

Supplemental BlueCare/TennCareSelect Edits

- 83931D ADMISSION SOURCE CODE FOR NEWBORN
Value of Admission Source Code for Newborn is invalid.
- 83931E ADMISSION SOURCE CODE
Value of Admission Source Code is invalid.
- 83931F ADMISSION TYPE CODE
Value of Admission Type Code is invalid.
- 839321 CLAIM ADJUSTMENT REASON CODE
Value of Claim Adjustment Reason Code is invalid.
- 839322 CLAIM FREQUENCY CODE
Value of Claim Frequency Code is invalid.
- 839327 DIAGNOSIS RELATED GROUP CODE
Value of Diagnosis Related Group Code is invalid.
- 83932B FACILITY TYPE CODE
Value of Facility Type Code is invalid.
- 83932E HCPCS CODE
Value of HCPCS Code is invalid.
- 83932F HCPCS CODE
Value of HCPCS Code is invalid.
- 839330 HEALTH CARE PROVIDER TAXONOMY CODE
Value of Health Care Provider Taxonomy Code is invalid.
- 839331 HEALTH CARE PROVIDER TAXONOMY CODE
Value of Health Care Provider Taxonomy Code is invalid.
- 839333 HM INF EDI CLTN (HIEC) PROD/SERV CD
Value of Home Infusion EDI Coalition (HIEC) Product/Service Code is invalid.
- 839334 ICD-9-CM PROCEDURE CODE
Value of ICD-9-CM Procedure Code is invalid.
- 839337 NCPDP REJECT/PAYMENT CODE
Value of National Council of Prescription Drugs Program (NCPDP) Reject / Payment Code is invalid.

839339 NUBC REVENUE CODE
Value of National Uniform Billing Committee (NUBC) Revenue Code is invalid.

83933B NATIONAL DRUG CODE
Value of National Drug Code is invalid.

83933D PATIENT STATUS CODE
Value of Patient Status Code is invalid.

83933E PLACE OF SERVICE CODE
Value of Place of Service Code is invalid.

83933F REMITTANCE REMARK CODE
Value of Remittance Remark Code is invalid.

839340 REMITTANCE REMARK CODE
Value of Remittance Remark Code is invalid.

839341 STATE CODE
Value of State Code is invalid.

839342 ZIP CODE WHEN COUNTRY IS US
Value of Zip Code is invalid when Country is US.

839343 FACILITY TYPE CODE
Value of Facility Type Code is invalid.

839344 FACILITY TYPE CODE
Value of Facility Type Code is invalid.

83934B HCPCS LEVEL III / CAN'T USE LOCAL CDS
Value of HCPCS Code Level III is invalid. Local Codes cannot be used.

83934C NUBC CODES / CAN'T USE LOCAL CDS
Value of National Uniform Billing Committee (NUBC) is invalid. Local Codes cannot be used.

83934D PATIENT STATUS / CAN'T USE LOCAL CDS
Value of Patient Status is invalid. Local Codes cannot be used.

83934F ICD-9-CM DIAGNOSIS CODE
Value of ICD-9-CM Diagnosis Code is invalid.

839353 DRG CDS CANT BE USED W/LEADING 0'S

Value of Diagnosis Related Group (DRG) Code is invalid. Leading zeros cannot be used.

- 839361 HIPPS CODES
Value of Health Insurance Prospective Payment System (HIPPS) Code is invalid.
- 839362 ADA CDT CODE
Value of American Dental Association (ADA) Current Dental Terminology (CDT) Code is invalid.
- 839364 NATURE OF INJURY CODE
Value of Nature of Injury Code is invalid.
- 839365 NATURE OF INJURY CODE
Value of Nature of Injury Code is invalid.
- 839367 ICD-9-CM DIAGNOSIS CODE
Value of ICD-9-CM Diagnosis Code is invalid.
- 839368 ICD-10-CM DIAGNOSIS CODE
Value of ICD-10-CM Diagnosis Code is invalid.
- 8393B9 TOOTH NUMBER
Value of Tooth Number is invalid.
- 83947A COMBO OF FAC TYPE CD / CLM FREQ CD
Value of Facility Type Code and Claim Frequency Code Combination is invalid.
- 839605 VALUE USED ONLY ON PAPER CLAIMS
Value of Value Code is invalid for Electronic 837 claims. Value is to be used only on paper claims.
- 83960A ADA CDT CODE
Value of American Dental Association (ADA) Current Dental Terminology (CDT) Code is invalid.
- 83960B ADA CDT CODE
Value of American Dental Association (ADA) Current Dental Terminology (CDT) Code is invalid.
- 83960C CPT CODE
Value of Current Procedural Terminology (CPT) is invalid.
- 83960D CPT CODE MODIFIER

Value of Current Procedural Terminology (CPT) Modifier is invalid.

