PREPAID INPATIENT HEALTH PLAN (PIHP) ENCOUNTER EDIT MANUAL - DENY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE (DMA)

FINAL

VERSION 1.0

March 14, 2017

Instruction manual for PIHP Encounter Edits-Deny

Documentation change control will be maintained in this manual using the Change Control Table shown below. All changes made to this manual after the creation dates are noted along with the author, date, and reason for the change.

Change Control Table

Author of Change	Sections Changed	Description	Reason	Date of change	Version

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Table of Contents

OVERVIEW

In order for data to be useful, the data must meet minimum thresholds of data quality. One of the most basic tests of data quality is editing. All encounter data submitted to North Carolina's Medicaid Management Information System (MMIS) are subject to edits. The purpose of this document is to provide a list of edits that are executed for any 837-Encounters (Institutional and Professional) sent to NCTracks-DMA from the Prepaid Inpatient Heath Plans.

Encounter data edits can have one of the following dispositions:

- Encounter passes all edits and is accepted into the MMIS and priced per DMA guidelines (Ignore).
- Encounter contains a minor exception(s) — an information report is generated and the data is accepted into the MMIS (Pay & Report).
- Encounter contains a fatal error that results in its rejection (Denial).

Currently the document only contains the edits that are set to 'Deny' for encounters. The document will be updated to include those edits that are set to 'Report and Pay'.

In addition to the state defined edits that are listed in this manual, CMS has defined a series of Medicare Code Edits (MCEs) which test for errors in the coding of Encounter and Fee for Service claims data. These errors are documented and reported in a standardized format. For a list of the MCEs, go to www.cms.gov. Select Medicare. Select Acute Inpatient PPS. Select the Final Rule Homepage for the fiscal year you are interested in. Select the Final Rule and Correction Notice Data Files. Scroll down to the Download section. Select Definition of Medicare Code Edits.

EDIT 00001 – HEADER BEGIN SERVICE DATE IS INVALID OR GREATER THAN TCN DATE.

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: Deny
EOB: 00050
HIPAA Adjustment Reason Code: 110
HIPAA Remark: MA31
HIPAA Status: 187

The header service begin date is less than or equal to spaces
OR
The header service begin date is equal to 01/01/0001 (meaning an invalid date)
OR
The header service begin date is greater than the date contained within the TCN
OR
The year of the header service begin date is less than 2000

EDIT 00002 – ADMISSION DATE INVALID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0040
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N173, M52
HIPAA Status: 21, 189, 187

Claim Type	Admit Date
A – Medicare Part A-Inpatient Crossover **F** – Nursing Home **G** – Hospice **H** – Home Health **I** – Inpatient **N** – Adult Care Homes	01/01/0001 (invalid date)

EDIT 00003 – HEADER END SERVICE DATE IS INVALID OR GREATER THAN TCN DATE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 00171
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N318
HIPAA Status:190

The header service end date is less than or equal to spaces
OR
The header service end date is Equal to 01/01/0001 (meaning an invalid date)
OR
The header service end date is greater than the date contained within the TCN
OR
The year of the header service end date is Less than 2000

EDIT 00040 – TO DATE OF SERVICE INVALID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0040
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N173, M52
HIPAA Status: 21, 189, 187

The header service begin date is after the line item begin date
OR
The header service end date is before the line item end date

EDIT 00046 – BILLING/RENDERINPROVIDER TERMINATED

Effective Date: 2/3/2017
End Date:
Update Date: 2/3/2017

Disposition: DENY

EOB: 0013
HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)
HIPAA Remark: N251
HIPAA Status: 91, 562

For the DOS on the encounter detail, the billing provider's Health Plan Action Reason Code for the health plan assigned to the encounter detail is one of the following:

06 – Voluntary Termination-No Longer Meet Criteria
07 – Voluntary Termination-Closed or Out of Business
08 – Voluntary Termination-No Longer Provide Services
13 – LME Endorsement Withdrawal

15 – Provider Is Terminated Due to Change in Ownership
23 – Provider Notified Of No Claims Activity
32 – Revoked Credentials
44 – Undeliverable Address
48 – Provider Eligibility Terminated from State Direction
52 – Provider Is Terminated Due to a North Carolina Penalty Database Infraction
54 – Termination for Negative Background Result

OR

For the DOS on the encounter detail, the rendering provider's Health Plan Action Reason Code for the health plan assigned to the encounter detail is one of the following:

06 – Voluntary Termination-No Longer Meet Criteria
07 – Voluntary Termination-Closed or Out of Business
08 – Voluntary Termination-No Longer Provide Services
13 – LME Endorsement Withdrawal
15 – Provider Is Terminated Due to Change in Ownership
23 – Provider Notified Of No Claims Activity
32 – Revoked Credentials
44 – Undeliverable Address
48 – Provider Eligibility Terminated from State Direction
52 – Provider Is Terminated Due to a North Carolina Penalty Database Infraction
54 – Termination for Negative Background Result

EDIT 00097 – STATE INCARCERATION - INPATIENT SERVICES ONLY

Effective Date: 7/1/2013
End Date:
Update Date: 9/20/2016

Disposition: DENY

EOB: 1797
HIPAA Adjustment Reason Code: 16, 58 (end-dated 10/31/2014)
HIPAA Remark: M77, M2 (end-dated 9/24/2015) (end-dated 10.31.2014)
HIPAA Status: 250, 249

Carolina Access Exempt Code	Header ID Code	Claim Type	Living Arrangement	Place of Service
9900058	**61** – Institutional	Not **A** – Medicare Part A **I** – Inpatient		
OR				
	61 – Institutional	Not **A** – Medicare Part A **I** – Inpatient	**16** – Incarcerated	
OR				
9900058	**60** – Professional			Not • **06** – Indian Health Service Provider-Based Facility

