

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

- 610001      **DUPLICATE TO RECEIPT DATE MM/DD**  
The purpose of this edit is to identify duplicate claims that have been submitted 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.
- 620001      **CLAIM FILING INDICATOR INVALID**  
Claim Filing Indicator must equal BL, CI, MB, MC, OF or 16.  
*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator. It should be equal to 'BL', 'CI', 'MB', 'MC', 'OF' or '16'.*
- 620002      **SUB ID NOT ON ELIGIBILITY FILE**  
BlueCross BlueShield of Tennessee Subscriber Eligibility file does not list this Subscriber Identification (ID).  
*Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> element in that segment is the subscriber ID. The subscriber ID is not found in the BlueCross BlueShield of Tennessee eligibility database.*
- 620003      **SUB ID, PAT NAME, DOB, DO NOT AGREE**  
Subscriber Identification (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 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> 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 1<sup>st</sup> element in that segment is equal to 'QC', and the 2<sup>nd</sup> element is equal to '1', then the 3<sup>rd</sup> element is the last name, and the 4<sup>th</sup> element is the first name.*  
*Patient birth date is located in Loop ID-2010CA in the DMG segment. It is the 2<sup>nd</sup> element in that segment. The subscriber ID, patient last name, patient first name, and patient date of birth submitted on claim must match the BlueCross BlueShield of Tennessee eligibility database.*

- 620004      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.  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. Bytes 10 thru 17 in the 3<sup>rd</sup> element are the service to date. If the insurance group is Vanderbilt PPO, and if the service date is less than 01/01/2002, then the claim should be mailed to Signature Health.*
- 620005      FEP SUB ID MUST = R + 8 NUMERIC  
FEP Subscriber ID must equal R plus eight numeric digits.  
*Subscriber Identification (ID) is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL', and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> element in that segment is the subscriber ID. For Federal Employees Program (FEP) claims, the subscriber ID should start with the letter R followed by 8 numeric digits.*
- 620007      CFI = OF, SUB ID NOT R + 8 NUMERIC  
If Claim Filing Indicator is equal to OF (FEP), the Subscriber ID must be R plus eight numeric digits.  
*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator.  
Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL', and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> element in that segment is the subscriber ID. If claim filing indicator is equal to 'OF', then the subscriber ID should start with the letter R followed by 8 numeric digits.*
- 620009      PATIENT NAME MISSING  
The Patient Name is missing on the claim.  
*Patient last name and first name are located in Loop ID-2010CA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'QC', and the 2<sup>nd</sup> element is equal to '1', then the 3<sup>rd</sup> element is the last name, and the 4<sup>th</sup> element is the first name. The patient name is required.*
- 620012      CLAIM FILING INDICATOR MISSING  
Claim Filing Indicator is required.  
*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator. Claim filing indicator is required.*
- 620015      HIPAA NONCOMPLIANT CLM NOT ACCEPTED  
Version Code must be HIPAA Compliant '005010X222A1'.

*Version / Release / Industry Identifier Code is located in the GS segment. It is the 8<sup>th</sup> element in that segment. The version code must be '005010X222A1'. This edit is applicable for BlueCare/TennCareSelect and BlueCarePlus claims only.*

- 620016      **HIPAA NONCOMPLIANT CLM NOT ACCEPTED**  
Version Code must be HIPAA Compliant '005010X222A1'.  
*Version / Release / Industry Identifier Code is located in the GS segment. It is the 8<sup>th</sup> element in that segment. The version code must be '005010X222A1'.*
- 620018      **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.*
- 620019      **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 3<sup>rd</sup> element in that segment.  
Subscriber Primary Identifier (ID) is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> 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.*
- 620021      **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 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> 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.*
- 630001      **SUBMITTER ID NOT ON PPF1 FILE**  
Submitter Tax Identification (ID) is not a valid Submitter ID found in the Electronic Commerce database.  
*Submitter Tax ID is located in Loop ID-1000A in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to '41', then the 9<sup>th</sup> element in that segment is the Submitter tax ID. The submitter tax ID must be a valid ID found in the Electronic Commerce database.*
- 630002      **PROVIDER NOT VALID PAPERLESS PROV**

BlueCross BlueShield of Tennessee Provider number must be a Valid Provider number in the Electronic Commerce database.

*BlueShield provider number is located in Loop ID-2010AA in the REF segment. If the 1<sup>st</sup> element in that segment is equal to '1B', then the 2<sup>nd</sup> element in that segment is the BlueShield provider number.*

*National Provider Identifier (NPI) is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. This provider number or NPI must be valid in the Electronic Commerce database.*

630005

**MED-B CLMS NOT ACCEPTED X12 FILE**

Medicare-B claims are not accepted in X12 file at this time.

*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator. Medicare-B claims (CFI=MB), cannot be accepted in an X12 file at this time.*

630010

**PROV CANNOT SUBMIT BLUESHIELD CLMS**

Provider Number not cleared to submit BlueShield claims.

*BlueShield provider number is located in Loop ID-2010AA in the REF segment. If the 1<sup>st</sup> element in that segment is equal to '1B', then the 2<sup>nd</sup> element in that segment is the BlueShield provider number.*

*National Provider Identifier is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*

*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> 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 BlueShield claims.*

630011

**PROV CANNOT SUBMIT TENNCARE CLAIMS**

Provider Number is not cleared to submit TennCare<sup>SM</sup> claims.

*BlueShield provider number is located in Loop ID-2010AA in the REF segment. If the 1<sup>st</sup> element in that segment is equal to '1B', then the 2<sup>nd</sup> element in that segment is the BlueShield provider number.*

*National Provider Identifier is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*

*Claim filing indicator is located in Loop ID-2000B in the SBR segment. If the 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> 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<sup>SM</sup> claims.*

- 630012      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 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator. Third Party Commercial Claims (CFI=CI), cannot be accepted at this time.*
- 630018      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 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. This provider number or NPI is validated against the Electronic Commerce database to verify that the provider has been approved for submitting claims electronically.*
- 630022      BILLING PROV NPI CHECK DIGIT INVALID  
Billing Provider National Provider Identifier (NPI) Invalid.  
*Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Billing provider NPI must be valid.*
- 630023      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 NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> 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 1<sup>st</sup> element in that segment is equal to 'EI', then the 2<sup>nd</sup> element of that segment is the Employer's Identification Number. If the 1<sup>st</sup> element in that segment is equal to 'SY', then the 2<sup>nd</sup> element of that segment is the Social Security Number. Billing provider NPI / Tax ID combination must be valid and in the CPS database.*
- 630024      BILL PROV ID/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 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Billing provider NPI must be a valid, active NPI in the CPS database.*

- 630025      NO PAYABLE NPI WAS SUBMITTED  
No Payable National Provider Identifier (NPI) was found in the Billing Provider Loop (2010AA), Claim Level Rendering Provider Loop (2310B), or the Line Level Rendering Provider Loop (2420A).  
*Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Claim Level National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. No Payable NPI was found in the Billing Provider Loop, Claim Level Rendering Provider Loop (2310B), or the Line Level Rendering Provider Loop (2420A).*
- 630026      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 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Billing Provider.*
- 630027      MULTIPLE RENDERING NPI'S PRESENT  
Multiple Rendering National Provider Identifiers (NPI) on claim.  
*Claim Level Rendering National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level Rendering National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Multiple, different NPIs cannot be present on claim.*
- 630029      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 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Claim Level Rendering National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level Rendering National provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is Institutional provider type and does not match the Professional 837 claim type submitted.*

- 630032      **INDIVIDUAL NPI/GROUP TAX ID INVALID**  
Billing Provider National Provider Identifier (NPI) is Individual Number and cannot be submitted with Tax Identification Number of Group.  
*Billing Provider National Provider Identifier is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Billing Provider Tax ID is located in Loop ID-2010AA in the REF segment. It is the 2<sup>nd</sup> element in that segment. The Billing provider NPI for an individual cannot be submitted with a billing provider group tax ID.*
- 630033      **RENDERING PROV NPI REQ FOR BHO SVC**  
Rendering Provider National Provider Identifier (NPI) is required for Behavioral Health Organization (BHO) Services.  
*Claim Level National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Rendering Provider NPI is required for BHO services. This edit is applicable to BlueCare/TennCareSelect, BlueCarePlus, and CoverKids claims only.*
- 630034      **MULTIPLE DOS INVALID CHIRO CLAIM**  
Multiple Dates of Service cannot be submitted on Chiropractic Claims.  
*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> element in that segment. Multiple service dates cannot be submitted on a claim for Chiropractic services effective with dates of service 10/01/2016 or later. This edit is applicable to BlueCross BlueShield of Tennessee, BlueCard, and Federal Employee Program (FEP) claims.*
- 630122      **CLM RENDERING NPI CHECK DIGIT INV**  
Claim Level Rendering National Provider Identifier (NPI) Invalid.  
*Claim Level Rendering National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Rendering Provider NPI must be valid.*
- 630124      **CLM RENDERING NPI NOT ACTIVE IN CPS**  
Claim Level Rendering National Provider Identifier (NPI) is not set up in the CPS Provider number database.  
*Claim Level Rendering National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Rendering Provider NPI must be a valid, active NPI in the CPS database.*

