

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	<p>VALUE CANNOT BE USED</p> <p>Value of Value Code is invalid. Value is not to be used on 837 electronic claims.</p>
838AF5	<p>SEG REQ / CLMS INV AMBULANCE SERV</p> <p>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).</p>
838AF7	<p>SEG REQ / CLMS INV AMBULANCE SERV</p> <p>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).</p>
838AF8	<p>SEGMENT DTP (ADMIT DATE) MISSING</p> <p>Segment is missing. Segment is required on all inpatient claims.</p>
838AF9	<p>SEG REQ / INIT OXYGEN THER SERV LN</p> <p>Segment is missing. Segment is required on Initial Oxygen Therapy Service line (Segment CR5 is used in Loop 2400 and CR501 is 'I').</p>
838B07	<p>SEG REQ / CLMS INV AMBULANCE SERV</p> <p>Segment is missing. Segment is required on all claims involving Ambulance Services (CLM05-01 is '41' or '42').</p>
838B0A	<p>SEQ REQ / HOME HLTH CERT REQUESTS</p> <p>Segment is missing. Segment is required on requests for Certification of Home Health Care when UM03 is '42', '44', or '74'.</p>
838B0B	<p>SEG REQ / HOME HLTH CERT REQUESTS</p> <p>Segment is missing. Segment is required on requests for Certification of Home Health Care when UM04-01 is '12' and UM04-02 is 'B'.</p>
838B0C	<p>SEG REQ / HOME HLTH CERT REQUESTS</p> <p>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'.</p>
838B0D	<p>SEG REQ / CLM INV SPINAL MANIPULATN</p> <p>Segment is missing. Segment is required when claim involves Spinal Manipulation.</p>
838B1D	<p>SEG REQ / OXY THERAPY CMN BILLED</p> <p>Segment is missing. Segment is required when services involving an Oxygen Therapy CMN are billed / reported.</p>

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.
838C5F	LINE LVL PROV USED WO REQ CLM LVL The line-level segment is not expected to be used when the corresponding claim-level is not submitted.
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').