				• **08** – Tribal 638 Provider Based Facility, • **21** – Inpatient • **51** – Inpatient Psychiatric Facility • **55** – Residential Substance Abuse Treatment Facility • **56** – Psychiatric Residential Treatment Center • **61** – Comprehensive Inpatient Rehabilitation Facility
OR				
	60 – Professional		**16** – Incarcerated	Not • **06** – Indian Health Service Provider-Based Facility • **08** – Tribal 638 Provider Based Facility, • **21** – Inpatient • **51** – Inpatient Psychiatric Facility • **55** – Residential Substance Abuse Treatment Facility • **56** – Psychiatric Residential Treatment Center • **61** – Comprehensive Inpatient Rehabilitation Facility

EDIT 00100 – LINE OR HEADER BEGIN SERVICE DATE IS INVALID

Effective Date: 7/1/2013
End Date:
Update Date: 9/11/2015

Disposition: DENY

EOB: 0040
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N173, M52
HIPAA Status: 21, 189, 187

The line Begin Date of Service is less than or equal to spaces
OR
The line Begin Date of Service is equal to 0001-01-01 (meaning an invalid date),
OR
The line Begin Date of Service year is less than 2000
OR
The line Begin Date of Service is greater than the date contained within the Transaction Control Number (TCN).

EDIT 00140 – BILL TYPE/ADMIT DATE/FROM DATE OF SERVICE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0925
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA31, MA30
HIPAA Status: 21, 189

Claim Type	Special Inpatient Rate Code	Bill Type	Provider Taxonomy	Date
I – Inpatient	• **P** – Per Diem • **R** – RCC Ratio of Cost to Charge	• **111** – Hospital Inpatient (Including Medicare Part A)-Admit Thru Discharge Encounter • **112** – Hospital Inpatient (Including Medicare Part A)-Interim-First Encounter • **121** – Hospital Inpatient (Medicare Part B only)-Admit Thru Discharge Encounter • **122** – Hospital Inpatient (Medicare Part B only)-Interim-First Encounter • **171** – Reserved for Assignment by NUBC-Admit Thru Discharge Encounter • **172** – Reserved for Assignment by NUBC-Interim-First Encounter • **181** – Hospital-Swing Beds-Admit Thru Discharge Encounter • **182** – Hospital-Swing Beds-Interim-First Encounter		Admission Date does not equal Header Begin Date of Service
OR				
I – Inpatient	• **P** – Per Diem • **R** – RCC Ratio of Cost to Charge	• **113** – Hospital Inpatient (Including Medicare Part A)-Interim-Continuing Encounter • **114** – Hospital Inpatient (Including Medicare Part A)-Interim-Last Encounter • **123** – Hospital Inpatient (Medicare Part B only)-Interim-Continuing Encounter • **124** – Hospital Inpatient (Medicare Part B only)-Interim-Last Encounter		Admission Date equals Header Begin Date of Service

		• **173** – Reserved for Assignment by NUBC-Interim-Continuing Encounter • **174** – Reserved for Assignment by NUBC-Interim-Last Encounter • **183** – Hospital-Swing Beds-Interim-Continuing Encounter • **184** – Hospital-Swing Beds-Interim-Last Encounter		
OR				
I – Inpatient		• **113** – Hospital Inpatient (Including Medicare Part A)-Interim-Continuing Encounter • **114** – Hospital Inpatient (Including Medicare Part A)-Interim-Last Encounter • **123** – Hospital Inpatient (Medicare Part B only)-Interim-Continuing Encounter • **124** – Hospital Inpatient (Medicare Part B only)-Interim-Last Encounter • **173** – Reserved for Assignment by NUBC-Interim-Continuing Encounter • **174** – Reserved for Assignment by NUBC-Interim-Last Encounter • **183** – Hospital-Swing Beds-Interim-Continuing Encounter • **184** – Hospital-Swing Beds-Interim-Last Encounter	283Q00000X	Admission Date equals Header Begin Date of Service

EDIT 00190 – DIAGNOSIS NOT VALID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0027
HIPAA Adjustment Reason Code: 146
HIPAA Remark: M76
HIPAA Status: 477, 255, 21

Claim Type	Primary Diagnosis	Diagnosis 2 – 8	Provider Taxonomy	Header Begin Service Date / Header End Service Date
Not **I** - Inpatient	Not on reference diagnosis table		Not on Taxonomy List 2	

OR				
Not **I** - Inpatient	On reference diagnosis table			Outside diagnosis effective dates
OR				
P - Professional		Not on reference diagnosis table		
OR				
Not **I** - Inpatient				Outside diagnosis effective dates for diagnoses 2 – 8
OR				
Not **I** - Inpatient		Not on reference diagnosis table and 1st character not = 'E'		

Billing Taxonomy List 2

193400000X	207U00000X	207UN0901X
207UN0902X	207UN0903X	207ZB0001X
207ZC0006X	207ZC0500X	207ZD0900X
207ZF0201X	207ZH0000X	207ZI0100X
207ZM0300X	207ZN0500X	207ZP0007X
207ZP0101X	207ZP0102X	207ZP0104X
207ZP0105X	207ZP0213X	2085B0100X
2085D0003X	2085N0700X	2085N0904X
2085P0229X	2085R0001X	2085R0202X
2085R0203X	2085R0204X	2085R0205X
2085U0001X	291U00000X	

EDIT 00250 – RECIPIENT NOT ON ELIGIBILITY DATABASE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0143
HIPAA Adjustment Reason Code: 16, 31 (end-dated 10/31/2014)
HIPAA Remark: N382
HIPAA Status: 97, 33

There is no record in NCTracks for the ID submitted on the encounter. If an LME ID was submitted, check to make sure that it was cross-referenced to a CNDS ID.

EDIT 00253 – RECIPIENT DECEASED BEFORE HEADER TDOS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0093
HIPAA Adjustment Reason Code: 16, 13 (end-dated 10/31/2014)
HIPAA Remark: M52, N1 (end-dated 10/31/2014)
HIPAA Status: 88

The Header To Date of Service is after the Recipient's Date of Death in NCTracks.

EDIT 00260 – RECIPIENT ID MISSING OR INVALID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0120
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA61
HIPAA Status: 478, 21

There is no recipient ID submitted on the encounter or the recipient ID that is submitted is all 0's.