- 630126      **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-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Claim level Rendering Provider.*
- 630127      **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 2<sup>nd</sup> element in that segment.  
Billing Provider Secondary Identification is located in Loop ID-2010BB in the REF Segment. If the 1<sup>st</sup> element in that segment is equal to 'G2', then the 2<sup>nd</sup> 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.*
- 630222      **LINE RENDERING NPI CHECK DIGIT INV**  
Line Level Rendering National Provider Identifier (NPI) Invalid.  
*Line Level Rendering National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Rendering Provider NPI must be valid.*
- 630224      **LINE RENDERING NPI NOT ACTIVE CPS**  
Line Level Rendering National Provider Identifier (NPI) is not set up in the CPS Provider number database.  
*Line Level Rendering National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Rendering Provider NPI must be a valid, active NPI in the CPS database.*
- 630226      **NPI REQUIRED LINE RENDERING PROV**  
National Provider Identifier (NPI) is required for Line Level Rendering Provider.  
*Line Level Rendering National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Rendering Provider.*
- 630322      **CLM REFERRING NPI CHECK DIGIT INV**  
Claim Level Referring Provider National Provider Identifier (NPI) Invalid.  
*Claim Level Referring Provider National Provider Identifier is located in*

*Loop ID-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Referring Provider NPI must be valid.*

- 630324      **CLM REFERRING NPI NOT ACTIVE IN CPS**  
Claim Level Referring Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.  
*Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Referring Provider NPI must be a valid, active NPI in the CPS database.*
- 630326      **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-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Claim level Referring Provider.*
- 630422      **LN REFERRING NPI CHECK DIGIT INV**  
Line Level Referring Provider National Provider Identifier (NPI) Invalid.  
*Line Level Referring Provider National Provider Identifier is located in Loop ID-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Referring Provider NPI must be valid.*
- 630424      **LN REFERRING NPI NOT ACTIVE IN CPS**  
Line Level Referring Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.  
*Line Level Referring Provider National Provider Identifier is located in Loop ID-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Referring Provider NPI must be a valid, active NPI in the CPS database.*
- 630426      **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-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Referring Provider.*
- 630526      **NPI REQUIRED FOR CLM SERV FACILITY**

National Provider Identifier (NPI) is required for Claim Level Servicing Facility Location.

*Claim Level Servicing Facility Location National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Claim level Servicing Facility Location. This edit is applicable to BlueCare/TennCareSelect, BlueCarePlus, and CoverKids claims only.*

- 630622      LN SERV FAC NPI CHECK DIGIT INV  
Line Level Service Facility Location National Provider Identifier (NPI) Invalid.  
*Line Level Service Facility Location National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Service Facility Location NPI must be valid.*
- 630626      NPI REQUIRED FOR LN SERV FACILITY  
National Provider Identifier (NPI) is required for Line Level Service Facility Location.  
*Line Level Service Facility Location National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Service Facility Location.*
- 630722      CLM PURCH SERV NPI CHECK DIGIT INV  
Claim Level Purchased Service Provider National Provider Identifier (NPI) Invalid.  
*Claim Level Purchased Service Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Purchased Service Provider NPI must be valid.*
- 630726      NPI REQUIRED FOR CLM PURCH SERV PROV  
National Provider Identifier (NPI) is required for Claim Level Purchased Service Provider.  
*Claim Level Purchased Service Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Claim level Purchased Service Provider.*
- 630822      CLM SUPVSNG NPI CHECK DIGIT INV  
Claim Level Supervising Provider National Provider Identifier (NPI) Invalid.  
*Claim Level Supervising Provider National Provider Identifier is*

*located in Loop ID-2310D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Supervising Provider NPI must be valid.*

- 630826      **NPI REQUIRED FOR CLM SUPVSNG PROV**  
National Provider Identifier (NPI) is required for Claim Level Supervising Provider.  
*Claim Level Supervising Provider National Provider Identifier is located in Loop ID-2310E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Claim level Supervising Provider.*
- 630922      **LN PURCH SERV NPI CHECK DIGIT INV**  
Line Level Purchased Service Provider National Provider Identifier (NPI) Invalid.  
*Line Level Purchased Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Purchased Service Provider NPI must be valid.*
- 630926      **NPI REQUIRED LINE PURCH SERV PROV**  
National Provider Identifier (NPI) is required for Line Level Purchased Service Provider .  
*Line Level Purchased Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Purchased Service Provider.*
- 631922      **LN SUPVSNG NPI CHECK DIGIT INVALID**  
Line Level Supervising Provider National Provider Identifier (NPI) Invalid.  
*Line Level Supervising Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Supervising Provider NPI must be valid.*
- 631924      **LN SUPVSNG NPI NOT ACTIVE IN CPS**  
Line Level Supervising Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.  
*Line Level Supervising Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Supervising Provider NPI must be a valid, active NPI in the CPS database.*
- 631926      **NPI REQUIRED FOR LN SUPVSNG PROV**

National Provider Identifier (NPI) is required for Line Level Supervising Provider.

*Line Level Supervising Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Supervising Provider.*

632922 LN ORDERING NPI CHECK DIGIT INV

Line Level Ordering Provider National Provider Identifier (NPI) Invalid.

*Line Level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Ordering Provider NPI must be valid.*

632924 LN ORDERING NPI NOT ACTIVE IN CPS

Line Level Ordering Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.

*Line Level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Ordering Provider NPI must be a valid, active NPI in the CPS database.*

632926 NPI REQUIRED FOR LN ORDERING PROV

National Provider Identifier (NPI) is required for Line Level Ordering Provider.

*Line Level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. NPI is required for Line level Ordering Provider.*

633924 CLM SUPVSNG NPI NOT ACTIVE IN CPS

Claim Level Supervising Provider National Provider Identifier (NPI) is not set up in the CPS Provider number database.

*Claim Level Supervising Provider National Provider Identifier is located in Loop ID-2310D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Supervising Provider NPI must be a valid, active NPI in the CPS database. This edit is applicable for BlueCare/TennCareSelect, and BlueCarePlus claims only.*

635000 ORDERING PHYS NPI REQ / DME CLAIM

Line Level Ordering Physician National Provider Identifier (NPI) is required for BlueCare/TennCareSelect and CoverKids Durable Medical Equipment (DME) claims.

*Line Level Ordering Physician NPI is located in Loop ID-2420E in the NM1 segment. It is the 9<sup>th</sup> element in that segment. Line level Ordering*

*Physician NPI is required for BlueCare/TennCareSelect and CoverKids DME claims. This edit is applicable to BlueCare/TennCareSelect and CoverKids claims only.*

- 635100      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-2310A in the NM1 segment. It is the 9<sup>th</sup> 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.*
- 635102      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-2310A in the NM1 segment. It is the 9<sup>th</sup> 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.*
- 635103      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-2310A in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*  
*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> 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/TennCareSelect and CoverKids claims only.*
- 635104      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-2420F in the NM1 segment. It is the 9<sup>th</sup> 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/TennCareSelect and CoverKids claims only.*
- 635106      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-2420F in the NM1 segment. It is the 9<sup>th</sup> element in that segment. Line level Referring Provider NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.*

635107

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-2420F in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> 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/TennCareSelect and CoverKids claims only.*

635300

LN PURCH SERV PROV NPI NOT ON FILE

Line Level Purchase Service Provider National Provider Identifier (NPI) is Not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.

*Line Level Purchase Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Line level Purchase Service Provider NPI must be a valid, active NPI in The BCBST database. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.*

635302

LN PURCH SERV PROV NOT REG W/TNCARE

Line Level Purchase Service Provider National Provider Identifier (NPI) must be Registered with TennCare.

*Line Level Purchase Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Line level Purchase Service Provider NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.*

635303

PUR SV PROV NOT REG W/TNCR FOR DOS

Line Level Purchase Service Provider National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.

*Line Level Purchase Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> element in that segment. Line level Purchase Service 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.*

635400

**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-2310C in the NM1 segment. It is the 9<sup>th</sup> 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.*

635402

**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-2310C in the NM1 segment. It is the 9<sup>th</sup> 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.*

635403

**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 Service Location National Provider Identifier is located in Loop ID-2310C in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> 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.*

635404

**LINE SERV LOCATION NPI NOT ON FILE**

Line Level Service Location National Provider Identifier (NPI) is Not On File in the BlueCross BlueShield of Tennessee (BCBST) Provider number database.

*Line Level Service Location National Provider Identifier is located*

*in Loop ID-2420C in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Line 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.*

635406

**LN SERV LOCATION NOT REG W/TNCARE**

Line Level Service Location National Provider Identifier (NPI) must be Registered with TennCare.

*Line Level Service Location National Provider Identifier is located in Loop ID-2420C in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*

*Line level Service Location NPI must be registered with TennCare. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.*

635407

**LN SERV LOC NOT REG W/TNCR FOR DOS**

Line Level Service Location National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.