83960E CLAIM FREQUENCY TYPE CODE
Value of Claim Frequency Type Code is invalid.

83960F CONDITION CODE
Value of Condition Code is invalid.

839610 COUNTRY CODE
Value of Country Code is invalid.

839611 DIAGNOSIS RELATED GROUP
Value of Diagnosis Related Group is invalid.

839612 HCPCS CODE
Value of HCPCS Code is invalid.

839613 HCPCS CODE MODIFIER
Value of HCPCS Code Modifier is invalid.

839614 HIEC CODE MODIFIER
Value of Home Infusion EDI Coalition (HIEC) Product/Service Code
Modifier is invalid.

839615 HIPPS CODE
Value of Health Insurance Prospective Payment System (HIPPS) Code is
invalid.

839618 HM INF EDI CLTN (HIEC) PROD/SERV CD
Value of Home Infusion EDI Coalition (HIEC) Product/Service Code is
invalid.

839619 ICD-9-CM PROCEDURE CODE
Value of ICD-9-CM Procedure Code is invalid.

83961A ICD-9-CM DIAG CD/DECIMAL NOT ALLOWED
Value of ICD-9-CM Diagnosis Code is invalid. Decimal points cannot be
used.

83961B ICD-9-CM DIAGNOSIS CODE
Value of ICD-9-CM Diagnosis Code is invalid.

83961C NUBC BILL TYPE
Value of National Uniform Billing Committee (NUBC) Bill Type is
invalid.

83961D NUBC BILL TYPE
Value of National Uniform Billing Committee (NUBC) Bill Type is invalid.

83961E NUBC REVENUE CODE
Value of National Uniform Billing Committee (NUBC) Revenue Code is invalid.

83961F NUBC UB82 CODE
Value of National Uniform Billing Committee (NUBC) UB82 Code is invalid.

839620 NATIONAL DRUG CODE
Value of National Drug Code is invalid.

839621 NATIONAL DRUG CODE
Value of National Drug Code is invalid.

839622 NATIONAL DRUG CODE
Value of National Drug Code is invalid.

839623 OCCURRENCE CODE
Value of Occurrence Code is invalid.

839624 OCCURRENCE SPAN CODE
Value of Occurrence Span Code is invalid.

839625 PLACE OF SERVICE
Value of Place of Service is invalid.

839626 PLACE OF SERVICE
Value of Place of Service is invalid.

839629 VALUE CODE
Value of Value Code is invalid.

83962D HCPCS LEVEL III / CAN'T USE LOCAL CDS
Value of HCPCS Code Level III is invalid. Local Codes cannot be used.

83962E ICD-9-CM PROCEDURE CODE
Value of ICD-9-CM Procedure Code is invalid.

83962F NUBC CODES / CAN'T USE LOCAL CDS
Value of National Uniform Billing Committee (NUBC) Code is invalid.
Local Codes cannot be used.

839630 LOINC CODE
Value of Logical Observation Identifiers Names and Codes (LOINC)
Code is invalid.

839631 ICD-9-CM DIAGNOSIS CODE
Value of ICD-9-CM Diagnosis Code is invalid.

839633 HCFA NSF PODIATRY CODES
Value of HCFA NSF Podiatry Code is invalid.

839636 HCPCS CODE
Value of HCPCS Code is invalid.

839637 LOINC CODE
Value of Logical Observation Identifiers Names and Codes (LOINC)
Code is invalid.

839638 DRG CDS CANT BE USED W/ LEADING 0'S
Value of Diagnosis Related Group (DRG) Code is invalid. Leading zeros
cannot be used.

839639 HIPPS RATE CD FOR SKILLED NURS FAC
Value of Health Insurance Prospective Payment System (HIPPS) Code is
invalid.

83964C ICD-10-CM DIAGNOSIS CODE
Value of ICD-10-CM Diagnosis Code is invalid.

839650 ICD-10-PCS PROCEDURE CODE
Value of ICD-10-PCS Procedure Code is invalid.

839655 ADA ORAL CAVITY DESIGNATION CODE
Value of American Dental Association (ADA) Oral Cavity Designation
Code is invalid.

839659 NCPDP REJECT/PAYMENT CODE
Value of National Council of Prescription Drugs Program (NCPDP)
Reject / Payment Code is invalid.