EDIT 00261 – RECIPIENT DECEASED BEFORE DETAIL TDOS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY
EOB: 0093

HIPAA Adjustment Reason Code: 13
HIPAA Remark: N1
HIPAA Status: 88

The Detail To Date of Service is after the Recipient's Date of Death in NCTracks.

EDIT 00262 – RECIPIENT NOT ELIGIBILE ON DETAIL DOS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0011
HIPAA Adjustment Reason Code: 16, 177 (end-dated 10/31/2014)
HIPAA Remark: N382, N30 (end-dated 10/31/2014)
HIPAA Status: 90, 109

The recipient does not have eligibility on the detail date(s) of service.

EDIT 00267 – DATES OF SERVICE PRIOR TO RECIPIENT'S BIRTH

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0105
HIPAA Adjustment Reason Code: 16, 14 (end-dated 10/31/2014)
HIPAA Remark: M52
HIPAA Status: 88, 158

The Detail To Date of Service is before the Recipient's Date of Birth in NCTracks.

EDIT 00269 – ELIGIBILITY UNDER CATASTROPHIC

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0292
HIPAA Adjustment Reason Code: 16, 22 (end-dated 10/31/2014)
HIPAA Remark: MA04, N381 (end-dated 10/31/2014), N192 (end-dated 10/31/2014)
HIPAA Status: 655, 116, 107

The recipient is enrolled in the MQBQ benefit plan.

EDIT 00300 – BILLING PROVIDER INVALID/NOT ON FILE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0004
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N257, N77 (end-dated 10/31/2014)
HIPAA Status: 21, 132 (end-dated 10/31/2014)

The number, either atypical or NPI, submitted as the billing provider is not enrolled in NCTracks.

EDIT 00308 – BILLING PROVIDER INVALID FOR DOS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0013
HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)
HIPAA Remark: N255
HIPAA Status: 91, 562

The eligibility effective date for the NPI/Atypical Number submitted as the billing provider is after the Header From Date of Service
OR
The eligibility end date for the NPI/Atypical Number submitted as the billing provider is before the Header To Date of Service

EDIT 00325 – CMS TERMINATION

Effective Date: 2/3/2017
End Date:
Update Date: 2/3/2017

Disposition: DENY

EOB: 0911
HIPAA Adjustment Reason Code: 16, B7 (end-dated 10/31/2014)
HIPAA Remark: N257
HIPAA Status: 104

For the DOS on the encounter detail, the billing provider's Health Plan Action Reason Code for the health plan assigned to the encounter detail is:

16 – Provider is Terminated Due to CMS or Office of Inspector General

OR

For the DOS on the encounter detail, the rendering provider's Health Plan Action Reason Code for the health plan assigned to the encounter detail is:

16 – Provider is Terminated Due to CMS or Office of Inspector General

EDIT 00335 – ENCOUNTER PROVIDER NUMBER MISSING

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 1335
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N77 (end-dated 10/31/2014)
HIPAA Status: 132

The MCO number was not supplied on the encounter.

EDIT 00361 – NO CHARGES BILLED

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0167
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: M54
HIPAA Status: 178

The Medicare Payer Line Amount is $0.

EDIT 00365 – DRG DIAGNOSIS CAN'T BE PRINCIPLE DIAGNOSIS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 09275
HIPAA Adjustment Reason Code: A8
HIPAA Remark: N657 (end-dated 10/31/2014), MA130 (end-dated 10/31/2014)
HIPAA Status: 488, 21

CLAIM TYPE	PROVIDER TAXONOMY	MEDIUM TYPE	DOCUMENT TYPE	DRG
A –Medicare Part A Crossover (Inpatient)	Not 31400000X 28200000X 275N00000X 313M00000X	2	M	469
OR				
I – Inpatient				469
OR				
A –Medicare Part-A Crossover (Inpatient)	Not 31400000X 28200000X 275N00000X 313M00000X	2	M	Indicates that primary diagnosis is invalid for DRG
OR				
I – Inpatient				Indicates that primary diagnosis is invalid for DRG

EDIT 00371 – INVALID ICD PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9209
HIPAA Adjustment Reason Code: 146
HIPAA Remark: MA65
HIPAA Status: 256, 232, 21

The code returned from the MCE programs indicates the primary diagnosis is invalid.

EDIT 00374 – PAYMENT ON FIRST ACCOMMODATION DETAIL

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9271
HIPAA Adjustment Reason Code: 45
HIPAA Remark: N381 (end-dated 10/31/2014), M50
HIPAA Status: 65, 455, 256

On an Inpatient encounter (claim type I) where the procedure code has a base amount source code of DG (priced by DRG per discharge), this edit is assigned to all details with an internal modifier of @A (Accommodation) or @B (Ancillary, Rental) except the first detail.

EDIT 00613 – MISSING PRIMARY DIAGNOSIS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 3613
HIPAA Adjustment Reason Code: 16
HIPAA Remark: MA63
HIPAA Status: 254, 21

First diagnosis code on the encounter is blanks.

EDIT 00686 – REPLACED TCN IS INVALID FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 3686
HIPAA Adjustment Reason Code: 16, 129 (end-dated 10/31/2014)
HIPAA Remark: N152
HIPAA Status: 464

The encounter submitted is either a void or adjustment and the Replaced TCN Number submitted is blanks or zeros
OR
The encounter submitted is not a void or adjustment and the Replaced TCN Number submitted is not blanks or zeros

EDIT 00701 – MISSING BILLING TAXONOMY CODE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 4701
HIPAA Adjustment Reason Code: 16
HIPAA Remark: N255

HIPAA Status: 145

There is no billing provider taxonomy submitted on the encounter.