*Line Level Service Location National Provider Identifier is located in Loop ID-2420C in the NM1 segment. It is the 9<sup>th</sup> element in that segment. Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> element in that segment. Line 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.*

635500

**ORDERING PHYS NPI NOT ON FILE**

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

*Line Level Ordering Physician NPI is located in Loop ID-2420E in the NM1 segment. It is the 9<sup>th</sup> element in that segment. Line level Ordering Physician NPI must be a valid, active NPI in the BCBST database. This edit is applicable for BlueCare/TennCareSelect and CoverKids claims only.*

635502

**ORDER PHYS NOT REG W/ TNCARE**

Line Level Ordering Physician National Provider Identifier (NPI) must be Registered with TennCare.

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

- 635503      ORDER PHYS NOT REG W/ TNCR FOR DOS  
Line Level Ordering Physician National Provider Identifier (NPI) must be Registered with TennCare for all Dates of Service on Claim.  
*Line Level Ordering Physician National Provider Identifier is located in Loop ID-2420E in the NM1 segment. It is the 9<sup>th</sup> element in that segment.*  
*Service Date is located in Loop ID-2400 in the DTP segment. It is the 3<sup>rd</sup> element in that segment. Line level Ordering 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.*
- 640002      SUBMITTER ID IS ALL ZEROS OR NINES  
Submitter Tax ID must be a valid Submitter Tax ID.  
*Submitter tax ID is located in Loop ID-1000A in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to '41', then the 9<sup>th</sup> element in that segment is the submitter tax ID. The submitter tax ID should not be equal to all zeros or 9's.*
- 640003      CREATION DATE > CURRENT DATE  
Creation Date must not be a future date.  
*Creation Date is located in the BHT segment. It is the 4<sup>th</sup> element in that segment. The creation date cannot be greater than the current date.*
- 640004      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 1<sup>st</sup> element in that segment is equal to '85', then the 9<sup>th</sup> element in that segment is the Billing Provider Identification code.*  
*If the 8<sup>th</sup> element in that segment is equal to '24', then the 9<sup>th</sup> element is the Employer's Identification Number and must be 9 numeric digits.*  
*If the 8<sup>th</sup> element in that segment is equal to '34', then the 9<sup>th</sup> element is the Social Security Number and must be 9 numeric digits.*  
*If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element is the National Provider Identifier and must be 10 numeric digits.*  
*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 1<sup>st</sup> element in that segment is equal to 'EI', then the 2<sup>nd</sup> element of that segment is the Employer's Identification Number and must be 9 numeric digits.*  
*If the 1<sup>st</sup> element in that segment is equal to 'SY', then the 2<sup>nd</sup> 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.*

- 640005      **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 1<sup>st</sup> element in that segment is equal to '85', then the 9<sup>th</sup> element in that segment is the Billing Provider Identification code.*  
*If the 8<sup>th</sup> element in that segment is equal to '24', then the 9<sup>th</sup> element is the Employer's Identification Number.*  
*If the 8<sup>th</sup> element in that segment is equal to '34', then the 9<sup>th</sup> 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 1<sup>st</sup> element in that segment is equal to 'EI', then the 2<sup>nd</sup> element of that segment is the Employer's Identification Number.*  
*If the 1<sup>st</sup> element in that segment is equal to 'SY', then the 2<sup>nd</sup> element of that segment is the Social Security Number.*  
*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.*
- 640006      **PATIENT DOB > CURRENT DATE**  
Patient Birth Date must not be a future date.  
*Patient birth date is located in Loop ID-2010CA in the DMG segment. It is the 2<sup>nd</sup> element in that segment. The patient birth date cannot be greater than current date.*
- 640007      **PAT DATE OF DEATH > CURRENT DATE**  
Patient Date of Death must not be a future date.  
*Patient date of death is located in Loop ID-2000C in the PAT segment. It is the 6<sup>th</sup> element in that segment. The patient date of death cannot be greater than current date.*
- 640010      **SUBSCRIBER DOB > CURRENT DATE**  
Subscriber Birth Date must not be a future date.  
*Subscriber birth date is located in Loop ID-2010BA in the DMG segment. It is the 2<sup>nd</sup> element in that segment. The subscriber birth date cannot be greater than the current date.*
- 640011      **ACCIDENT DATE > CURRENT DATE**

Accident Date must not be a future date.

*Accident date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '439', then the 3<sup>rd</sup> element in that segment is the accident date. The accident date cannot be greater than the current date.*

640012      ACCIDENT DATE > DATE OF SERVICE

Accident Date must be less than or equal to earliest date of service on the claim.

*Accident date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '439', then the 3<sup>rd</sup> element in that segment is the accident date.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes of the 3<sup>rd</sup> element are the service from date and bytes 10 thru 17 are the service to date. The accident date should be less than or equal to the earliest service date on the claim.*

640013      ACCIDENT STATE INVALID

If Accident State is present, it must be a valid state abbreviation.

*Accident state is located in Loop ID-2300 in the CLM segment. It is the 4<sup>th</sup> sub-element of 11<sup>th</sup> element. The accident state is validated against a table that contains valid state values.*

640014      SIMILAR SYMPTOM DATE > CURRENT DATE

Similar Symptom Date must not be a future date.

*Similar symptom date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '438', then the 3<sup>rd</sup> element in that segment is similar illness or symptom date. The similar illness or symptom date cannot be greater than the current date.*

640015      DISABILITY FROM DATE > CURRENT DATE

Disability From Date must not be a future date.

*Disability from date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '360', then the 3<sup>rd</sup> element in that segment is the disability from date. The disability from date cannot be greater than the current date.*

640017      ADMISSION DATE > CURRENT DATE

Admission Date must not be a future date.

*Admission date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '435', then the 3<sup>rd</sup> element in that segment is the hospitalization admission date. The hospitalization admission date cannot be greater than the current date.*

640018      DISCHARGE DATE > CURRENT DATE

Discharge Date must not be future date.

*Discharge date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '096', then the 3<sup>rd</sup> element in that segment is the hospitalization discharge date. The hospitalization discharge date cannot be greater than the current date.*

640019

**DIAGNOSIS CODE MUST BE VALID ICD-9**

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

*Diagnosis code is located in LoopID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK', then the 2<sup>nd</sup> sub-element of the 1<sup>st</sup> element is the principal diagnosis code. The principal diagnosis code is validated against the ICD-9 diagnosis code table. If the 1<sup>st</sup> sub-element of 2<sup>nd</sup> element is equal to 'BF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The BF sub-elements may be repeated up through the 8<sup>th</sup> element. This may be required if needed to report additional diagnosis codes and if the preceding HI data elements have been used to report other diagnosis codes. All diagnosis codes are validated against the ICD-9 diagnosis code table.*

640020

**LAST SEEN DATE > CURRENT DATE**

Last Seen Date must not be a future date.

*Last seen date is located in Loop ID-2300 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '304', then the 3<sup>rd</sup> element in that segment is the last seen date. The last seen date cannot be greater than the current date.*

640022

**FUTURE SVC FROM DATE INV FOR HCPCS**

Service From Date cannot be a future date with this HCPCS.

*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. The service from date for hcpcs code submitted on claim, cannot be future date.*

640025

**HCPCS PROCEDURE CODE MISSING**

HCPCS must be present and a valid code.

*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code must be present.*

640026

**PROCEDURE CODE INVALID**

Procedure Code must be a Valid HCPCS or CPT Code.

*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code is validated against the HCPCS or CPT code table.*

- 640027      **MODIFIER INVALID**  
If Modifier present, it must be a valid modifier code.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier. The procedure modifier is validated against the modifier table. If used, the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> sub-elements are additional procedure modifiers. The additional procedure modifiers are validated against the modifier table.*
- 640028      **HGB/HCT DATE > CURRENT DATE**  
HGB/HCT Date must not be a future date.  
*HGB/HCT date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '738', then the 3<sup>rd</sup> element in that segment is the test performed date. The test performed date cannot be greater than the current date.*
- 640029      **SERUM CREATINE DATE > CURRENT DATE**  
Serum Creatine Date must not be a future date.  
*Serum Creatine date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '739', then the 3<sup>rd</sup> element in that segment is the test performed date. The test performed date cannot be greater than the current date.*
- 640031      **INITIAL TREAT DATE > CURRENT DATE**  
Initial Treatment Date must not be a future date.  
*Initial treatment date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '454', then the 3<sup>rd</sup> element in that segment is the initial treatment date. The initial treatment date cannot be greater than the current date.*
- 640032      **DATE OF LAST XRAY > CURRENT DATE**  
Date of Last X-ray must not be a future date.  
*Last x-ray date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '455', then the 3<sup>rd</sup> element in that segment is the last x-ray date. The last x-ray date cannot be greater than the current date.*
- 640033      **MANIFESTATION DATE > CURRENT DATE**  
Manifestation Date must not be a future date.  
*Manifestation date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '453', then the 3<sup>rd</sup> element in that segment is the acute manifestation date. The acute manifestation date cannot be greater than the current date.*
- 640034      **DIAG CD NOT IN EFFECT FOR SVC DT**

Diagnosis Code must be in effect for Service Date.