839663 ICD-9-CM DIAG CD/DECIMAL NOT ALLOW
Value of ICD-9-CM Diagnosis Code is invalid. Decimal points cannot be
used.

839664 VALUE CANNOT BE USED
Value of Value Code is invalid. Value is not to be used on 837 electronic
claims.

- 838AF5 SEG REQ / CLMS INV AMBULANCE SERV
Segment is missing. Segment is required on all claims involving Ambulance Services (SV105 is '41' or '42' and CR1 is not used in Loop 2300).
- 838AF7 SEG REQ / CLMS INV AMBULANCE SERV
Segment is missing. Segment is required on all claims involving Ambulance Services (SV105 is '41' or '42' and CR1 is not used in Loop 2300).
- 838AF8 SEGMENT DTP (ADMIT DATE) MISSING
Segment is missing. Segment is required on all inpatient claims.
- 838AF9 SEG REQ / INIT OXYGEN THER SERV LN
Segment is missing. Segment is required on Initial Oxygen Therapy Service line (Segment CR5 is used in Loop 2400 and CR501 is 'I').
- 838B07 SEG REQ / CLMS INV AMBULANCE SERV
Segment is missing. Segment is required on all claims involving Ambulance Services (CLM05-01 is '41' or '42').
- 838B0A SEQ REQ / HOME HLTH CERT REQUESTS
Segment is missing. Segment is required on requests for Certification of Home Health Care when UM03 is '42', '44', or '74'.
- 838B0B SEG REQ / HOME HLTH CERT REQUESTS
Segment is missing. Segment is required on requests for Certification of Home Health Care when UM04-01 is '12' and UM04-02 is 'B'.
- 838B0C SEG REQ / HOME HLTH CERT REQUESTS
Segment is missing. Segment is required on requests for Certification of Home Health Care when UM04-01 starts from '3' and UM04-02 is 'A'.
- 838B0D SEG REQ / CLM INV SPINAL MANIPULATN
Segment is missing. Segment is required when claim involves Spinal Manipulation.
- 838B1D SEG REQ / OXY THERAPY CMN BILLED
Segment is missing. Segment is required when services involving an Oxygen Therapy CMN are billed / reported.
- 838B35 SEG REQ / CERT HOME OXYGEN THERAPY

- Segment is missing. Segment is required when requesting Initial, Extended, or Revised Certification of Home Oxygen Therapy.
- 838B66 SEG NOT USED WHEN CLM NOT HOME HLTH
Segment is used. Segment is not used when claim is not for Home Health (CLM05-01 does not start from '3').
- 838B7B SEG NOT USED WHEN CR208 NOT = A / M
Segment is used. Segment is not used when claim does not have CR208 as 'A' or 'M'.
- 838BC9 SEG CR3 OR CR5 REQ DMERC CLM CERT
Segments CR3 and CR5 are missing. Segment is required when Certification is included for DMERC claim (PWK02 = AD).
- 838BCA SEGMENTS CR3 OR CR5 REQ WITH CRC
Segments CR3 and CR5 are missing. Segment is required when segment CRC (DMERC Condition Indicator) is used.
- 838BCC SEGMENT REQ FOR HOSPITAL ADMISSION
Segment is missing. Segment is required when patient is admitted to the Hospital.
- 838BD2 SEGMENT CR5 REQUIRED IF CRC02 = 11
Segment CR5 is missing. Segment is required when segment CRC is used with CRC01 as '11'.
- 838BE3 SEGMENT HI REQUIRED
Segment HI is missing. Segment is required.
- 838C64 LOOP NOT USED UNLESS CLM05-01 = 3X
Loop is used. Loop should not be used when claim is not for Home Health (CLM05-01 does not start from '3').
- 838C77 LOOP REQ UNLESS NON-SCHED TRANS CLM
Loop is missing. Loop is required on all claims except for Non-Scheduled Transportation claims.
- 8392EB ELEMENT NOT USED / INPAT HOSP CLMS
Element is used. Element (HCPCS code) is not allowed on Inpatient Hospital claims.
- 839313 ELEMENT NOT USED / CLM IS NOT INPAT
Element is used. Element is not expected when Claim is not Inpatient.
- 839318 ELEMENT NOT USED / CRC NOT USED

Element is used. Element should not be used when segment CRC (Ambulance Certification Information) is not used with CRC02 as 'N' and Condition Indicator as '04'.