EDIT 01200 – INPATIENT CLAIM MUST HAVE ACCOMMODATION REVENUE CODE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9200
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 21

For Inpatient encounters (Claim Type 'I') where the Header Service End Date is greater than the Header Service Begin Date, there must be at least one line that has either internal modifier @A (Accommodation) or Revenue Code = '0902'

EDIT 01201 – MCE – ADMIT DATE EQUALS DISCHARGE DATE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9201
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 21

CLAIM TYPE	HEADER SERVICE FROM DATE	PROVIDER TAXONOMY	PATIENT STATUS
I - Inpatient	Equal Header Service To Date	Not 282N00000X 283Q00000X 323P00000X	Not **02** – Transfer to a DRG hospital **05** – Transferred to a cancer ctr/children hospital **20** – Expired **43** – Discharged to Federal hospital **50** – Hospice - Home **51** – Hospice - medical facility **65** – Discharge/Transfer to psychiatric hospital **66** – Discharge/Transfer to critical access hospital **70** – Discharge/Transfer to another health care inst

EDIT 01202 – MISSING OR INVALID ADMISSION AND DISCHARGE HOURS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9269
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N50, N46
HIPAA Status: 233, 230, 21

CLAIM TYPE	PROVIDER TAXONOMY	ENCOUNTER ADMISSION TIME – HOUR	ENCOUNTER DISCHARGE TIME – HOUR	PATIENT STATUS
I - Inpatient	Not 261Q00000X 261QE0700X 320800000X 251S00000X 251G00000X	Not between 00 and 23	Not between 00 and 23	Not **30** – Still a patient/resident **31** – **39** – Reserved by NUBC

EDIT 01205 – PATIENT STATUS INVALID FOR TYPE OF BILL

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9205
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA43, MA30
HIPAA Status: 256, 228 (end-dated 10/31/2014), 21

CLAIM TYPE	CHARGE MODE	TYPE OF BILL	PATIENT STATUS	PROVIDER TAXONOMY
I - Inpatient	Not **R** – Ratio Cost to Charge **P** – Per Diem	**111 –** Hospital inpatient (including Medicare Part A); Admit thru discharge encounter	**30** – Still a patient/resident **31** – **39** – Reserved by NUBC **44** – **49** – Reserved by NUBC **52** – **60** – Reserved by NUBC	Not 283Q00000X 284300000X

			67 – **68** – Reserved by NUBC **73** – **80** – Reserved by NUBC **81** – **95** – Discharge/Transfer **96** – **99** – Reserved by NUBC	
OR				
I - Inpatient	Not **R** – Ratio Cost to Charge **P** – Per Diem	**112 –** Hospital inpatient (including Medicare Part A); Interim – first encounter	Not **30** – Still a patient/resident **31** – **39** – Reserved by NUBC	Not 283Q00000X 284300000X
OR				
I - Inpatient	**R** – Ratio Cost to Charge **P** – Per Diem	**112** Hospital inpatient (including Medicare Part A); Interim – first encounter **113** – Hospital inpatient (including Medicare Part A); Interim – continuing encounter	Not **30** – Still a patient/resident	283Q00000X 284300000X
OR				
I – Inpatient	**R** – Ratio Cost to Charge **P** – Per Diem	**111 –** Hospital inpatient (including Medicare Part A); Admit thru discharge encounter **114** – Hospital inpatient (including Medicare Part A); Interim – last encounter	**30** – Still a patient/resident **31** – **39** – Reserved by NUBC **44** – **49** – Reserved by NUBC **52** – **60** – Reserved by NUBC **67** – **68** – Reserved by NUBC **73** – **80** – Reserved by NUBC **81** – **95** – Discharge/Transfer **96** – **99** – Reserved by NUBC	283Q00000X 284300000X

EDIT 01209 – MCE – INVALID PATIENT STATUS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 0135
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA43
HIPAA Status: 90, 431, 21

CLAIM TYPE	PATIENT STATUS CODE
I – Inpatient **A –** Medicare Part A Crossover (Inpatient)	Not **01 –** Discharge / Transfer to home/self care **02 –** Transfer to a DRG hospital **03 –** Discharge / Transfer to skilled nursing facility **04 –** Discharge/Transfer to inter care facility/HRF **05 –** Transferred to a cancer ctr/children hospital **06 –** Discharge to home under care of home health org. **07 –** Left against medical advice **20 –** Expired **30 –** Still a patient/resident **61 –** Transfer within facility – MDCR swing bed **62 -** Discharge/Transfer to inpatient rehab facility **63 -** Discharge/Transfer to Mcare LTC hospital **64 -** Discharge/Transfer to SNF certified under MCaid **70 -** Discharge/Transfer to another health care inst

EDIT 01792 – ED SUPPLIES INCLUDED IN PER DIEM

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 01792
HIPAA Adjustment Reason Code: 96, M2 (end-dated 9/24/2015)
HIPAA Remark: M2 (end-dated 9/24/2015), 96
HIPAA Status: 735

CLAIM TYPE	LIVING ARRANGEMENT	PROCEDURE CODE
O – Outpatient **P –** Professional **S** – DME	**50** – SNF – Skilled nursing facility **58** – ICF – Intermediate care facility	In list 4500

List 4500

A4217	A4456	A6436	A6450	E0100	E0135	E0186
A4300	A4458	A6438	A6451	E0105	E0140	E0188
A4314	A4554	A6441	A6452	E0110	E0141	E0189
A4315	A4565	A6442	A6453	E0111	E0143	E0276
A4316	A4570	A6443	A6454	E0112	E0144	E0305
A4320	A4615	A6444	A6455	E0113	E0147	E0310
A4357	A4624	A6445	A7000	E0114	E0148	E0316
A4358	A4626	A6446	A7027	E0116	E0149	E0325
A4362	A4860	A6447	A7525	E0117	E0153	E0326
A4213	A4930	A6448	A7526	E0118	E0154	K0001
A4215	A6434	A6449	A9273	E0130	E0155	

EDIT 03200 – MCE – INVALID ICD CM PROCEDURE

Effective Date: 7/1/2013

End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9243
HIPAA Adjustment Reason Code: 16, 181 (end-dated 10/31/2014)
HIPAA Remark: MA66
HIPAA Status: 465, 256, 21

The ICD Principal Procedure Code is invalid on an Inpatient (claim type I) or Medicare Part A Crossover – Inpatient (claim type A) encounter.