*Diagnosis code is located in LoopID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK', then the 2<sup>nd</sup> sub-element of the 1<sup>st</sup> element is the principal diagnosis code. The principal diagnosis code is validated against the ICD-9 diagnosis code table. If the 1<sup>st</sup> sub-element of 2<sup>nd</sup> element is equal to 'BF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The BF sub-elements may be repeated up through the 8<sup>th</sup> element. This may be required if needed to report additional diagnosis codes and if the preceding HI data elements have been used to report other diagnosis codes.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes of the 3<sup>rd</sup> element are the service from date and bytes 10 thru 17 are the service to date. The diagnosis code must be in effect for service date.*

640035

**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 SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes of the 3<sup>rd</sup> element are the service from date and bytes 10 thru 17 are the service to date. The procedure code must be in effect for service date.*

640036

**MODIFIER NOT IN EFFECT FOR SVC DT**

Modifier must be in effect for Service Date.

*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes of the 3<sup>rd</sup> element are the service from date and bytes 10 thru 17 are the service to date. The modifier must be in effect for service date.*

640037

**SERVICE FROM DATE IS INVALID**

Service From Date must be a valid date.

*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. The service from date must be a valid date in CCYYMMDD format.*

- 640039      **MORE SPECIFIC DIAGNOSIS CD REQUIRED**  
Diagnosis Code must be more specific diagnosis code.  
*Diagnosis code is located in LoopID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK', then the 2<sup>nd</sup> sub-element of the 1<sup>st</sup> element is the principal diagnosis code. If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> element is equal to 'BF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The BF sub-elements may be repeated up through the 8<sup>th</sup> element. The diagnosis code must be a more specific diagnosis code.*
- 640040      **DIAGNOSIS POINTER MISSING/INVALID**  
Diagnosis Pointer must be present and a valid code.  
*Diagnosis Code pointer is located in Loop ID-2400 in the SVI segment. Sub-elements 1 thru 4 of the 7<sup>th</sup> element contain the diagnosis code pointer. Diagnosis code pointer must be present and a numeric value from '1' – '8'.*
- 640041      **DIAG POINTER PRES, CODE MISSING**  
Diagnosis Pointer Present, Diagnosis Code is missing.  
*Diagnosis code pointer is located in Loop ID-2400 in the SVI segment. Sub-elements 1 thru 4 of the 7<sup>th</sup> element contain the diagnosis code pointer.  
Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK' or 'ABK', then the 2<sup>nd</sup> sub-element is the principal diagnosis code. If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> element is equal to 'BF' or 'ABF', then the 2<sup>nd</sup> sub-element is the diagnosis code. A corresponding diagnosis code must be present for every diagnosis code pointer present.*
- 640042      **PLACE OF SERVICE INVALID**  
Place of Service must be a valid Place of Service code.  
*Place of service code is located in Loop ID-2300 in the CLM segment. It is the 1<sup>st</sup> sub-element of the 5<sup>th</sup> element. The place of service code is validated against the place of service code table.*
- 640043      **POS NOT IN EFFECT FOR SERVICE DATE**  
Place of Service must be in effect for Service Date.  
*Place of service code is located in Loop ID-2300 in the CLM segment. It is the 1<sup>st</sup> sub-element of the 5<sup>th</sup> element.  
Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The place of service code must be in effect for service date.*
- 640044      **FIRST LX NOT EQUAL TO '1'**  
First Service Line LX Segment number must be equal to '1'.  
*Service line number is located in Loop ID-2400 in the LX segment. It*

*is the 1<sup>st</sup> element in that segment. The first service line LX segment must be equal to '1'.*

- 640045      **LX IS OUT OF SEQUENCE**  
Service Line LX Segment Number must be 1 greater than the previously encountered LX Segment Number.  
*Service line number is located in Loop ID-2400 in the LX segment. It is the 1<sup>st</sup> element in that segment. The first service line LX segment begins with '1' and is increased by one for each additional service line of the claim.*
- 640046      **HIPAA NONCOMPLIANT CLM NOT ACCEPTED**  
Version Code must be HIPAA Compliant '004010X098A1'.  
*Version code is located in the GS segment. It is the 8<sup>th</sup> element in that Segment. The version code must be '004010X098A1'.*
- 640047      **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 2<sup>nd</sup> element in that segment. The total charge amount for the claim cannot be less than zero.*
- 640048      **SERVICE FROM YEAR INVALID**  
Service From Year must be reasonable year.  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. The service from year must be a valid year after 1945.*
- 640049      **CLAIM RENDERING NPI NOT = 10 DIGITS**  
Claim Level Rendering National Provider Identifier (NPI) exceeds 10 Digits in length.  
*Claim Level Rendering National Provider Identifier is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Rendering Provider NPI must equal 10 digits in length.*
- 640050      **LINE RENDERING NPI NOT = 10 DIGITS**  
Line Level Rendering National Provider Identifier (NPI) exceeds 10 Digits in length.  
*Line Level Rendering National Provider Identifier is located in Loop ID-2420A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Rendering Provider NPI must equal 10 digits in length.*
- 640051      **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 6<sup>th</sup> 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.*

640054

**DIAGNOSIS CODE MUST BE VALID ICD-10**

Diagnosis Code must be a Valid ICD-10 Diagnosis Code.

*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'ABK', then the 2<sup>nd</sup> sub-element is the principal diagnosis code. The principal diagnosis code is validated against the ICD-10 diagnosis code table. If the 1<sup>st</sup> sub-element of 2<sup>nd</sup> element is equal to 'ABF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The ABF sub-elements may be repeated up through the 12<sup>th</sup> element. All diagnosis codes are validated against the ICD-10 diagnosis code table.*

640055

**DIAG CD NOT IN EFFECT FOR SVC DT**

Diagnosis Code must be in Effect for Latest Service Date.

*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'ABK', then the 2<sup>nd</sup> sub-element is the principal diagnosis code. The principal diagnosis code is validated against the ICD-10 diagnosis code table. If the 1<sup>st</sup> sub-element of 2<sup>nd</sup> element is equal to 'ABF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The ABF sub-elements may be repeated up through the 12<sup>th</sup> element. Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The diagnosis code must be in effect for latest service date.*

640056

**MORE SPECIFIC DIAGNOSIS CD REQUIRED**

Diagnosis Code must be more specific diagnosis code.

*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'ABK', then the 2<sup>nd</sup> sub-element is the principal diagnosis code. If the 1<sup>st</sup> sub-element of 2<sup>nd</sup> element is equal to 'ABF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The ABF sub-elements may be repeated up through the 12<sup>th</sup> element. The diagnosis code must be a more specific diagnosis code.*

640059

**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 1<sup>st</sup> element in that segment.*

*Claim Filing Indicator Code is located in Loop ID-2320 in the SBR segment. It is the 9<sup>th</sup> element in that segment.*

*Outpatient Claim Payment Remark Code is located in Loop ID-2320 in the MOA Segment. It is the 3<sup>rd</sup> through 7<sup>th</sup> element in that segment.*

*Adjudication or Payment Date is located in Loop ID-2330B in the DTP segment. It is the 3<sup>rd</sup> 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.*

640060

**TAX ID AND NPI DO NOT MATCH**

The Billing Provider Tax Identification (ID) Number does not match the Rendering 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 2<sup>nd</sup> element in that segment.*

*Rendering Provider NPI is located in Loop ID-2310B in the NMI segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element is the NPI. The billing provider tax ID and claim level rendering provider NPI combination must be a valid combination in the CPS provider number database.*

640061

**TAX ID AND NPI DO NOT MATCH**

The Billing Provider Tax Identification (ID) Number does not match the Rendering 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 2<sup>nd</sup> element in that segment.*

*Rendering Provider NPI is located in Loop ID-2420A in the NMI segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element is the NPI. The billing provider tax ID and service line level rendering provider NPI combination must be a valid combination in the CPS provider number database.*

640062

**PICK-UP ZIP CD MISSING AMB CLAIM**

Ambulance Pick-Up Location Zip Code is required for Ambulance Claims.

*Ambulance Pick-Up Location Zip Code is located in Loop ID-2310E in the N4 segment. It is the 3<sup>rd</sup> element of that segment. Ambulance pick-up location zip code is required for ambulance claims effective with dates of service beginning 04/19/2015. This edit is not applicable to claims received through the COBA crossover process.*

640063

**AIR AMBULANCE/FILE TO CORRECT PLAN**

Air Ambulance claims must be submitted to the Correct Plan.

