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

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

83960B  ADA CDT CODE

83960C  CPT CODE

83960D  CPT CODE MODIFIER

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 PRESENT
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').