EDIT 03405 – HISTORY CLAIM CANNOT BE ADJUSTED/VOIDED

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 3405
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N152, MA130 (end-dated 10/31/2014)
HIPAA Status: 495, 1

The original encounter that is to be voided or adjusted is not in a Paid status or last character of TCN to be adjusted/voided is '1'.

EDIT 03406 – HISTORY RECORD NOT FOUND FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 4102
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N152, MA130 (end-dated 10/31/2014)
HIPAA Status: 495, 1

The original encounter TCN that is to be voided or adjusted does not exist in NCTracks

EDIT 03407 – BILLING PROVIDER DOES NOT MATCH HISTORY RECORD FOR ADJUSTMENT/VOID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 4103
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: N152, MA130 (end-dated 10/31/2014)
HIPAA Status: 495, 1

The original encounter TCN that is to be voided or adjusted does not exist in NCTracks for the billing provider submitted on the encounter

EDIT 04200 – MCE – ADMITTING DIAGNOSIS CODE MISSING

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9207
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 488, 21

The admitting diagnosis is missing on an Inpatient (I) encounter.

EDIT 04201 – MCE – PRINCIPAL DIAGNOSIS CODE MISSING

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9208
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 488, 21

The principal diagnosis is missing on an Inpatient (I) encounter.

EDIT 04202 – MCE – ADMITTING DIAGNOSIS INVALID

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9209
HIPAA Adjustment Reason Code: 146
HIPAA Remark: MA65
HIPAA Status: 256, 232, 21

Either the admitting diagnosis, principal or MCE Other Diagnosis Code (2-9) submitted on an Inpatient (I) encounter is invalid.

EDIT 04206 – MCE – MANIFESTATION CODE AS PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9238
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 488, 21

The principal diagnosis submitted on Inpatient (I) encounter is a manifestation diagnosis. A manifestation diagnosis identifies the manifestation/symptom of the disease and not the disease itself. These should not be used as principal diagnosis codes.

EDIT 04207 – MCE – E-CODE AS PRINCIPAL DIAGNOSIS

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9239
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: MA130 (end-dated 10/31/2014)
HIPAA Status: 488, 21

The principal diagnosis submitted on Inpatient (I) encounter is an external cause code. These describe the circumstance causing an injury and not the injury itself. These should not be used as principal diagnosis codes. In ICD-9, these codes started with E. In ICD-10 they start with V, W, X, and Y.

EDIT 04210 – MCE – DUPLICATE OF PRINCIPAL DIAGNOSIS – OTHER DIAGNOSIS 2

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 9242
HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/7/2013)
HIPAA Remark: M64
HIPAA Status: 488, 256, 21

The principal diagnosis submitted on an Inpatient (I) or Medicare Part A Inpatient Crossover (A) encounter is the same as one of the secondary diagnosis code entered

EDIT 07001 – TAXONOMY CODE FOR ATTENDING OR RENDERING PROVIDER MISSING

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 3101
HIPAA Adjustment Reason Code: 16, A1 (end-dated 10/31/2014)
HIPAA Remark: N251
HIPAA Status: 145, 21

CLAIM TYPE	RENDERING PROVIDER TAXONOMY	ATTENDING PROVIDER TAXONOMY	REVENUE CODE
P - Professional	Blanks		
OR			
P – Professional	On List 4508		
OR			
G – Hospice		Blanks	0658 0659

List 4508

261QM0855X	261QH0100X	193400000X	1223D00000X
261QP0905X	261QF0400X087010	207P00000X	193200000X
261QP2300X	261QF0400X089010	261QF0050X	
261QR1300X022075	261QM0850X	261QF0050X056060	
261QR1300X083075	261QF0400X083010	261QC1500X	
261QR1300X084075	261QF0400X034010	251S00000X	
261QR1300X087075	261QF0400X024010	251S00000X112116	
261QR1300X089075	261QF0400X022010	251S00000X074113	

EDIT 07011 – BILLING PROVIDER MUST BE ENROLLED FOR BILLING TAXONOMY CODE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 3102
HIPAA Adjustment Reason Code: 16, A1 (end-dated 10/31/2014)
HIPAA Remark: N255
HIPAA Status: 145, 21

CLAIM TYPE	BILLING PROVIDER TAXONOMY
C – HEALTH DEPARTMENTS **E** – HEARING AID **L** – INDEPENDENT LABORATORY/XRAY **P** – PROFESSIONAL **S** – DURABLE MEDICAL EQUIPMENT **T** – AMBULANCE **X** – OPTICAL **1** – HOME INFUSION THERAPY **2** – THERAPY SERVICES **5** – RURAL HEALTH CLINIC/FQHCSSD **8** – INDEP DIAG TESTING FACILITY / PORTABLE XRAY **Y –** UNDEFINED PROFESSIONAL **B** – MEDICARE PART B **V** – CHILDREN'S DEVELOPMENTAL SERV-AGENCIES **O** – LOCAL EDUCATION AGENCIES **K** – PRIVATE DUTY NURSE **6** – PERSONAL CARE SERVICES **F** – NURSING HOME **G** – HOSPICE **H** – HOME HEALTH **I** – INPATIENT **N** – ADULT CARE HOMES **O** – OUTPATIENT **3** – INSTITUTIONAL AMBULANCE **Z** – UNDEFINED INSTITUTIONAL **A** – MEDICARE PART A CROSSOVER (INPATIENT) **U** - MEDICARE PART B CROSSOVER UB (OUTPATIENT) **Q** – MENTAL HEALTH	Blank, Not Present or Not Active

EDIT 07012 – RENDERING PROVIDER MUST BE ENROLLED FOR RENDERING TAXONOMY CODE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 03100
HIPAA Adjustment Reason Code: 16, A1 (end-dated 10/31/2014)
HIPAA Remark: N288
HIPAA Status: 145, 21