*Air Ambulance claims must be submitted to the correct plan effective with dates of service beginning 04/19/2015. This edit is not applicable to claims received through the COBA crossover process.*

640064

**MULTI PICK-UP LOCATIONS AMB CLAIM**

Multiple Pick-Up Locations cannot be submitted on Ambulance claim.  
*Claim Level Ambulance Pick-Up Location Zip Code is located in Loop ID-2310E in the N4 segment. It is the 3<sup>rd</sup> element of that segment.*  
*Line Level Ambulance Pick-Up Location Zip Code is located in Loop ID-2420G in the N4 segment. It is the 3<sup>rd</sup> element of that segment.*  
*Ambulance claim cannot be submitted with multiple pick-up locations. This edit is effective with dates of service beginning 4/19/2015. This edit is not applicable to claims received through the COBA crossover process.*

- 640065      **BILL PRV TAXONOMY MISSING AMB CLAIM**  
Billing Provider Taxonomy Code is required for Ambulance claims.  
*Billing Provider Taxonomy Code is located in Loop ID-2000A in the PRV segment. It is the 3<sup>rd</sup> element in that segment. Billing Provider Taxonomy code is required for Ambulance claims.*
- 640067      **CLM REND TAXONOMY MISSING AMB CLAIM**  
Claim Level Rendering Provider Taxonomy Code is required for Ambulance claims.  
*Claim Level Rendering Provider Taxonomy Code is located in Loop ID-2310B in the PRV segment. It is the 3<sup>rd</sup> element in that segment. Claim Rendering Provider Taxonomy code is required for Ambulance claims.*
- 640069      **LN REND TAXONOMY MISSING AMB CLAIM**  
Line Level Rendering Provider Taxonomy Code is required for Ambulance claims.  
*Line Level Rendering Provider Taxonomy Code is located in Loop ID-2420A in the PRV segment. It is the 3<sup>rd</sup> element in that segment. Line Rendering Provider Taxonomy code is required for Ambulance claims.*
- 640181      **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.  
*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK', then the 2<sup>nd</sup> sub-element of the 1<sup>st</sup> element is the principal diagnosis code.*  
*If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> through 12<sup>th</sup> element is equal to 'BF', then the 2<sup>nd</sup> sub –element is the diagnosis code. ICD-9 diagnosis codes are not allowed after the compliance date.*
- 650001      **TENNCARE ELIGIBILITY NOT FOUND**  
TennCare<sup>SM</sup> eligibility could not be found.  
*Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to 'I', then the 9<sup>th</sup> element in that segment is the subscriber ID. The subscriber ID is not found in the TennCare<sup>SM</sup> eligibility database.*

- 650002 SUB FOUND, DOB & NAME DO NOT MATCH  
Subscriber Identification number found, Date of Birth and Name do not match TennCare<sup>SM</sup> eligibility file.  
*Subscriber ID is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 9<sup>th</sup> element in that segment is the subscriber ID.*  
*Subscriber Name is located in Loop ID-2010BA in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to 'IL' and the 2<sup>nd</sup> element is equal to '1', then the 3<sup>rd</sup> element is the subscriber last name and the 4<sup>th</sup> element is the subscriber first name.*  
*Subscriber date of birth is located in Loop ID-2010BA in the DMG segment. It is the 2<sup>nd</sup> element in that segment.*  
*Subscriber ID found, date of birth and name do not match TennCare<sup>SM</sup> eligibility file.*
- 650004 ANESTH MOD, PROC, UNITS DISAGREE  
If Modifier equals Anesthesia Modifier, Procedure Code must equal 00100 – 01995 or 01999 – 02020 and the Unit or Basis for Measurement Code must be minutes (SV103 = MJ).  
*Procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Modifier is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1.*  
*Unit or Basis for Measurement code is located in Loop ID-2400 in the SV1 segment. It is the 3<sup>rd</sup> element in that segment. The procedure modifier 1 is validated against the table that contains valid values for anesthesia modifiers. If the procedure modifier 1 is a valid anesthesia modifier, then the procedure code must be a valid anesthesia procedure and equal to '00100' – '01995' or '01999' – '02020' and the Unit or Basis for Measurement Code must be minutes (SV103 = MJ).*
- 650005 PROC CD NOT=00100-01995,01999-02020  
If Basis For Measurement Code is equal to MJ, the Procedure Code must be equal to 00100 - 01995 or 01999 - 02020.  
*Basis for measurement code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> element is the basis for measurement code.*  
*Procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. If the basis for measurement code is equal to 'MJ', then the procedure code must be between '00100' - '01995' or '01999' - '02020'.*

- 650006      **PROC NOT VALID WITH EMERG TRANS**  
Procedure Code not valid with emergency transportation codes.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. This procedure code is validated against the table that contains valid emergency transportation procedure codes. If the procedure code is located on the table, the claim is an emergency transportation claim and cannot contain any procedure codes that are not emergency transportation codes.*
- 650007      **MOD 1 MUST BE PRESENT IF ANESTHESIA**  
If Procedure Code is equal to 00100 - 01995 or 01999 - 02020, Anesthesia Modifier 1 is required.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1.*  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. If the procedure code is equal to '00100' - '01995' or '01999' - '02020', then an anesthesia modifier is required.*
- 650008      **MOD MUST BE VALID ANESTHESIA MOD**  
If Procedure Code is equal 00100 - 01995 or 01999 - 02020, modifier 1 must be a valid anesthesia modifier and equal to AA, AD, QK, QX, QY, or QZ.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1. The procedure modifier 1 is validated against the table that contains valid anesthesia modifiers.*  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. If procedure code is equal to '00100' - '01995' or '01999' - '02020', then the procedure modifier 1 must be a valid anesthesia modifier and equal to 'AA', 'AD', 'QK', 'QX', 'QY' or 'QZ'.*
- 650009      **MODIFIER USED MORE THAN ONCE**  
If procedure code is equal to 00100-01951, 01954-01966, 01970-01995, or 01999-02020, modifier may not be the same as modifier on any other line item with the same date of service.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1.*  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. If the procedure code is equal to '00100-01951', '01954-01966', '01970-01995', or '01999-02020', then the procedure*

*modifier 1 cannot be the same as the procedure modifier 1 on any other anesthesia line item with the same date of service.*

- 650011      **ANESTHESIA MINUTES MUST = 0001-9999**  
If Procedure Code is equal 00100-01995 or 01999-02020, anesthesia minutes must be equal to or greater than 0001 and less than or equal to 9999.  
*Anesthesia minutes is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC' and the 3<sup>rd</sup> element is equal to 'MJ', then the 4<sup>th</sup> element is the anesthesia minutes.*  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. If the procedure code is equal to '00100' - '01995', or '01999' - '02020', then the anesthesia minutes must equal '0001' - '9999'.*
- 650012      **MEDICARE EOB REQUIRED – EMER TRANS**  
Medicare EOB is required for emergency transportation claim.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code is validated against the table that contains valid emergency transportation procedure codes. If the procedure code is found on the table, the claim is an emergency transportation claim. When the subscriber has any effective Medicare A or B coverage, a Medicare EOB is required.*
- 650013      **MDCARE EOB REQ –PROC/MOD CVD BY MCB**  
Medicare EOB required, procedure / modifier covered by Medicare B.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. This procedure code is validated against the table that contains valid non-emergency transportation procedure codes. If procedure code is found on the table, then the claim is a non-emergency transportation claim.*  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier 1. The procedure modifier 1 is validated against the table that contains valid values for non-emergency modifiers. If the procedure modifier 1 is found on the table and the claim is a non-emergency transportation claim, a Medicare EOB is required.*
- 650019      **EMER TRANS CLM CANT BE FILED BY CSA**  
Emergency Transportation Claim cannot be filed by Community Service Agency (CSA).  
*Submitter tax ID is located in Loop ID-1000A in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to '41', then the 9<sup>th</sup> element in that segment is the submitter tax ID. The first 9 bytes of the submitter tax ID*

*are validated against the table that contains valid values for the CSA tax IDs.*

*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code is validated against the table that contains valid emergency transportation procedure codes. If the procedure code is found on the table, then the claim is an emergency transportation claim, and cannot be filed by the CSA.*

- 650021      **PRIOR AUTH # REQ – NON-EMER TRANS**  
Prior Authorization Number is required for non-emergency claim.  
*Prior Authorization number is located in Loop ID-2300 in the REF segment. If the 1<sup>st</sup> element in that segment is 'G1', then the 2<sup>nd</sup> element is the prior authorization number.*  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code is validated against the table that contains valid non-emergency transportation procedure codes. If the procedure code is found on the table, then the claim is a non-emergency transportation claim and a prior authorization number is required.*
- 650022      **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 SVI segment. It is the 4<sup>th</sup> element in that segment. This service unit count must be greater than zero.*
- 650023      **ANESTH PROC CD PRES/MEAS CD NOT MJ**  
If the Procedure Code is Anesthesia Procedure Code, 00100 - 01995 or 01999 - 02020, then the Basis for Measurement Code must be equal to MJ.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Basis for measurement code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> element is the basis for measurement code. If the procedure code is equal to '00100' - '01995' or '01999' - '02020', then the basis for measurement code must be equal to 'MJ'.*
- 650026      **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 1<sup>st</sup> element in the segment is equal to 'S' or 'T', then Loop ID-2320 must also be present and the 1<sup>st</sup> element in the SBR segment must be equal to 'P' or 'S'. Primary payer information must*