- 8395F4 SUB-ELEMENT INVALID / CR6 USED
Value of Sub-Element is incorrect. Expected value is 'BK' when segment CR6 is used in Loop 2000F.
- 8395F5 SUB-ELEMENT INVALID / INP HOSP CLM
Value of Sub-Element is incorrect. Expected value is ICD-9-CM when claim is Inpatient Hospital.
- 8395F9 SUB-ELEMENT NOT USED / INP HOSP CLM
Value of Sub-Element is incorrect. Value 'HC' (HCPCS code) may not be used for Inpatient Hospital Claims.
- 8395FC SUB-ELE INV / CLM NOT INP HOS OR HH
Value of Sub-Element is incorrect. Value ICD-9-CM code may not be used when claim is not Inpatient Hospital or Home Health.
- 839606 SUB-ELE INV / CLM NOT INP HOSP CLM
Value of Sub-Element is incorrect. Value ICD-9-CM may be used only on Inpatient Hospital Claims.
- 83965D SUB-ELEMENT INVALID
Value of Sub-Element is incorrect. Expected value is Principal Diagnosis.
- 838B5A SEGMENT NOT USED / MEDICAID CLAIM
Segment is used. Segment should not be used for Medicaid.
- 839311 ELEMENT NOT USED / CLM NOT MEDICAID
Element is used. Element should not be used when claim is not for Medicaid.
- 8393E2 ELEMENT USED ONLY FOR MDCAID CLAIMS
Value of Element is incorrect. Value may be used only for Medicaid claims.
- 83940C VALUE OF ELEMENT IS INCORRECT
Value of Element is incorrect.
- 839431 VALUE OF ELEMENT IS INCORRECT
Value of Element is incorrect.
- 8E0032 STMT DATES NOT WITHIN SERV LINE DTS
Statement Dates must be within detail Service Line

Dates.

- 8E0037 COV/NON-COV DAYS NOT = STMT DATES
Covered days plus Non-Covered days must equal
Statement Dates.
- 8E0045 LN NONCOV CHG/TOT NONCOV CHG NOT=
Sum of Line Non-Covered Charges must equal Total
Non-Covered Charge Amount.
- 8E0061 BILLING PROV / REF PROV CAN'T EQUAL
Billing Provider Cannot be the same as Referring
Provider.
- 838EDD CHG AMT NOT = SUM PAID AND ADJ AMTS
Charge amount does not equal sum of paid amount
and all line adjustment amounts.
- 838EDC TOT CHG AMT NOT=SUM PAID & ADJ AMTS
Total charge amount does not equal sum of paid
amount and all adjustment amounts.
- 839642 HI02 REQUIRED IF HI03 PRESENT
External Cause of Injury Code (E-code in HI03)
should not be used without the admitting diagnosis/patient
reason for visit (HI02).
- 839475 VALUE OF ELEMENT IS INCORRECT
Value of REF01 is incorrect. Only one instance of
REF is allowed to represent Tax ID.
- 838B86 SUB-ELE INV / CLM NOT INP ADMISSION
Admitting diagnosis (HI02-1 = 'BJ') should not be used when
claim does not involve inpatient admission.
- 839668 VALUE OF SUB-ELEMENT IS INCORRECT
DME Rental/Purchase Procedure Code (SV501-02) is incorrect.
Expected value must be the same as procedure code reported in
service line (SV101-02).
- 838B38 SUB-ELE REQ/INPATIENT ADMISSION CLM
Admitting diagnosis (HI02-01 = 'BJ') is required on all inpatient
admission claims.
- 8E0124 OCCURRENCE CODE INV FOR TENNCARE
Occurrence code invalid (HI01-2). TennCare requires a valid value

Code.

- 8E0111 NDC CODE MISSING / J-CODE PRESENT
National Drug Code (LIN03) is required when HCPCS J-Code is present on service line.
- 8E0112 2410 CTP SEG MISSING / J-CODE PRES
2410 CTP Segment is required when HCPCS J-Code is present.
- 8200A7 INVALID DATE PARAMETER
The value of sub-element HI01-02 (procedure code and date) cannot be verified due to an invalid date parameter. A non-numeric character was used.
- 8E0127 QUANTITY CANNOT BE < OR = TO ZERO
Service Line Quantity cannot be less than or equal to zero.
- 8E0129 COUNTRY CODE INVALID
Country Code (N404) is invalid. TennCare requires services to be provided in the United States.
- 8E0038 STMT DATE CANT SPAN CALENDAR MONTH
Statement Dates for Type of Bill 89x and 66x cannot span Calendar Month. TennCare requires the Statement Begin and End Date for Type of Bill 89x and 66x claims to be in the same calendar Month.
- 838B39 SEGMENT CR1 IS MISSING
The CR1 Segment is required on all claims involving ambulance transport services. This segment is used to supply information related to the ambulance service rendered to a patient.
- 810024 FILE EXCEEDS 9999 ERROR LIMIT
File Exceeds the Error Reporting Limit of 9999 errors.
- 838C92 REFERRING PROVIDER NAME IS REQUIRED
Referring Provider Name is missing. It is required on Independent Lab claims (CLM05-01 is equal to '81').