CLAIM TYPE	RENDERING PROVIDER TAXONOMY
C – HEALTH DEPARTMENTS **E** – HEARING AID **L** – INDEPENDENT LABORATORY/XRAY **P** – PROFESSIONAL **S** – DURABLE MEDICAL EQUIPMENT **T** – AMBULANCE **X** – OPTICAL **1** – HOME INFUSION THERAPY **2** – THERAPY SERVICES **5** – RURAL HEALTH CLINIC/FQHCSSD **8** – INDEP DIAG TESTING FACILITY / PORTABLE XRAY **Y –** UNDEFINED PROFESSIONAL **B** – MEDICARE PART B **V** – CHILDREN'S DEVELOPMENTAL SERV-AGENCIES **O** – LOCAL EDUCATION AGENCIES **K** – PRIVATE DUTY NURSE **6** – PERSONAL CARE SERVICES	Blank, Not Present or Not Active

EDIT 13320 – DUPLICATE-SAME PROVIDER/BILLED AMT/DOS/PROCEDURE CODE

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013
Disposition: DENY

EOB: 0460
HIPAA Adjustment Reason Code: 97, 18 (end-dated 10/31/2014)
HIPAA Remark: M86
HIPAA Status: 54

The current outpatient encounter has duplicate details (same procedure code, revenue code, first date of service and ending date of service, amount billed, and billing provider) as a history encounter

AND

The revenue code on the current encounter is not

List 9841

250	254	258	636
251	255	259	
252	256	634	
253	257	635	

EDIT 34460 – SEVERE DUPLICATE; SAME RENDERING PROV/PCODE/INTERNAL MODIFIER/DOS/MODIFIER

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 5404
HIPAA Adjustment Reason Code: 97, 18 (end-dated 10/31/2014)
HIPAA Remark: M86
HIPAA Status: 54, 250

The current encounter detail contains the same procedure code-modifier, date of service range, and rendering provider as a encounter detail in history

AND

The current encounter does not have a modifier not in this list

List 164

51	74	LC	QZ
53	76	LD	RC
55	77	QK	
59	79	QX	
73	AA	QY	

And the encounter does have a modifier in this list.

List 168

E1	F4	T1	62
E2	F5	T2	66
E3	F6	T3	
E4	F7	T4	
E5	F8	T5	
FA	F9	T6	
F1	LT	T7	
F2	RT	T8	
F3	TA	T9	

AND

The history encounter type is on this list

List 9530

C	S	5
E	V	6
K	0	8
L	1	
P	2	

EDIT 53880 – LIMIT OF 24 UNITS PER DAY

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 7104
HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)
HIPAA Remark: N362
HIPAA Status: 486

The current and history encounter contain the same procedure code and it is one of the following

List 15933

H2012	96111
H2035	96116
96101	96118

AND

The history encounter has claim type

List 15932

C	2
K	5
P	6
V	

AND

The current and history encounters have the same date of service

AND

The total number of units for the history and current encounter are more than 24

EDIT 53890 – LIMIT OF 96 UNITS PER DAY

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 7104
HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)
HIPAA Remark: N362
HIPAA Status: 486

The history Claim Type is

List 15932

C	2
K	5
P	6
V	

The current and history encounter contain the same procedure code and it is one of the following

List 15934

H0001	H0031	H2025
H0004	H2011	
H0005	H2015	
H0014	H2017	

AND

The current and history encounters have the same date of service

AND

The current and history detail modifiers are contained in this list

List 15935

2
US
U4

AND

The total number of units for the history and current encounter are more than 96

EDIT 53900 – LIMIT OF 96 UNITS PER DAY

Effective Date: 7/1/2013
End Date:
Update Date: 7/1/2013

Disposition: DENY

EOB: 7104
HIPAA Adjustment Reason Code: 96, A1 (end-dated 10/31/2014)
HIPAA Remark: N362
HIPAA Status: 486

The history Claim Type is

List 15932

C	2
K	5
P	6
V	

AND

The current and history encounter contain the same procedure code (S5150) with the same valid internal modifier

AND

The current and history

The current and history encounters have the same date(s) of service

AND

The total number of units for the history and current encounter are more than 96

LIST OF ALL ENCOUNTER EDITS WITH THEIR EDIT DISPOSITION (Pay and Report/Deny/Ignore)

Claim Edit Code	Edit Short Description	Edit Disposition
00001	HEADER BEGIN DOS INVLD OR GT TCN DATE	Deny
00002	ADMISSION DATE INVALID	Deny
00003	HEADER END DOS INVLD OR GT TCN DATE	Deny
00023	SICK VISIT BILLED ON HC CLAIM	Ignore
00030	ADMIT SRC CD INVALID	Pay and Report
00031	VALUE CODE/AMT MISS OR INVLD	Pay and Report
00036	HEALTH CHECK IMMUNIZATION EDIT	Ignore
00038	MULTI DOS ON HEALTH CHECK CLM	Ignore
00040	TO DOS INVALID	Deny
00041	INVALID FIRST TREATMENT DATE	Ignore
00044	REQ DIAG FOR VITROCERT	Ignore
00046	BILLING/RENDERINPROVIDER TERMINATED	Deny
00051	PATIENT STATUS CODE INVALID	Pay and Report
00055	TOTAL BILLED INVALID	Pay and Report
00062	REVIEW LAB PATHOLOGY	Ignore
00073	PROC CODE/MOD END-DTE ON FILE	Pay and Report
00076	OCC DTE INVLD FOR SUB OCC CODE	Pay and Report
00097	INCARCERATED - INPAT SVCS ONLY	Deny
00100	LINE FDOS/HDR FDOS INVALID	Deny
00101	LN TDOS BEFORE FDOS	Ignore
00105	INVLD TOOTH SURF ON RSTR PROC	Ignore
00106	UNABLE TO DETERMINE MEDICARE	Pay and Report
00117	ONLY ONE DOS ALLOWED/LINE	Pay and Report
00126	TOOTH SURFACE MISSING/INVALID	Ignore
00127	QUAD CODE MISSING/INVALID	Ignore
00128	PROC CDE DOESNT MATCH TOOTH #	Ignore
00132	HCPCS CODE REQ FOR REV CODE	Ignore
00133	HCPCS CODE REQ BILLING RC 0636	Ignore
00135	INVL POS INDEP MENT HLTH PROV	Pay and Report
00136	INVLD POS FOR IDTF PROV	Pay and Report
00140	BILL TYPE/ADMIT DATE/FDOS	Deny
00141	MEDICAID DAYS CONFLICT	Ignore
00142	UNITS NOT EQUAL TO DOS	Pay and Report
00143	REVIEW FOR MEDICAL NECESSITY	Ignore
00144	FDOS AND TDOS MUST BE THE SAME	Ignore
00146	PROC INVLD - BILL PROV TAXON	Pay and Report
00148	PROC\REV CODE INVLD FOR POS	Pay and Report