*be present on secondary claim.*

- 650028      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 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, 11<sup>th</sup>, 14<sup>th</sup>, and 17<sup>th</sup> elements contain the claim adjustment reasons. These reason codes are validated against the adjustment reason code table.*
- 650031      CLM ADJUDICATION DATE>CURRENT DATE  
Claim Level Adjudication Date must not be a future date.  
*Claim level other payer claim adjudication date is located in Loop ID-2330B in the DTP segment. If the 1<sup>st</sup> element in the segment is equal to '573', then the third element is the claim adjudication date. The claim adjudication date must not be greater than current date.*
- 650032      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 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, 11<sup>th</sup>, 14<sup>th</sup>, and 17<sup>th</sup> elements contain the claim adjustment reasons. These reason codes are validated against the adjustment reason code table.*
- 650033      CLM ADJUDICATION DATE>CURRENT DATE  
Line Level Adjudication Date must not be a future date.  
*Line level other payer claim adjudication date is located in Loop ID-2430 in the DTP segment. If the 1<sup>st</sup> element in the segment is equal to '573', then the third element is the claim adjudication date. The claim adjudication date must not be greater than current date.*
- 650034      OTHER INS POLICY NUMBER MISSING  
Other Insured's Policy Number is Missing.  
*Identification code is located in Loop ID-2330A in the NMI segment. It is the 9<sup>th</sup> element in that segment. Identification code must be present.*
- 650036      SERVICE FROM DATE > CURRENT DATE  
Service From Date must not be a future date.  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. The service from date cannot be greater than the current date.*
- 650037      SERVICE TO DATE > CURRENT DATE  
Service To Date must not be a future date.

*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. Bytes 10 thru 17 in the 3<sup>rd</sup> element are the service to date. The service to date cannot be greater than the current date.*

- 650052      **PAYER PD AMT MISSING/SECONDARY CLM**  
Payer Paid Amount is required if claim is Secondary COB claim.  
*Payer amount paid is located in Loop ID-2320 in the AMT segment. It is the 2<sup>nd</sup> element in that segment. Payer paid amount must be present if claim is a secondary COB claim.*
- 650055      **CLM LEVEL OTHER PAYER PAID MISSING**  
Claim Level Other Payer Paid Amount is required.  
*Claim level payer paid amount is located in Loop ID-2320 in the AMT segment. If the first element in that segment is equal to 'D', then the second element in that segment is the payer paid amount. If claim is a secondary claim and another secondary payer has adjudicated the claim, and the 2330B loop contains a DTP segment with the first element equal to '573', then the claim level payer paid amount is required.*
- 650056      **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 SVI segment. It is the 4<sup>th</sup> element in that segment. Service unit count cannot contain a decimal point.*
- 650057      **PROC CD TOO LONG, CHECK DELIMITERS**  
Procedure Code cannot be longer than five characters.  
*Procedure Code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. HCPCS procedure code cannot exceed five characters.*
- 650058      **PLACE OF SERVICE INV TENNCARE CLAIM**  
Place of Service Code is not accepted on TennCare<sup>SM</sup> claims.  
*Place of service code is located in Loop ID-2400 in the SVI segment. It is the 5<sup>th</sup> element in that segment. The place of service code is not accepted on TennCare<sup>SM</sup> claims.*
- 650059      **DIAGNOSIS CD CAN'T BE > 5 POSITIONS**  
Diagnosis Code cannot exceed 5 positions.  
*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'BK', then the 2<sup>nd</sup> sub-element of the 1<sup>st</sup> element is the principal diagnosis code. If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> element is equal to 'BF', then the 2<sup>nd</sup> sub-element is the diagnosis*

*code. The BF sub-elements may be repeated up through the 8<sup>th</sup> element. This may be required if needed to report additional diagnosis codes and if the preceding HI data elements have been used to report other diagnosis codes. The diagnosis code should not be greater than 5 positions.*

- 650060      **DATE OF SERV < PAT DATE OF BIRTH**  
Date of Service cannot be less than the Patient Date of Birth.  
*Date of service is located in Loop ID-2400 in the DTP segment. If the first element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the date of service.*  
*Patient date of birth is located in Loop ID-2010CA in the DMG segment. It is the 2<sup>nd</sup> element in that segment.*  
*Subscriber date of birth is located in Loop ID-2010BA in the DMG segment. It is the 2<sup>nd</sup> element in that segment. If the 3<sup>rd</sup> element of the HL segment in Loop ID-2000B is equal to '22' and the 4<sup>th</sup> element in that segment is equal to '0', then the subscriber date of birth is the patient date of birth. The date of service cannot be less than the patient date of birth.*
- 650062      **MODIFIER 1 MISSING, MOD 2,3,4 PRES**  
Modifier 1 is required if Modifier 2, 3, or 4 is present.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> sub-elements are the procedure code modifiers. Modifier 1 is required if modifier 2, 3, or 4 is present.*
- 650063      **DUPLICATE MOD PRES SAME LINE ITEM**  
Modifiers cannot be duplicated on the same Line Item.  
*Modifier is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> sub-elements are the procedure code modifiers. Modifiers cannot be duplicated on the same line item.*
- 650064      **PROC CODE UNITS > 1 NOT ALLOWED**  
Procedure Code Units may not be greater than one for specific Procedure Codes.  
*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Unit count is located in Loop ID-2400 in the SVI segment. If the 3<sup>rd</sup> element in that segment is equal to 'UN', then the 4<sup>th</sup> element in that segment is the unit count. The unit count cannot be greater than one for specific procedure codes.*
- 650065      **BENEFITS ASSIGNMENT INFO CONFLICT**  
Benefits Assignment Indicator conflicts with Patient Signature Source Code.

*Assignment of benefits indicator is located in Loop ID-2300 in the CLM segment. It is the 8<sup>th</sup> element in that segment.*

*Patient signature source code is located in Loop ID-2300 in the CLM segment. It is the 10<sup>th</sup> element in that segment. Assignment of Benefits indicator 'N' conflicts with Patient Signature Source of 'B' or 'M'.*

650066

**RELEASE OF INFORMATION CONFLICT**

Release of Information Code conflicts with Patient Signature Source Code.

*Release of information code is located in Loop ID-2300 in the CLM segment. It is the 9<sup>th</sup> element in that segment.*

*Patient signature source code is located in Loop ID-2300 in the CLM segment. It is the 10<sup>th</sup> element in that segment. Release of information code 'N' conflicts with patient Signature Source 'B' or 'S'.*

650067

**NDC CODE REQUIRED FOR HIT PROCEDURE**

National Drug Code (NDC) required for Home Infusion Therapy (HIT) drug procedure code.

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

*HCPCS procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. NDC is required for HIT drug procedure code if the date of service is equal to or greater than 07/01/2005.*

650068

**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 2<sup>nd</sup> element in that segment is equal to 'N4', then the 3<sup>rd</sup> element in that segment is the NDC. NDC must be eleven alpha/numeric characters.*

650069

**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 1<sup>st</sup> element in that segment is equal to 'P', then the 9<sup>th</sup> element in that segment is the claim filing indicator. Claim filing indicator 'MC' is valid for Medicaid claims only.*

650070

**NDC REQ FOR PROV ADM DRUGS**

National Drug Code (NDC) required for Provider administered drugs.

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

*HCPCS procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*

*Date of service is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the date of service. NDC is required for provider administered drugs if the first character of the procedure code is equal to 'J' and the date of service is equal to or greater than 06/01/2007.*

- 650071      **NDC QUAN REQ FOR PROV ADM DRUGS**  
National Drug Code (NDC) Quantity required for Provider administered drugs.  
*NDC Quantity is located in Loop ID-2410 in the CTP segment. It is the 4<sup>th</sup> element in that segment.*  
*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Date of service is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the date of service. NDC quantity is required for provider administered drugs if the first character of the procedure code is equal to 'J' and the date of service is equal to or greater than 06/01/2007.*
- 650072      **NDC QUAN REQ FOR HIT PROCEDURE**  
National Drug Code (NDC) Quantity required for Home Infusion Therapy (HIT) drug procedure code.  
*NDC Quantity is located in Loop ID-2410 in the CTP segment. It is the 4<sup>th</sup> element in that segment.*  
*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. NDC quantity is required for HIT drug procedure code if the date of service is equal to or greater than 07/01/2005.*
- 650073      **BILLING PROV ZIP MUST BE 9 DIGITS**  
Billing Provider Zip Code must be 9 digits for Medicare Advantage to determine the correct payment locality for services paid under Medicare Physician Fee Schedule (MPFS) and anesthesia services.  
*Billing provider zip code is located in Loop ID-2010AA in the N4 segment. It is the 3<sup>rd</sup> element in that segment. The billing provider zip code must be 9 digits.*
- 650074      **FACILITY ZIP CODE MUST BE 9 DIGITS**  
Facility Zip Code must be 9 digits for Medicare Advantage to determine the correct payment locality for services paid under Medicare Physician Fee Schedule (MPFS) and anesthesia services.  
*Facility zip code is located in Loop ID-2310D in the N4 segment. It is the 3<sup>rd</sup> element in that segment. The facility zip code must be 9 digits.*
- 650075      **CLM REFERRING NPI NOT = 10 DIGITS**

Claim Level Referring Provider National Provider Identifier (NPI) not equal to 10 Digits in length.

*Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Referring Provider NPI must equal ten digits in length.*

650076 CLM PURCH SERV NPI NOT = 10 DIGITS

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

*Claim Level Purchased Service Provider National Provider Identifier is located in Loop ID-2310C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Purchased Service Provider NPI must equal ten digits in length.*

650077 CLM SERV FAC NPI NOT = 10 DIGITS

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

*Claim Level Servicing Facility Location National Provider Identifier is located in Loop ID-2310D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level Servicing Facility Location NPI must equal ten digits in length.*

650078 CLM SUPVSNG NPI NOT = 10 DIGITS

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

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

650079 LN PURCH SERV NPI NOT = 10 DIGITS

Line Level Purchased Service Provider National Provider Identifier (NPI) must equal 10 digits in length.

*Line Level Purchased Service Provider National Provider Identifier is located in Loop ID-2420B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Purchased Service Provider NPI must equal 10 digits in length.*

650080 LN SERV FAC NPI NOT = 10 DIGITS

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

*Line Level Service Facility Location National Provider Identifier is located in Loop ID-2420C in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Service Facility Location NPI must equal ten digits in length.*

- 650081      LN SUPVSNG NPI NOT = 10 DIGITS  
Line Level Supervising Provider National Provider Identifier (NPI) must equal 10 Digits in length.  
*Line Level Supervising Provider National Provider Identifier is located in Loop ID-2420D in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Supervising Provider must equal ten digits in length.*
- 650082      LN ORDERING NPI NOT = 10 DIGITS  
Line Level Ordering Provider National Provider Identifier (NPI) must equal 10 Digits in length.  
*Line Level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Ordering Provider NPI must equal ten digits in length.*
- 650083      LN REFERRING NPI NOT = 10 DIGITS  
Line Level Referring Provider National Provider Identifier (NPI) must equal 10 Digits in length.  
*Line Level Referring Provider National Provider Identifier is located in Loop ID-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Line level Referring Provider NPI must equal ten digits in length.*
- 650084      UNITS NOT EQUAL DAYS IN DATE SPAN  
Units count must equal the number of days in the Dates of Service Span for procedure codes 99201 - 99499.  
*Unit Count is located in Loop ID-2400 in the SV1 segment. If the 3<sup>rd</sup> element in that segment is equal to 'UN', then the 4<sup>th</sup> element is the unit count.*  
*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date.*  
*Procedure Code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Procedure Modifier is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 3<sup>rd</sup> sub-element is the procedure modifier. Units count must equal the number of days in the dates of service span for procedure codes 99201 – 99499. This edit applies to BlueCare/TennCareSelect and*

*BlueCarePlus claims only and is not applicable if the procedure modifier '25' is present on the line item.*

- 650085      **NON-EMER TRANS CANT BE FILED BY CSA**  
Non-Emergency Transportation Claim cannot be filed by Community Service Agency (CSA) after 09/06/2008.  
*Submitter tax ID is located in Loop ID-1000A in the NM1 segment. If the 1<sup>st</sup> element in that segment is equal to '41', then the 9<sup>th</sup> element in that segment is the submitter tax ID. The first 9 bytes of the submitter tax ID are validated against the table that contains valid values for the CSA tax IDs.*  
*Procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The procedure code is validated against the table that contains valid non-emergency transportation procedure codes. If the procedure code is found on the table, then the claim is a non-emergency transportation claim.*  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The first 8 bytes in the 3<sup>rd</sup> element are the service from date. If the service from date is on or after 09/06/2008, the claim cannot be filed by the CSA.*
- 650086      **SEC CLM – CFI & INS TYPE MUST MATCH**  
The Claim Filing Indicator Code and the Primary Payer Insurance Type Code must match for Medicare Part B, Medicare Conditionally Primary, or Medicare Primary if claim is secondary claim.  
*Claim filing indicator code is located in Loop ID-2320 in the SBR segment. It is the 9<sup>th</sup> element in that segment.*  
*Insurance type code is located in Loop ID-2320 in the SBR segment. It is the 5<sup>th</sup> element in that segment. If the claim filing indicator is equal to 'MB', then the insurance type code must be equal to 'MB', 'MP', or 'CP'.*
- 650089      **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 1<sup>st</sup> element in that segment is equal to 'D', then the 2<sup>nd</sup> element in that segment is the payer paid amount and it cannot be less than zero.*
- 650090      **CLM MUST BE FILED WITH EYEMED**  
Claim must be filed with EyeMed Vision Care.  
*Member is enrolled in VisionBlue. Routine vision care claims processing is handled by EyeMed Vision Care. Please resubmit claim to EyeMed.*
- 650091      **CLAIM LEVEL NTE SEG MISSING/INVALID**

Claim Level NTE Segment must be present and valid for BlueCare/TennCareSelect and BlueCarePlus Durable Medical Equipment (DME) claims and BlueCross BlueShield of Tennessee BlueAdvantage claims for DME, Orthotics, Prosthetics, or Supplies.

*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 1<sup>st</sup> element in that segment.*

*Description is located in Loop ID-2300 in the NTE segment. It is the 2<sup>nd</sup> element in that segment.*

*If the claim is a BlueCare/TennCareSelect or BlueCarePlus DME claim or BlueCross BlueShield of Tennessee BlueAdvantage claim for DME, Orthotics, Prosthetics, or Supplies, then the claim NTE segment must be present with a note reference code of 'PMT'.*

*Description must contain CC in the first two positions followed by a space and CCYYMMDD claim received date followed by a space and CCYYMMDD claim paid date. If a reject code is applicable, the claim paid date should be followed by a space and a 3 position reject reason code.*

650092

#### CLAIM LEVEL RENDERING NPI REQUIRED

Claim Level Rendering Provider National Provider Identifier (NPI) is required for BlueCare/TennCareSelect and BlueCarePlus Durable Medical Equipment (DME) claims and BlueCross BlueShield of Tennessee BlueAdvantage claims for DME, Orthotics, Prosthetics, or Supplies.

*Claim level rendering provider NPI is located in Loop ID-2310B in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Claim level rendering NPI is required for BlueCare/TennCareSelect and BlueCarePlus DME claims and BlueCross BlueShield of Tennessee BlueAdvantage claims for DME, Orthotics, Prosthetics, or Supplies.*

650093

#### LINE LEVEL NTE SEGMENT INVALID

Line Level NTE Segment must be valid for BlueCare/TennCareSelect and BlueCarePlus Durable Medical Equipment (DME) claims and BlueCross BlueShield of Tennessee BlueAdvantage claims for DME, Orthotics, Prosthetics, or Supplies.

*Line NTE segment is located in Loop ID-2400.*

*Note reference code is located in Loop ID-2400 in the NTE segment. It is the 1<sup>st</sup> element in that segment.*

*Description is located in Loop ID-2400 in the NTE segment. It is the 2<sup>nd</sup> element in that segment. If the claim is a BlueCare/TennCareSelect or BlueCarePlus DME claim or BlueCross BlueShield of Tennessee BlueAdvantage claim for DME, Orthotics, Prosthetics, or Supplies, and the line level NTE segment is present, then the note reference code of 'PMT' must be present. Description must contain CC in the first two positions followed by a space and a 3 position reject code, or CC in the*

*first two positions followed by a space, followed by 'PAY', followed by a space and amount due.*

- 650094      **TAX ID AND NPI DO NOT MATCH**  
The 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 2<sup>nd</sup> element in that segment.*  
*Billing Provider NPI is located in Loop ID-2010AA in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element is the NPI. The billing provider tax ID/NPI combination must be a valid combination in the CPS provider number database.*
- 650095      **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.
- 650096      **MED-B SUPL CLMS CANT BE SUB BY PCMH**  
Medicare-B Members are Not Eligible for Patient-Centered Medical Homes (PCMH) at this time.
- 650097      **BLUECARD MEMBERS NOT ELIG FOR PCMH**  
BlueCard Members are Not Eligible for Patient-Centered Medical Homes (PCMH) at this time.
- 650098      **ANCILLARY CLM MISSING REQUIRED DATA**  
Claim Level Referring, Line Level Referring, or Line Level Ordering Provider National Provider Identifier (NPI) is required for Ancillary Claims filing for Independent Clinical Laboratory or Specialty Pharmacy.  
*Claim level Referring Provider National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line level Referring Provider National Provider Identifier is located in Loop ID-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in the segment is the NPI.*  
*Line level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Claim level Referring, Line level Referring, or Line level Ordering Provider NPI is required for Ancillary claims filing for Independent Clinical Laboratory or Specialty Pharmacy. The effective date for this edit is 10/14/2012. This edit is not applicable to Federal Employee Program (FEP) claims or Medicare Secondary crossover*

