 service unit count.
                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. Quantity / service unit count must be valid
                for drug procedure code. This edit is not applicable to Federal Employees
                Program claims.

150178   COND CD 40 REQ SAME DAY TRANSFER
                Condition Code 40 is Required for Same Day Transfer 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. BG sub-elements may be repeated up through the 12th 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.
                Statement 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 and to date.
                Patient status code is located in Loop ID-2300 in the CL1 segment. It is the 3rd element in that segment. If the claim is a same day transfer claim, admission date equal to statement to date, then a Condition code value of 40 is required on the claim. This edit is applicable to claims with a Facility Code Value equal to '011x'. This edit is applicable to claims with a Patient Status code equal to '02', '03', '05', '50', '51', '61', '62', '65', '66', or '70'. This edit is applicable to BlueCarePlus, BlueCard Medicare Advantage, and Medicare Advantage claims only.

150179   PROC CODE REQ/REV CD 036X PRESENT
                Principal Procedure Code is Required if Revenue Code 036X is present.
                Principal procedure code is located in Loop ID-2300 in the HI segment. If the 1st sub-element of 1st element in that segment is equal to 'BBR', then the 2nd sub-element is the principal procedure code.
                Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Principal procedure code is required if Revenue code is equal to '036x'. This edit is applicable to claims with a Facility Code Value equal to '011x', '018x', or '021x'. This edit is applicable to Medicare Advantage claims only.

150180   HEARING AID MFR INVOICE REQ EDI CLM
                Manufacturer Invoice is Required for Specific Hearing Aid
                Procedure Codes.
                Claim Identification Code is located in Loop ID-2300 in the PWK segment. It is the 6th element in that segment.
                Line Identification Code is located in Loop ID-2400 in the PWK segment. It is the 6th element in that 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 procedure code. Identification code must be present and populated with the Attachment Control Number when specific Hearing Aid procedure codes are submitted on the claim. This edit is applicable to BlueCross BlueShield of Tennessee and BlueCard claims only.

150181   HEARING AID MFR INVOICE REQ OCR CLM
Manufacturer Invoice is a Required Attachment for Specific Hearing Aid Procedure Codes.
Paper claims must be submitted with Manufacturer's invoice attached.
This edit is applicable to BlueCross BlueShield of Tennessee and BlueCard Institutional OCR claims only.

150188   CLAIM MUST BE FILED TO CORRECT PLAN
Medicaid Reclamation claims must be filed to the correct Plan.

150193   UNITS REQUIRED REVENUE CD 0023 PRES
Service Unit Count must be present and greater than zero if Revenue Code 0023 is Present.
Service 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 service unit count.
Service Line Revenue code is located in Loop ID-2400 in the SV2 segment. It is the 1st element in that segment. Service unit count must be present and greater than zero if revenue code 0023 is present on the claim. This edit is applicable to BlueCarePlus, Medicare Advantage, and BlueCard Medicare Advantage claims only.