Claim Edit Code	Edit Short Description	Edit Disposition
00149	PROC\REV CD INVLD FOR AGE	Ignore
00150	PROC CODE INVLD FOR RECIP SEX	Ignore
00151	PROC CD/RATE INVALID FOR DOS	Pay and Report
00152	M/I ACC/ANC PROC CD	Pay and Report
00153	PROC INVLD FOR DIAG	Pay and Report
00154	REIMB RATE NOT ON FILE	Pay and Report
00157	VIS FLD EXAM REQ MED JUST	Ignore
00158	CPT LAB CODE REQ FOR REV CD	Ignore
00164	IMMUNIZATION REVIEW	Ignore
00166	INVALID VISUAL PROC CODE	Ignore
00174	VACCINE FOR AGE 00-18	Ignore
00175	CPT CODE REQUIRED FOR RC 0391	Ignore
00176	MULT LINES SAME PROC, SAME TCN	Ignore
00177	HCPCS CODE REQ W/ RC 0250	Ignore
00179	MULT LINES SAME PROC, SAME TCN	Ignore
00180	INVALID DIAGNOSIS FOR LAB CODE	Ignore
00184	REV CODE NOT ALLOW OUTPAT CLM	Ignore
00190	DIAGNOSIS NOT VALID	Deny
00192	DIAG INVALID RECIP AGE	Ignore
00194	DIAG INVLD FOR RECIP SEX	Ignore
00202	HEALTH CHECK SHADOW BILLING	Ignore
00205	SPECIAL ANESTHESIA SERVICE	Ignore
00217	ADMISSION TYPE CODE INVALID	Pay and Report
00250	RECIP NOT ON ELIG DATABASE	Deny
00252	RECIPIENT NAME/NUMBER MISMATCH	Pay and Report
00253	RECIP DECEASED BEFORE HDR TDOS	Deny
00254	PART ELIG FOR HEADER DOS	Pay and Report
00259	TPL SUSPECT	Pay and Report
00260	M/I RECIPIENT ID NUMBER	Deny
00261	RECIP DECEASED BEFORE TDOS	Deny
00262	RECIP NOT ELIG ON DOS	Deny
00263	PART ELIG FOR LINE DOS	Pay and Report
00267	DOS PRIOR TO RECIP BIRTH	Deny
00295	ENC PRV NOT ENRL TAX	Ignore
00296	ENC PRV INV FOR DOS	Ignore
00297	ENC PRV NOT ON FILE	Ignore
00298	RECIP NOT ENRL W/ THIS ENC PRV	Ignore
00299	ENCOUNTER HMO ENROLLMENT CHECK	Pay and Report
00300	BILL PROV INVALID/ NOT ON FILE	Deny

Claim Edit Code	Edit Short Description	Edit Disposition
00301	ATTEND PROV M/I	Pay and Report
00308	BILLING PROV INVALID FOR DOS	Deny
00313	M/I TYPE BILL	Pay and Report
00320	VENT CARE NO PAY TO PRV TAXON	Ignore
00322	REND PROV NUM CHECK	Ignore
00325	CMS TERMINATION	Deny
00326	REND PROV NUM CHECK	Pay and Report
00328	PEND PER DMA REQ FOR FIN REV	Ignore
00334	ENCOUNTER TAXON M/I	Pay and Report
00335	ENCOUNTER PROV NUM MISSING	Deny
00337	ENC PROC CODE NOT ON FILE	Pay and Report
00339	PRCNG REC NOT FND FOR ENC CLM	Pay and Report
00349	SERV DENIED FOR BEHAV HLTH LM	Ignore
00353	NO FEE ON FILE	Pay and Report
00355	MANUAL PRICING REQUIRED	Pay and Report
00358	FACTOR CD IND PROC NON-CVRD	Pay and Report
00359	PROV CHRGS ON PER DIEM	Pay and Report
00361	NO CHARGES BILLED	Deny
00365	DRG - DIAG CANT BE PRIN DIAG	Deny
00366	DRG - DOES NOT MEET MCE CRIT.	Pay and Report
00370	DRG - ILLOGICAL PRIN DIAG	Pay and Report
00371	DRG - INVLD ICD-9-CM PRIN DIAG	Deny
00374	DRG PAY ON FIRST ACCOM LINE	Deny
00375	DRG CODE NOT ON PRICING FILE	Pay and Report
00378	DRG RCC CODE NOT ON FILE DOS	Pay and Report
00439	PROC\REV CD INVLD FOR AGE	Ignore
00441	PROC INVLD FOR DIAG	Ignore
00442	PROC INVLD FOR DIAG	Ignore
00613	PRIM DIAG MISSING	Deny
00628	BILLING PROV ID REQUIRED	Ignore
00686	ADJ/VOID REPLC TCN INVALID	Deny
00689	UNDEFINED CLAIM TYPE	Ignore
00701	MISSING BILL PROV TAXON CODE	Deny
00800	PROC CODE/TAXON REQ PSYCH DX	Pay and Report
00810	PRICING DTE INVALID	Ignore
00811	PRICING CODE MOD REC M/I	Ignore
00812	PRICING FACTOR CODE SEG M/I	Ignore
00813	PRICING MOD PROC CODE DTE M/I	Ignore
00814	SEC FACT CDE X & % SEG DTE M/I	Ignore