*claims submitted through the Coordination of Benefits Contractor (COBC).*

- 650099      **ANCILLARY CLM FILE TO CORRECT PLAN**  
Ancillary Claims filing for Independent Clinical Laboratory or Specialty Pharmacy must be submitted to the correct Plan.  
*Ancillary Claims filing for Independent Clinical Laboratory or Specialty Pharmacy must be submitted to the correct Plan. The effective date for this edit is 10/14/2012. This edit is not applicable to Federal Employee Program (FEP) claims or Medicare Secondary crossover claims submitted through the Coordination of Benefits Contractor (COBC).*
- 650100      **DIAGNOSIS CD CAN'T BE > 7 POSITIONS**  
Diagnosis Code cannot exceed 7 Positions.  
*Diagnosis code is located in Loop ID-2300 in the HI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'ABK', then the 2<sup>nd</sup> sub-element is the principal diagnosis code. If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> element is equal to 'ABF', then the 2<sup>nd</sup> sub-element is the diagnosis code. The ABF sub-elements may be repeated up through the 12<sup>th</sup> element. The diagnosis code should not be greater than 7 positions.*
- 650101      **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).*
- 650102      **NATIONAL DRUG CODE IS REQUIRED**  
National Drug Code (NDC) is required for Drug Procedure Code.  
*NDC is located in Loop ID-2410 in the LIN segment. If the 2<sup>nd</sup> element in that segment is equal to 'N4', then the 3<sup>rd</sup> element in that segment is the NDC.*  
*HCPCS procedure code is located in Loop ID-2400 in the SV1 segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. NDC is required for specific drug procedure codes if the service date is equal to or greater than 01/01/2014. This edit is not applicable to BlueCare/TennCareSelect or BlueCarePlus claims.*
- 650103      **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 2<sup>nd</sup> element in that segment is equal to 'N4', then the 3<sup>rd</sup> element in that segment is the NDC. NDC must be eleven alpha/numeric characters.*

- 650104      NATIONAL DRUG CODE QUANTITY IS REQ  
National Drug Code (NDC) Quantity required for Drug Procedure Code.  
*NDC Quantity is located in Loop ID-2410 in the CTP segment. It is the 4<sup>th</sup> element in that segment.*  
*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Service date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. NDC quantity is required for specific drug procedure codes if the service date is equal to or greater than 01/01/2014. This edit is not applicable to BlueCare/TennCareSelect or BlueCarePlus claims.*
- 650105      DUPLICATE PROCEDURE CODE NOT ALLOWED  
Duplicate Procedure codes are Not Allowed.  
*HCPCS code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the HCPCS procedure code.*  
*Procedure Modifier is located in Loop ID-2400 in the SVI segment. It is the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> sub-element of the 1<sup>st</sup> element. Duplicate procedures codes with the same date of service and charge amount are not allowed. This edit applies to BlueCarePlus claims only.*
- 650106      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 SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers. The procedure modifier and HCPCS procedure code must be a valid combination.*
- 650107      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 SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers. The procedure modifier and CPT procedure code must be a valid combination*
- 650108      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 SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service date. The procedure modifier and HCPCS procedure code combination must be in effect for service date.*

650109

**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 SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers.*

*Service Date is located in Loop ID-2400 in the DTP segment. If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service 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.*

650110

**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 2<sup>nd</sup> element in that segment is equal to 'N4', then the 3<sup>rd</sup> element in that segment is the NDC.*

*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 2<sup>nd</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*

*Service date is located in Loop ID-2400 in the DTP segment.*

*If the 1<sup>st</sup> element in that segment is equal to '472', then the 3<sup>rd</sup> element in that segment is the service 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.*

650111

**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 SVI segment. If the 3<sup>rd</sup> element in that segment is equal to 'UN', then the 4<sup>th</sup> element in that segment is the service unit count.*

*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> 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.*

- 650112      **ANCILLARY DME FILE TO CORRECT PLAN**  
Ancillary Claims filing for Durable Medical Equipment (DME) must be submitted to the correct Plan.  
*Subscriber City, State, and Zip Code are located in Loop ID-2010BA in the N4 segment.*  
*Patient City, State, and Zip Code are located in Loop ID-2010CA in the N4 segment.*  
*Claim Service Facility Location City, State and Zip Code are located in Loop ID-2310C in the N4 segment.*  
*Line Service Facility Location City, State and Zip Code are located in Loop ID-2420C in the N4 segment.*  
*Billing Provider City, State, and Zip Code are located in Loop ID-2010AA in the N4 segment.*  
*Place of Service Code is located in Loop ID-2300 in the CLM segment. It is the 1<sup>st</sup> sub-element of the 5<sup>th</sup> element.*  
*If place of service is equal to '04', '09', '12', '13', '14', '34', or '55', Ancillary Claims filing for (DME) must be submitted to the correct Plan.*  
*The effective date for this edit is 10/14/2012. This edit is not applicable to Medicare Secondary crossover claims submitted through the Coordination of Benefits Contractor (COBC).*
- 650113      **REFERRING/ORDER NPI REQ - PT/OT/ST**  
National Provider Identifier (NPI) is required for Referring or Ordering Provider for Physical, Occupational, and Speech Therapy Services.  
*Claim Level Referring Provider National Provider Identifier is located in Loop ID-2310A in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level Referring Provider National Provider Identifier is located in Loop ID-2420F in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI.*  
*Line Level Ordering Provider National Provider Identifier is located in Loop ID-2420E in the NM1 segment. If the 8<sup>th</sup> element in that segment is equal to 'XX', then the 9<sup>th</sup> element in that segment is the NPI. Referring or Ordering provider NPI is required for Physical, Occupational, and Speech Therapy services. If a claim level referring does not exist, then either a referring or ordering will be required on each line item. This edit is applicable to BlueCare/TennCareSelect and CoverKids claims only.*
- 650115      **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 6<sup>th</sup> element in that segment.*

*Line Identification Code is located in Loop ID-2400 in the PWK segment. It is the 6<sup>th</sup> element in that segment.*

*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> 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 Professional EDI claims only.*

- 650116      **AMB SURG CTR MUST FILE INST CLAIM**  
Ambulatory Surgical Center Claim must be filed as an Institutional Claim.  
*Ambulatory Surgical Center claim may only be submitted as a Professional claim when BlueCross BlueShield of Tennessee is secondary to Medicare. This edit is not applicable to BlueCross BlueShield of Tennessee BlueAdvantage, BlueCard Medicare Advantage, or BlueCarePlus claims.*
- 650117      **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 Professional OCR claims only.*
- 650123      **CLAIM MUST BE FILED TO CORRECT PLAN**  
Medicaid Reclamation claims must be filed to the correct Plan.
- 650124      **PROC CODE UNITS > 1 NOT ALLOWED**  
Procedure Code Units may not be greater than One for Binaural Hearing Aid Procedure Codes.  
*HCPCS procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code.*  
*Quantity / Unit count is located in Loop ID-2400 in the SVI segment. If the 3<sup>rd</sup> element in that segment is equal to 'UN', then the 4<sup>th</sup> element in that segment is the unit count. The unit count cannot be greater than one for Binaural Hearing Aid procedure codes. This edit is applicable to BlueCross BlueShield of TN, BlueCard, and BlueCard Medicare Advantage claims only.*

- 650126      **MOD REQ FOR BREAST PUMP PROC CODE**  
Modifier is Required for Breast Pump Procedure Code.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers. Procedure modifier must be present and valid for Breast Pump Procedure code. Please refer to the Provider Administrative Manual for a list of the valid code combinations. This edit is not applicable to BlueCare/TennCareSelect, CoverKids, or Federal Employee Program (FEP) claims.*
- 650127      **OUT OF STATE PROVIDER FILE TO LOCAL**  
Claims with Out of State Service Facility Location or Billing Provider must be Filed to Local Plan.  
*Service Facility Location State or Province Code is located in Loop ID-2310C in the N4 segment. It is the 2<sup>nd</sup> element in that segment. Billing Provider State or Province Code is located in Loop ID-2010AA in the N4 segment. It is the 2<sup>nd</sup> element in that segment. Service Facility Location or Billing Provider is out of state and must be filed with the local plan. This edit is applicable to BlueCard and BlueCard Medicare Advantage claims only.*
- 650128      **MOD REQ FOR ALWAYS THERAPY CLAIMS**  
Modifier is Required for Always Therapy Procedure Code.  
*Procedure code is located in Loop ID-2400 in the SVI segment. If the 1<sup>st</sup> sub-element of the 1<sup>st</sup> element is equal to 'HC', then the 2<sup>nd</sup> sub-element is the procedure code. The 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> sub-elements are the procedure modifiers. Procedure modifier must be present and valid for Always Therapy Procedure code '92521 - 92524', '92597', '92607', and '97161 - 97168'. This edit is applicable to BlueCarePlus, Medicare Advantage, and BlueCard Medicare Advantage claims only.*
- 650130      **MULTIPLE LN LVL POS CODES NOT ACCPT**  
Multiple Line Level Place of Service Codes on the same claim are not Accepted  
*Line Level Place of Service Code is located in Loop ID-2400 in the SVI segment. It is the 5<sup>th</sup> element in that segment. Multiple line level place of service codes on the same claim are not accepted. This edit is not applicable to BlueCare/TennCareSelect, CoverKids, or Federal Employee Program (FEP) claims.*