Claim Edit Code	Edit Short Description	Edit Disposition
00815	SEC FCT CDE Y PSTOP SEG DT M/I	Ignore
01005	ANTHES PROC REQ ANTHES MODS	Ignore
01060	ADMISSION HOUR INVALID	Ignore
01061	ONLY ONE DOS PER CLAIM	Ignore
01102	PRV TAXON CHCK - RAD PROF SRV	Ignore
01200	INPAT CLM BILL ACCOM REV CDE	Deny
01201	MCE - ADMIT DTE = DISCH DTE	Deny
01202	M/I ADMIT AND DISCH HRS	Deny
01205	MCE: PAT STAT INVLD FOR TOB	Deny
01207	MCE - INVALID AGE	Pay and Report
01208	MCE - INVALID SEX	Pay and Report
01209	MCE - INVALID PATIENT STATUS	Deny
01705	PA REQD FOR CAPCH/DA/CO RECIP	Pay and Report
01792	DME SUPPLIES INCLD IN PR DIEM	Deny
02101	INVALID MODIFIER COMB	Ignore
02102	INVALID MODIFIERS	Pay and Report
02104	TAXON NOT ALLOWED WITH MOD	Pay and Report
02105	POST-OP DATES M/I WITH MOD 55	Ignore
02106	LN W/ MOD 55 MST BE SAME DOS	Ignore
02107	XOVER CLAIM FOR CAP PROVIDER	Ignore
02111	MODIFIER CC INTERNAL USE ONLY	Ignore
02143	CIRCUMCISION REQ MED RECS	Ignore
03001	REV/HCPCS CD M/I COMBO	Ignore
03010	M/I MOD FOR PROF XOVER	Ignore
03012	HOME HLTH RECIP NOT ELG MCARE	Ignore
03100	CARDIO CODE REQ LC LD LM RC RI	Ignore
03101	MODIFIER Q7, Q8 OR Q9 REQ	Ignore
03200	MCE - INVALID ICD-9 CM PROC	Deny
03201	MCE INVLD FOR SEX PRIN PROC	Pay and Report
03224	MCE-PROC INCONSISTENT WITH LOS	Pay and Report
03405	HIST CLM CANNOT BE ADJ/VOIDED	Deny
03406	HIST REC NOT FND FOR ADJ/VOID	Deny
03407	ADJ/VOID - PRV NOT ON HIST REC	Deny
04200	MCE - ADMITTING DIAG MISSING	Deny
04201	MCE - PRIN DIAG CODE MISSING	Deny
04202	MCE DIAG CD - ADMIT DIAG	Deny
04203	MCE DIAG CODE INVLD RECIP SEX	Pay and Report
04206	MCE MANIFEST CODE AS PRIN DIAG	Deny
04207	MCE E-CODE AS PRIN DIAG	Deny

Claim Edit Code	Edit Short Description	Edit Disposition
04208	MCE - UNACCEPTABLE PRIN DIAG	Deny
04209	MCE - PRIN DIAG REQ SEC DIAG	Pay and Report
04210	MCE - DUPE OF PRIN DIAG	Deny
04506	PROC INVLD FOR DIAG	Ignore
04507	PROC INVLD FOR DIAG	Ignore
04508	PROC INVLD FOR DIAG	Ignore
04509	PROC INVLD FOR DIAG	Ignore
04510	PROC INVLD FOR DIAG	Ignore
04511	PROC INVLD FOR DIAG	Ignore
07001	TAXON FOR ATTND/REND PROV M/I	Deny
07011	INVLD BILLING PROV TAXON CODE	Deny
07012	INVLD REND PROV TAXONOMY CODE	Deny
07013	INVLD ATTEND PROV TAXON CODE	Pay and Report
07100	ANESTH MUST BILL BY APPR PROV	Ignore
07101	ASC MODIFIER REQUIREMENTS	Ignore
13320	DUP-SAME PROV/AMT/DOS/PX	Deny
13420	SUSPECT DUPLICATE-OVERLAP DOS	Pay and Report
13460	POSSIBLE DUP-SAME PROV/PX/DOS	Pay and Report
13470	LESS SEV DUPLICATE OUTPATIENT	Pay and Report
13480	POSSIBLE DUP SAME PROV/OVRLAP	Pay and Report
13490	POSSIBLE DUP-SAME PROVIDER/DOS	Pay and Report
13500	POSSIBLE DUP-SAME PROVIDER/DOS	Pay and Report
13510	POSSIBLE DUP/SME PRV/OVRLP DOS	Pay and Report
13580	DUPLICATE SAME PROV/AMT/DOS	Pay and Report
13590	DUPLICATE-SAME PROV/AMT/DOS	Pay and Report
25980	EXACT DUPE. SAME DOS/ADMT/NDC	Pay and Report
34420	EXACT DUP SAME DOS/PX/MOD/AMT	Pay and Report
34460	SEV DUP-SAME PX/PRV/IM/DOS/MOD	Deny
34490	DUP-PX/IM/DOS/MOD/$$/PRV/TCN	Pay and Report
34550	SEV DUP-SAME PX/IM/MOD/DOS/TCN	Pay and Report
39360	SUSPECT DUPLICATE-OVERLAP DOS	Pay and Report
39380	EXACT/LESS SEVERE DUPLICATE	Pay and Report
49450	PROCDURE CODE UNIT LIMIT	Pay and Report
53800	Dupe service or procedure	Pay and Report
53810	Dupe service or procedure	Pay and Report
53820	Dupe service or procedure	Pay and Report
53830	Dupe service or procedure	Pay and Report
53840	Limit of one unit per day	Pay and Report
53850	Limit of one unit per day	Pay and Report

Claim Edit Code	Edit Short Description	Edit Disposition
53860	Limit of one unit per month	Pay and Report
53870	Limit of one unit per day	Pay and Report
53880	Limit of 24 units per day	Deny
53890	Limit of 96 units per day	Deny
53900	Limit of 96 units per day	Deny